

ESTIMATES COMMITTEE G

Mrs J. M. Gamin (Chair)	Miss F. S. Simpson
Mrs W. M. Edmond	Mrs M. R. Woodgate
Hon. J. Elder	Mr L. S. Woolmer

MINISTER FOR HEALTH**IN ATTENDANCE**

Hon. M. J. Horan, Minister for Health
 Dr R. Stable, Director-General
 Dr J. Youngman, Deputy Director-General (Health Services)
 Mr R. Pitt, Deputy Director-General (Planning and Systems)
 Mr A. Davis, Manager, Finance
 Mr D. Jay, Acting Director, Capital Works and Asset Management
 Dr M. Cleary, Acting Manager, Elective Surgery
 Ms J. Pouwer, Acting Manager, Older People's Health Program
 Dr J. Scott, Acting Manager, Public Health

The Committee commenced at 9 a.m.

The CHAIRMAN: Good morning, ladies and gentlemen, and welcome. I declare this meeting of Estimates Committee G now open. The Committee will examine the proposed expenditure contained in Appropriation Bill (No. 2) 1996 for the areas as set out in the Sessional Orders. The Committee will examine organisational units in the following order: Department of Health; Department of Families, Youth and Community Care.

I remind members of the Committee and the Minister that the time limit for questions is one minute and that answers are to be no longer than three minutes. A 15-second warning will be given at the expiration of these time limits. With the agreement of the Chair, the questioner may consent to extra time for the answer. There will be a further bell at two minutes of extra time. Ministers may make a three-minute introductory and closing statement. The Sessional Orders require that at least half the time is to be allotted to non-Government members.

I would remind the media that, according to the resolution of this Committee, the Committee allows filming for the purposes of file footage and of introduction and changeover of the Ministers. I ask departmental witnesses to identify themselves before they answer a question so that Hansard can record that information in their transcript.

I declare the proposed expenditure for the Minister for Health to be open for examination. The question before the Committee is—

"That the proposed expenditure be agreed to."

Minister, would you like to make a brief introductory statement?

Mr HORAN: Thank you, Madam Chair, and good morning to the Estimates Committee and

everybody else. Just in opening, I would like to say how proud I am to be here representing the coalition Government in these Health Estimates, particularly in view of the fact that we have a \$312m record increase in the allocation to Health in this, the first Health budget of the coalition Government. In the very short period of time that we have been in Government, some just over six months, I believe that we have commenced turning Queensland Health around from the financial crisis and the organisational chaos that we discovered upon coming to Government. In particular, I believe that we are getting Queensland Health to be on a sound financial basis as at the commencement of this particular budget. The reorganisation is almost completed, and I believe that public confidence is returning as they see the professionalism of our staff.

I want to say at the outset that there should be no doubt about the seriousness of the financial mess that we inherited in Health from the previous Government. When we took over at the end of February, there was a very rough figure available of about \$38m as an estimated budget overrun. The previous Government had said during February there was some \$34m and, as I said, their estimate of that had come from a very rough analysis that you might describe as a ring around to see what was happening. The strategies that it supposedly put in place to bring this overrun back certainly were not working and did not work, and you could describe them as Clayton's strategies. Also, we discovered there was about \$15m of unpaid accounts from the previous financial year, that is, accounts over and above 30 days. We did put a demand on our units this year to endeavour to reduce by a very large amount the number of accounts that are unpaid over 30 days. We also discovered that there was \$24m of debt from the year 1994-95 that has to be repaid by us at the rate of \$8m per year under a previous arrangement made with Treasury.

There were also some other serious financial issues to be faced up to. These included the cost of the enterprise bargaining agreement, which was some \$22.5m. There was supposed to be cashable savings to that extent, and they simply were not there because the budget was simply in a heated overrun situation. The budget overrun was to the extent that I have often described it as being like a Mack Truck running downhill. To turn it around certainly has taken some months. We believe that with the new budget and the new financial accountabilities we have put in place, we will see a completely different financial accountability in this new financial year. There was another problem we had to face, and that was workers' compensation. The increase in costs of workers' compensation in Queensland Health of \$11m had to be found. We also found that the annual growth funds of some \$50m per year had been seriously overcommitted as regards this particular financial year.

As well as the financial mess that we inherited and had to straighten out over a number of months, we have also undertaken a deal of organisational change. Within a few weeks, we had closed down the Regional Health Authorities and moved to a system of District Health Councils. We believe that

that organisation is well in place. We are now getting back to basics—treating and caring for people, preventing illness and disease. I believe that the professionalism of our staff—and I would like to thank all of the staff in Queensland Health who have assisted in this very difficult period—has been important. We are getting back to basics, particularly in the area of hospital care and in community health services.

The CHAIRMAN: Thank you, Minister. We will start with Opposition questions. As I said, questions are for one minute, answers for three. Although there is no constraint on the Committee as to how long each Opposition or Government question period should last, it is my intention to work roughly in 20-minute blocks. The first question is from the Opposition and from Mrs Edmond.

Mrs EDMOND: Dr Stable, could you please identify the 10 to 12 hospitals that the Minister referred to at the Gold Coast budget briefing last week that had such critical staffing shortages that lives were being put at risk and outline the budget-related initiatives that will address these problems?

Mr HORAN: Madam Chair——

Mrs EDMOND: Sorry, I asked Dr Stable.

Mr HORAN: I realise that. Because you are referring to me, I would just like to clear up the particular matter. You are taking me out of context. What I referred to was that there are many hospitals in the State which do have budgetary problems and do need more staff. In fact, you could look at comments like that made by the previous——

Mrs EDMOND: Mr Horan, excuse me.

Mr HORAN:—director-general.

Mrs EDMOND: I was asking whether Dr Stable knows about this, and I am asking for a very good reason.

Mr HORAN: Yes. I was the one who was there and——

Mrs EDMOND: Are you saying that there are no 10 to 12 hospitals——

Mr HORAN: What I said has been quite cleared up by the media.

The CHAIRMAN: Order! What I won't allow are interruptions to questions.

Mrs EDMOND: I am sorry, Madam Chair. I did direct this question quite specifically to the director-general.

The CHAIRMAN: And the Minister is giving a preliminary response, Mrs Edmond.

Mrs EDMOND: Is that allowed?

The CHAIRMAN: Yes, that is allowed.

Mr HORAN: The question is regarding what I have said. It is the opening question of this whole Estimates hearing. You are not even prepared to ask the opening question to the Minister. I just want to make a comment at the outset about that. What I was saying in response to that public meeting was that we have a number of hospitals throughout the State where I was indicating we would like to provide more

money; we would like to provide more staff. There are a number of hospitals throughout the State whereby we can do with more staff. I think there wouldn't be a person in this world who wouldn't recognise that—over and above the \$312m that we have already provided. In that particular case at the Gold Coast, you would be aware we are going to undertake an inquiry to see whether that is truly the case, and if there is a need for any particular improvements, I have said publicly that we will fix up the situation if there is a need for improvements.

The CHAIRMAN: Do you want to follow that up, Mrs Edmond?

Mrs EDMOND: I would like the question answered, if you don't mind, Madam Chair. I would like the 10 to 12 hospitals that the Minister referred to as having "the same types of staffing problems that led to the Gold Coast being claimed to be putting lives at risk". I am asking: which are those 10 or 12 hospitals? I believe the people of Queensland have a right to know which 10 or 12 hospitals are so badly resourced, what is being done about it and where in these Budget papers——

Mr HORAN: I will answer your question for you. What I was saying is that 10 to 12 hospitals—there are major hospitals in this State that could all do with additional funding over and above the record \$312m that has been provided. Now, you are well aware—and the member sitting next to you made the comments last year about the finite budgets—that there is hardly a major hospital that could not do with extra money and extra staff. What we have done is turn the situation around by providing a \$312m record budget—a very substantial amount of money—to commence that process of increasing staff numbers. What we will be adding with this budget is some 900 extra staff. There will be about 540 extra nurses and around about 80 extra dentists.

Mrs EDMOND: All this is rubbish then? Your comments at the Gold Coast were nonsense then? That is what you are saying?

Mr HORAN: What I am saying is that my comments were very practical comments about the fact that in health there is always a need for more and more money wherever you go, and we have put in place a \$312m record budget which will be 900 extra staff, which is going to make a huge difference to what we said.

Mr ELDER: So what you said was wrong, or it applies to all the major hospitals; is that what you are saying?

Mr HORAN: I think I have explained myself pretty clearly to you. If you cannot understand that——

Mrs EDMOND: You have said that it was baseless.

Mr HORAN: I did not say it was baseless at all. I said that I made the comment that there are many hospitals in the State that could do with extra funding over and above the record funding that we have provided. We have given 900 extra staff, and it is a huge difference and a huge improvement.

The CHAIRMAN: Mr Elder, you are taking the next question, are you?

Mrs EDMOND: No. Again to the director-General, if he is allowed to answer: what increase in funding has been provided for Aboriginal and Islander health programs?

Mr HORAN: As a policy issue——

Mrs EDMOND: He is not allowed to answer questions?

Mr HORAN: He can answer that, but just as a policy issue, we have a very strong policy regarding Aboriginal health.

Mrs EDMOND: Excuse me. This is a straight funding question.

Mr HORAN: I will allow him to answer it.

Mrs EDMOND: I will get to the policy. This is a straight funding question.

Mr HORAN: And you would be well aware that there have been new initiatives—that there has been \$2m extra provided to Aboriginal primary health care.

Mrs EDMOND: A lot of which is double counting.

Mr HORAN: Extra. Plus there has been money for new pneumococcal vaccinations. That has been provided in the initiatives, and we have a very strong commitment to a partnership with Aboriginal health.

Mrs EDMOND: Excuse me, Madam Chair, the question I asked is not being answered.

Mr HORAN: The director-general will answer you and he will tell you about the Queensland Aboriginal and Torres Strait Islander Health Council—we have formed the whole lot. I am just telling you about our policy—it is working in partnership. In our initiatives we have very powerful increases in the area of Aboriginal health.

Mrs EDMOND: Could I just clarify?

The CHAIRMAN: Yes.

Mrs EDMOND: I thought I was entitled to ask questions of the public servants.

The CHAIRMAN: You are, and the Minister is entitled to make a statement about policy.

Mrs EDMOND: I was not asking about policy. All I wanted was a number.

The CHAIRMAN: Nevertheless, the Minister has the prerogative of making a statement about policy.

Mrs EDMOND: The whole day is going to be taken up on the sort of rubbish we get as answers to my questions on notice and in the House.

The CHAIRMAN: As I made clear before this meeting started, we can get through today easily or with difficulty. If it is going to be a difficult day, this Committee will have to continue to adjourn.

Mrs EDMOND: But Madam Chair——

The CHAIRMAN: Please let me finish. The Minister has made his statement about policy and I understand Dr Stable is about to answer your question.

Mrs EDMOND: With due respect, Madam Chair, the reason I have asked the director-general this question is that it required a one-word answer, rather than the entire day being taken up with political statements.

The CHAIRMAN: The director-general is about to answer your question and, if necessary, I will suspend this meeting while we discuss this matter privately as a Committee.

Mr ELDER: Madam Chair, with due respect, I think that we actually should clarify it now and suspend the sitting.

The CHAIRMAN: Very well. I am happy to suspend the sitting.

Sitting suspended from 9.13 to 9.16 a.m.

The CHAIRMAN: The Committee has discussed the Chairman's ruling. The Chairman's ruling is that the Minister is entitled to make comments on policy. Questions certainly may be directed to public officials, apart from matters of policy, who are entitled to answer them, but the Minister may make statements on matters of policy. Dr Stable, I think you were going to answer Mrs Edmond's question.

Dr STABLE: The question, as I understand it, was on additional funding for Aboriginal and Torres Strait Islander health. That funding this financial year is in the order of \$6.6m, which is a 60 per cent increase. I highlighted that, as initiative funding, that is over and above the funding provided for indigenous health throughout the normal hospital system. The break-up of that in the State Budget is \$2m as a primary health care initiative and \$75,000 for a new pneumococcal vaccination program, the full-year effect of which we anticipate the following year will be \$100,000, and specifically that is in response, as you know, to the high incidence of respiratory disease and the associated morbidity and mortality. There is also \$2.5m which is being provided, following negotiation with the Commonwealth, through a medical services indigenous agreement, and we also have \$535,000 provided for a framework agreement where the parties of Queensland Health, the Commonwealth, the Aboriginal and Torres Strait Islander Commission and the Queensland Aboriginal and Islander Forum form a committee. That money primarily will be used to set up information systems, collect data and do some demographic and health planning.

Mrs EDMOND: Minister, how does this compare with the deal you made with the former Chair of the tripartite forum, Mick Miller? Why did you close down the forum, and precisely when were you aware of the problem with finances?

Mr HORAN: The problem of finances I was aware of upon coming to Government when I was made aware of particular allegations that had been made. Subsequently, there were further allegations made and therefore those allegations had to be referred to the CJC—both of those allegations. Now, since then, there have been a number of investigations into those particular allegations, and I will not discuss them any further because it could be a matter of sub judice because, as you would be

aware, there have been particular court cases and other charges are perhaps pending. I think the important thing is that, upon coming to Government, we acted upon allegations that had been made to us; we acted with great propriety in seeing that those allegations were referred to the correct areas where they should have been referred.

I became aware, upon coming to Government, about the very serious funding problems with the State tripartite forum that existed in the previous two years, as well as existing in the current year in which we came to Government. So what we then did was we analysed that whole situation very, very carefully, and we felt that in order to work closely with our policy, which was to work in partnership with the Aboriginal community to provide them with a true partnership arrangement where they could have a very thorough say in what sort of services would be delivered and how they would be delivered, we worked through that process very carefully. We took notice of a report that had been undertaken by the previous Health Minister, Mr Beattie. We also sought considerable advice ourselves.

We went through the process slowly and carefully and, in the end, in view of the allegations that had been made, in view of the particular problems that we had discovered were occurring with the budget, and in view of our commitment to Aboriginal health—a partnership arrangement—we decided to form the Queensland Aboriginal and Torres Strait Islander Health Advisory Council, which would be truly representative of Aboriginal and Torres Strait Islander people from the New South Wales border to the Torres Strait and would include Aboriginal communities in the metropolitan areas. It would also include Aboriginal communities in western Queensland and other areas, as well as the Torres Strait island mainlanders and the Torres Strait Islanders themselves. This council is in the process of being put together. We have an acting chairperson. It will be meeting approximately three to four times a year to provide the sorts of services that were previously provided by the State tripartite forum. As you would be aware, the tripartite forum was composed of two separate parts: the tripartite forum itself, which was based in Brisbane at the Health Department office, and the office of the chairman in Cairns. We intend to spend the money saved directly on Aboriginal health in the far north.

Mrs EDMOND: Could I ask you to be quite, quite sure you were not aware previously?

Mr HORAN: No, I was not aware previously.

Mrs EDMOND: My next question is to Mr Jay. Will the capital funding charges referred to in question 4 on notice—in the answer to a question from a Government member—be allocated to the respective hospitals and paid for from the recurrent budgets, as described in the same answer, and as "Queensland Health has developed a recurrent cost planning model"?

Mr HORAN: I want to briefly state a policy matter there with regard to the Capital Works Program. The Capital Works Program comprises two parts: that which we have inherited, and that which

we have added to the program. When we inherited that program—and it is well documented in the Parliament—there was an amount in the order of about \$1.2 billion that was simply unfunded. We have had to work through a long process with Treasury to make sure that the capital works, as promised and as needed, are actually funded. One of the things that we did find was that there was \$150m promised in the 1995 election that was not approved by Treasury. Those were the sorts of problems that we had to face. I just wanted to outline at the start that the policy was to provide the extra money to cover the unfunded portions.

Mrs EDMOND: While you are looking, Mr Jay, perhaps I can be more specific. Will this mean that increases in capital expenditure announced by the Government as being over and above Labor's \$1.7 billion rebuilding plan will be charged interest by Treasury to be paid for from the recurrent budgets of individual hospitals or the relevant District Health Service?

Mr HORAN: That is a policy issue we have determined with the Cabinet Budget Review Committee, and I will answer that on a policy basis. The additional moneys that are provided to fund the unfunded portions will be subject to a capital charge on the basis of the improved functionality of those particular improvements that are brought about. So what we will be doing is that, by making a hospital functional, we will reduce the cost of operating that particular hospital. That will be only on the unfunded portion of the promises. What it amounts to is in the order of \$1 billion of the total amount. Some \$2.4 billion of hospital rebuilding is under way. That is made up of the \$2.1 billion program, the \$270m of minor capital works, plus \$34m of grant money that is being given to fund the unfunded central energy plants at the Royal Brisbane Hospital. So that extra money—and it will be in the order of about \$1 billion—will reduce the recurrent costs of operating a hospital, so that they actually will not have to spend as much money to run. Where they are dysfunctional and running all over the paddock to provide services—catering services, clinical services and so forth—they will be brought back to a core building—a new, modern building. What we will see will be hospitals that are able to do more work and provide more services, and meet the recurrent budgets.

I could give one very good example, perhaps, and that would be a hospital such as that at Bundaberg, which is on all different levels and in different buildings. It is going to be brought back into one central, efficient building. As they get increases in budget from year to year, they will actually be able to do more. I could give the example of Mr Elder, who used to run a scaffolding hire business. If you had your staff spread out all over the paddocks and all over the creek and you were sending staff down to pick up stuff, how inefficient and how costly would that be to your business compared to a new building with a concrete floor, forklifts and better client satisfaction? It would be a more efficient business, you would need less to run it, and you could still make more profit. That is what this is about—

Mr ELDER: After 32 years—

Mr HORAN: What this is actually about is funding the unfunded portion of the Capital Works Program that had been promised and was not funded, and about funding it in an efficient way that brings about functionality and brings about a very good result for the hospitals, because the end result will be that they will actually treat more people, it will cost—

Mr ELDER: Your answer is fine.

Mr HORAN: I know. I am quite happy to provide the answer. I think that the hospitals will be thrilled to get the buildings that they can get, and which you could not provide because you did not provide the money.

Mr ELDER: I am sure their managers are over the moon with that decision.

Mr HORAN: They will be delighted, because it is going to cost them less to run the hospital.

Mrs EDMOND: Mr Jay—third time lucky. Perhaps the Minister will let you answer a question yet. Will this changed recurrent cost funding model affect those new capital works projects added to the Labor Government's planned priority list for the next 10 years—that is, the Noosas, Caloundras, and all the other bits and pieces that have been added on—or will it apply to all of the ones that were on the original priority list and funded?

Mr HORAN: That is a policy issue, because they are new policies.

Mr ELDER: Sorry, Mr Jay. He obviously thinks you cannot answer the questions.

Mr HORAN: It will apply. It is a policy issue. You know that policy issues are to be directed to me. If those projects are funded privately, of course this sort of efficiency is going to apply to them. That is one of the reasons why we are looking at that scheme, because that means that capital can actually be saved, so that capital can be used to build other projects that were unfunded by the previous Government. As a policy issue, the application of the capital charge is going to be worked out so that it is fair and it applies to those particular units that will have massive and substantial savings by virtue of a new facility that will give them new-found functionality. It certainly will not be applied to any hospitals that we believe cannot achieve that. What in fact will happen is that some hospitals will actually make a profit out of this in that, with the capital charge that they will be levied, they will have a far greater reduction in costs by virtue of being provided with this new and improved facility or new and improved equipment.

The CHAIRMAN: The time for Opposition members' questions has expired. I now go to Government members.

Mr WOOLMER: Could the Minister outline the funding increase for Queensland public hospitals in the 1996-97 Budget?

Mr HORAN: As I said in my opening remarks, we are pleased to announce that there is a \$312m increase. It is a record increase of some 11 per cent. It means a total budget of just over \$3 billion. I did outline in my opening remarks the serious problems

that we had to come to grips with in developing this particular budget. I will go over those. We have had to handle a serious budget overrun. In handling that serious budget overrun, we believe that we have brought all of those hospitals back to a situation where financially they can be well managed.

What we have endeavoured to do is, first of all, wipe the slate clean. The Treasurer was able to provide funding for the 1995-96 budget which meant that the hospitals that had serious overruns commenced this financial year without an overrun, so they virtually started with a clean slate. We have put in place various financial systems which will mean that month by month we know exactly where they stand with regards to their budgets so that we can manage those as a proper business operation. In other words, we are getting back to basics. The hospitals and community health centres and their very substantial budgets are run carefully. It is taxpayers' money. We do have to care for the people in our hospitals and provide as much care as we can within the finite budget, but we have a responsibility to see that we meet the budget figures.

The increase is \$312m. We are going to leave behind the massive overruns from the past. In particular, in this budget of just over \$3 billion we see an increase on a budget-to-budget basis, on a program basis, for hospitals from \$1.77 billion to \$2.05 billion; the community program has gone from \$423m to \$436m; mental health has gone from \$196m to \$206m; and public health stays virtually about the same—it has gone from a budgeted figure of \$94m to almost \$94.9m. I think the good news in the budget increase is the fact that there will be about 900 additional Queensland Health jobs across the State, particularly in the area of doctors, nurses and allied health staff, as we move back to our position of going back to the basics.

The positions that we do expect to be created—in the hospitals about 515 new positions, about 142 in community, 177 in mental health, 22 in residential care, and we expect perhaps about 50 new positions in public health. The overall budget increase, looking just simply at the Consolidated Fund, is 11.6 and 11.6 also looking at the Consolidated and Trust Funds.

The CHAIRMAN: As you know, I have a particular interest in mental health. Although you have spoken just a little about that in the previous answer, would you like to explore more the funding for mental health in this State Budget?

Mr HORAN: Yes, I would. We see mental health as being an extremely important area and an area for which we have just recently produced a 10-year plan, which we will produce very shortly, covering areas like funding requirements over 10 years, the capital works requirement, the staff needs, and the training that we will need to see that we have enough staff. In the area of mental health, we have an increase from \$195.5m from the budget of the previous year to \$205.9m this year. It is a 5.3 per cent increase for mental health. Included in the mental health funding have been a number of new initiatives this year. Particularly, we have funded the unfunded wards that we found. When we came to

Government, we found that the adolescent ward at the Royal Brisbane Hospital was empty and unfunded. It was a new ward that had been built by the previous Government. We found that there were two wards at the Nambour Hospital that were empty and unfunded. Also, there has been the completion of the new psychiatric unit at the Rockhampton Hospital. Each of those had to have been funded as part of the increases that we have provided.

We have also had to cover the cutback or withdrawal by the Federal Government—it is gradually withdrawing the Commonwealth mental health funding that is provided to the State. This year, that was in the order of about \$1.5m that we had to fund. We also had to fund additional moneys for community mental health workers.

What we will be working at through our 10-year plan is looking at the institutions themselves and what requirements are needed there in terms of bed and staffing and services. We will be looking very carefully at the acute services at the various hospitals and, very importantly, developing a network of community mental health workers. That is why in this budget there has been such an increase in funding for community mental health. I have the figures here. We have provided some \$2.9m—almost \$3m—for extra community mental health workers. Overall, for Queensland hospitals, there has been a 16 per cent increase in the Queensland hospital budget. It has been a huge increase. It includes the recurrent funding. It also includes the capital works funding. We have had a 16 per cent increase in the hospital funding, a 5.3 per cent increase in mental health and a 3.5 per cent increase for community and public health.

Miss SIMPSON: With the massive increase in health funding announced—and you have just outlined some of the increases in positions—how many doctors and how many nurses can we expect out of this Budget?

Mr HORAN: We expect about 900 additional positions in Queensland Health jobs right across the State. It will include doctors, nurses and allied health staff. I will go through some of the particular areas where we'll see those increases. I did previously say that in the hospitals we expect 515 new positions. We expect 142 in the area of community health, 177 in mental health, 22 in residential care, and in public health about 50 new positions. I will give some examples. We are restoring the QE II Hospital at Nathan to a true community general hospital. At one stage prior to the last election it actually came down to about only nine patients left in that 160-bed hospital. There is a massive recruiting program under way, which is involved initially in getting the senior staff or specialist staff. Most of those positions have now been filled. There is a large number of junior positions for junior medical officers and residents and registrars. That's under way. As well, there is a recruiting program for nurse and allied health staff under way. That is one example there.

In other examples there are the psychiatric staff that are required for the Royal Brisbane Hospital, the Nambour Hospital and the Rockhampton Hospital that I mentioned before. We are funding those empty

wards or empty facilities. In the area of medical staff, we have provided, for example, funding at Gladstone for an obstetrician, a physician, a social worker, and allied health staff to support that physician. In Townsville, we have provided about \$940,000 for a north Queensland urology service, which will see a full-time urologist. Of course, that is only a small portion of that \$900,000. It also means that there is funding there for the staff who have to staff the wards for the surgery that will be undertaken for the first time in public urology in Townsville. We have provided funding to hospitals like the Gold Coast to open a ward, and to the Gold Coast for high-dependency units. We are opening about another 25 high-dependency units altogether. They all require staffing. Hospitals like Nambour have been provided with a boost to funding to provide further services. At Cairns we provided three extra doctors at the beginning of year. We have just given them some additional funding from which they are going to put on staff four junior doctors, plus additional allied health staff. That is coming out of a special \$600,000 allocation there.

Those are some of the examples. In opening wards at the Royal Brisbane Hospital and the Gold Coast Hospital, we have had a need for significant numbers of nurses. It does take some time to recruit those staff. You do not just get them overnight; sometimes it takes weeks or months. They are part of the whole package of those 900 new positions.

Mr WOLMER: You outlined earlier in your prefacing statement that there was a \$75m black hole that you inherited in that budget. Could you just expand and explain a bit more about that inherited deficit of \$75m?

Mr HORAN: The \$75m black hole that has been referred to was the major problem that had to be faced in framing this new budget. The essential components of it are that there is the overrun approved by Treasury of \$56.4m less the payment of the 1995-96 accounts that had to be paid. They were those accounts that were left unpaid from the previous financial year of \$15.4m. That meant that there was therefore an amount of \$41m that had to be found. Added to that were these other two major funding problems that we had to find the cash for. The unfunded portion of the enterprise bargaining agreement was \$2.7m. Added to that had to be the increase in the Workers Compensation Fund because of the blow-out and the problems in workers' compensation. The increase in workers' compensation fees means that Queensland Health had to find an extra \$11m.

So those three major problems amounted to this \$75m black hole that we have referred to. That has been a major problem in addressing this particular budget. It would have been good not to have had those problems. It would have been good for that money from the supposed cash savings of enterprise bargaining to have been put aside so that it was there to actually fund the enterprise bargaining increase. We have paid the enterprise bargaining increase. We have kept good faith with the work force but it would have been good financial management had those cash savings that were

supposed to be there as part of the enterprise bargain actually been there. They were not, in fact, there. What we did have was an inherited budget overrun and a system that was out of control.

One of the serious problems that put the system out of control was the fact that just prior to the change in Government, the previous Minister endeavoured to take \$34m from the Capital Works Program to cover up the fairly gross sort of figures that he had at the time for the budget overrun. I could not think of a worse system of financial management than that. What it flagged was that overruns are okay: if you run over in your recurrent budget you simply shut down another project for another hospital, you simply shut down a \$34m hospital project—and it could have been Caboolture, or it could have been Hervey Bay or one hospital that was proposed and about to be started—and use that money to fund the recurrent budget. Of course, that money is gone forever and the capital funds to build that particular hospital, or to provide that super-specialist equipment for theatres in hospitals, was gone forever. They were the major problems that we faced in that \$75m black hole.

Miss SIMPSON: Could you outline the \$34m package provided to boost the base budget of 13 Queensland public hospitals?

Mr HORAN: Yes, the \$34m for our public hospitals has come by looking at what the overrun was for the hospitals and endeavouring to say, "All right. Well now, how much of that overrun is due just to having a genuine need to have their base budget increased and how much of it is due to efficiencies that could have been introduced or better management processes that could have been introduced so that the hospital could operate in a better way." What we did with that \$34m was look at the major hospitals that were suffering budget overruns and we endeavoured to allocate that money very fairly. We basically took a figure of approximately half of their overrun but we added to it other funds and other moneys that we thought were necessary for that hospital to have its base budget boosted.

The hospitals that we looked at were hospitals like the Princess Alexandra, the Royal Brisbane Hospital, the Prince Charles, Gold Coast, Townsville, Toowoomba, Cairns, Rockhampton, Ipswich and Nambour—the major hospitals that needed additional funding to see that they were able to handle their workload properly. I think that the hospitals are very pleased with the increase that has come to their base budget. We have really left all of our major hospitals with this situation: at the beginning of this financial year, they are starting with a clean slate. In other words, we have wiped the debt and the problems that they had for the previous year. We have new district managers in place in all the 39 districts. Each hospital is well aware of what its budget is for the new financial year. It is well aware of the particular increases that we have given—this \$34m that we have shared among the major hospitals—in increasing their base budgets. As well, they have the other normal increases that come their way that they can access during the year like the waiting list

program, the hospital access bonus pool and so forth. So they really know where they stand.

We also provided them very early this year with substantial or complete financial information; in other words, we gave them an indicative budget at the end of August. We intend next year, when the budget is brought down, to bring all of our district managers down to provide them with all the budget detail. What had been happening in the past was that they actually did not know what their budgets were under regionalisation until around about Christmas each year. I think that is one of the fundamental reasons why hospitals have been unable to work carefully through the year in a good financial management system on year-to-date monthly figures.

The CHAIRMAN: Minister, there was a special \$2.4m package for Cairns, Gold Coast, Sunshine Coast and Redcliffe hospitals. How will that be used? As you are aware, I have a particular interest in the Gold Coast.

Mr HORAN: The package was a \$2.4m package which provided \$600,000 each—additional money to what they had been previously advised in their indicative budgets to Cairns, Gold Coast, Redcliffe and Nambour, as you say. They were for specific purposes and particularly because in these areas they were either high-growth areas or they had specific problems such as Redcliffe. At Redcliffe, this money is to be used, along with other funds they have in their budget, to open two theatres that were closed under the previous Government. The hospital has, I think it is, six theatres. It originally had four. Two new theatres were built. When those two new theatres were built they were meant to provide additional theatre space, they were meant to provide additional theatre sessions, but when two theatres got closed down, it really meant that nothing had changed and the status quo remained. That \$600,000, along with other funds in their budget, will go a long way towards improving the amount of theatre work that can be undertaken at Redcliffe.

At the Gold Coast, the \$600,000 is going to be used specifically for four additional high-dependency units. That will give great flexibility to the intensive care units that they have at the hospital. It will also help the elective surgery process, because it means with this flexibility they can move patients from intensive care to high dependency and it will assist the hospital greatly in handling the trauma demands on the hospital.

At Cairns, we provided \$600,000 there. That will give four additional junior medical staff at a cost \$200,000 and the balance is going to be used for allied health and nursing staff. The reason we have given that money to Cairns is that it is an area of huge growth. It serves a large, remote hinterland area. It has some specific problems: about 20 per cent of its patients are ATSI patients; it has specific issues that it needs to address in the area of renal dialysis and outreach services that it provides throughout the cape and the gulf. We felt that it was important to boost their budget additionally by that amount of money.

For Nambour, the \$600,000 will be for increased services. The reason why we provided that is that

the Nambour Hospital runs at a very high occupancy rate. It is serving a huge growth area. We think that we will take some pressure off the Nambour Hospital in the future with the development at either ends of the coast of the Noosa hospital, which will be a community general hospital, which will take large pressure off the general services of the Nambour Hospital—and also at the other end of the coast, the plans are to eventually increase the Caloundra Hospital. So the \$600,000 for Nambour specifically was for increased services.

The CHAIRMAN: Thank you, Minister. The time for Government questions has expired. We will now move on to Opposition questions.

Mrs EDMOND: Let us try again with Mr Jay. I refer you to the CMS assessment of projects on the Queensland Health Capital Works Program prior to the formal reprioritisation of that program by the now Government, and I ask: in the answer given to question No. 6 from the Government members, one of the dot points states that a significant number of additional projects had been added to the program for which no Cabinet approval or endorsement was given. Can we take this to mean that projects costed by the CMS report were not necessarily contained in the previous Labor Government's last Cabinet submission on the 10-year Hospital Rebuilding Program? That is just a "yes" or "no" answer.

Mr JAY: The answer to that question: yes.

Mrs EDMOND: Thank you. Minister, can I just clarify one thing said in the answer there. You said, "Each hospital is well aware of their budget for this year" and you actually spent several minutes explaining how much detail they already had and what a wonderful new advent this was. Can I ask you, then, why you replied to questions on notice that you could not give the budgets for each hospital because they were not completed and would not be completed for some months?

Mr HORAN: Yes.

Mrs EDMOND: Was this just a direct refusal to give information?

Mr HORAN: No. You would be well aware, and as would the previous Health Minister—

Mrs EDMOND: We asked for the estimated budgets.

Mr HORAN: Of the amounts of moneys that were allocated during the year, particularly the incentive pools in the waiting list program—and there is a number of those—and a number of Commonwealth-funded programs. What we provided to the hospitals was, or rather the districts—

Mrs EDMOND: An estimated budget, which is what we asked for.

Mr HORAN: What we provided to the districts was an indicative budget that gives them something to work on. If you are managing a particular district with a \$200m or \$300m budget, it is pretty important to have some financial information so that you can run the operation properly, and that is what we provided them with. They are also being provided with the various variances that they can expect, and they have substantial variances. To the indicative

budgets that we have provided to the hospitals, of course, you have to add what is going to come from the Commonwealth and from the incentive bills. There is about \$100m to be provided throughout the year, plus there could be new funds that come in from other sources. I think the important thing is that we have provided them with the financial information that they need to operate.

In the financial information we gave them, for the first time we had to break the regions down into districts. The districts don't accurately reflect all the previous sectors. Some of the districts we have provided are quite substantially different from the previous sectors. It has been a reallocation of moneys from the regions to what now make up the districts. In the districts' expenditure lists, for example, we have shown for previous years the sorts of costs they had to fund the regions and the sorts of costs they had to pay for particular public health issues. There is a whole range of things, and the responsibility for those is either now taken over by Corporate Services or they no longer have to pay. The variances that will be applied, as we develop those particular budgets further, will reduce the expenditure responsibility that they have and will see an increase in the actual income, mainly through this distribution of the \$100m of Commonwealth and incentives moneys.

Mrs EDMOND: Dr Stable, I apologise for asking you these detailed questions. I actually had anticipated that the CEOs of the major hospitals would be here. Until now, we had not had an indication that they would not be coming. They were on a list of people whom we could invite. Therefore, bear with me if the questions are a bit detailed. How many extra cardiac operations do you think will be able to be achieved as a result of the increase in funding to the Prince Charles Hospital?

Dr STABLE: With the funding that has been provided—I understand they are currently doing 40 per week and that will go up to 47 per week. I could confirm that figure later in the day if you so wish.

Mrs EDMOND: What percentage of the funding is spent on pharmaceutical—things like single-use catheters and so on? Have you any idea?

Dr STABLE: In the hospital system on average—

Mrs EDMOND: For cardiac surgery, I mean.

Dr STABLE: I would have to get those specific issues for you. Basically, in a hospital budget we usually work on a breakdown of in the order of 70 per cent for labour-related costs, and pharmaceutical is usually in the order of 5 per cent. Other supply costs—you have mentioned the Prince Charles Hospital. As you know, the Prince Charles Hospital supply costs are very high because of the nature of the equipment. Some items of equipment can cost, for example, \$27,000 for an automatic implantable defibrillator.

Mrs EDMOND: How much funding do you need?

Mr HORAN: Let him answer the question.

Mrs EDMOND: I thought he had finished.

Dr STABLE: The costs through the cath lab, of course, start at \$400 and go up to several thousand dollars, depending on the nature of it. For some of the angioplasty procedures we are using four catheters on average per case, whereas a couple of years ago we were using one.

Mrs EDMOND: Why are you using four per case?

Dr STABLE: Because the technology has changed. Basically, when angioplasty started in Australia four or five years ago, we were doing single-vessel disease. Now we are doing multiple procedures on a patient. On a study we did about two years ago, we found that in fact about 4.5 angioplasty catheters—which, as you know, are single-use only—are \$1,000 each per patient.

Mrs EDMOND: You are doing them at the same time?

Dr STABLE: Usually at the same time.

Mrs EDMOND: How much funding would you need to do 50 cardiac procedures per week?

Dr STABLE: I would need you to be more specific. If you are talking about open-heart procedures, the costing of that varies on whether they are also doing heart valves or whether it is a simple coronary artery bypass grafting. Even with the coronary artery bypass grafting, if it is a simple as against a prolonged case—

Mrs EDMOND: Using a similar spread of procedures as you are using now.

Dr STABLE: I would need to take that on notice to give you the exact information. Basically, a simple coronary artery bypass graft usually starts at about \$9,000—depending on what marginal savings there are and whether we treat it as a marginal add-on—and go up to about \$15,000. As I highlighted, nowadays we are using valves in a large percentage of our cases. I would hazard a guess at about 30 per cent. Those valves would average between \$4,200 and \$4,500.

Of course, it is variable because we are tending to do the operations on a lot younger people. Clearly, if they are an elderly person, they stay in intensive care and their post-operative recovery can be quite stormy. They can be required to stay in intensive care for anything up to three or four days. However, for a fit and healthy person, international trends—and certainly at Prince Charles we are nearing this—are eight hours post-operative ventilation in intensive care. There is also a lot of comorbidity, of course, the older the age group. A fit, healthy smoker who normally would not be having coronary artery surgery is very likely to be a short-stay marginal cost.

Mrs EDMOND: How much extra funding would you need to provide two additional intensive care beds at Prince Charles?

Dr STABLE: Are you talking about general intensive care or cardiac surgery post-operative intensive care?

Mrs EDMOND: Cardiac surgery post-op intensive care.

Dr STABLE: It is different, of course, because coronary post-op does not use anywhere near the consumables and medication that a general intensive care uses. Usually with modern procedures it is only about 0.8 per cent of cases, the mortality and the morbidity post-op—it is usually not very stormy, depending on the selection and preparation of the case.

For an extra two beds, depending on the staffing ratios, usually you would do a one-to-one with nursing if they are a ventilated patient. Provided you do not need to provide an extra scrub, I would estimate that at anywhere between \$350,000 and \$700,000. If you want really specific information, I would have to actually get some actual figures. It goes up, for a full intensive care bed, to \$450,000 per bed. As I said, in this particular case, a post-operative cardiac surgical bed is usually substantially less than that because the interventions required have already been done—the medications, the supplies per bed.

The other thing about cardiac post-op which I should mention, which reduces the cost substantially, is that, like most units internationally, the Prince Charles Hospital actually does its major work on a Monday to Thursday basis, so that we actually are not keeping patients in post-operative on a weekend, which obviously is a very high cost period for a hospital.

Mrs EDMOND: At 1 August 1996, the waiting lists figures shown for cardiac surgery at Prince Charles was as follows: 151 waiting up to six weeks, 96 waiting for more than six weeks but less than three months, 76 waiting for more than three months but less than six months, 92 waiting for more than six months but less than 12 months, and 43 waiting for more than 12 months. The total waiting list figure is 458, of whom over 60 per cent are waiting for bypass surgery. Is it not true that clinicians would argue that any period more than six weeks is not acceptable as a waiting time for bypass surgery?

Mr HORAN: We have been given a whole heap of detail there. Certainly the director-General will answer that, but also I can get Dr Michael Cleary, who is in charge of our Surgery on Time Program, to make some comments on those particular figures. If anyone was able to write them all down, they would be doing pretty well.

Mrs EDMOND: I have a copy of them for you.

Mr HORAN: You might like to pass that across. You quoted about 12 or 13 different sets of figures. I think your specific question was about the six weeks. Dr Stable will answer that, but Dr Michael Cleary can give you some comments on the actual waiting list figures at the Prince Charles Hospital. I think it is important that we have some accurate figures.

Dr STABLE: As you know, we have divided it into three categories. Category 1 is up to 30 days, Category 2 is up to 90 days, and Category 3 is over 90 days. Those categories are determined totally by clinicians. There is no administrative direction as to what patients go into what categories. I would like to stress that, having been a clinician and having been

at the Prince Charles, the clinicians determine the categories. They make an assessment based on the particular patient as to whether they believe the surgery needs to be done within 30 days. Some patients need quite extensive preparation for surgery. It may be that the surgeon declares they are a Category 2 because of that. If patients need urgent surgery, the surgeon declares them a Category 1 and they go on the waiting list as Category 1.

We have had a major emphasis on dealing with patients waiting greater than 30 days. I might add that our criteria are the national criteria, they are not Queensland's criteria. We have had a major emphasis on patients waiting more than 30 days for cardiac surgery. We now have no patients waiting more than 30 days for cardiac surgery at the Prince Charles Hospital or, in fact, in Queensland. As I said, a lot of patients on Category 2 would be patients who are waiting for bowel replacements or other issues that are not necessarily following angina or myocardial infarction.

Mrs EDMOND: I am told that over 60 per cent are waiting for bypass surgery. These are Dr Gardner's, Dr O'Brien's, Dr Stafford's, Dr Kau's, Dr Pohlner's, Dr Tesar's, and Dr Tan's lists.

Dr STABLE: I can only say that the clinicians determine the waiting lists. In fact, one of the surgeons you just mentioned rang me not two weeks ago to say that he is delighted with what is happening with the waiting list and what we are doing with it. But I can only stress that they determine who goes on the waiting list. We are targeting people who are waiting more than 30 days. Clearly, the Government has directed me that they are to be our priorities and we are to ensure that people have surgery on time.

Mr HORAN: It is important to realise that it is the clinicians who make the decisions. The Prince Charles Hospital, with the extra funding provided, has reduced the time that people wait. It has no people waiting. It got down to having zero people waiting more than 30 days for Category 1 surgery. It is not our decision who is on Category 1, Category 2 and Category 3. Those are the clinicians' decisions. They are the ones dealing with the people. I might read a comment also from Michael Gardner, who is the Chairman of the Royal Australian College of Surgeons, about the waiting times for elective surgery and what we are doing with the elective surgery project. He says—

"Resources to the public sector are finite and therefore rationing is inevitable. In this situation waiting lists are a fact of life. However, measures to optimise their management together with the efficient use of existing resources is commendable."

What is commendable is that the Prince Charles Hospital has got its Category 1 waiting times down within 30 days and has no people waiting outside of those particular times. Would you like me to get Dr Michael Cleary to explain the waiting times at Prince Charles?

Mrs EDMOND: I would. I have some questions for Dr Cleary as a follow up to that. I would appreciate that.

Mr HORAN: Dr Cleary, could you explain how Prince Charles has zero people waiting outside the recommended 30 days in Category 1?

Dr CLEARY: Prince Charles Hospital received supplementary funding earlier this year, and that supplementary funding has allowed it to increase the number of cardiac operations it is able to perform each week. The end result of that is that the number of Category 1 long-wait patients—that is, patients who are waiting longer than 30 days for their surgery—has been able to be reduced. As you can see from the information provided, it has now no long-wait Category 1 patients waiting at the Prince Charles Hospital.

Mrs EDMOND: I have to correct you. The information that was provided did not give me any details about waiting lists at all. I did ask specifically for that and I was refused. In answer to my question on notice, there was a blurb, most of which had been presented to Parliament in very general terms. I did ask for specific waiting lists by categories and by clinical diagnosis, that is, whether it be for gynaecological surgery, cardiac or whatever. That was refused.

Mr HORAN: A number of the questions you asked had up to 15 or 16 parts referring to up to 15 or 16 hospitals. You would be aware of Standing Order 20, which states that questions are not to be multifaceted to the point at which they are unreasonable. We have provided you with some very substantial answers to your questions.

Mrs EDMOND: It was an advertising blurb, Minister.

Mr HORAN: It is important that if you ask a question you ask a question and not 16 questions. You have the opportunity to ask questions here and in many other places. We have answered your 10 questions. In some of those, we answered a number of parts in those questions. We draw the line if you want to ask about 16 questions in one question.

Mrs EDMOND: Most of the questions that were detailed questions like that were about tables of information which would have come off one photocopied sheet.

Mr HORAN: They are all separate questions and you well know that. If you asked one question, you would have got the answer.

Mr ELDER: That is not the action that was taken by other Ministers. That is arrogant. That is treating the Committee with contempt.

Mr HORAN: No, it is not arrogant. The arrogance was from your side.

Mr ELDER: It is treating the Committee with contempt. You were asked simple questions on notice and you did not answer them.

Mr HORAN: For a start, you wanted to ask 11 questions instead of 10. And then in the 10 questions—

Mrs EDMOND: I have to ask why you were not prepared to put those figures on the public record.

Mr HORAN: If you ask a question specifically on that, you will get the answer.

Mrs EDMOND: Dr Cleary, I refer to budget allocations to address waiting lists and point you to significant funding increases made during Jim Elder's term as Minister for Health to reduce waiting lists and improve the information systems and management. I also draw your attention to a further increase of \$75m over three years under Peter Beattie's term as Minister for Health and a commitment to clear those waiting for more than one year by August 1996. Can you inform the Committee what increase in funding has been provided over and above those already specified amounts, and how many extra operations per year would that achieve? I am asking about that which is over and above the \$75m in three years from Mr Beattie and the money that Mr Elder had put in already for the information systems, the computers and so on.

The CHAIRMAN: That is the last Opposition question for this segment.

Dr CLEARY: The funds that are available to expend in this particular project are funds that have been made available through a Treasury new initiative, through the Commonwealth and through special supplementation provided by the Department of Health. The amounts of money currently allocated are: \$22m for the waiting list backlog program; \$10.5m for the Hospital Access Program; the Home Support Scheme has \$4m allocated to it; there are special allocations of \$0.5m for special high-priority projects; and special supplementation of \$2.9m was recently made available. In terms of some more detail, the additional funding that has been made available to fund critical issues, such as the Royal Brisbane Hospital, Gold Coast Hospital, Townsville Hospital, Prince Charles Hospital, Cairns Hospital, which amounted to \$2.5m last year, increases this year to—

Mrs EDMOND: That was last year. I am asking about that over and above provided up to last year in the Beattie budget.

Dr CLEARY: This funding was additional funding provided in the last financial year. Carried forward into the current financial year, that will amount to some \$10m which has been added to the base budgets of those hospitals outlined. We also have a capital works commitment for major medical equipment amounting to \$11.5m last year and \$23.5m this year. That was supplemented by a special allocation for minor capital equipment of \$942,000, which is being expended in this financial year. There has been an additional \$50,000 for support of an implementation process for the elective admissions system, which is the computer system that counts the elective admissions, and an additional \$2.4m allocated to implement an operating room management information system. Both of those are earmarked for this financial year. The District Health Services have been provided with an additional \$560,000 for perioperative nurse educators. Those perioperative nurse educator positions are being established in the 10 elective surgery project hospitals. We have maintained an additional \$520,000 for elective surgery coordinators at the 10 hospitals.

The CHAIRMAN: Thank you, Dr Cleary. The time for Opposition questions has expired. We will move on to Government questions. I think we will do the Government questions and then we will break for morning tea.

Mr WOOLMER: I direct my question to the Minister. I ask the Minister to outline what other funding packages and incentives are available for Queensland public hospitals and what they can access during the financial year.

Mr HORAN: Thank you for the question. I indicated earlier that an amount of around \$100m is available for the districts, and in particular the hospitals, to be able to access as the financial year runs along. In particular, there are the various waiting list incentives. They are probably of great interest to the hospitals. They amount to just on \$35m. They include the waiting list program at \$21.6m, the hospital access bonus pool at \$10.5m, and the hospital access bonus pool rollover of just on \$2.9m. We will be announcing shortly under the waiting list program just what the major hospitals throughout the State will be receiving. It won't be just the hospitals that are in the Surgery on Time Program—there are 10 hospitals in that particular program—but it will include a large number of other hospitals throughout the State. As you may be aware, our Surgery on Time Program initially involves 10 hospitals. We will eventually be expanding it to some 34 hospitals.

In other Government initiatives that are to be allocated, there is some \$15.2m. There are departmental initiatives of \$2.1m. There is the medical officers' right of private practice, and there is almost \$700,000 there. There are funds that are held for allocation under various litigation claims that may arise during the year—zonal allocations of some \$4.3m. In the Home Support Scheme, we have another \$1.1m to allocate. In the peri-operative nurses program we have just on \$600,000 and some other initiatives amounting to almost half a million dollars. There are also some Commonwealth programs which amount to just over \$38m. These will be allocated to the districts in the near future and throughout the rest of this financial year. The main items there are issues like high-cost drugs, where there is another \$4m to be allocated; the HACC Program, where another \$1m is to be provided; and in relation to dental health, \$11.6m is to be allocated from the dental program. It is important to realise that the Federal Government actually withdrew just on \$10m of dental funds from our budget. That was a half a year or six months of the Commonwealth general dental program. That has now been taken over and funded by State Treasury so that we are able to retain all of those particular services.

There are a number of other initiatives covering indigenous communities, palliative care, rural oral health initiatives, ambulatory care, AIDS/Medicare, day surgery programs; there is also specialist training in rural areas and waiting times in elective surgery, national mental health funding and breast cancer screening. All of those add up to \$38m. In total, we have \$27.5m from initiatives, just on \$35m from the waiting list program and \$38m of Commonwealth programs, totalling \$100.5m.

Miss SIMPSON: What increases in funding, both recurrent and capital, have the main Brisbane metropolitan hospitals received in the 1996-97 budget?

Mr HORAN: The Brisbane metropolitan hospitals certainly needed some substantial increases in funding. There had been serious problems with the budget overruns. There were some particular recurrent increases that we made to the metropolitan hospitals. These were just particular increases; it is nowhere near the scope of the total increase that they get. These were to their base budgets. We gave Logan another \$0.7m; the Mater Public another 4.7; Princess Alexandra, 6.1; Prince Charles, 8.7; QE II, 9.5; Royal Brisbane, 8.2; Royal Women's, 1; and the Royal Children's, 4. They are the actual increases to their base budgets. As I say, there are the various initiatives and incentives that they can access during the year. There is also the financial responsibilities that they have had in the previous year that they no longer have under the new district system and the way that certain responsibilities have been taken over by the corporate office.

Those hospitals are also sharing in very large capital works allocations—around about \$82m on just eight metropolitan hospitals this year. At Prince Charles, there will be \$3.1m spent in capital works this year. There will be \$13m spent at the Princess Alexandra Hospital, \$10m at the QE II Hospital, \$50m at the Herston complex, just over \$1m at the Royal Children's Hospital, and almost \$5m at the Logan Hospital. If you look at some of the districts—and there are some major hospitals in some of the districts—there has certainly been a big increase in their budget. Look at a district like Cairns, where the major hospital is the Cairns Hospital. It has a \$99.2m budget, an increase of 5.16 per cent. Look at Townsville—9.6 per cent. But to look particularly at the major city hospitals that we were talking about, the actual increases that they will finally end up with will be in the order of 7.5 per cent for Prince Charles; Royal Brisbane Hospital, about 6 per cent; PA, about 8.2 per cent; QE II has a huge increase of 27.6 per cent as that hospital is brought back to being a true community general hospital; and the Royal Children's Hospital, about 7 per cent.

The CHAIRMAN: Minister, what health funding allocation has the Cairns District Health Service received in the 1996-97 budget?

Mr HORAN: Cairns is an area that has experienced a huge population increase and services a vast area. To allow for a true comparison of the budgets, it is important to go through the various variances that occur during the year. The allocations that we provided to the districts gave them an indication; it did not include a number of unfinalised budget items such as the hospital access pool, the waiting list funds, the Commonwealth programs and so on. But to provide some sort of comparison, we believe that Cairns will end up with about a 5.16 per cent increase. Their 1996-97 budget will be \$99.2m. Their increase from the 1995-96 final budget will be almost \$5m.

There are some important things in the Cairns budget and what we have provided to Cairns. Last March, we provided additional moneys to Cairns of some \$300,000, and that continues in this budget. That provided for four additional medical staff, particularly in the accident and emergency area. I have spoken previously about the \$600,000 we are providing, which is giving Cairns four additional junior medical officers, and the balance of \$400,000 is being spent on additional services and on additional allied health staff. We are providing \$92,000 for Chairs in paediatrics and gynaecology at the Cairns Hospital; \$20,000 to fund additional ear, nose and throat surgery sessional work; \$260,000 funding to Cairns to enhance the dialysis services; and \$246,000 increased waiting list funds, which will be separate from particular waiting list incentive pools that will be announced very shortly.

I mentioned that we have provided three additional accident and emergency staff; \$186,000 to Cairns to enhance their diabetic program, and it is pretty important because they are dealing with people with diabetes from some of the remote areas on the cape; and \$150,000 for increased research appointments. It is all part of the record budget that has been announced for Cairns in the recent State Budget. Added to their recurrent budget, of course, is the additional moneys for capital works.

We have confirmed that the \$90m Cairns Hospital redevelopment is on track. They are currently building the car park there and then early next year will be a commencement of the psychiatric services building. We have provided them with \$60,000 for specialist operating theatre equipment and \$1.1m for minor capital works projects in health facilities in that particular area. Just finally, I would mention that there has been the \$900,000 for the north Queensland neurology service and that Townsville does in fact also cover Cairns, and there is money for ATSI health as well in the Cairns budget.

Mr WOOLMER: In fairness and equity, having given a rundown on the Cairns situation, I might just ask the Minister to do the same for Townsville and give a rundown of the health funding allocations for the Townsville district. I think there are many people who would like to hear that as well.

Mr HORAN: Townsville has had a very substantial increase in its budget. Like Cairns, we have provided it with an indicative budget and, as I keep saying, the indicative budget has to be adjusted for the initiatives that they will be accessing during the year which will give them additional income. It also has to be adjusted for the one-off adjustments that were provided in the previous year; they have to be deducted from their previous budget. They no longer have financial responsibility for those particular items, and they are things like what had to be provided to the regional health authority and other matters that are taken over by the corporate office, particularly in the area of public health, litigation and so forth.

Looking at the Townsville district budget, the increase is about 9.61 per cent or \$11.5m, and there are a number of new exciting initiatives for

Townsville. In line with our promises at the last election, we will be providing Townsville with some additional child therapy services. In a full year, those child therapy services will cost around about \$230,000. They will provide for an additional half-time position for a paediatrician and also for allied health workers, particularly therapists. There has been a big demand from the families of children with disabilities in Townsville to see that we provide or to see that we continue with that promise of providing the additional therapy services at Townsville.

Also for Townsville, I think a big part of the improvements there has been the money that we have provided—some \$940,000—for the north Queensland urology service. That means that if we are seeking a full-time urologist—

Mr ELDER: This information should have been provided on notice.

Mr HORAN: You are the Committee and you are getting the information now; that is what questions are for and that is why you are getting answers.

Mr ELDER: That is what the questions on notice were.

Mr HORAN: That is why we answer one question at a time.

Mr ELDER: It is your responsibility to answer to the Committee, not to tell us.

Mr HORAN: You will notice I am answering one question at a time, not 16 questions at a time, as you endeavoured to do in your particular questions.

Mr ELDER: This is an absolute disgrace.

The CHAIRMAN: Mr Elder, we will let the Minister complete his answer without interruptions.

Mr HORAN: It is probably time you had a bit of respect for the Standing Orders and adhered to the Standing Orders and what they specifically say.

Mr ELDER: These questions were put on notice and you are rolling it out here. It should have been here in the answers to the questions on notice.

Mr HORAN: We have answered large numbers of your questions—multiple questions. You have asked up to 16 questions in one question. It is about time you had some respect for the Standing Orders.

Mr ELDER: The questions are accepted by the secretariat and it is your role to answer them as Minister. That is how the Estimates Committee system works.

Mr HORAN: You should have some respect for this particular Committee.

Mr ELDER: You do not get that prerogative.

Mr HORAN: You certainly would not, when you were Health Minister. If I had asked you multiple questions—

Mr ELDER: You got them.

Mr HORAN: You did not.

Mr ELDER: You exactly got them. I went through the Estimates process last year.

Mr HORAN: No, you did not. You refused to answer multiple questions. I can remember when you gave some replies.

The CHAIRMAN: I will suspend the Committee unless we can have questions answered without interruptions. We will come to the next question.

Miss SIMPSON: I would like to ask the Minister about my own area, the Sunshine Coast. Could you please outline what the health funding allocation has been for the Sunshine Coast District Health Service in the 1996-97 budget?

Mr HORAN: The Sunshine Coast has also received a substantial increase, and I mentioned earlier about the funds that have been provided, the \$600,000 extra that has been given to the Sunshine Coast specifically for growth. The Sunshine Coast has got an increase, after making the adjustments, in the order of 5.5 per cent. The budget increase will be about \$4.6m and the 1996-97 budget will be around about \$88m after these particular adjustments have been made. They will, of course, have lesser responsibilities. Some of the ones that I might just mention are the regional office savings, which will be about \$1.4m. With regards to the Sunshine Coast, I think it is important to note that we have given that \$600,000, and that will be the major boost there. There will be some additional funding provided during the year.

One of the major increases that hospital has received, of course, has been the funding for the psychiatric ward. There are two psychiatric wards there that will have to be funded and fully staffed; recruitment is under way. There are also some capital works that need to be undertaken because one of those wards, or part of one of those wards, is being used as a drug and alcohol unit. We have to use the Capital Works Program to put that drug and alcohol unit in another part of the hospital so that we can fully utilise those two wards. I think the major boost to the Sunshine Coast, apart from that funding increase, is going to be the \$600,000 which is over and above the increase they have received, and the fact that they will be fully staffed for those two psychiatric wards. I think that will make a big difference to the Sunshine Coast this year.

The CHAIRMAN: I, too, have a particular interest in my own area, naturally. The Gold Coast District Health Service—could you tell us what health funding allocation has been received in the 1996-97 budget?

Mr HORAN: Again, I preface my answer by saying that these allocations have to be made, but the final budget for the Gold Coast is likely to be a 5 per cent increase, or about \$6m, after making the adjustments to their previous expenditure and the initiatives they will access this year. Two exciting new increases have been provided to the Gold Coast. One is the \$600,000 I spoke of earlier that will provide them with an additional four high-dependency units, and the other one is that we have been able to negotiate with the Commonwealth Government for these Commonwealth funds that have been provided previously as a one-off payment for the contracting of public patients into private facilities. Now, that has had a very rocky path, and there have been a number of objections to public patients being contracted into private hospitals. On

the Gold Coast, that did proceed with the contracting of cardiac patients to the John Flynn Hospital, but there is an amount of around about \$700,000 remaining in that particular fund, and we have successfully negotiated with the Commonwealth Government to be able to use that money to be able to treat public patients in private hospitals.

We expect possibly about \$500,000 will be able to be used of that \$700,000 on the Gold Coast for eye surgery to attack the waiting lists that are there on the Gold Coast. There are very lengthy waiting lists in the area of eye surgery on the Gold Coast and this should make a substantial difference. We are working closely with the College of Ophthalmologists and the AMA in this process, and we will also be using some of the other parts of that money for attacking high waiting lists in north Queensland. I do recognise, and I think as a Government we recognise, that the Gold Coast is a huge area, served by one hospital, and continual attention is needed to increase the budget there at the Gold Coast.

Within the Gold Coast district budget, we have also been able to provide some additional funding in the drug and alcohol area, particularly for Mirikai at West Burleigh, which does a magnificent job in treating young people with drug dependencies, particularly those with a dual diagnosis and those who have been involved with mental illness as well as the drug dependency. We have also been able to provide some money under the Drug and Alcohol Program to a detoxification centre at Southport. Also, the hospital, of course, uses the facilities of the Salvation Army in detoxification; they have been funded for that.

The CHAIRMAN: We will break now for morning tea. The Committee will resume in 25 minutes at 10.55.

Sitting suspended from 10.29 to 10.54 a.m.

Mrs EDMOND: Minister, the figures you supplied in question on notice No. 1 from the Opposition for actual expenditure for hospitals in 1995-96—are they true and correct? Just a "Yes" or "No" will do.

Mr HORAN: Question 1?

Mrs EDMOND: Yes. You supplied information in chart form. It is actually the budget—

Mr HORAN: What you asked for in that question was the estimated budget for 1995-96.

Mrs EDMOND: Yes. We did not get that, did we? We asked for the estimated—

Mr HORAN: You asked for the estimated budget for 1995-96.

Mrs EDMOND: We asked for the actual, which we have got, but we did not get the estimate for 1996-97.

Mr HORAN: You asked for the actual expenditure for 1995-96 and the estimated expenditure for 1996-97. We provided you with these figures here. These were for last year.

Mrs EDMOND: Are they right?

Mr HORAN: Those figures are correct. They are based on—

Mrs EDMOND: That is all I wanted to know. Are there any other expenditures for last year that could reasonably be added in and be said to be hospital expenditures?

Mr HORAN: Expenditures that could be added in?

Mrs EDMOND: Yes, onto these figures that have not been added in.

Mr HORAN: What do you mean?

Mrs EDMOND: In your media release of 10 September, you claimed that the allocation for the eight major hospitals in Brisbane for last year was \$947m. In your answers to questions on notice you claimed that the allocation for the same hospitals was \$772m. Which one is true?

Mr HORAN: These figures here are provided by the regional finance office on what they actually spent last year and what the estimates were. That is what you required in the answer. So there is the budget—

Mrs EDMOND: We are just saying that it does not match the information you put out in your press release. Which is true? Is it the press release or these figures? It is a couple of hundred million dollars difference. That is big bickies by my standards.

Mr HORAN: These figures here are for the public hospitals; is that right?

Mrs EDMOND: Yes. That means your media release of 10 September is wrong.

Mr HORAN: No, I would refute that absolutely.

Mrs EDMOND: They cannot both be right. There is a couple of hundred million dollars difference.

Mr HORAN: If I am going to answer you fully, I would want to have that media release right in front of me and analyse that against this. I will not just verbally answer that.

Mrs EDMOND: Your press release says one thing. The figures say another. There is \$200m-odd difference. Which is true?

Mr HORAN: It depends what our press release is for. If you want to pluck a press release out of the air and try to make some sort of comparisons—

Mrs EDMOND: It is your press release.

Mr HORAN: I will answer that when I get that press release, and I will analyse this against that, because of all the various adjustments and everything else. I will do that and get back to you at the end of the session.

Mrs EDMOND: Maybe this is why you did not want to give us the actual figures. Is that why you did not want to give us the actual figures? You refused to give us the figures.

Mr HORAN: I will provide you with that information before the session is over. All right?

Mrs EDMOND: All right. The real figures—1996-97?

Mr HORAN: That is quite a reasonable figure. What you really want——

Mrs EDMOND: It was an absolute basic figure to discuss any of the estimates on, and you refused to give it in the questions on notice. Yet you put out dodgy press releases with a whole lot of figures that are wrong.

Mr HORAN: That is not a dodgy press release. As I said, if you want to shout figures at me, I will answer that before this session is over, and I will analyse and look at that particular press release and give you an answer before the session is over. That is what I am saying I will provide for you.

Mrs EDMOND: I wanted you to give them to us so that we could ask them and debate them in a reasonable manner, and you refused to do that.

Mr HORAN: The estimated budgets for the public hospitals—I think I have made it quite clear to you that those estimated budgets vary throughout the year.

Mr ELDER: You are hiding something.

Mr HORAN: You said last year during the Estimates that they are a movable feast in which——

Mr ELDER: Why are your CEOs from the hospitals not here?

Mr HORAN: I will tell you what we have got. We have got twice as many people——

The CHAIRMAN: Excuse me. We will keep some decorum in this meeting. The Minister will not be interrupted when he is trying to answer a question. Furthermore, we will perform with the normal courtesies of human behaviour, and we will not shout interjections of that nature across the room.

Mrs EDMOND: I am sorry, Madam Chair. This hearing has been sabotaged by this Minister by a point-blank refusal to provide basic budget information. He has consistently refused to provide that information. He has not allowed his public servants to answer "Yes" or "No" on purely numerical questions.

The CHAIRMAN: We are not going to have a debate on this matter. The Minister has the prerogative of answering the question as he sees fit. If you are not satisfied with his answers, you can bring it up in the Parliament at a later stage. You have the opportunity of putting in a dissenting report for this Committee, as I understand you are considering doing. Would the Minister please complete his answer?

Mr HORAN: I have completed the answer, saying that I will provide that information before the session is over.

The CHAIRMAN: Thank you. Next question.

Mrs EDMOND: Before the break, Minister, you were able to tell us what the interim budgets were for the Cairns Hospital, and you were able to give a global figure for the eight major Brisbane hospitals. Why can you give the budget figures for this year for some hospitals and not others?

Mr HORAN: I gave the budget figures for the hospitals which I was asked about.

Mr ELDER: You told us shortly before the recess that the hospital budget for Cairns this year was \$99.2m and that last year it was just over \$94m. Was the expenditure on the Cairns Base Hospital last year \$94m or \$66m, as in this document and as you told us in the question on notice? What is the true figure?

Mr HORAN: I was talking about the district. You will remember that the question was about the district, and I was giving the district budgets. I was going through district by district. If I used the word "hospital" instead of "district", it was a slip of the tongue. The question was on a district-by-district basis, and that is what I was answering.

Mr ELDER: Can you give us the budget for the Cairns Hospital?

Mr HORAN: I will be able to give you some indicative figures on the Cairns Hospital budget. As I have said consistently, and as you said last year in your own answers, the hospital budgets are a movable feast. Moneys are added to them during the year. What I have said consistently is that in the indicative budgets that we have provided to the hospitals—because it is the first time this year that we are breaking them down from regions——

Mrs EDMOND: We asked for estimated budgets.

Mr ELDER: We asked for indicative budgets, estimated budgets and we have not got that. We are here as an Estimates Committee trying to resolve the Estimates of Health and you have not provided us with that information.

Mrs EDMOND: For major hospitals.

Mr HORAN: You have asked now for an estimated figure for the Cairns Hospital budget and how it compares with the previous budget. I will get that for you during the process——

Mr ELDER: With all due respect, it was asked on notice a week ago so that you could provide this Committee with that information, so this Committee could debate the Estimates of those hospitals and you have treated us with contempt.

Mr HORAN: With due respect to you, it was one of the 72 questions that you asked out of the 10 that you were supposed to ask. If you want to treat the Parliament and the Estimates process like that——

Mrs EDMOND: It would have been in the other column that you have cut off.

Mr HORAN: I don't mind answering 10 questions——

Mr ELDER: With every due respect, Mr Minister, you were prepared to give us that; you were not prepared to give us the whole information.

Mr HORAN:—I certainly won't answer 72. You are making a joke of the whole session.

Mrs EDMOND: My next question is to the CEO of the PA Hospital. Is the CEO here? We did ask for the CEOs of the major hospitals to come. Dr Stable, can you answer? Is the CEO of the PA Hospital here?

Mr HORAN: We provided 20 people at these Estimates, compared with the 10 you provided last year. We have provided double the number. We have everybody here who can answer your questions. If you want to ask something about a particular hospital, I have great confidence in the director-general or the deputy director-general. If you want to ask about the PA Hospital budget, you could ask either me or the deputy director-general. We can refer you to people from finance. We have a lot of people here who can answer questions.

Mr ELDER: Can I ask why aren't the CEOs from the hospitals here? Considering we are debating the Estimates of the Health Department and hospital budgets, why aren't the responsible officers, who are the chief executive officers of those hospitals, here at this Estimates Committee?

Mr HORAN: Why weren't they there last year? You had 10 people—

Mr ELDER: This is the process that you changed. This is your Estimates process.

Mr HORAN: We have 20 people here. Each of those people is a senior person.

Mrs EDMOND: The process has been changed. The legislation regarding the Committees has changed. The Standing Orders have changed.

Mr HORAN: If you want to continue with that process, we could end up having the 41,000 staff of Queensland Health here, if you like. You might want to ask questions about—

Mrs EDMOND: We only asked for the Brisbane city ones.

Mr HORAN: We have people here who are responsible for those hospitals and who have the figures relating to those hospitals and they will give you answers and information that you want. So if you would like to ask a question about those hospitals, ask it and then I can divert it to the director-general, one of the deputy directors-general or a finance person. Would you ask that question?

The CHAIRMAN: To clarify that matter, members of the Committee are able to ask for specific officers. It is the Minister's prerogative to bring with him to Estimates hearings the officers he believes are required. It is simple. The next question.

Mr ELDER: So the Minister decided not to bring the CEOs.

Mr HORAN: I decided that 20 people covered all the areas about which you would like to ask a question. If you want to ask a question about a hospital, we have people here who are responsible, like the deputy director-general and the director-general.

Mr ELDER: Madam Chair, I need to know whether it is the Minister who determined that the CEOs from those hospitals would not be present at this Committee.

The CHAIRMAN: It is the Minister's prerogative to determine which officers are brought. I would also point out to you that the longer you continue with this sort of argument and debate

backwards and forwards, the more of your question time allocation you are wasting.

Mrs EDMOND: Thank you, Madam Chair. I think the whole process is a waste of time the way it has been handled.

Mr ELDER: My thoughts exactly.

Mrs EDMOND: As the CEOs of the hospitals were not allowed to come—one has to wonder why not—Mr Davis, perhaps you can answer the questions on the PA Hospital. Referring to the stated claims that PA Hospital has been increased by \$6.1m in the Minister's press releases, does that mean that it now has a budget of \$214m, because that will be a surprise to the PA Hospital?

Mr DAVIS: We are talking "district", not "hospital"?

Mrs EDMOND: No, the PA Hospital—you know, the big one on the south side.

Mr DAVIS: The figures that we have are "district". The way that the allocation process occurs—

Mrs EDMOND: Excuse me, can I clarify that?

Mr HORAN: Let me tell you—

Mrs EDMOND: The Minister said earlier that the hospitals had their budgets and that they had all been worked out.

Mr HORAN: I will just elaborate on this. The PA Hospital district involves the PA Hospital and the mental health services on the south side. We can give you the full budget for that district and the variances, so that you can have the answer you require.

Mrs EDMOND: You said earlier that the hospitals' budgets had been determined.

Mr HORAN: Within the district—those indicative budgets have gone out to all the districts and within that is their hospital budgets.

Mrs EDMOND: You are saying—and you have put out press statements galore saying—that all of those hospitals have gone up, and yet each and every hospital that I have spoken to has said that they are starting off with less money than they got last year. Who is telling the whoppers around here? That is what I am trying to determine. You are doing everything you can to frustrate me, and I am getting frustrated because I think—

Mr HORAN: They have all shared in the increases, and we have already indicated some of the \$34m base increases that we have provided—

Mrs EDMOND: Leaving them worse off than last year.

Mr HORAN: If you would like this question answered, we will give you the answer regarding—you want to know about the PA district budget; we are now providing it.

Mrs EDMOND: How can you put out a press release—

Mr HORAN: Just provide that—

Mrs EDMOND: Mr Davis, how can the Minister provide a press release—

Mr HORAN: If you are asking about a press release, you ask me. The public officer is going to give you the answer that you asked for regarding the PA Hospital and the district budget of \$214m. We will give you that answer now.

Mrs EDMOND: How can you put out a press release claiming those increases—

Mr HORAN: He's going to give you that answer—

Mrs EDMOND:—when you do not have the hospital budget.

The CHAIRMAN: Cross questions as someone is trying to give you an answer are really wasting your time and you are not getting anywhere.

Mrs EDMOND: We are not getting anywhere, anyway.

Mr ELDER: Madam Chair, it is our time and we are not getting anywhere at the moment. We will go back to Government questions in a second.

Mrs EDMOND: They are trying to hide these figures and there must be a reason for it. Madam Chair, I think it is the right of this Committee to pursue this questioning and find out what exactly they are trying to hide.

The CHAIRMAN: Mr Davis?

Mr DAVIS: As far as the press release, from what I saw there, the press release quotes from the Budget papers and it states how much the hospitals program—

Mr ELDER: The "hospitals", it says here.

Mr DAVIS: The hospitals? Yes.

Mr ELDER: Eight hospitals.

Mr DAVIS: The hospitals program—there's a definitional issue as to any difference between what was provided as far as the public hospitals expenditure and budget of last financial year and the amounts that are in the Budget papers as far as hospitals program. Hospitals program excludes, as far as definitions, rural hospitals that are less than a certain size and those hospitals are part of "community". Now, there should be a reconciliation process that should be able to explain any of those differences.

Mrs EDMOND: I really do not know how to put this any simpler. What I am asking is: you claim that the PA hospital has a \$6.1m increase. The figures for last year that it got were \$207,788,000. Does that mean they are getting in the order of \$214m this year? Can I go out and say to PA, "Great! You're getting \$214m,"?

Mr HORAN: Mr Davis will give to you the district figures. As I said, that district involves only the PA Hospital and the mental health services on the south side of Brisbane that operate from the PA Hospital. He will give you the figures, including the variances, details and what we estimate will be the result there.

Mrs EDMOND: I do not know how I can ask a simpler question.

Mr HORAN: If you be quiet, he will give it to you.

Mr DAVIS: I am commenting on the Princess Alexandra district, that is, the allocations that we are talking about. The increase of \$16.3m, or 8 per cent, is based on what I am about to say. The final budget for the district last year was \$207.4m. What you have got to take off that when you are comparing like with like are those expenditures that occurred last year that will not be repeated in that district this financial year. That district last year expended \$5.6m for a Mount Olivet grant. They will not have responsibility for that grant this year; it will be paid from corporate office. Another significant amount that is in that \$207.4m is the regional office savings that will not require any expenditure this financial year. You take that off the \$207.4m. There are other public health expenditures that occurred within that \$207.4m last year.

Mrs EDMOND: Sorry, what were the regional office savings? You just said to take it off the \$207.4m. You did not give a quantum.

Mr DAVIS: It was \$2m.

Mrs EDMOND: Two million?

Mr HORAN: \$2.1m.

Mr DAVIS: Yes, \$2.1m. There is the Queensland Audit Office fees that they paid last year that will be paid corporately of \$112,000 that will not be repeated in their expenditure. There is other public health expenditure that was incurred last year that will be part of the public health program. Examples are the population health unit, \$503,000, the population health project, \$87,000, prostitution/sexual health, \$123,000, and child immunisation of \$41,000. Home support scheme funds have not been provided at this stage, and that was \$151,000 to come off that budget. Internal audit is going to be managed corporately, \$170,000, and that will come out of the expenditure or the final budget of last year. They are the significant ones. Litigation fees—they had \$95,000 and the litigation reserve is still held in corporate office. I think I mentioned Queensland Audit Office fees.

Once you go through taking off these various adjustments, it brings it down to an adjusted budget of \$198.4m. There are a number of initiatives that still have to be provided that are not in the allocation that the district has at the moment and this brings it up—if they are similar to last year and there are already waiting list dollars—

Mr ELDER: Round it off and give us the bottom-line figure.

Mr DAVIS: That takes it up \$214.8m.

Mr ELDER: Which is what I said originally.

Mr DAVIS: As far as district, yes, that is right.

Mr ELDER: Is that the budget they are getting this year?

Mr DAVIS: That is the budget at this stage. As the Minister said before, there are still some Commonwealth programs and other initiatives that have to be distributed across all districts. That figure, as far as what would go to the PA district, is unknown at this stage.

Mr HORAN: There is another additional amount to go there for one of the other incentives that they will be applying for. The PA Hospital did not seek any initiative money in the previous year. We are making sure they do this year.

Mr ELDER: We have got enough from that. The time for the answer has expired.

Mr HORAN: That gives you the amount of money—

Mr ELDER: No, the time for the answer has expired and it is time for our question. What I want to ask you simply is this: you spoke about district budgets but, clearly, your press release talks about increases in hospitals and particularly eight hospitals across all districts. You talk about an increase in recurrent funding to \$989.2m, up on last year's allocation of \$947m, and I want to know how that was calculated?

Mr HORAN: It was calculated purely by the accountants working out the increase in money that they are providing to the hospital, if you really want to know, but the \$312m is—

Mr ELDER: I want to know how it was calculated in relation to the figures you gave us to the question on notice.

Mr HORAN: The \$312m is an increase.

Mrs EDMOND: We cannot find it.

Mr HORAN: There is about \$278m, I think, off the top of my head that has gone to hospitals. That has been allocated across the various hospitals. In the breakdown of the district budgets, it is all there. There is also the \$34m that has been added to their base funding.

Mr ELDER: Mr Davis, would you like to tell us how that was—

The CHAIRMAN: The time for Opposition questions—

Mr ELDER: I will come back to it.

Mr DAVIS: What was shown to me did not have that figure on it that you are mentioning—the \$947m.

Mr ELDER: It is in the Minister's press release. I gave it to you. It is there in the press release.

Mr HORAN: We said that we would get that for you before the end of this session. You wanted that answer regarding the press release relative to those totals, and we said that we would—

Mr ELDER: It would have been good had I had it on notice when I asked for it a week ago. It would have been a lot easier than extracting teeth, as this has been.

The CHAIRMAN: You can come back to that question later, if you wish, Mr Elder. The time for Opposition questions has expired. We now come to Government questions. Mr Woolmer?

Mr DAVIS: It is not the right press release. There are no more questions on this press release.

Mr WOOLMER: My question is to the Minister in relation to the Rockhampton district health service, and I ask the Minister if he could outline the health

funding allocation that Rockhampton's health service has received in the 1996-97 budget, please?

Mr HORAN: Yes, I am happy to do that. Rockhampton had a substantial budget overrun in the past financial year and it is another one of the hospitals that we are seeking to improve. Also, what I will do here is look at the district budget for Rockhampton. The 1996-97 district budget is estimated to be \$85.6m, and that will be about a 6.9 per cent increase, or a \$5.5m increase. Again, it involves making these adjustments for the initiatives that we provided—the indicative budget that we provided—adjusting those things that Mr Davis just mentioned before with regard to the PA, which are fairly well consistent right across the districts across the State.

The allocation of funding that we provide to the Rockhampton district is also going to include money for capital works. I think some of the improvements that we will be seeing at Rockhampton are the waiting list moneys that we are providing to them. We expect there to be at least about \$1m in waiting list moneys provided shortly. We have provided full recurrent funding of \$1.8m—that is for a full year—extra for the new 26-bed psychiatric unit. As well, at Rockhampton we have got major capital works under way. The Rockhampton district budget does include funding for the commencement of construction of Eventide. Demolition will commence there in January. It also includes funding for the construction of the community health centre and for the commencement of work on the redevelopment of the Rockhampton Hospital.

I think the major issue with Rockhampton has been the shortages of anaesthetists. We have now got three anaesthetists who have been recruited, including one who is a specialist in intensive care, and \$1.8m extra in a full year of funding that would be provided to fully staff the psychiatric unit at Rockhampton.

Miss SIMPSON: Mr Minister, I have a question with regard to another district health service, this time for Maryborough and Hervey Bay. Could you please outline what the health funding allocation has been for the Maryborough/Hervey Bay district health service in the 1996-97 budget?

Mr HORAN: This is one district where there is a massive increase because there is a new hospital to be brought on stream at Hervey Bay in February/March of next year. It is a district that is going to have to undertake a huge amount of work in recruitment, and that recruitment has already commenced. Overall across the district we are looking at a 1996-97 budget of about \$47m—an 18.3 per cent increase—and an increase from the 1995-96 budget of around about \$7.3m.

I think the important thing in that particular district is that there will be extra waiting list money that does go to the Maryborough Hospital. It is likely to be in the order of \$600,000. On top there is some massive funding in capital works in the Maryborough/Hervey Bay district. We will be completing the Hervey Bay hospital. We have given a commitment to the completion. We have given a commitment to the full funding and staffing of that

hospital for a 130-bed hospital. We believe the hospital will open in approximately February, ahead of time. It will be then increased in the number of beds from the current old hospital in Hervey Bay and, from that increase, there will be a further increase from 1 July next year when it becomes funded for a full general hospital of 130 beds. That is probably one of the areas of the State, along with QE II, where there has been perhaps the biggest increase in funding to a district.

The CHAIRMAN: Coming a bit closer to home, what is the health funding allocation in the 1996-97 Budget for the Ipswich District Health Service?

Mr HORAN: The West Moreton District again has had an increase of 3.9 per cent, which is \$4.8m. That includes capital works. Work is commencing at the Ipswich Hospital on the tower block and other works will commence very shortly, particularly on the psychiatric services building. The overall project at Ipswich is a big capital works project and it will see, first of all, the tower block, which is crumbling on the outside, fixed and these other particular services put in place.

Ipswich will be accessing waiting list moneys. We expect that in accessing waiting list funds Ipswich will get a substantial increase, probably in the order of \$300,000, to attack the waiting lists. That hospital has been going fairly well under the Surgery On Time Program.

Mr WOOLMER: Minister, getting very close to home, could you run through the health funding allocation for the Toowoomba District Health Service for 1996-97?

Mr HORAN: This district encompasses not only the Toowoomba Hospital but also a very large psychiatric institution, the Baillie Henderson Hospital. There has been an increase in the Toowoomba district budget of 6.9 per cent, which is around about \$6.7m for a budget of \$110.9m.

The Baillie Henderson Hospital has received some increased funding to provide, in particular, an additional psychiatrist, an executive officer and a number of additional allied health staff, and to provide some training programs. Particularly in view of the recent CJC review of the Baillie Henderson Hospital, we felt there was a need to fund the hospital for those particular training programs. We also expect that the Toowoomba Hospital will be able to access the waiting list funds. It received some \$560,000 last year and we expect that it may receive about \$900,000 this year in waiting list incentives.

The CHAIRMAN: Before we go on to the next question, could I ask that documents that have been passed backwards and forwards between members and public officials are tabled for the benefit of the Committee and for inclusion in our reports. Minister, what is the health funding allocation in the current budget for the Prince Charles District Health Service?

Mr HORAN: The Prince Charles Hospital has a 7.5 per cent increase of \$11.1m. The hospital received some additional money during the year

when we provided it with money to reduce the cardiac surgery waiting lists. As a result of that additional money, they have been able to get the number of category 1 patients, those who have been waiting more than 30 days, down to zero, which has been a major boost. The money provided to Prince Charles in a full year is \$600,000, from memory. It was an adequate amount of money to provide for the reduction in cardiac surgery. That figure was \$2.5m; I was out on that figure. The Prince Charles Hospital has received a large increase of money, mainly because it is the major cardio-thoracic hospital in the State. I think that is basically the most important issue to do with Prince Charles.

Miss SIMPSON: Minister, what health funding allocation has the Royal Brisbane Hospital District Health Service received in the 1996-97 budget?

Mr HORAN: The Royal Brisbane Hospital District is the major district in the State in terms of the actual size of its budget and the complexity of the work that it undertakes. It has achieved a 6.1 per cent increase, which is just on almost \$16m, we estimate. The 1996-97 budget is just on \$274m. Some of the major components at the Royal Brisbane Hospital has been the increase in funding to fund and staff the adolescent psychiatric ward. When we were looking at providing additional moneys to hospitals, they received a base increase in their recurrent funding of about \$8.2m, but that has been boosted further by these other initiatives and incentives that they can attract. Also at the Herston complex we will be spending just on \$50m this year as we commence the major redevelopment of the hospital.

The Royal Brisbane Hospital will also be receiving some \$5m, being \$2.5m in additional waiting list incentives, \$2m in additional equipment just for the waiting list program and another \$0.5m in special allocations. All of this is designed specifically at and under the waiting list program. For a full year, we will fund \$5.1m to reopen two of the closed wards that we opened in March. That has required the hospital—and this has taken some time—to get staff. They were not able to get the staff overnight, but I understand that those wards are functioning now. The recruitment of nurses, in particular, for two wards was difficult. They were able to get them for one ward fairly smartly, but it took a while to get them for two wards.

Mr WOOLMER: Minister, you have mentioned the QE II Hospital, and most South Brisbane people are eagerly awaiting the kick-start of that. I believe that February next year is the ribbon-cutting day, as we have mentioned before. In relation to QE II, can you comment on the recurrent health funding allocation, and I am also interested in some of the capital works projects—the redoing of the hospital and some of the wards.

Mr HORAN: This is another district like the Maryborough/Hervey Bay District where there has been a huge increase, purely because we are reopening a hospital. This hospital had been downgraded to virtually nothing. One weekend it was down to nine beds. It is being brought back up to a full community general hospital of 160 beds. The

final budget increase for QE II will be 27.5 per cent for the QE II district. The budget will be \$63m, an increase of \$13.6m on the previous year. There will also be some \$10m spent in capital works at the QE II Hospital to bring it up to the stage where it can be suitable to take the full 160 patients. Currently work is being done there. Staff are being moved from one floor to another, and the space that is left will be used for a breast screening unit.

I think the important thing regarding staff is that there is quite a success story with the QE II Hospital. Fifty extra doctors have been recruited for the hospital. I think if there is any success story in the State, it is the QE II Hospital. These include registrars, senior medical officers and junior medical officers.

The QE II Hospital will take huge pressure off the south side system. We saw previously the QE II virtually closed down and the loss of almost 160 beds. We saw the Greenslopes Hospital sold off and the loss of some 70 public beds there. That put huge pressure on the Princess Alexandra Hospital. We have made a promise and a commitment that we will increase the number of beds on the south side of Brisbane by 300 by the year 2000, and that is including the additional beds provided by the re-establishment of the QE II Hospital and the fast-tracking of the Logan and Redlands hospitals. The people of the south side of Brisbane are seeing the delivery of an election promise and the delivery of something that the coalition fought very hard for. When you think of 50 doctors and the corresponding number of nurses and allied health staff that are required, that has put that hospital back on track.

I think the other important thing for the QE II Hospital is that we have provided that hospital with its own district. The QE II district will have its own district health council. It will not be tied to another major hospital. They will be able to make their own decisions. I think for the south side of Brisbane, particularly for the suburbs around the QE II, that will make an enormous difference. The QE II district will include not only the QE II Hospital but also the community health services on the south side of Brisbane other than those in the bayside and Logan areas. That will include Inala and Coorparoo.

The CHAIRMAN: What Health funding allocation has the Royal Children's district health service received in 1996-97?

Mr HORAN: The Royal Children's Hospital has an increase of 7.2 per cent. It has a budgeted increase of 4.2 per cent for the district. That means the 1996-97 budget for the Royal Children's Hospital district will be \$65.3m. The district encompasses not only the hospital but 13 paediatric services right throughout the north side of Brisbane. We believe that this increase will enable that hospital to provide the important services it does for children throughout the State. The hospital had serious budget overruns in previous years. The hospital is currently undertaking a pilot project in consultation with the medical and nursing staff looking at reallocating the same number of beds over different ward configurations, including infection control and systems of theatre management, in an endeavour to

save money. The extra money that they will receive in the budget will actually go to services to the children rather than for funding inefficient layouts throughout the hospital. The Royal Children's Hospital will also be receiving some extra funding for ear, nose and throat surgery for children. That is an area that we have been concerned about. There have been substantial waiting lists. There is also some additional funding for equipment and treatment in the order of about \$250,000—all as part of the initiative it is able to attract during the year.

Mr WOOLMER: Does the Minister expect to be able to open additional operating theatres at the Redcliffe Hospital which apparently were left unstaffed by the previous Labor Government?

Mr HORAN: Yes, we do. The Redcliffe Hospital had, I think, four theatres and another two new theatres were built. As soon as they were built and opened, another two theatres were closed down. It seems a tragedy that new facilities like that can be built but that the status quo remains simply because there has been no allocation of funding to staff those theatres. It is very similar to the situation that we inherited with the psychiatric ward at Royal Brisbane and with the mental health ward at Nambour. We have moved by providing \$600,000 to the Redcliffe Hospital as additional money to enable it, in part, to open those particular two additional theatres. At Redcliffe, in respect of its waiting list funds, it will actually receive some \$1.6m extra. That, plus this \$600,000, will mean they will be able to open these theatres and do additional work. It really is a major commitment to this hospital. It really fulfils a promise that we made. Two good theatres should not be left empty and vacant when we have such a need for elective surgery.

The CHAIRMAN: The time for questions from Government members has expired.

Mrs EDMOND: Minister, I take you back to the Royal Children's Hospital. You have claimed that it has had a significant funding increase. However, the hospital has said that it is starting off with less money than it needed to survive last year. Three months down the track, we have already seen measures taken to cut costs where possible. Can you give the public a guarantee that the measures taken to cut costs, such as the mixing of infectious patients with others rather than utilising the specialist infectious ward, will not impact on the Royal Children's Hospital's admirable history as a minimal cross-infection hospital in relation to acquired infections? At the moment, I believe the Royal Children's is about 0.7 per cent compared with the average across Queensland of 3 per cent to 4 per cent.

Mr HORAN: The particular pilot project that they are undertaking at the Royal Children's Hospital—and I think it will start in November—has only been undertaken following very serious consultation of the clinicians. I understand that there was something like 50 medical officers at the meeting when they discussed this particular matter, and they voted 49 to one to undertake this particular trial. I have great faith and confidence in the senior specialists and medical staff at the Royal Children's Hospital. They have an outstanding record. I think

their professional judgment is what we should accept, not what a politician like you or I might decide.

Mrs EDMOND: It is not me saying it, Minister.

Mr HORAN: I think we should at all times go by the clinical judgment of these professional people. The premises on which they would be undertaking this trial are as follows: that there will not be one single bed lost; that they will not compromise clinical care; and there has to be substantial savings for them in order to proceed with the trial any further. Importantly, if they maintain the standards and if by a reconfiguration of the beds—and I know they paid special attention to the way they treat and nurse infected children, the barrier nursing systems and the specialised areas for certain classifications of infectious illnesses—they can achieve these particular savings, it really means that, rather than pouring \$1m down the drain, they can put that \$1m into treatment and services for the children. If they can achieve that by a reorganisation of the bed and ward layout, the utilisation of theatres, and rostering arrangements and at the same time maintain at the very least the standards that they have always maintained there, then we have achieved great things for that hospital in terms of the additional money for children.

You mentioned the budget. But looking at the variations and adjusting the budget they had last year for what responsibilities they will not have and the initiatives they can apply for this year, the estimate we have is that they will have an additional \$4.2m, or a 7.15 per cent increase. In conclusion, I will give you the exact details of those strategies and the basic principles which they involve. There will be no reduction in bed numbers. It is on a trial basis for six months. It will only be done if significant savings can be achieved. Clinical care will not be compromised.

Mr ELDER: Mr Davis, I wish to take you back to where my last question left off. You now have the press release which outlines last year's allocation for eight hospitals across those districts of \$947m. In answer to my question on notice, you said that the budget was \$772m and actual expenditure was \$806m. In the press release of the Minister, for those eight hospitals it says that last year's allocation was \$947m. Can you explain that?

Mr DAVIS: That information is being looked at at the moment and should be provided during the session.

Mr HORAN: I said that information would be provided before the conclusion of the session. It will be provided.

Mr ELDER: I know that, Minister. I am intrigued that you had all of that information available in order to provide a press statement in relation to the budget which mentioned significant increases. You have had an opportunity to provide that information to this Estimates Committee through answers to questions on notice. However, you have waited until now to say that we just might get it before the end of the session. I find that extraordinary, Minister. Can you explain that?

Mr HORAN: We provided you with the details you required. You have asked for some additional information, and I said we will give it to you before the end of the session.

Mrs EDMOND: But you have been able to answer questions from the Government members. Is there a difference between the amounts of money depending on whether the question is asked by the Government members or the Opposition members?

Mr HORAN: Are you saying you do not want that information we are providing on the districts?

Mrs EDMOND: Yes, I do want that information. I asked for it last week.

Mr HORAN: You got what you wanted for the previous year and this year. You got that.

Mrs EDMOND: I have it for the previous year. What we are asking for is the other piece of information that would have been on this document but which was covered up when you photocopied it.

Mr HORAN: No, that was not there. As I said, last year, Mr Elder, you spoke about the variances, changes and adjustments to budgets before the year is out.

Mrs EDMOND: We are asking for estimated budgets.

Mr ELDER: You outlined them. It was available in your press release.

Mr HORAN: As I said, there is \$100m to be allocated. We are endeavouring through this process to give you some indication of those. As to that question you asked—you will be provided with that information by the end of this session, as I said.

Mrs EDMOND: You have been able to answer those questions from the Government members, but you refuse to answer them from Opposition members. Isn't that contempt of Opposition members and this Committee?

Mr HORAN: You have been provided with the information that you sought, that you asked for.

Mr ELDER: No we haven't.

Mr HORAN: Yes you have.

Mrs EDMOND: We have not been provided with any of that information.

Mr ELDER: That is the point we made from day one.

Mr HORAN: Yes you have.

Mrs EDMOND: If we had, there would be no reason to ask these questions here without notice.

Mr HORAN: Yes you have. You were provided with the information that you wanted in 24 hours—

Mrs EDMOND: Rubbish. You actually refused. In the answer to the question, you refused to answer it.

Mr HORAN: We worked right through until late last night to endeavour to estimate these variances which you yourself last year spoke about—the changes, the ebb and flow and the come and go of hospital and district health budgets.

Mr ELDER: Let's deal with what you have said publicly. You have said publicly——

Mr HORAN:—the ebb and flow that comes in those budgets, and we have endeavoured through this process today to give you some indication——

Mr ELDER: You won't talk me down on this, Mike. I will extract this tooth by tooth.

Mr HORAN:—when you take away all the various——

Mrs EDMOND: You are obviously scared of the real figures getting out, which will prove that every hospital in Queensland is not better off. It is exactly as they are saying.

Mr HORAN: Every hospital in this State will be better off, and we're just going through and showing it.

Mrs EDMOND: Not according to the hospitals. Not according to the CEOs, who you wouldn't let come here today.

Mr HORAN: According to the figures they are, so if you want to argue——

Mrs EDMOND: Which figures?

Mr HORAN: I've just been giving you some figures.

Mrs EDMOND: There are five different lots of figures floating around here, none of which add up.

Mr ELDER: If you say the budget for these eight hospitals——

The CHAIRMAN: This is the next question?

Mr ELDER: Yes, fine—is \$989.2m, how did you actually cost that? Where did you get that figure? How did you work that out, if you are trying to actually work it out now and give it back to us on the Committee? It was worked out for your press release but you can't give it to the Estimates Committee!

Mr HORAN: We will give it to you before the session is over.

Mr ELDER: No, no, no. What I want to know is how you worked that out for your press release.

Mr HORAN: As you would be well aware, you've got district budgets, and in the district budgets you've got recurrent funding and you've got capital works funding. I'll have a look at the press release and we will give you the explanation, which will be there——

Mrs EDMOND: You say these have no foundation in fact?

Mr HORAN:—and I've got no doubt the explanation most likely involves the capital funding.

Mr ELDER: So what are you saying? Is this just a guesstimate?

Mr HORAN: If you want to throw information across the table at me——

Mr ELDER: Was it a guesstimate when you went out to tell the people of Queensland you were giving an increase?

Mrs EDMOND: It is your press release, mate, not ours.

Mr ELDER: It's not ours, cobber.

Mr HORAN: I put out hundreds of press releases.

Mrs EDMOND: That's right—and most of them are about as factual as that.

Mr HORAN: We'll have a look at it and get the information for you by the end of the session.

Mr ELDER: You put out hundreds of press releases. This is the major press release you put out in terms of the budget.

The CHAIRMAN: Mr Elder and Mrs Edmond, could I ask you: are you trying to bully the Minister?

Mrs EDMOND: I wouldn't dream of it!

Mr ELDER: The Minister can handle himself very well.

The CHAIRMAN: I am sure he can handle himself quite adequately, but this session is getting out of hand. Could we get back to questions, please?

Mr ELDER: Fine. I ask the question again: how did you come up with the figure of \$989.2m across all districts for eight hospitals?

Mr HORAN: I really need to have that media release in front of me.

Mr ELDER: It is there. I passed it across to Mr Davis and I passed it across in the last break. I want to know, considering that the budget was \$772m and estimated expenditure——

Mr HORAN: You keep asking the same question.

Mr ELDER: Naturally.

Mr HORAN: If you are satisfied with me giving you an answer before the session is over when I can have a look at the media release and I can have a look at the other figures that you are quoting, then I will give you those figures.

Mr ELDER: Fine. Before we have to go through every hospital in this State and every health district in this State, what I want from you is exactly what we asked for. Mrs Edmond asked you, for all public hospitals, the estimated budget, the actual expenditure, the estimated budget for 1996-97, and when the district health services will be advised of their total budget allocations for this financial year. I want that. I don't want to have to go through this process for every hospital, but we will do it if we have to.

Mr HORAN: We have provided you with the——

Mr ELDER: No, no——

Mr HORAN: No, we have provided you with the budgets on that first question that you wanted for last year and this year, right?

Mrs EDMOND: No, you didn't. You did for last year.

Mr HORAN: If you want to break it down to every single hospital——

Mrs EDMOND: For last year.

Mr HORAN: I have already been going through district by district by district. As you would know, in some of those districts you have numbers of hospitals.

Mrs EDMOND: That is exactly our point, Madam Chair.

Mr HORAN: In every district, you have got variances in those hospital budgets.

Mrs EDMOND: The Minister seems to think he has given us this information, and he hasn't. He doesn't seem to know what he has given us.

Mr HORAN: As you said yourself, in those hospital budgets, there is a breakdown of expenditure and so on. But what we are prepared to do—

Mrs EDMOND: The Minister is misleading this hearing.

Mr HORAN: What I will do to solve this is that I will take on notice and we will work through—

Mr ELDER: But you've—

Mr HORAN: I will take on notice—hang on. What do you actually want? Do you want to break the districts down?

Mr ELDER: Do you have—

Mrs EDMOND: Just a sec. You are sitting there and saying that you have given us—

Mr HORAN: Do you want to break the districts right down into all the 150 hospitals?

Mrs EDMOND: No, no, no. I asked you a question which I think is about as basic a health question as you can get—I gave you a week to answer it—that was, the estimated budgets for the hospitals in Queensland for 1995-96, the actual budgets for 1995-96 and then the estimated budgets for 1996-97. They would be available in tabular form. I know the department has ground to a halt—

Mr HORAN: No, it hasn't.

Mrs EDMOND:—and I know that staff morale is at rock bottom.

Mr HORAN: No, it isn't. I take you up on that point.

Mrs EDMOND:—but surely they are still functioning a little bit—

Mr HORAN: Staff morale is great at the moment, and that's a big turnaround from what it was under you.

Mrs EDMOND: That is basic information. You are sitting there and saying that you have given me this information. You have not given me this information. You gave me what was available from last year's Estimates.

The CHAIRMAN: Let's just clarify this matter according—

Mrs EDMOND: Excuse me, Madam Chair.

The CHAIRMAN: No—according to Sessional Orders. The Opposition has asked a series of questions. The Minister has answered those questions in the way he chose, as is his prerogative.

Mr ELDER: He doesn't need your protection, Madam Chair.

The CHAIRMAN: Criticism of the Minister for Health's response to the questions on notice cannot be sustained in view of the complexity of the questions.

Mr ELDER: Oh! He doesn't need your protection, Madam Chair, with due respect.

The CHAIRMAN: I refer to section 21 of Sessional Orders. The Minister has offered to take that particular question—

Mr ELDER: Only one.

The CHAIRMAN:—on notice.

Mrs EDMOND: Madam Chair, with all due respect—

The CHAIRMAN: If you don't want him to do that, please advise. But if you want him—

Mr ELDER: Judy, you don't need to protect him.

The CHAIRMAN: If you want him to do that, he has offered to do so.

Mrs EDMOND: Madam Chair, with all due respect, he is misleading this hearing because he is saying that he has given the information. In the answer to my question on notice, he said he couldn't give the information; but when the Government—

Mr HORAN: I think—

Mrs EDMOND: No, excuse me.

Mr HORAN: I think you are getting confused with districts and hospitals.

Mrs EDMOND: When the Government members ask the question—

The CHAIRMAN: I think so, too. He has offered to take a question—

Mrs EDMOND:—he is giving the information.

Mr ELDER: Okay. Do individual hospitals have indicative budgets, Minister?

Mr HORAN: District indicative budgets have gone to all districts—

Mr ELDER: Do individual hospitals—

Mr HORAN:—which includes all of the hospitals and community health services in those particular districts, right?

Mr ELDER: Dr Stable, do individual hospitals have indicative budgets?

Mrs EDMOND: Yes or no?

Mr ELDER: Yes or no?

Dr STABLE: They have not been finalised, the individual budgets.

Mr ELDER: Do they have them? Mr Davis, do individual hospitals have indicative budgets?

Mrs EDMOND: Mr Horan said earlier in the hearing that they all had received them early. I actually wrote down what you said: that every hospital had received it.

Mr HORAN: That was the districts.

Mrs EDMOND: No, you said every hospital.

Mr HORAN: Oh, well, it's the districts. Some of those districts involve purely one hospital, like PA, with limited—

Mrs EDMOND: You said, "Each hospital is well aware of their budget for this year."

Mr ELDER: That means they've got indicative budgets.

Mrs EDMOND: Then you spent several minutes saying how this was done earlier than in other years, and now you're saying that they haven't got it. Which time are you telling the truth? Was it before or is it now, or is it some time?

Mr HORAN: Let me correct that. I am quite happy to correct that. Each district has been sent its indicative budget in great detail giving them the indicative figures for the full financial year, and the variances are now—

Mrs EDMOND: So you were lying before.

Mr HORAN: No. I might have made a mistake by saying "district"—

The CHAIRMAN: Unparliamentary.

Mr HORAN:—instead of "hospital", and I ask you to—

Mrs EDMOND: So you were misleading us before.

Mr HORAN:—retract that word "lying", because I am quite happy to say to you now that I meant the districts because we have a complete dossier, a book—

Mrs EDMOND: Well, I went back and questioned you on that.

Mr HORAN:—which has been put out to the districts giving them, district by district, their indicative budgets for the year, prior to the Budget coming down, so they had something to work with.

Mr ELDER: This is an Estimates Committee hearing of the Parliament, and it has the powers of the Parliament in relation to contempt of Parliament. I ask you again, Minister: do individual hospitals have indicative budgets?

Mr HORAN: Individual hospitals have their indicative district budgets that I have just spoken about, right, that have gone out to them.

Mr ELDER: Dr Stable, do individual hospitals have indicative budgets?

Mr HORAN: I was quite happy to correct myself. If I used the term "hospital", I meant "the districts".

Mr ELDER: You were able to actually outline in a press release what those budgets were. What I am asking in this Estimates Committee now of the Director-General of the Department of Health is: do individual hospitals have indicative budgets?

Mr HORAN: Let me just say about that press release—

Mr ELDER: No, I am not asking you, Minister.

Mr HORAN: That press release is not about—

Mr ELDER: You have answered it. I am asking the director-general.

Mr HORAN: That press release is giving an idea of what—

Mr ELDER: No, it is not.

Mr HORAN: Because we know what some of those increases are.

Mrs EDMOND: It is misleading. It is totally misleading.

Mr HORAN: No, it is not.

Mr ELDER: That press release talks about hospitals and deals with a hospital.

Mr HORAN: And you know full well that final hospital budgets are worked out and developed throughout the year—

Mrs EDMOND: Every hospital says they are worse off and you are saying they have got largesse.

Mr HORAN:—as they get their increases and as the Budget is brought down and as they work through the waiting list pools and the other things that they have to.

Mr DAVIS: Could I just make a comment? The allocation process to hospitals follows the process of, firstly, Queensland Health getting its budget, the calculation of that and getting it to districts—

Mr ELDER: I am aware of how it works, Mr Davis, and I will ask you: do individual hospitals have indicative budgets?

Mr DAVIS: They have gone to district health service managers—

Mr ELDER: Do individual hospitals have them—yes or no?

Mrs EDMOND: We have seen them for half of them.

Mr DAVIS: I don't know.

Mr ELDER: You do not know. Dr Stable, I will ask you for the last time: do individual hospitals have indicative budgets?

Mrs EDMOND: Should we give you the paperwork and show the indicative budgets of the hospitals?

Mr ELDER: With due respect—this is an Estimates Committee—on the south side, and I am asking a very important question of the Director-General of Health. Do individual hospitals have indicative budgets?

Mrs EDMOND: It is a worry when you do not know whether or not—

Mr ELDER: Hang on, mate. I want this answer.

Dr STABLE: Some hospitals do, yes.

Mr ELDER: So hospitals do have them? How many?

Dr STABLE: I would have to take that on notice.

Mr ELDER: I want it on notice and I want it today.

Dr STABLE: Can I just say with that, of course, through the budget allocation process with

the districts, they are still working through some of the individual budgets.

Mr ELDER: Dr Stable, I am a former Health Minister. I know how the system works. You have told me that there are some hospitals. I want to know this afternoon—it should not be too hard—the names of those hospitals that have indicative budgets.

Dr STABLE: I can tell you now, for example, that QE II, which is the only hospital in that district—

Mr ELDER: So one hospital?

Dr STABLE: That hospital and its community services will have its budget. I will have to work through which hospitals are solo or single hospitals.

Mr ELDER: I will tell you the hospitals I want and you can tell me whether or not they have indicative budgets. There are eight hospitals outlined in the ministerial press release that talks about increases in budgets above and beyond what was allocated. I want to know whether those eight hospitals have indicative budgets.

Mr HORAN: I can tell you that they certainly have their district budgets. As I told you over and over—repeatedly—they have all been given their district indicative budgets, and we did that early so they would have an idea of where they were going. Some of those districts have got only a single hospital, so relatively the surrounding community health services they have are not a great burden on the overall budget so that most of the budget is for the hospital.

Mr ELDER: Minister, do those eight hospitals have indicative budgets?

Mr HORAN: All those districts have their indicative budgets and that is what I was reading out today with these variances that we have worked out yesterday to give us an indication for this Estimates Committee of what those final district budgets are likely to be.

Mr ELDER: Do those eight hospitals have indicative budgets?

Mr HORAN: Those eight hospitals have their district budgets.

Mr ELDER: Your Director-General has just said that there are a number of hospitals that have their individual budgets.

Mr HORAN: He knows that in some of those districts it would be relatively easy to try to extrapolate the hospital budget from the remaining community health budget, but the hospital budgets to be finalised are not exactly finalised at this point in time. We have the indicative district budgets.

Mr ELDER: I have asked the question earlier. It has been recorded at this hearing. I want that answer this afternoon.

Mr HORAN: What did you want this afternoon?

The CHAIRMAN: Mr Elder, the time for Opposition questions has expired. I will just make the point that requests can be made but not requirements. You cannot require a public official to—

Mr ELDER: Then I do not see much time in spending my time in this Estimates Committee meeting when these questions have been avoided for the last few hours. A simple answer on budgets was asked for in a question on notice.

The CHAIRMAN: You are able to "request", but it is not the prerogative of this Committee to "require" a public official.

Mrs EDMOND: Madam Chair, can I just follow up with one quick question to Mr Davis? It is a clarification of something. I want a "yes" or "no".

The CHAIRMAN: If you do, it comes off your next lot of time.

Mrs EDMOND: That is fine. Mr Davis, when you were speaking before about the PA Hospital budget, you seemed to say that the figure given on this sheet was a district budget.

Mr DAVIS: Sorry?

Mrs EDMOND: This was the response to the question on notice. Up the top of that it says "Hospital Budget Report". I just want clarification: is the \$207.788 there as actual expenditure for last year "hospital" or "district"?

Mr ELDER: You seemed to imply it was a district budget.

Mrs EDMOND: You started then taking off lots of bits.

Mr DAVIS: What is on that sheet is public hospitals and an addition of those by each of the regions. They do not relate to a regional—

Mrs EDMOND: So that is a hospital budget?

Mr DAVIS: That is as listed there, a hospital budget and hospital expenditure.

The CHAIRMAN: The time for Opposition questions has expired. We now come to Government questions. Minister, when do you expect the 38 district health councils to be appointed and in place?

Mr HORAN: Under the new administration system, we have 39 districts, and the 39 districts have replaced the 13 former health regions. One of those districts is the Mater Hospital and it has its own board, so it will not have a district health council. Each of the districts will be provided with a district health council, which will consist of some eight to 10 people. They will be required to provide genuine community input into the operation of the particular district.

We expect that legislation for the introduction of the district health councils will be introduced into the Parliament in October. We will be advertising from this weekend on, seeking expressions of interest in council membership so that the process of selection for the district health councils can actually commence. We will not be able to appoint anybody until the legislation has been passed by the Parliament, but we would expect the district health councils will be in place early in the new year. The advertisements in the paper will list the 38 districts. There will be an independent selection process, and we are seeking expressions of interest in council membership through a system of advertising

throughout the State, through a system of writing to the various health organisations throughout the State, other organisations like the Local Government Association, the various local councils, Chambers of Commerce, the health related organisations like Blue Nurses, the various nursing professions, medical professions, allied health professions and so forth, so they can all be aware and they can all make applications for expression of interest in being selected for a district health council.

The health councils will be responsible to oversee the service agreements, to oversee budget compliance and to do a number of other functions like involvement in setting priorities for minor capital works and representation on selection panels for senior executive positions. We expect the district health councils to provide good community direction to the districts and certainly to provide some support to the staff of each particular district.

Miss SIMPSON: You mentioned before some of the individual savings from the closure of Labor's regional health system. I was wondering if you could please give a progress report on the closure of these regional health offices and how much the abolition of regions is expected to save?

Mr HORAN: The expected saving this financial year is \$10m, and we expect that saving to be \$13m in future years once a few other odds and ends are tied up, like being able to get rid of various buildings that were used under lease arrangements to provide for the office staff accommodation. The savings mainly, of course, are going to be because we simply will not have all of those staff positions to fund and to pay, and in the changeover from the regional system to the district system there was a net loss of funded positions of approximately 200. In the process, we were able to generally be able to have those staff transferred across to vacant funded positions in the districts or in the hospitals. There remain some limited number of people who are not yet actually appointed to a formal position, but we are working through that. There were some VERs provided in the process, but overall the situation has saved about 200 positions, and that is the bulk of the saving of the \$10m, and the saving of \$13m—the additional \$3m—will come about from changes to rental arrangements, buildings and the tying up of various employment contract arrangements.

Mr WOOLMER: Still on the savings trail, could you outline the expected amounts of savings from any changes to Queensland Health's Corporate Services Unit in the financial year?

Mr HORAN: What we are doing in corporate services is really looking at efficiencies. That office that used to be called Head Office, we have called it the Corporate Office because it is really there to support the staff out in the field. They are working through a system now of changing so that it is based upon two divisions, one looking after the hospitals, the pathology services, the districts, all the actual treatment and tending areas. That is under one deputy director-general. The other half is looking after the performance managements, our systems and strategy, our HR, IR, capital works, finance and

accounting, and that is under the control of another deputy director-general.

In that change process, we will be shortly announcing appointments to the level 3 positions and we expect in about another four or five weeks to have the level 4 positions completed, and then that organisational change within the Corporate Office will be almost completed. I think the real advantage of the corporate change is going to be that it has been turned around so that it is actually working to help the people in the field. It is designated to assist the districts, to assist the hospitals, to assist the community health centres, to provide backup, to provide good information on HR, and that is really where we think there are going to be efficiencies in the health system, through the Corporate Office being refocused to provide outcomes and to be refocused to provide backup to the clinical services.

Miss SIMPSON: When you came to power, you announced an additional \$300,000 for part-year funding for the accident and emergency medical staff at the Cairns Base Hospital. Has additional full-year funding been continued in the 1996-97 budget?

Mr HORAN: Yes, it has. I provided some of those figures earlier. The \$300,000 that we provided to Cairns when we came to Government was to provide for three additional doctors in the accident and emergency section. It had been a specific request from the hospital, particularly the medical staff. We did provide those three staff. I spoke earlier about the \$600,000 extra that we have provided to the Cairns Hospital. That has been additional to any announcements that were made during the budget process. The \$600,000 came from additional unallocated funds we had of some \$2.4m. I think I probably answered that earlier when I said that the four additional junior doctors have been provided. There is an urgent need at Cairns for additional allied health staff. We understand that the balance of the \$600,000 there will be used to provide those allied health staff.

The CHAIRMAN: Minister, on the Gold Coast again—in coming to power you announced an additional part-year funding of \$377,000 to immediately reopen 30 beds at the Gold Coast Hospital. Has additional full-year funding been continued in the 1996-97 budget?

Mr HORAN: Yes, it has. That funding that was provided in a full year comes to some \$1.3m. That has been included in their budget. All of those particular reopenings that we did have been included as full-year funding in this budget. They are ongoing. They are in addition to the base of the hospitals. The Gold Coast money was used in a number of areas. It equated to a full new ward of 30 beds, but it was in about two or three locations around the hospital—in interim care, in providing some additional allied health therapy services, in the geriatric care unit, and up in the wards. It equated to approximately a full 30-bed unit. That funding has been continued in this budget.

Mr WOOLMER: Once again, when there was the transition to Government there was an announcement about part-year funding of \$1.6m for RBH to reopen another 60 beds. Has that additional

full-year funding been continued for the next financial year?

Mr HORAN: In a full year that funding is some \$5m. That has been continued. As to what it has been able to achieve—it has reduced cancellations at that hospital to two per month and reduced the waiting list by about 230 patients. As to the two wards that were opened—one was an interim care ward and one ward was, I think, either a medical or surgical ward, which enabled the hospital to stop the practice of having surgical outlays in medical wards taking up beds in the medical wards. It has been of great benefit to the hospital to have that additional money and to have those two wards. I said earlier that it took some time to obtain the staff. In mid-year it is difficult to obtain nursing staff. But those wards are up and running now. It is a boost to the hospital, and it will continue year after year.

Miss SIMPSON: I would like to ask a question about the north Queensland urology service. Has the \$900,000 full-year funding allocation been continued for this year?

Mr HORAN: The \$900,000 that we provided for a full year amounted in one part of last year to \$277,000. In a full year it is \$909,000. That service is designed to provide a full-time urologist. We believe it will eliminate the urology waiting list. It is designed to provide for a full-time urologist at Townsville. That urologist will also do surgical and outpatient sessions at Cairns and Mackay and outpatient sessions at Mount Isa. Previously at Townsville there was a visiting medical officer in the vicinity of about one session per week or one session per fortnight of actual surgery. So this is going to be a large boost. Recruitment is continuing to obtain this person. It is difficult to obtain a urologist, particularly in regional areas of Queensland. We have had a locum doing a number of weeks there. The locum did work in Townsville. I know he did some work in Cairns and, I think, in Mackay. This funding of over \$900,000 will be provided again this financial year so it can be a full-year service.

The CHAIRMAN: Minister, I do not know about other members, but I have had contacts about Factor VIII for the treatment of haemophiliacs. I know I have written to you on this subject. What funding allocation has been provided in the 1996-97 budget for the provision of Factor VIII to treat young Queensland haemophiliacs?

Mr HORAN: In this year there is the provision of \$1.4m. That is a part provision for the period of the year following on from the budget. It is a larger amount in subsequent years when it becomes a full year's payment. But that \$1.4m will provide for Factor VIII. It has been a real problem with people suffering from haemophilia, particularly young people. So there is the provision of Factor VIII and also the provision of recombinant. Unless these young people are treated on a regular basis throughout their childhood, they are at risk of suffering from joint bleeds and not being able to realise their full potential. That has been a real boost to those people, particularly those families throughout the

State who have children suffering from haemophilia. That funding will continue year after year.

Mr WOOLMER: Minister, could you please outline the funding allocation for the new Flying Allied Health Services?

Mr HORAN: In part of our new initiatives we have got \$1m allocated this year to provide some allied health services, particularly to rural and remote areas. We have already been able to achieve some real gains in this area. At Longreach, we have put in place a Flying Dental Service. That is servicing about 18 centres that previously did not have a dental service—places such as Winton, Muttaburra, Isisford, Bedourie, Birdsville, Yaraka, Barcaldine and Blackall. It has been a very big improvement for that particular area. As I said, 18 centres are being visited.

As part of this \$1m that we are allocating, there will be a speech pathologist provided at St George. The \$1m that I am speaking about is a full year's allocation. It will be a part allocation this year as we establish these services. It is guaranteed to continue on to \$1m in a full year. We will also be asking the Rural Health Advisory Council, which we have put in place, to provide us with recommendations. That council met for the first time at Roma recently. It will be meeting three or four times a year. It does have allied health representation—medical, nursing and administrative representation. We are asking that council to give us advice as to how best to use this money in providing allied health services throughout rural areas. We do see the provision of a plane as being the way to be able to get these services around in the most effective way and provide them to as many towns as possible.

Miss SIMPSON: How many additional child health nurses have been provided for in the budget?

Mr HORAN: In this budget, as a new initiative, we have provided for seven additional child health nurses. We will also be funding an immunisation plan and announcing a major immunisation plan. We see the role of these additional child health nurses as being particularly involved with the immunisation plan. We have set some major targets for the immunisation plan. It will be important to have child health nurses spread throughout the State in order to actually deliver those targets that we have set ourselves.

In our policy of getting back to basics, child health is important. We would like to be able to continue the increase in child health nursing levels. We are very supportive of any move to see recognition of child health nurses in the registration system. That was deleted a number of years ago. We think this is a start—seven. We would like to have more, but we also have a person within the restructure of Queensland Health who will be specifically responsible for child health issues. That has been welcomed, particularly by the College of Paediatricians. Those child health nurses will be working specifically on the immunisation program so that we can achieve the targets that should have been achieved years ago.

The CHAIRMAN: Continuing on child health issues—what funding has been provided for child

therapy services for north Queensland, to be based in Townsville?

Mr HORAN: That was a promise that was made in a park in Townsville during the 1995 election, but there have been a lot of requests from families and carers of children with disabilities in Townsville. There are about 120 children in Townsville who would have fairly serious disabilities. There's an urgent need. It is a regional centre. A lot of those people come to Townsville from various areas of the north and north west. There's an urgent need for additional therapy services, particularly in the areas of occupational therapy, physio, speech pathology. For a full year, we are providing \$227,000. That money will provide for an additional half position for a paediatrician. There is a half position in Townsville at the moment. It can be a full-time position. To back that up will be the additional allied health services funded by the balance of the money. We would hope that that will provide us with somewhere in the order of another four to five therapists. Then we believe that, as a regional centre, Townsville will be well catered for in the ongoing treatment of those young children with disabilities.

Mr WOOLMER: What funding has been provided to enhance vaccination services for people living in the ATSI communities?

Mr HORAN: There has been some additional funding provided for that. I will get the director-general to answer that further, but it particularly relates to the pneumococcus vaccine. As I said, we now have those additional child health nurses and a full immunisation program that will cover from the Torres Strait to the border. But I will get the director-general to answer the details of the vaccination services, particularly in those northern areas.

Dr STABLE: Basically, this year there is \$75,000 allocated full-year effect; for the next financial year, \$100,000. Recently, the Minister released a health status report based on data from 1994. You would be aware that some of the indicators, statistics, in that report were not satisfactory. In fact, it identified that there needed to be major strategies for Aboriginal and Torres Strait Islanders. Immunisation was another actual separate issue, but it relates. The morbidity and mortality from respiratory disease in Aboriginal communities is very high. We believe that that relates to the fact of their poor nutrition status, their housing status, and particularly large numbers of people living in houses, and also, of course, a very transient population—a lot of movement between communities. So it is a situation that is right for a pneumococcal bacteria to actually inflict pneumonia. The program allows for immunisation within those communities. That will be an ongoing project in the out years, so we can actually start to build a level of immunity and we can maintain that level of immunity in following years.

The CHAIRMAN: The time for Government questions has expired. From the Opposition I call on Mrs Edmond.

Mrs EDMOND: My first question is to Jennie Pouwer from aged care. I have received several reports about increased delays being experienced this year in relation to the Aged Care Assessment

Team evaluations and that this has led to a growing number of wards in acute care hospitals being filled with patients, many of whom require specialised palliative care. Can you confirm that many elderly patients are currently being cared for at major metropolitan teaching hospitals while they await nursing home or residential care placements? Are you aware that, at last count, Mount Olivet had closed three whole floors because patients were simply not being transferred in the normal way?

Ms POUWER: The way I interpret your question is that there are a few layers. I heard one question in relation to the number of people in acute settings. They are nursing home type patients. There are approximately 600 nursing home type patients across Queensland.

Mrs EDMOND: In the major hospitals?

Ms POUWER: Within the acute hospital—

Mrs EDMOND: 600?

Ms POUWER: Over 600 across Queensland. That was the latest figure. The predominant number of those are in more rural settings. In relation to your question about the Aged Care Assessment Program—yes, there are some delays. The median delay for assessment is approximately six days before assessment. In relation to Mount Olivet, I am unable to respond to that question. I don't have knowledge. That does not fall within my area.

Mr HORAN: I could give you that answer about Mount Olivet. We recently renegotiated the contract. They are under contract to provide care. As I understand it, it is on a very similar basis to what it was under the previous Government. They are funded at approximately \$7m per year under that contract to provide for patients in the hospitals. I was talking just yesterday with the people of Mount Olivet. Mrs Pouwer has said that there is an average ACAT wait time of six days. I am also getting some reports on the time that people are waiting for aged care assessments. It is something that we want to address. We would like to make maximum use of Mount Olivet. We are paying—they have actually reduced the time that people stay there by the various efficient processes they have brought in—

Mrs EDMOND: Rehabilitation?

Mr HORAN:—no, of making them list five nursing homes that would be their choice. We would like to see maximum use made of those beds. We are paying for them, and we would like to see every bed that is possible filled from our interim care wards. But the interim care wards—as you know, that has been there under one Government after another; it is not something new that has cropped up under this particular Government. We have provided extra money to HACC, if you were going to ask that later on. Part of our policy is to see that people are cared for at home rather than moved into a nursing home centre. They are kept at home as long as possible.

Mrs EDMOND: Given that an average of about \$600 per day is the cost—I think it is somewhere between \$400 and \$1,200, so I have taken \$600—to care for a frail aged person in one of the acute beds, while it costs \$146 per day in a nursing home bed at Mount Olivet, would you agree that it is more cost

effective and more humane for those patients to be transferred to a nursing home facility? Do you have any idea how many of the extra beds that you provide at the Royal Brisbane Hospital are currently holding patients who should be cared for in a nursing home setting?

Mr HORAN: You are wrong when you say how much it costs for a bed in a hospital setting for someone who is interim care. You can't simply use the cost of an acute bed and relate that to the cost of an interim care bed, because the interim care is really at the tail end of what it might cost someone who has been medically ill in a hospital and getting treatment.

Mrs EDMOND: That is why I did not use the \$1,200 figure.

Mr HORAN: The cost of patients in a public hospital in an interim care ward is substantially less than the normal cost it would be for a medical patient or a surgical patient. That is the first thing. The second thing is that—and I am not blaming the previous Government for this; we just have the same situation that we had previously—the nursing home beds that are allocated under the Federal Government formula are full and we would dearly love—

Mrs EDMOND: I am sorry, that is the very basis of the question. Mount Olivet has three floors closed because they are not getting the patients.

Mr HORAN: We would dearly love to be able to put those people into the various nursing homes if there was a vacant bed. The only reason that they are in our hospitals is that they do not have a nursing home bed to go to. There is the matter of choice. Some of those patients are quite concerned that they go to a particular nursing home and they do want to wait until they get a home that actually suits them or is close to their families or the district they came from.

With Mount Olivet, we are paying under contract, as I said, approximately \$7m a year. I just want to see that \$7m fully utilised. We cannot utilise any more than that unless we provided extra money. We have already put \$312m extra into the budget. That is the limit to what we can put in this year. Of course, the other end of the scale is that if we can find that extra money and move wards out of the hospitals, then we have to find additional money also to fund those wards as acute wards, or surgical or medical, because this will certainly cost a lot more than they would as an interim ward.

Mrs EDMOND: Are you saying that the contract for Mount Olivet is not based on the number of patients they receive?

Mr HORAN: No, I am not.

Mrs EDMOND: That they get paid without receiving patients?

Mr HORAN: No.

Mrs EDMOND: That is the whole problem. They are in danger of closing down because they are sitting empty while they are filling up the Royal Brisbane Hospital because you put 90 beds there and will not move them out.

Mr HORAN: I am not going into the detail. I am just saying that there is a contract with Mount Olivet.

Mrs EDMOND: But they do not get paid if they do not get the patients.

Mr HORAN: I met yesterday with Mount Olivet and actually discussed this particular issue. I want to make sure—

Mrs EDMOND: They look like closing down in the next three weeks.

Mr HORAN: I met with Mount Olivet yesterday. I want to make sure that, for our annual amount of money, that we get the maximum value for that amount of money and that we can move people out into those particular wards and make use of them. That is the reason why I had the meeting with them.

Mrs EDMOND: Minister, can I say that Mount Olivet has said that no-one in your department seemed to know who was the person to deal with it because the whole place has ground to a halt and no-one is prepared to make any decisions or take responsibility for any action that would solve this problem. In the meantime, it is an enormous cost on the people of Queensland, which is putting Mount Olivet, which has been there for many, many years, at risk.

Mr HORAN: I will get the director-general to make some mention on what you say about who is responsible. As I said, I met with Mount Olivet yesterday to make sure that that funding that we are providing is used to its maximum efficiency.

Mrs EDMOND: Better late than never.

Mr HORAN: At least they get a bit of access to me as the Minister. I think I have done 600 deputations since I got in last February.

Mrs EDMOND: It took four months to meet the guys at Kirwan that you have written off.

Mr HORAN: So we actually are having deputations with people and they are having some access. What we are doing is meeting with these people. I met with them yesterday. We were putting in place some action plans to make sure that why people are being sent there is making full maximum use of the \$7m a year. I will get the director-general to respond about your particular claims that no-one in the department is looking after that particular aspect.

Dr STABLE: I have just been advised that, in fact, there have been meetings earlier this week about the issue. The point that was raised by the Minister, and from my own experience in running hospitals and being a clinician, is that we cannot actually make patients go to a facility if they do not want to go. We do not own the patients. It is a case of suggesting to the family and to the actual patient—or client, if you prefer—in the particular situation that there are beds available. At the end of the day, we have not taken the practice, and I hope that we will not, of actually forcing people out and saying, "You are going to Mount Olivet."

Mrs EDMOND: Dr Stable, with all due respect, I do not understand that that is the problem. I

understand it is the delay in assessment that is the problem.

Dr STABLE: The delay, we have been advised by the Manager of Older People's Health, is only six days. Can I suggest that that is not an unreasonable delay when a referral is made in a major teaching hospital, and over 1,000-odd beds on that campus, to a specialist team that is off site, and under the redevelopment we are bringing it back on site, for that team to actually do a full assessment of that patient and a proper assessment of that patient—we are not talking about a cursory three minutes in and out—to actually assess what the patient's needs are. We are redirecting more funds into HACC because we have a firm belief, and as I am aware that you do, that where possible these people should be accommodated at home with home support. Of course, as you are aware, this is a complex procedure. Could I just comment on those numbers of 600 again? Being a clinician who has practised in the bush, a large number of our rural hospitals—

Mrs EDMOND: I was not concerned about the ones in the bush. I think that is an admirable use.

Dr STABLE: Excellent.

Mrs EDMOND: I was talking about the major teaching hospitals.

Dr STABLE: But they are included in that figure of 600. As you would be aware, they do not want to leave their country towns. Officially, those beds are called acute beds even though they are used for nursing homes.

Mrs EDMOND: I am talking about the 20 at PA, the 20 at the Mater, and there is something like 30 at the Royal Brisbane. I have the numbers somewhere if you—

Dr STABLE: That issue is being addressed through our performance management branch. As I said, there were meetings earlier this week. I will certainly have an interest in it now that you have brought it to my attention. We do have in our structure a system in place for this. Can I also add that there have been some figures taken out that actually show that our marginal cost of looking after these patients is actually a bit less than Mount Olivet's. You cannot use the full cost: as you would aware, the day of admission is a high cost, the day of theatre is a high cost; it is a major reduction in cost for this type of patient.

Mrs WOODGATE: I would like to ask Mr Horan a question. The allocation for the supply of spectacles comes from a central allocation, or are they taken from individual hospital budgets? Is it correct that the procedure is that patients visit the local optometrist, who tests their eyes and then, if it necessary, they visit an eye specialist. Then patients have to attend the local hospital, present their health care card and provide personal details to an administrative officer, who then issues a certificate to obtain the glasses. That certificate is used to obtain them. Have you any extra money in this budget for this program? Is what I am hearing correct in that hospitals have a quota for each month so that the appointments with the administrative officer are rationed?

Mr HORAN: I will have to refer some of that. We have not changed the system. So the system that applied previously is exactly the same. There are a number of members of Parliament from both Government and Opposition who have written to me about the whole process. It is a complicated process but it is a process that has to be accountable in all the various areas of provisions of service that we have. Ultimately there is a finite limit. Like in the home medical aids—in the budgets that have developed there within the hospitals, it is the staff who have to try to provide that as equitably as they can to everybody. In the case of spectacles, I know, and I agree, it is a complicated process.

Mrs WOODGATE: It is a headache.

Mr HORAN: Yes, and particularly for elderly people. I agree with you: if it could be made more efficient and practical—and there have been some suggestions, I think, along the line that if it was simply a referral from an optometrist, that might be satisfactory—and it is certainly something that, I agree, we should look into and we will. I will ask the director-general if he has any further comments on it.

Mrs WOODGATE: I wondered if there is any extra funding in this budget. I also asked that.

Mr HORAN: Not that I am aware of. As far as I am aware—and I could stand to be corrected here—the funding is determined within each district in the similar way to which they determine their home medical aids. It is generally based on the historical need within their particular district.

Dr STABLE: Yes, that is correct. As the Minister has advised, it is not a specific item that has been broken up in the budget to the districts. As districts are currently distributing their budgets to hospitals—those that have not already done so—the hospitals will be allocating funds within their budgets for that area.

As far as a change in rules and procedures, there has been no change. There is a finite budget allocated in each hospital for this service. It is on referral through a proper referral system. There are some issues, and there always have been, of certain types of spectacles. For example, trifocals are not available under the arrangement unless very special conditions are met. There is a procedure whereby there is a referral system and there is a proper assessment done. Of course, that is right and proper because some of these patients have their eye problems because they have diabetes, for example, undiagnosed. But it is through an optometrist or an ophthalmologist, to the hospital with a prescription, and then each hospital has a contract for the supply of the spectacles.

Mrs WOODGATE: Thank you.

Mrs EDMOND: Minister, you mentioned before the importance of child health and what you were doing to increase the budget in that regard. Is there money in the budget for moving the Wynnum Child Health Centre from the business district out to the grounds of the hospital at Lota? How much would be saved by moving it? When are you planning to do this?

Mr HORAN: I will refer the detail of that to the director of capital works. I am well aware that there is a belief that its current location is not the best geographic location. I have just got some notes here. Apparently the former member, Tom Burns, was aware of a proposal for a move from Wynnum Central out to a new shopping complex at Wynnum West. I will certainly get the director of capital work to answer that because it gets down to the depths of the smaller detail. We have discussed the need to do it. We have made no decision on the future location or when it may occur.

Mrs EDMOND: When you say that you have discussed it, has that been public consultation?

Mr HORAN: I think the discussion that we have had to date has been within capital works, where the fact has been brought to our attention that it is not particularly convenient where it is and that it could be more convenient in another area where population growth is occurring.

Mrs EDMOND: What is the interim budget for the Wynnum Hospital?

Mr HORAN: The Wynnum Hospital is part of the Redlands district. We will just turn up the budget for the Redlands district for you. I will just get one of the staff to turn that up. The Wynnum Hospital is part of that. There are two hospitals in that district.

Mr ELDER: We are actually interested in whether or not there is an indicative budget for the Wynnum Hospital.

Mr HORAN: There are two hospitals in that district, being Redlands and Wynnum, and the community health services.

Mrs EDMOND: Do you have a breakdown of the various budgets?

Mr HORAN: I do not have the variations here.

Mr ELDER: So you cannot give us that—

Mr HORAN: No, wait. Do you want me to answer or not?

Mr ELDER: Not to the Redlands, no, but to the Wynnum, yes.

Mr HORAN: Once again, it is a district with two hospitals in it. If you would like, by the end of this session we can give you an indication of what that hospital would be getting within that budget. I would be happy to do that.

Mrs EDMOND: Yes, please.

Mr ELDER: Have you got the Redlands district budget?

Mr HORAN: We will pull it out of the indicative figures that we have.

Mr ELDER: Give us the Redlands district budget.

Mr HORAN: I correct myself, it is the Bayside, not Redlands. In the Bayside district budget, on the variances there is an increase of 3.8 per cent. To pull the hospital out of that would require—

Mrs EDMOND: What is the total for the district?

Mr HORAN: I will give it to you. I know you have a particular interest in it because of the forthcoming by-election. I will get that for you, as one of the things we get for you before the end of this session, and if not at the end of this session, within the 24 hours required.

Mrs EDMOND: Do your figures include any funding for capital works, major or minor, or major equipment purchases? Perhaps it would be easier for Mr Jay to answer that.

Mr HORAN: In the new Capital Works Program we have included an amount of money that was never there before of \$50m. That is specifically for smaller hospitals, and particularly rural and remote hospitals, but smaller hospitals like the Wynnum Hospital, which is a smaller hospital when compared to the major hospital in the district of Redlands. Any requirements for that hospital would come out of requests for particular works from that allocation, and from the allocation we have of \$27m per year for minor capital works. Mr Jay may be able to answer more specifically if you have a specific question.

Mrs EDMOND: It would be helpful.

Mr ELDER: Mr Jay, in answering that, would you have the figure for the Bayside district budget for capital works?

Mr JAY: The budget for Bayside in terms of—it comes in three categories. One is the amount allowed for major capital works—and the major capital works, as you are aware, are at Redlands Hospital. Other works that will be done which will affect Wynnum Hospital will be under at least two other categories. One of them is equipment and the other is minor capital works. There is a third one which is the one that the Minister referred to, which is emergent works under what is described as rural hospitals, which in fact means small hospitals. I am not aware of the individual break-up within those last three categories, but clearly Wynnum is not one of the major capital works.

Mr ELDER: Do we have the figure for the Bayside district budget? I asked you for the hospital. Do you have a total figure?

Mr HORAN: I will give you the figures by the end of this session, with variances to what we estimate.

Mr ELDER: Do you have a figure which is a straight figure for the Bayside?

Mr HORAN: There will be a 3.75 per cent increase, and the increase is actually \$1.1m. The budget will be \$30.8m. Also, just to make a comment regarding the community health centre, you asked me whether that had been the result of community consultation. It was actually a request from the district that it should be moved.

Mr ELDER: The district itself wanted it moved from where it is to the hospital grounds?

Mr HORAN: The request was that it be moved from where it is—that is the advice I have been given—to a more convenient location.

The CHAIRMAN: The time for Opposition questions has expired. We move to Government questions.

Mr WOOLMER: Minister, has funding been provided to ensure that the Adolescent Mental Health Unit at RBH is fully staffed after the unit was left unfunded by the previous Labor Government?

Mr HORAN: Yes, it has been. The funding for a full year would be \$1.6m, and that really equates to about \$1.2m extra this year. Recruitment commenced some time ago. Again, it is difficult to get staff for these facilities, but in a full year it will be \$1.6m. That Adolescent Mental Health Unit will be the first dedicated unit in Queensland to provide specialised assessment and short-term assessment for young people. It was a tragedy that it was left empty and unfunded, but we have been able to provide the money in this particular budget.

I have spoken earlier about a couple of other psychiatric units, and in particular Nambour. I have spoken quite a bit on Nambour and Rockhampton. If I could also state, as a tail end to this question, that we have funded the Nambour psychiatric ward, and I can tell you that that is costing \$2m in a full year, and \$1.64m in this budget. That is to provide specialised assessment and short-term, intensive treatment for people. I think this will make a big difference also to the Winston Noble Unit at Prince Charles, because it will mean that people from the Sunshine Coast will be able to access that particular unit.

Mr WOOLMER: Were these units all underfunded?

Mr HORAN: What happened was that the new wards were built and opened but there was never any provision of funding to staff them, so they were white elephants. We were not aware of that until we came to Government. It has meant that we have had to find this particular money. It should have been there in the Budget for 1995-96. It wasn't and we have had to put it in the 1996-97 Budget.

Miss SIMPSON: Thank you, Minister, for outlining a little more about Nambour psychiatric services. Could you clarify what the additional funding has been for community mental health services in this Budget?

Mr HORAN: As well as providing the funding for these acute units at Nambour and the Rockhampton psychiatric unit, which is a mixture of community services and in-patient services, and also at the RBH, we have provided money which would equate to \$5.4m in a full year for community mental health services. That means that we will be putting in \$2.9m this year to enhance the services. It means extra staff, particularly additional psychiatric nurses. We want to see a complete network around the State so that people can have 24-hour access to mental health services. Many of our integrated mental health services are now providing service up to 11 p.m. at night and starting at 6 or 7 in the morning. By the provision of more community workers we can have a 24-hour service.

Therefore, in summary, the boost that we are providing to mental health in a full year would be \$1.8m for the new Mental Health Unit at Rockhampton; \$1.6m in a full year for the 12-bed Youth Mental Health Unit at the Royal Brisbane Hospital, and that is a first; \$2m for the additional in-

patient beds at the Nambour Hospital; and \$5.4m in a full year for community mental health services. As well, we have had to put \$1.5m in to replace the money withdrawn by the Federal Government, and that \$1.5m will specifically replace Commonwealth funding for community-based mental health services, particularly at the Gold Coast, Cairns and Mount Isa.

The CHAIRMAN: Minister, as you know, I have taken a particular interest in the Government medical officer—GMO—services on the Gold Coast. Would you outline the funding allocation to provide additional GMO services, and to which Queensland locations will these new GMO positions be designated?

Mr HORAN: One of our initiatives in the new budget has been to provide two full-time GMO positions. One will be based in the Beenleigh/Logan/Ipswich area, and one will be based at Townsville. I think there are only four full-time GMOs currently in Queensland. They are based in the capital city. The GMO network around the State is really a system based on private practitioners who are called in on a fee-for-service basis by the police. So providing these two full-time GMO positions means that we will actually not only be able to provide the two full-time GMOs but also we will have backup funding for training and support services.

What we want to see as a result of this is that our GMO network is well trained and sensitive to the issues, particularly issues of sexual assault; that our hospital staff, particularly in the accident and emergency wards, are well trained and are sensitive and caring, for example, if they get a lady who has been sexually assaulted; that they know the protocols and what kits should be there; and that they can provide the required treatment quickly and in a proper manner. Also, through having these full-time GMOs and through the training systems they put in place, we hope to establish rosters, particularly rosters of female GMOs, as have been established—and I know you have been involved with it—on the Gold Coast. We would like to see facilities such that rosters for sexual assault services can be kept at police stations, if at all possible, so that the rostered female GMO can come directly to the police station and the care and service can be provided as soon as possible.

In having these additional GMOs, we want to provide some training staff to provide training and put in place resource manuals. We want to put in place a Statewide director for GMO services. We want to have supervision and training of private practitioners. Another innovation that we want but on which we can only start gradually with the available funds is to have registered nurses coming to watch-houses to provide certain services, particularly in relation to medication. It is a major step forward and it is a network that we want to spread right throughout the State. I have had the opportunity to talk to women's groups in Townsville and in Ipswich on this matter. I think they will see this as a significant improvement on the sorts of services provided.

The CHAIRMAN: Is there any possibility of doing something to upgrade the training and abilities

of the long-term network of GMOs from the private sector?

Mr HORAN: I touched on that. I might get the director-general to speak a bit more about that, because that is something he is driving personally. Coming out of this funding will be some increased and enhanced training. I will get him to answer that.

Dr STABLE: Yes, one of the big flaws in the system to date is that no ongoing training has been provided. As the Minister correctly said, the four GMOs are based in Brisbane. Though they are full time, they have had no Statewide responsibility. In particular, there has been no system for putting in place training and procedures, particularly for GMOs in the bush—VMOs—who actually work for the police force, not for us. We have had no direction over them. However, the feedback we are getting from people in the bush is that one of the reasons they leave is that they do not have the educational support and the support of a system of GMOs. This initiative will put that support in place. It will allow training programs and annual updates. We will have annual meetings and training sessions for these busy people. We will have to schedule these training sessions accordingly. We also intend to put in place training manuals and other support.

Importantly, one aspect of this initiative which is totally different is that we are going to appoint a GMO as a Statewide director with responsibility for ensuring that the training systems are in place. I might also add that, to be pro-active on this, as the Minister alluded to, we want to put in place in various centres a network of female GMOs on roster who will be available, as per the excellent example at the Gold Coast. We have had people in Townsville already looking at doing that and trying to facilitate and address the reasons why female GPs do not wish to be involved. We are actively addressing that.

Mr WOOLMER: I will change the tack a little and move to the issue of dentistry services in rural areas. Can the Minister outline what rural incentives the Government is putting in place for targeting and attracting dentists to practise in rural Queensland? You might wish also to touch on oral health care services right across the State and the hole left in the budgets because of the lack of Federal funding for these services as well.

Mr HORAN: Specifically in this budget there are some initiatives to increase the dental services we have in rural and remote areas. One of the problems and difficulties is retaining staff in those areas. We are providing in a full year \$407,000. In this year's budget there will be \$352,000. It is a special package. It will provide an increase in the salary provided to dentists in rural and remote areas depending upon the category of where they live. In the very remote areas, the increase, I think, is in the order of \$20,000. In a lesser remote area, it is in the order of \$2,000. We believe that will make the task of recruiting dentists a lot easier, or less difficult, in the rural areas.

Under the Commonwealth Dental Program, we are also looking at a second package which would improve the career structure for senior dentists. For some time in this State, the dental career path,

particularly for senior dentists, has perhaps not matched what the more junior dentists receive. I can give you some details regarding the scheme I just spoke about. There will be increases of \$3,000, \$5,000 and \$7,000 depending on the level of those particular dentists. But that program is funded out of the Commonwealth Dental Program. You referred to that particular program and the fact that the Commonwealth Government threatened to withdraw it and then did withdraw it in the Budget. In this budget, we lost \$10m. The full year effect of that is \$20m. In the time following the bringing down of the Federal Budget, we negotiated with State Treasury and we have obtained funding of \$10m for this financial year. That program is ongoing. It is going to be very important in some areas of the State where that money is being used. We will be using it also to fund this improvement in the package for senior dentists, but mainly to provide service to people. Where there has been some contracting of private dentists, we will put in additional public dentists and technicians. I know one or two positions at Inala are funded under this scheme and that that money is being used to attack dental waiting lists. All of that money will remain for that purpose.

Miss SIMPSON: I have another question in relation to rural areas. How much additional funding is being provided through the Rural Scholarship Scheme to attract doctors, nurses and allied health staff to rural and remote areas?

Mr HORAN: The additional funding is \$1.3m. That funding under the scholarship scheme is there for doctors, allied health workers and dentists. It is important in attracting staff to the rural areas to have a scholarship scheme. Under the arrangements of the scheme, there is every chance—and there should be every chance—that they have to work through the years of service they have to provide under that arrangement in a rural or remote area. But we are also doing a bit more than that.

You may be aware that we shifted the Rural Health Branch from Brisbane out to Roma. The Rural Health Advisory Council, which meets some three or four times a year, is developing ways in which we can make it more attractive for these young students to work in the country areas and for them to be enticed to the country areas. This involves things like arrangements during their vacation periods, placements during vacation time, and placements perhaps even with some of the flying services so that they will get a real feeling of the rural areas and the challenges of the work. They will be able to get out there and experience living and working there. As one of our election promises, we are introducing a nursing scholarship scheme. We will be putting \$90,000 into that this year to provide for three nurse scholarships: a scholarship to a metropolitan nurse, a scholarship to a regional nurse and a scholarship to a rural nurse, to provide for increased professional development within the profession and hopefully to give some recognition of their work within the public health system of Queensland Health.

Mr WOOLMER: Just moving to rural medical superintendents—could you outline funding plans for the right of private practice program to try to help

attract medical superintendents to work in rural and remote areas, please?

Mr HORAN: Yes, I will. I will actually get the director-general to answer that, because he is intimately involved in that one.

Dr STABLE: There are a couple of components of this. Basically, there is a new career structure which has just been implemented for medical superintendents with the right of private practice and for medical officers with the right of private practice. Under the budget we have allowed for an increase in the number of positions of medical officers with the right of private practice in order that, in the 53 or so towns where we have medical superintendents with the right of private practice, we can actually address one of their major issues, which is not being on call 24 hours a day, 30 days in a row. Basically these positions will allow us to address a number of towns where we will be able to put a second medico into the town, which will make the attractiveness of practising in those areas much higher. We are addressing it with a committee with the Rural Doctors Association of Queensland and the Australian Medical Association. With Queensland Health, the three bodies will be looking at the options—which towns, where exactly to do it.

One of the other advantages of this, of course, is that we won't need the same amount of relief to be provided centrally, as we have to find at the moment—often with difficulty, often with junior doctors—because for small periods of relief, that will be catered for internally within the town. We have something like 16 centres in the State where we employ doctors who spend five days in different centres five times every 25 days whose job it is to move into a town and give a particular solo doctor time off. As I say, there will be some major benefits because we won't need the same level of requirement, but more importantly, it will assist us to retain our doctors in the bush longer and hence provide a better quality of service.

The CHAIRMAN: Minister, what additional funding has been provided to the Gladstone District Health Service to attract additional medical specialists?

Mr HORAN: The Gladstone Hospital has been trying for some time to get an obstetrician. It has been a problem for a number of years.

Mr ELDER: How about the roof?

Mr HORAN: The leaky roof was fixed. It didn't take long; it was just a matter of an application and a bit of a desire and it was done.

The additional funding provided to the hospital for this year is half a million dollars; for a full year, that equates to \$620,000. It is specifically for an obstetrician and a gynaecologist and for a physician. In seeking a physician, we have also provided funding for a social worker and allied health support staff, because we think it makes it a lot easier to attract a physician if he knows he has that backup staff. We are currently negotiating with someone regarding that physician position. For the obstetrician and gynaecologist position, we are still

recruiting very hard. It is very, very difficult to fill those particular positions.

While I am talking about obstetricians and gynaecologists, I would like to mention Townsville, where we have a similar problem. This year, we have provided \$200,000—for a full year, it is \$250,000—for an additional obstetrician and gynaecologist full time at the Kirwan Hospital. We have also provided \$1.2m for additional neonatal cots at the hospital. I am visiting that hospital in the near future to discuss the possibility of a further position again. The hospital has always had three full-time positions. It has a VMO, who provided a considerable amount of VMO services. By recruiting this additional position, we will have four full-timers, but we are considering, at the request of the hospital, a fifth position that would virtually replace the VMO who was giving substantial services. That is yet to be negotiated, but we are in the process of working that through with the hospital at Kirwan.

Something that will also be an advantage to the Kirwan Women's Hospital, and the neonatal unit in particular, is the fact that we have established a Flying Doctor base at Townsville. Queensland Health, through this budget, will be providing the equivalent of \$1.5m per year in full-year funding. There will be three pilots there and three full-time critical care nurses. There will also be a substantial saving for the Townsville General Hospital, because that hospital has spent almost \$400,000 a year in particular charter services, which will be provided now by the Flying Doctor Service, so it will enable Townsville to put that money into its accident and emergency and specialist services area.

The CHAIRMAN: Thank you, Minister. The time for Government questions has expired. We will break for lunch now. The luncheon break will be from now until 2.30.

Mrs EDMOND: We could even come back five minutes early.

The CHAIRMAN: We could. I am going to work out with the timekeepers just how the time is going between the Opposition and the Government. I am happy to come back at 25 past 2. I was just going to split the remaining time between us. I want to finish at about quarter past three, which will give us time for a break before the next hearing. I will just work it out with the timekeepers. If you would like to be ready for 25 past, we will just see how we go.

Sitting suspended from 12.56 to 2.25 p.m.

The CHAIRMAN: The Committee now resumes. In the time we have available to us, we have time for two 20-minute segments, first the Opposition and then the Government. I understand that the Minister has a response for the Opposition on some of the material he promised to reply to.

Mr HORAN: As promised——

Mr ELDER: Can those be put on notice?

The CHAIRMAN: No, he promised a response this afternoon before the end of the session.

Mrs EDMOND: We are happy to take them on notice.

Mr HORAN: It will take me one sentence. As to the query you had regarding the amounts of money compared to the media release—the word "hospitals" in the fourth paragraph of that should be "districts". The figures are correct; the word is wrong. It should not be "hospitals"; it should be "districts". The figures are correct.

Mr ELDER: So your press release is incorrect.

Mr HORAN: The word "hospitals" is wrong; it should have been "districts".

Mrs EDMOND: It makes a big difference!

Mr ELDER: The press release is incorrect.

Mr HORAN: No, all the figures are right.

Mr ELDER: It just flaws that whole press release, doesn't it?

Mr HORAN: Oh, no. The Brisbane hospitals are big winners in the Health budget; that is right. All the figures are right. The additional recurrent funding that is mentioned there is all there.

Mrs EDMOND: I am sorry, that is an outrageous statement.

Mr HORAN: There you are. That is the explanation. You probably wasted about an hour of your time. If you had just been reasonable about it this morning, we would have had a look at it. I said that I would give you the answer—

Mrs EDMOND: It has proven that every hospital around the State that is complaining is right and your press release is wrong.

Mr HORAN:—but you wanted to jump up and down and shout.

Mr ELDER: I have here a press release, and it is not one of yours, and that is what they think of your inaccuracy. That is your own staff.

Mr HORAN: The figures are right.

Mrs EDMOND: So all of the hospital staff, with the exception of those ones, are wrong? I say that the staff are right, not the Minister.

Mr HORAN: That word should have been "districts", not "hospitals".

Mr ELDER: You played politics and you got burnt.

Mr HORAN: That word should have been "districts".

Mr ELDER: Your staff are right, Minister. You have been inaccurate since day one with the budget.

Mr HORAN: As I said, if you would have liked to have taken it this morning in a normal and calm way, we could have sorted it out for you immediately without all the time that you wasted.

Mrs EDMOND: It was a nice try, Minister, but it did not work. You did not con the hospitals.

Mr ELDER: All you had to do was answer it on notice, Minister, and you would not have gone down the—

Mr HORAN: There you are—there's the explanation. You wanted the explanation.

Mr ELDER: I have another question for you now. As to the Bayside district—are there any new initiatives in the budget for this district?

Mr HORAN: Yes. We said we would endeavour to get you the indicative figures for the Bayside district.

Mr ELDER: Are there any new initiatives?

Mr HORAN: Yes.

Mr ELDER: Outside of Stage 2 of the Redlands Hospital, what new initiatives are there?

Mr HORAN: I will pass that question on. First of all, I just want to tell you what we are looking at doing in that hospital. You are well aware that, because of the growth that is occurring in that area, we are bringing forward the Capital Works Program so that the hospital can have extra beds. We are going to provide additional beds to the number which the previous Government provided. I believe we are putting in 24 extra mental health beds. We are fast-tracking it so that the Redlands Hospital can have better services in a faster time than it ever would have. I will get my staff—

Mr ELDER: My question was—

Mr HORAN: I know what your question was.

Mr ELDER:—outside of Redlands Hospital—

Mr HORAN: I know what your question was.

Mr ELDER:—are there any new initiatives? It is a simple question.

Mr HORAN: But you cannot talk about what is being done for that hospital and neglect all the additional beds that are being provided through the fast-tracking that is occurring and the services that we will be providing through the additional mental health beds. That is a major boost to that district. It is recognising the growth and it is bringing forward, compared with the previous plan, the capital works. I will get the director-general to talk about any new initiatives, but the important thing is that the hospital within the district—and I will get back to the district so that you don't get confused again—

Mr ELDER: No—

Mr HORAN: The district budget has an increase.

Mr ELDER:—the confusion was on the part of your press secretary or yourself or whoever plotted it.

Mr HORAN: What an increased budget means is that the hospitals and the community health services within a particular district have the extra capacity to be able to do new things and provide for extra staff.

Mrs EDMOND: Even if they do not think they can, which all of this says they cannot. They are all saying that they are starting off worse than last year, and now we find that that is true.

Mr HORAN: But the thing is that the district budget will have more money in it, so if we have more money, you should be able to do more. I will get the director-general to respond on the variances.

Dr STABLE: The major variance that—the top priority identified by the district health service was for additional senior medical officer staff. Some \$150,000 has been provided for that initiative.

Mr ELDER: Where?

Dr STABLE: Within the Bayside district budget.

Mr ELDER: Where will that be spent?

Dr STABLE: At Redlands Hospital.

Mr HORAN: That has been something they have been seeking for some time. I met with the staff there recently and they certainly are working very hard. They want additional staff.

Mr ELDER: So the new initiatives are at Redbank Hospital?

Dr STABLE: That one is, yes.

Mr ELDER: Are there any other new initiatives? That was my question.

Mr HORAN: They have got their budget increase, and included in that is one additional medical officer.

Mr ELDER: What other new initiatives?

Dr STABLE: Well, they have been provided with escalation, increased awards funding, an increase in workers' compensation.

Mr ELDER: At Redlands?

Dr STABLE: Well, that is the district. The only one that I can specifically identify at this minute at Redlands is the additional senior medical officer. However, those staff—that covers all the district health service staff, which includes Redlands. For community mental health services there is an additional funding, full-year, of \$373,000 for Bayside for child and youth and adult mental health services as part of our distribution of that \$2.9m to community mental health.

Mr ELDER: That is for the district, and you have outlined some new initiatives for Redlands. What new initiatives do you have there for the Wynnum Hospital?

Dr STABLE: I do not have that break-up.

Mr ELDER: You have got it for Redlands but you do not have it for Wynnum?

Dr STABLE: The reason I have it for Redlands is purely because it is part of the district budget and I happen to know that that was the highest priority for that district and I know that we actually allocated that money within the district specifically to address the highest priority for the district, which was the additional staffing at Redlands Hospital.

Mr HORAN: One of the problems that the Wynnum Hospital had last year was that, because they were using particular locum services, it was very costly for them to run their medical services. I can get the deputy director-general to speak to you about that, because I think they have an advantage there this year in that regard.

Mrs EDMOND: They have just had one of their senior staff resign, too, because he is fed up with the place.

Dr YOUNGMAN: Last year, or this past financial year at the Wynnum Hospital, there was a situation whereby the contractors providing medical services could not keep up the supply of services

and therefore the hospital had to resort to locum services, which created a significant additional expense on their budget. This year there will be some freed-up funding because of that, which will allow other services to be enhanced.

Mr ELDER: Like what?

Dr YOUNGMAN: At this point in time, they are still debating that as to the priorities at Wynnum. The district is going through its budget process allocating resources; they are doing that at the present time.

Mr ELDER: Earlier in the questioning you said that the budget for that particular district this year had a 3.7 per cent increase to \$30.8m, yet when I look at the two hospital budgets as outlined in your response to the Committee, all I can find is \$8.3m in the hospital budget. Where is the other \$22m? Where is that allocated? What services?

Mr HORAN: The Bayside district covers the two hospitals and it covers all other services within that area.

Mr ELDER: What breaks up the \$22m?

Mr HORAN: We will go through those figures for you now and provide you with them. Give us the time to turn up the figures.

Mr ELDER: You have got a full list of those there?

Mr HORAN: I think we will be able to dig them up for you.

Mr DAVIS: It will just take a second.

Dr STABLE: In the meantime, Madam Chair, can I respond very quickly to a couple of issues from this morning? I was asked about the pharmaceutical costs at Prince Charles. The Statewide average expenditure on pharmaceuticals is 4 per cent at Prince Charles; in the district it is also 4 per cent. Does that answer the question about the cost of pharmaceuticals as a percentage of the budget?

Mrs EDMOND: Sure.

Dr STABLE: I said 5 per cent, but 4 per cent for the whole district. Probably, if you actually take out the—

Mr ELDER: While you are working on that, we will ask Mr Jay a question.

Dr STABLE: Could I just quickly answer the next about three extra cases? Providing they are totally uncomplicated cases, we can do three extra cases for \$25,000 a week.

Mrs EDMOND: We are happy to come back to that when you gentlemen have the figures. Mr Jay, have any senior public servants from Queensland Health taken any charter flights since the change of Government? If so, when, and was this paid for by Queensland Health or by the ministerial office budget and, if so, can you give the names of those people who took them?

Mr HORAN: Just regarding the ministerial part—any questions regarding ministerial travel or expenses, as you would be aware, do not come within the Health budget; that is part of the budget of the Treasury. Mr Jay could answer you if you are

seeking questions regarding charter flights within his particular area of responsibility, I take it, in capital works.

Mrs EDMOND: Yes, it is capital works.

Mr HORAN: Any charter flights—he is most welcome to answer that.

Mr JAY: To my knowledge, Mrs Edmond, the charter flights that I am aware of since the change of Government—there was one charter flight, which I was a part of, which went across to Palm Island, in conjunction with the director-general and Miss Helen Ruhle and a couple of others from the district. That was from Townsville to Palm Island. There was a chartered flight that went from Cairns to Townsville, which I was a part of, which was a replacement for a commercial flight that was cancelled and we had to get to a meeting. That involved myself and one of my staff and two others who were external to Queensland Health who shared that flight. To my knowledge—they are the only ones I know of. I would have to go back and check in detail if there is more than that.

Mrs EDMOND: Have you found the figures?

Mr DAVIS: You have got the two public hospitals in the sheet that is part of the question—Casuarina Lodge is part of Bayside, Moreton Bay Nursing Care Unit is also part of Bayside, Dunwich Nursing Station would be as well, and there would also be some community health from the southern community sector.

Mr ELDER: You have got the relative amounts there?

Mr DAVIS: Yes. Casuarina Lodge—\$1.449m was the expenditure of last year. Moreton Bay Nursing Care Unit expenditure was \$1.725m. Dunwich Nursing Station was \$201,000. The budgets for each of those were: Casuarina Lodge, \$1.335m; Moreton Bay Nursing Care Unit, \$9.69m; and the budget for Dunwich Nursing Station was—

Mr ELDER: The question I asked was the difference between what the hospital budgets were and what was outlined today as the budget for the district and the \$22m in total. Can you get back to me? Can you give it to me on notice in detail, where that \$22m is?

Dr STABLE: I do apologise. There is clearly a mistake in the documentation as to the Wynnum Hospital and Redlands Hospital budgets. We will clarify that.

Mr ELDER: It is incorrect in there?

Dr STABLE: There is an error in the document.

Mr ELDER: What is the error?

Dr STABLE: We have not as yet quantified that, but we will.

Mr ELDER: How big an error are we talking?

Mr HORAN: We will go through—you see, there are base allocations in all the Commonwealth fundings and so forth, we will go through those and we will give you that on notice, because I think it is important that you get that on notice.

Mr ELDER: That is an error in that answer to a question on notice?

Dr STABLE: I believe so.

Mr ELDER: How big an error? Is that the only error?

Dr STABLE: Clearly, I cannot answer that.

Mr ELDER: The reason I asked that is that when we asked you this morning, you said that those figures were true and correct and you stood by those figures, because we were debating where we were going to go on hospital budgets. What you tell me now is that they are not true and correct and that there is a problem in these figures.

Mr HORAN: As I said, we will get back to you on notice on that. In relation to the total budget for that particular district, it does not look right. We will get back to you on that on notice.

Mr ELDER: How many other inaccuracies are in the document?

Mr HORAN: You asked for that on notice, and we will give it to you on notice because I think what you have brought up is a pretty fair point. We will give you that on notice.

Mr ELDER: There is that, and I want to know how many other inaccuracies are in that document. This is the document you were throwing at us this morning.

Mrs EDMOND: This is the whole basis of this Estimates Committee.

Mr ELDER: This is the whole basis of the Estimates Committee this morning and now you tell me and you tell Mrs Edmond that this document is flawed.

Mr HORAN: We will give you that on notice.

Mrs EDMOND: Do we get another day of questions?

Mr HORAN: We will give you that on notice regarding those two hospitals.

Mr ELDER: Is it another inaccuracy?

Mr HORAN: Regarding those two hospitals, we will take it on notice and we will give it to you on notice in the required time.

Mrs EDMOND: In all honesty, we should get another day of questions, because the whole thing has been a waste of time because these figures are wrong—they are all wrong. This is what we said in our opening statement, that your figures did not stack up, and it is exactly what every hospital in Queensland is saying, that your figures are not accurate.

Mr HORAN: We will give you the figures on notice of those two hospitals in the required time.

Mrs EDMOND: Every hospital in Queensland is saying that they are worse off under this budget than they were last year in real terms.

Mr HORAN: How can they be if there is \$312m extra—

Mrs EDMOND: You tell us.

Mr HORAN:—and there is \$278m extra in the hospital programs alone.

Mr ELDER: Your figures are dodgy. Your press releases are dodgy.

Mr HORAN: What you refuse to understand is that, in the district allocations, where we have provided our districts with—

Mrs EDMOND: We do understand. You do not understand that there are differences in the figures.

Mr HORAN:—with a budget based upon—

The CHAIRMAN: The Hansard staff have advised me that they are having extreme difficulty in recording the proceedings of this meeting. We cannot continue with debate. If any of you have something to say, please say it one after the other, but not altogether. It really makes it very difficult for the Hansard reporters.

Mrs EDMOND: Madam Chair, thank you. I understand their concern and frustration. I have to say that I share it. This whole day has been wasted because the very basic figures that were given to us are inaccurate. The Estimates Committee process is designed to enable the Queensland public—not just us—to be made aware of how their money is being spent. The public have a right to know whether those decisions are being made wisely, and what those figures are. In Health, there is nothing more important than the hospital budgets for the 1996-97 year. We have said from the very beginning that the figures you have given us are very questionable. They do not stand up, and the criticism I am getting from every major public hospital is that your figures are inaccurate, and they will be worse off.

Mr HORAN: In reply to your question—

Mr ELDER: We are asking the question. We have not finished the question.

Mr HORAN: You have asked the question.

Mrs EDMOND: We have about three minutes left. I am asking you now: do you have any intention of telling Queensland exactly how much money each year that the following hospitals have been told they will receive? They are indicative budgets. They are estimated budgets—whatever you would like to call it—but what is that figure for the Royal Brisbane Hospital, the Royal Children's Hospital, the Royal Women's Hospital, Princess Alexandra Hospital, the Mater Children's Hospital, the Mater Adult Hospital, the Mater Mothers Hospital? Why has the whole Mater complex been taken off the Capital Works Program? That is another question. The Prince Charles Hospital, Logan Hospital, Nambour Hospital, Rockhampton Hospital, Townsville Hospital, Cairns Hospital, Mount Isa Hospital, Redlands Hospital and Wynnum Hospital are all saying that they are worse off. It would be easier if you had given us these figures as we asked for in questions on notice.

Mr HORAN: I will answer that question.

Mrs EDMOND: What are you trying to hide?

Mr ELDER: Can you answer it, or do you need to take it on notice?

Mr HORAN: No, I do not. I will answer that question now. I am answering that question for you, but the—

Mr ELDER: You can answer that question now? You can give us the indicative budgets for all the hospitals—

The CHAIRMAN: No interruptions, please, while the Minister is speaking.

Mr ELDER: You are just protecting him again, Madam Chair.

The CHAIRMAN: Yes, I am doing my best.

Mr HORAN: The mess that we took over from the regions and endeavoured to extrapolate out to the districts to provide an indication of what the districts budget was—

Mr ELDER: How do you do that if you do not know what your hospitals—

Mr HORAN: It was an unbelievable mess. We have broken that down—

Mrs EDMOND: Rubbish! You know that—

Mr ELDER: You have got to know what your hospital components are to do that—

Mr HORAN:—the changeover process from the regionalisation to the districts—

Mr ELDER: That is the whole point.

Mr HORAN: Under the regional system, hospitals had no idea of what their budgets were—

Mr ELDER: You know what your hospital components—

Mr HORAN: You worked on a regional basis. The regions ran the budgets.

Mr ELDER: Do you know what your hospital allocations are?

Mr HORAN: They doled out a certain amount of money for the hospitals. They kept money up their sleeve—millions here and millions there—

Mr ELDER: Do you know what your hospital indicative budgets are?

Mrs EDMOND: So you are refusing to give us the information?

Mr HORAN: No—

Mrs EDMOND: I do not blame you, because it does not match up.

Mr HORAN: What we have are districts. Each district has a district budget. They have been given their indicative budgets. They worked those budgets up—

Mr ELDER: How do you run your waiting list strategy—

Mr HORAN: As you said last year—

Mr ELDER:—if you do not know what your hospital indicative budget is?

Mr HORAN:—over and over again in your questioning, you work the budgets up. You look at the—

Mrs EDMOND: How can you say what your increases are if you do not know what the budget is?

Mr ELDER: That is so true.

Mr HORAN:—increases that have come through for the incentive pools. You look at what comes through in the Commonwealth money. The district managers manage—

Mr ELDER: You have treated this Committee with contempt from day one.

Mr HORAN: The district managers—

Mrs EDMOND: Not one other Minister has treated the Committee with the contempt that you have.

Mr HORAN:—are responsible for seeing that those budgets are balanced. Some of those districts have multiple hospitals and multiple Community Health Centres. You both know that full well, and you both know that they have been working through and developing their budgets and giving their hospitals indicative budgets.

Mrs EDMOND: And we know that by now they should have—

Mr HORAN: You know they have extra money.

Mrs EDMOND:—a quarter of the way through the financial year you are saying they—

Mr HORAN: You know that there is—

The CHAIRMAN: The Minister is trying to answer the question.

Mr ELDER: He has not been able to answer them all. That is the whole frustration, Madam Chair.

Mr HORAN:—comprised of the recurrent and capital works—

Mrs EDMOND: He has not answered one question.

Mr HORAN: You know that is all there, and that is what they are doing.

Mrs EDMOND: Where is it?

Mr HORAN: It is totally unreasonable when the Budget—

Mrs EDMOND: It is not unreasonable. It is three months into the financial year, for heaven's sake.

Mr HORAN:—has just been brought down and the districts are working through—

Mrs EDMOND: Some of them tell me they are already over budget.

Mr HORAN: The Budget just came down a week ago. Under you, the hospitals did not have any idea what their budgets were until after Christmas. That was their major complaint, because the regions—

Mr ELDER: And under you, you have not got a clue what is a district and what is a hospital.

Mr HORAN: If you equate regions to districts—the regions refused to let them know what their budgets were—

Mr ELDER: What an absolute con.

Mrs EDMOND: You have shown that the figures—

Mr HORAN:—because that was the way—

The CHAIRMAN: You have one minute left. If you go on interrupting, you will not get finished.

Mrs EDMOND: You have shown that the figures you put out in your budget statements are totally inaccurate and wrong.

Mr HORAN: Even some of the sectors did not know what they were getting under the regionalisation—

Mrs EDMOND: Why do you not apologise to the Committee and call another day's hearing?

The CHAIRMAN: Stop interrupting the Minister. You have one minute left of your question time—

Mrs EDMOND: He is not answering the question, anyway, and he seems to have no intention of doing so.

The CHAIRMAN: You have one minute left.

Mr ELDER: It seems to me we have wasted our minutes right from day one, Madam Chair, so it is immaterial to us.

Mr DAVIS: If you have a look at the figures that have been provided as part of question one—the actual expenditures—

Mrs EDMOND: These are the other inaccuracies you are going back to?

Mr DAVIS: No.

Mr HORAN: He is giving you what you wanted.

Mrs EDMOND: I am sorry. I thought he was actually going to give us the hospital budgets.

Mr DAVIS: Bayside district expenditure for 1995-96 totalled \$30.337m. Components of that were Redland and Wynnum, as distributed in the document. You have to add onto that Dunwich under State Funded Services—

Mr ELDER: Hang on. This is in relation to a question I asked earlier?

Mrs EDMOND: Yes, this is the other inaccuracies—

Mr DAVIS: This is as far as Bayside—

Mr ELDER: The director-general said there were inaccuracies in these figures here.

Dr STABLE: No, I said that those figures do not look accurate. We need to review those figures. I have not accepted that they are not accurate. They do not look accurate, and they will be reviewed.

Mr ELDER: Do you want to run that by me again? They do not look accurate, so they could be inaccurate? Is that what you said?

Dr STABLE: What I said was that, on the information available, they look inaccurate to me, but I am not categorically stating—I would like us to work through the information.

Mr HORAN: He is giving an explanation now.

The CHAIRMAN: The time for Opposition questions has expired.

Mr DAVIS: State-funded services included Dunwich. Those figures that I gave beforehand were correct. Community—we did not give a figure. It is

\$5.913m. There are other State health services under the State Funded Services—\$2.6m; Commonwealth-funded services for Redland, \$72,600—

Mrs EDMOND: Perhaps you could table that document.

Mr ELDER: That document that you have there, from what you are saying, sounds awfully like what we have been looking for in this Estimates Committee from day one—from 9 o'clock this morning. That document that you are reading from there is likely to be the indicative budget that we are talking about.

Mr DAVIS: No, that is the expenditure for last year.

Mr ELDER: Table the document.

Mr HORAN: We will provide you with this answer on notice—

Mr ELDER: Table the document.

Mr HORAN: No. We will provide you with this answer on notice so we can give you some detail. We will provide it on notice. I said I would do that, and that is what we will do.

The CHAIRMAN: The time for Opposition questions has expired. Minister, what is Queensland Health contributing to the establishment of a Royal Flying Doctor Service base in Townsville?

Mr HORAN: I spoke briefly on this prior to lunch, because I was talking about other services at Townsville. In particular, we are providing in a full year \$1.5m. That service will provide retrieval services to the north-west of the State. It will be of particular value to the Townsville Hospital, particularly Kirwan, which has had a lot of charter costs. We believe that, as well as providing a \$1.5m injection into Townsville, there will be a saving of somewhere in the order of about \$440,000 for the Townsville General Hospital on charter flights which it previously had to use and will now be able to use the Flying Doctor Service.

Mr WOOLMER: Could you please outline the coalition's Surgery on Time elective surgery waiting list targets that are now in place in 10 Queensland public hospitals?

Mr HORAN: We have put in place a program called Surgery on Time, which is aimed at reducing the time people wait for their elective surgery. It is based on the premise that, if you are waiting for an operation, what really matters to you is how long you wait; it doesn't matter whether there are 200 or 2,000 people on the waiting list. What really matters is how long you wait; in other words, what is the throughput relative to those numbers. We set some particularly difficult targets so that the public will be able to see what we are trying to achieve, and it certainly gives us something to measure our efficiency by.

The target that we have set for the end of this year—of people who are classified as category 1 elective surgery, that is, those who should have their operation within 30 days, 95 per cent will have their operation within 30 days. The target for the end of next year—of category 2 patients, those who should have their operations within 90 days, 95 per cent of them would in fact have their operation within that

prescribed time. It will mean a huge reduction in the percentages of long waits.

There was an audit done on 30 November 1995. That was the first time there had ever been some accurate figures on waiting list figures. That showed that 43 per cent of category 1 patients waited more than the maximum recommended 30 days. Bear in mind that we are going to bring that down to 5 per cent. It showed that about 24 per cent of category 2 patients waited more than the recommended 12 months. We have introduced categories 1, 2 and 3. Category 2 are those who shouldn't wait more than 90 days, category 3 are those who should have their operation in a 12-month period.

When that first audit was done back in November, one of the things that was found in the 10 hospitals that it was done upon was that some 23,000 people were on their waiting lists and there were about another 5,000 people we estimate who were on waiting lists at hospitals other than those 10 hospitals. Surgery on Time will be involved in only those 10 major hospitals initially. Eventually we hope to expand it to some 34 hospitals. The 10 hospitals provide for about 70 per cent of the elective surgery beds in the State and certainly well over 50 per cent of the elective surgery. The 10 hospitals involved are the Gold Coast, Ipswich, Toowoomba, PA, RBH, Prince Charles, Nambour, Rockhampton, Townsville and Cairns.

The targets that are set, as I said, have been fairly tough at this stage. After some three months, we believe that all hospitals are on track to reach that particular target. There are involved with this also 10 waiting list coordinators, 10 nurse educators to train additional theatre nurses, and funding for additional theatre equipment and funding for computer equipment for the theatres.

Miss SIMPSON: I would like to ask a question about how much funding has been provided for capital works under the State Government's new 10-year Hospital and Health Services Development Plan.

Mr HORAN: The new plan involves a number of facets. Basically, what is involved is \$2.1 billion over 10 years, plus approximately \$270m for minor capital works—that's \$27m per year over 10 years—plus a \$34m grant from Treasury towards the central energy plant at the Royal Brisbane Hospital or the Herston complex. Under that funding over 10 years, we have also added in some additional areas that were previously not covered. We are providing for funding for psychiatric institutions. They are institutions like Wolston Park, Baillie Henderson and Mosman Hall. There is an amount—I think \$100m—that has been provided for there. We have provided \$50m for rural hospitals and small hospitals and that has not been provided for in the past. We've provided \$20m for aged care facilities so that they can be improved. They are additional new items that have been brought into the program so that all areas can be covered.

The new projects that will be included in this particular plan also included the hospitals that the coalition promised, which are Robina, Noosa, Caloundra and Beaudesert. Also included will be a new hospital at Bamaga, where there was no

provision previously, on the tip of Cape York. On our recent tour of Cape York we were able to ascertain that there was a lot of demand there for a new hospital and we have put in place a functional plan at a cost of about \$35,000, which is looking at the Bamaga Hospital so that a decision can be made as to whether we build a new hospital at Bamaga as well. Those are the areas that the plan covers.

There will be considerable expenditure over the next couple of years. We have reorganised the Capital Works Branch and put in place a Capital Works Task Force which meets regularly. There is regular reporting to Cabinet so that Cabinet is aware of what projects are under way. We have negotiated fully with Treasury so that everything that is provided for in here is actually funded. There will not be promises—as there were under the previous Government—for which there is no cash to pay for the actual construction.

The CHAIRMAN: How does the coalition Government plan compare with Labor's 10-year Hospital Rebuilding Plan?

Mr HORAN: The main comparison is that our plan is in addition to the \$400m already spent by Labor over three years of their program. But the real comparison is that there will actually be the money to pay for those projects. The investigation that we had undertaken when we came to Government showed that there were promises of some \$1.2m that were unfunded.

Mrs EDMOND: Point of order, Madam Chair.

The CHAIRMAN: What is your point of order?

Mrs EDMOND: The point of order is that this document that Mr Horan is quoting from has already been disproved. All of those figures have been proven as inaccurate. How can we now rely on—

Mr ELDER: As inaccurate as your press releases in the—

Mrs EDMOND: Yes. We have been through this document in previous times and proven—and Mr Jay confirmed this morning—that that document is inaccurate, that it contains a lot of things that were not approved by the Labor Party. When he talks about the overblown Budget and all the rest of it, it is totally inaccurate.

The CHAIRMAN: The Minister may continue with his reply.

Mr HORAN: Mr Jay was correct: there were items there that were not approved by the previous Labor Government, but they had been announced by the previous Labor Government. They included items like the spinal rehabilitation at Kirwan, the renal unit at Cairns, the multipurpose service at Cooktown. There were about six or seven items that it included that had been promised by the previous Labor Government but not funded and certainly not provided for. That is what the real difference is going to be between the plans. Our plan will have the cash to back it up to actually pay for it. What is promised in our plan can be paid for and can be funded. I think I said previously that it includes—on top of the \$2.1 billion coalition plan, which will be in addition to the \$400m already spent over three years—the \$270m in

minor capital works, the \$34m for the central energy plant at Royal Brisbane Hospital. There will also be a number of car parks that will be provided by private enterprise at about five hospitals.

Mrs EDMOND: The Hospital Foundation was going to do it.

Mr HORAN: You did not have any money for them; that is the thing. The real difference is that you were promising things and you had no money. If the Hospital Foundation was going to pay for a car park, you had to give them the money to pay for it.

Mrs EDMOND: You took it away from them; you will not let them.

The CHAIRMAN: The Minister is answering the question.

Mr HORAN: You were saying to hospital foundations and saying to everybody, "You can build this," but where were they going to get the money from?

Mrs EDMOND: They could borrow it from Treasury at a good rate.

Mr HORAN: You didn't give them any money. How were they going to build it and pay for it and operate it if you couldn't provide them with the money?

Miss SIMPSON: Madam Chair, this is Government members' question time. Can we please continue with our questions?

The CHAIRMAN: It is not a debate between Opposition members and the Minister. Let the Minister finish his reply, please.

Mr HORAN: The other difference is that the original plan by the previous Government also included just over \$140m of sales. Many of those sales, we believe, are not achievable; they certainly will not provide the \$140m they promised. They had a program that included \$140m of "maybe sales", most of which we have been able to prove are most unlikely to occur. It included \$150m that had never been promised by Treasury—never! They were approved by their Cabinet but never in the seven months that they had since the last election had they been to Treasury, and the \$150m wasn't there. We are going to have real money to pay for our projects.

Mr WOOLMER: After that response then, Minister, how much of the capital works budget will actually be spent in the 1996-97 financial year?

Mr HORAN: There is going to be a huge expenditure during this financial year. We have scheduled \$295m for capital works on hospitals and associated health facilities throughout this financial year. Of that total expenditure, \$254m forms part of the 10-year Health and Hospital Building Program. The remaining works includes a number of other items, but it includes in particular \$27m of minor works, which will be undertaken in the district health services, and approximately \$14m in Commonwealth and corporate works.

I think what we are going to see in the next couple of years is a massive building program. As I said, we have reorganised the capital works section so that it is actually functioning well and functioning

professionally—regular reporting to Cabinet and a proper system of providing the funding so that it is available there. Our plan for next year includes hospitals throughout the length and breadth of the State. As I said, almost \$300m will be spent in the next financial year.

Miss SIMPSON: Mr Minister, I would like to ask a question regarding the role that Queensland Health is going to play in the implementation of a Statewide vaccination plan. How much funding has been allocated for this plan?

Mr HORAN: Thank you. One of the things we found in coming into Government is that really there has been very little planning for immunisation. We have put in place a full immunisation plan. I would like to get Dr John Scott to detail that plan; it is in about seven parts. The main thing is that there has been concern by local governments. Some local governments immunise; some do not. We want to get that sorted out. We want to promote the GPs as the basis of immunisation, and we will play a sweeping role.

Dr SCOTT: We are looking at the present time at a coordinated plan for immunisation, which includes seven subprojects, if you like: the promotion of not just immunisation but keeping your children up to date with their immunisations; the second project, or a part of that project, is to promote general practitioners as the appropriate providers of immunisation services; we are then looking at a separate project to determine, by looking at access for people to immunisation services across the State, where gaps may exist and how we can plug those gaps either through private service providers or through Queensland Health service providers; we are looking at enabling legislation to provide for certification of vaccination status for children when they enter school; we are looking at nurse immunisers being available to follow up children who are either not responding to reminder systems or who perhaps are in parts of the community where they may be at risk of not receiving their vaccinations; we are also looking at quality assurance both through Queensland Health service providers and through organisations like the College of General Practitioners; and we are looking to bring on line our vaccination information and vaccination administration system, which is a software system which will allow us to track vaccinations, to provide reminders, and to follow up on vaccine reconciliations to see that we are reducing wastage. We are also establishing a reference group, which will have private sector and public sector representation which will allow us to demonstrate accountability for the provision of immunisation services in Queensland. The first meeting of that group will be held on 10 October. Thank you.

The CHAIRMAN: Will the Minister outline the proposed scope of works over the next year on the range of Statewide mental facilities?

Mr HORAN: Yes. In the mental health area, I think I have spoken earlier about some of the projects we are undertaking, particularly in improving the acute services and the community mental health

services. There are a number of projects that are planned to provide increased mental health services as part of our Statewide upgrade. I will go through some of the hospitals and the numbers of additional beds that will be provided. There is the Ipswich Hospital at 32 beds; the Prince Charles Hospital—that is the Winston Noble Unit—60 beds; Cairns Hospital, 32 beds; and Nambour Hospital, which is fit-out only, will be 24 beds. So those are the projects that will be under way under the Capital Works Program in the area of mental health.

There are other facilities that we plan for new development and that is Caboolture Hospital, 24 beds; refurbishment of the mental health bed area at the Mackay Hospital; upgrading at Logan Hospital; and the 24 beds at the Redlands Hospital. Also, in another good move, we are going to aircondition the John Oxley Memorial Hospital. It can be quite unpleasant there, apparently, in the summer. We are also going to be doing some outfitting of new premises for a community-based mental health facility at Stones Corner.

Madam Chair, I am quite happy to take some of my time. We have now received the answer on Redlands and Wynnum. Those figures are accurate. Just in the heat of the moment, I think, looking at the figures, we thought that they may not have been, but they have been proved to be accurate. The real reason why, and the big figure—and this is what I keep saying about districts and the number of different components in the district—there is a major facility in there of almost \$10m, which is the Moreton Bay Nursing Care Unit. So when you go through the extrapolation of figures for the eastern community health services, the specialised, that is about \$8.1m; there is \$2.5m specialised health services in the bayside district; Casuarina Lodge at \$1.3m; Moreton Bay Nursing Care Unit, \$9.6m; Dunwich station, the Redlands Hospital, Wynnum Hospital and the other things that were mentioned—

Mrs EDMOND: It says "hospitals" at the top of the page. It does not say "districts".

Mr HORAN: Those two particular hospitals—they are correct and accurate figures. So there is no need to put the question on notice. We have cleared that matter up. You were concerned about the overall district budget being in the order of \$30m.

Mr ELDER: I asked for the detail and I will leave it on notice. I have left it on notice. I have asked for the full detail.

Mr HORAN: We have provided the information.

Mr ELDER: That is not the full detail.

Mr HORAN: I said I would give you that, and I will. I am just clearing it up right here and now that those figures for Redlands and for—

Mr ELDER: For Wynnum and Redlands.

Mr HORAN: They are accurate.

Mr ELDER: The \$8.3m is correct?

Mr HORAN: The director-general, when he looked at those figures and comparing it with the \$30m, he thought, "What is all the rest?", but you

have got to take into account other units in the bayside district, particularly the nursing home unit, Dunwich and the other very substantial community health services in there, which bring the budget up to around about \$30m.

The CHAIRMAN: Minister, in conformity with sessional order No. 21, would you be able to provide that additional information you have just given us in writing?

Mr HORAN: Yes, I would.

The CHAIRMAN: Thank you. One more question.

Mr WOOLMER: Minister, could you please outline what the funding allocation in the budget is for the implementation of information technology improvements in the department?

Mr HORAN: Yes, we believe that a modern hospital needs to have modern technology. I will get the Deputy Director-General, Mr Pitt, to answer this particular question. We have provided very substantial funding in the Capital Works Program to continue the work. There has been about \$60m spent in the previous three years on information technology. We will be continuing with that. The only way we can make a modern hospital work and modern health services work is by having the technology to match it.

Mr PITT: The intention is to spend over the next 10 years \$90m on information technology and telecommunications. There are about seven broad categories, the first being clinical support systems covering pathology, radiology, pharmacy, and patient dependency systems. The second category will be a clinical costings system, which is a feeder system which allows us to support Casemix in the largest 20 hospitals. The third category is a clinical services support system such as decision support systems, information systems, workstations, piloting/partnering programs, continuing with electronic medical records, applications and extending our telemedicine network. The fourth category is to support what we are doing in the community in the population health area, where we are working with other Governments on a national community health information system and we are also putting in special systems to support the work we are doing with indigenous health and in the mental health area. The fifth category is patient management systems, which cover the full range of patient registration, admission, discharge, records, billing, appointments, scheduling, elective bookings and community health bookings. There is also a sixth category, which covers a modern human resource management system for the department as a whole. The department has about 40,000 employees and we have quite an inadequate system at the moment. We are already implementing a new, modern resource management system. In addition to that, we have a system called an executive information system, which allows the senior officers in the department to see where the money is being spent against budget. Also, we are picking up the system the Queensland Government is adopting called SAP/R3, which is a new financial management system and also an asset and materials management system.

The CHAIRMAN: Thank you, Mr Pitt. The time for Government questions has now expired. We have almost reached the end of this session. Minister, would you like to make a closing statement?

Mr HORAN: Thank you, Chairman. I think the main issue that came up today has been the fact that the district budgets are delivered at the time of the Budget and they require considerable finalisation as Commonwealth and waiting list initiative money comes through. We have been able to demonstrate quite clearly today that we have provided our districts with indicative budgets so that they have something to work on in September, rather than at Christmas time.

The other important issue has been that there is a huge increase of \$312m spent over recurrent budgets and capital works. This amount of money is going to provide some 900 additional staff, the great bulk of whom will be in hospitals. We have been able to demonstrate quite clearly today that, because of this extra money, there will be extra doctors and nurses in hospitals, which means extra patients being treated.

I think that this Estimates has clearly shown the potential for success that Surgery on Time has. Already it has reduced the time that people wait, which has been a major problem in Queensland hospitals.

The \$2.1 billion Hospital Rebuilding Program, coupled with the minor capital works and the other projects such as carparks and central energy plants, is going to be a huge boost to hospitals throughout the State, particularly in view of the fact that almost \$300m of it will be spent this year.

The other thing that has come to the fore today has been the reorganisation within Queensland Health. The district health councils will be in place shortly, with absolutely minimum disruption to any hospital or community health centres. It was simply a matter of putting in place district health managers. They were all in place at the beginning of this financial year and the reorganisation of the corporate office is moving forward one step at a time. Level 3 appointments have been made and level 4 appointments will be made in approximately four to five weeks time. We look forward to the time when, by the end of this year, those finishing touches have been made to the reorganisation.

We now have our own budget, we now paddle our own canoe and we now have put aside the inheritance of problems we received from the previous Government. We now have our own system of organisation. We are getting back to basics. I am extremely confident of the professionalism and willingness of our staff throughout the State. I think that this budget, particularly the \$312m record increase, is going to give great heart to our staff throughout the State to be able to achieve the care they provide.

In conclusion, I thank you, Madam Chairman, for your outstanding performance. I think you would handle the first five minutes of the final in Sydney on Sunday with aplomb! I also thank both Opposition

and Government members for their questions. I sincerely thank my staff from Queensland Health.

This system of Estimates means that for a busy department like Queensland Health, which is working extremely hard to service people all over the State, great chunks of the staff spend days if not weeks preparing material for this exercise. It is part of the parliamentary process and it is a due part of the process. However, I think we should recognise that staff go well out of their way when they perhaps would be out on the road visiting hospitals and so forth. They give their time and their dedication to provide this backup material. I thank the staff very sincerely.

The CHAIRMAN: Thank you, Minister.

Mr ELDER: Madam Chair, on a point of order. I have asked a number of questions on notice relating to hospital budgets and Mrs Edmond has asked a number of questions in relation to hospital budgets also. The Minister could have avoided all those if he had simply answered question 1 from us by saying what the actual estimates were for the 1996-97

budget. They are the things that I am looking for from my questions.

The CHAIRMAN: If answers to your questions have not come through satisfactorily, obviously you have the avenue of Parliament in questions on notice.

Mrs EDMOND: We are just making it clear that that is the question that we asked.

Mr ELDER: We were just clarifying the point, Madam Chairman.

The CHAIRMAN: That concludes the examination of the Estimates for the Minister for Health. I thank the Minister and the portfolio officers for their attendance. The time allotted for the discussion of this organisational unit having expired, the Committee will proceed to the next organisational unit, the Department of Families, Youth and Community Care. There will be a break and we will resume with the Department of Families, Youth and Community Care at 3.30 precisely.

Sitting suspended from 3.14 to 3.30 p.m.

MINISTER FOR FAMILIES, YOUTH AND COMMUNITY CARE

IN ATTENDANCE

Hon. K. R. Lingard, Minister for Families, Youth and Community Care
 Rev. A. Male, Director-General
 Mr G. Clarke, Director, Division of Finance and Organisational Services
 Mr J. Wauchope, Director, Office of Aboriginal and Torres Strait Islander Affairs
 Mr G. Rowe, A/Executive Director, Division of Disability Services
 Mr A. O'Brien, A/Manager, Budget and Program Management Branch
 Mr P. Ryan, A/Divisional Head, Division of Community Services Development
 Ms G. Catalano, Manager, Youth Bureau
 Mr M. Lewis, Manager, Planning and Co-ordination Branch

The CHAIRMAN: Ladies and gentlemen, welcome to you all. The next portfolio that the Committee will examine relates to the Minister for Families, Youth and Community Care. I remind members of the Committee and the Minister that the time limit for questions is one minute, and answers are to be no longer than three minutes. A 15-second warning will be given at the expiration of these time limits. With the agreement of the Chair, the questioner may consent to extra time for the answer. There will be a further bell after two minutes of extra time. Ministers may make a three-minute introductory and closing statement. The Sessional Orders require the Committee to allot at least half of the time to non-Government members.

I ask departmental witnesses to identify themselves before they answer a question so that Hansard can record that information in the transcript. I declare the proposed expenditure for the Department of Families, Youth and Community Care open for examination. The question before the Committee is—

"That the proposed expenditure be agreed to."

Minister, would you like to make a brief introductory statement?

Mr LINGARD: Madam Chairman and members of the Committee, it is my pleasure today to present the Department of Families, Youth and Community Care to the Estimates Committee for the 1996-97 Budget. In doing so, firstly, I acknowledge the presence of the former Minister, Mrs Woodgate, and I also introduce Mr Allan Male, our director-general; Mr Arthur O'Brien, Manager, Budget and Planning; and Mr Gary Clarke, the Director, Division of Finance and Organisational Services.

This department has embraced the Government's back to basics concept. A very special concept we have embraced following Mr Male's presence as director-general is what we would call a "curtain of care". Firstly, we have placed across

Queensland 22 family support workers, with another six to follow very quickly and then another 22. We will have a curtain of care across Queensland of at least 50 family support workers. This fits in with our regional theme of early intervention, especially with young children. We want to intervene early and intercept them before they offend. We will look at a child's family situation and the infrastructure surrounding the child, if there is a family and infrastructure.

What we intend to do is go in very aggressively on the family situation and improve, if we can, any home making and parenting programs. As well, we will accept that, where there is an irretrievable breakdown, we must provide massive support in the area of foster care, which we have done, and also in the area of juvenile justice, again something which we have done. As to the special Children's Commissioner—I hope that a bipartisan approach will give us a commissioner when the issue comes before the Parliament. There has been a very special emphasis also on youth suicide. As well as that, there are obviously concerns about disabilities, domestic violence and Aboriginal and Islander welfare, which I am sure will come up during this Estimates Committee hearing.

To the members of the Committee, I indicate that I would hope as much as I can to extend you the courtesy of allowing you to talk to and question divisional heads. As long as I can have the courtesy of generally having the question coming through me, I will extend that courtesy to you.

The CHAIRMAN: Thank you, Minister. As I explained in my opening remarks, the time for Government and Opposition questions will be divided as evenly as possible. We have been operating in roughly 20-minute blocks. The Opposition will ask the first question.

Mrs WOODGATE: I direct my first question to Mr Allan Male. Mr Male, could you tell the Committee roughly how many families of people with disabilities there are in Queensland?

Mr LINGARD: Mrs Woodgate, if the question comes through me, I will extend you that courtesy to go to the director-general.

Mrs WOODGATE: Through the Minister to the director-general—

Mr LINGARD: When the question comes to me, I will give it to the director-general, if that is okay by you. I will extend you that courtesy.

The CHAIRMAN: Minister, according to the Sessional Orders the Committee is allowed to ask questions directly of public officials. However, on matters of policy it would be expected that you would make that clear and you would deal with those, because public officials do not do so.

Mr LINGARD: I would then say that, quite honestly, if the Committee is not going to extend that courtesy to me, I will be very reluctant to throw as many questions as I possibly can to my divisional heads and I will take them myself. I would say to you that, if you extend that courtesy to me, I will give you every courtesy that is necessary. Thank you. I will let Mr Male answer this question.

Mr ELDER: Madam Chair, do you want to qualify that?

The CHAIRMAN: No, I understand. The Minister has been advised that members of the Committee are allowed to ask public officials questions.

Mrs WOODGATE: Just a rough figure, Mr Male—how many families of people with disabilities are there in this State?

Rev. MALE: Madam Chair and Mrs Woodgate, the honourable member—Allan Male, Director-General. I think I would ask Geoff Rowe, the divisional head, to answer that question.

Mr ROWE: Geoff Rowe, Acting Executive Director, Disability Services. That is an interesting question to start with, and perhaps it is a difficult question to start with. The Queensland Government, together with the Commonwealth and all State and Territory Governments, recently commissioned the Australian Institute of Health and Welfare to investigate the level of unmet need and unmet demand for disability services across Australia. The thing that that report highlighted was the fact that there isn't good data regarding the number of families with people with disabilities in Queensland or, indeed, across Australia. That is something that at a national level is being looked at for future development. It is actually an issue that was raised in the recent Census. Queensland actually took a leading role in trying to get a question into the national Census regarding the incidence of disability in Australia, and we were unable to be successful in getting that question included.

Mrs WOODGATE: Thank you. I will direct the next question as a follow-up to the Minister. Seeing that figure is not available, I am wondering how the \$8.6m over three years equates in per capita terms for the families of people with disabilities. How did you arrive at that figure? Given that many families of people with disabilities in this State campaigned very strongly on the issue of the unmet needs and they sought to secure from the Government an extra \$95m in recurrent funding, how did you arrive at this figure of \$8.6m over three years to support the families of people with disabilities? How can you possibly explain the massive difference between these figures and the funding sought by these families?

Mr LINGARD: Your question in the first place was a rather silly one and in fact very unrealistic. How can you determine exactly what are disabilities when you come to attention deficit syndrome and all of those specific disabilities? It is no wonder that a divisional head cannot give you the specific numbers. As you know, there are probably about 582,000 throughout Australia, but even the best of experts say "approximately". How can anyone give a specific figure on the exact number of people with disabilities when it is very hard to define exactly what disabilities are?

Mrs WOODGATE: I have agreed with that. I said: that being the case, how did you arrive at the figure?

Mr LINGARD: I am answering and saying it was a silly question in the first place.

Mrs WOODGATE: Not really, no.

Mr LINGARD: Quite honestly, as far as the \$8.6m is concerned, we believe that at this stage that is what we can spend to attempt—and it is "attempt"—to face the unmet need in the community. That is why we have given the \$8.6m as a very specific allocation. On top of that, there are many other areas—for example, abuse of the elderly—all of those functions would also be facing the unmet needs campaign. It is untrue even to say that we are only allocating \$8.6m because there are many other programs which will pick up the unmet need campaign.

Mrs WOODGATE: It is a big difference, though, you would have to agree, from the \$95m that the unmet needs campaign came up with, and they have done their sums.

Mr LINGARD: One of the things that will also come in is the possible sale of Challinor. I believe quite honestly that this will also pick up the institutional reform package and will also assist in the unmet need as far as respite centres out in the community. I hope that in the next few days this Government will be able to announce the sale of Challinor so that we can move people out from Challinor. That is a figure which we cannot put in the budget at this stage. We would hope in the next few days to be able to sell Challinor, but once the funds from that sale come through, other money will certainly be available for the institutional reform and the unmet need.

Mrs WOODGATE: Talking about people in Challinor, can you tell me how many people have shifted from residential care at Challinor or Basil Stafford into the community since February 1996?

Mr LINGARD: Let me say this: in May 1994 you said that 172 people would be moved out by the previous Government. When we came in seven months ago, five people had moved out of Challinor. Since that time, to the end of June, four people have moved out of Challinor. I have now asked my department how many people we can move out, ensuring that they do have quality of care and go out into proper facilities. They have told me at this stage approximately 44, and I have allocated the finance to move those extra 44 out. But I am not saying that 44 is a set figure. As you would understand being a previous Minister, sometimes when one person can't go out who might be a high-support person, it might be that two or three other people could go out in that person's place. But I would hope that at least 44 would go out to a make a total of 53. Let me reiterate: you said 172 in May—

Mrs WOODGATE: I did not say it.

Mr LINGARD: You said in your talk the other night in the Estimates—

Mrs WOODGATE: When is this? 1974?

Mr LINGARD:—that the ALP had said they would move out 172. When we came to power, five had moved out.

Mrs WOODGATE: I wasn't there.

Mr LINGARD: Since then, to the end of June, four have moved out. I would hope that 44 will move out very quickly for a total of 53.

Mrs WOODGATE: I just hope the record will show that I did not say that. I was not on the Estimates for that department in 1974; I chaired other Estimates.

Mr ELDER: 1994.

Mrs WOODGATE: Sorry, in 1994. You say that 44 will move out. How does that line up with the figures in your Program Statement on page 19, where the actual total of residential clients for 1995-96 was 787 and the estimate for 1996-97 is 767? Is there an intention to backfill places at Basil Stafford and Challinor after people leave?

Mr LINGARD: There is a very specific answer for that. I will ask Mr Geoff Rowe to give that answer. I know that those figures differ by 20, but I am sure that when you hear the answer you will understand why.

Mrs WOODGATE: I hope so.

Mr ROWE: The figure of 20 in the MPS refers to the difference in the number of people supported directly by the Department of Families, Youth and Community Care between the current financial year and the previous financial year.

Mrs WOODGATE: In the institutions?

Mr ROWE: No, by the department. That number does not refer to just the people who are in the institutions, it refers to people who are supported in residential facilities operated by the department. So under the Institutional Reform Program the strategy has always talked about there being a mixture of support arrangements between the Government and the non-Government sector. At the moment, we have, I suppose, predominantly referred people and had people supported by the non-Government sector. We are keeping our options open at the moment in terms of the coming year. That number may be more by the non-Government sector, it may be less, but the number reflects the fact that people will be supported by both the Government and non-Government sectors, even though they are no longer living in Challinor or Basil Stafford Centre.

Mrs WOODGATE: Minister, could you tell me how many residents of Challinor have had funding approved for moving to community living?

Mr LINGARD: Can I preface my answer by saying that on 12 September, in reading your speech, you said, "Cabinet approved \$26.9m over three years in 1994 for the relocation of 172 people." That is a direct quote of yours.

Mrs WOODGATE: You quoted 1994.

Mr LINGARD: That is what I said—1994.

Mrs WOODGATE: I did not sit on the Estimates in 1994.

Mr LINGARD: Can I give you an answer as far as Challinor is concerned, that one of the big things that will affect Challinor is the sale, hopefully, of Challinor. The sale of Challinor has come about because of a previous Government decision—the

ALP decision—to go to the Ipswich railway yards with the Queensland University, something which was not supported by the Queensland University Senate, and the Government knew full well it was not supported by the university Senate, but when John Hay, the new vice chancellor, came in, that person was not happy with the Ipswich railway yards. They have since come to us and said, "Would it be possible to move into Challinor?" Of course, with Sandy Gallop Golf Course next door and the showgrounds next door, I personally believe that Challinor would be a most excellent site for a university.

I believe—and we have valuations for Challinor—that possibly the amount we might get is at least \$10.4m, and I would be able to add on to that and therefore move the possible 143 clients out of Challinor. Now, I would hope that that occurs very soon. I would have hoped it would have occurred two or three weeks ago. That is going to make a very significant change. I would therefore say to all people who are 100 per cent for deinstitutionalisation, who are 100 per cent for inclusion, who are 100 per cent against villas, who are 100 per cent against clusters, that they must have their opinions and leave them open because I believe that we will stretch these people—these clients coming out of Challinor—right the way throughout Queensland, starting from Cairns. It may be in some concepts we will have villas, it may be that we will have clusters, in many cases we might have an individual home with two or three clients, but I believe that that is going to be a very exciting period. At this stage, obviously, we cannot say much more about it and certainly we cannot include it in our figures. I do not think there is any need for my program head to enlarge on that answer.

Mrs WOODGATE: I did not get an answer to how many residents of Challinor have had funding approved. That was the question.

Mr LINGARD: As you realise, the project teams have been out there for a long time. They have certainly identified many people who could move out of Challinor as long as funds—

Mrs WOODGATE: There must be a figure of how many have had funding approved as at today?

Mr LINGARD: There is not a figure. Those people who have been spoken to and dealt with by the project teams, they have all been assessed.

Mrs WOODGATE: How many residents of Challinor have indicated a desire to move from institutions to community living?

Mr LINGARD: If you want, I will ask the program head if Mr Rowe can give a specific answer there but, to be quite honest, I would be very surprised if Mr Rowe could give an answer, and in fact I think it would be a damaging answer if Mr Rowe did give that answer because it depends on finance—it depends on finance from a Government and it depends on the support that we can give. Clearly, if we could give unlimited support, many more people would be suitable and able to come out, but if it is that we cannot provide that support service, then clearly that person cannot come out and receive quality care at this stage.

Mrs WOODGATE: With respect, Mr Lingard, I just asked you how many residents have indicated a desire to move from institutions? I do not think that that depends on funding or anything, that is a straight-out question as to how many residents there have put up their hand and said, "I want out." That is a very simple question.

Mr LINGARD: That is a very stupid and silly question.

Mrs WOODGATE: It may be—that is your opinion—but I would still like an answer.

Mr LINGARD: Most of those people out there cannot put up their hand, and you know that, and that is a silly question.

Mrs WOODGATE: You know what I am saying. How many have indicated a desire to move from the institutions and live in the community?

Mr LINGARD: Many of them cannot personally indicate that themselves because they cannot do that, and you know that.

Mrs WOODGATE: Are you saying that you do not have those figures?

Mr ELDER: What you are saying is that, as Minister for this portfolio, your department cannot tell us how much funding has been approved, which is a budgetary matter, and how many want to leave? This is a simple question about funding approvals and desires to leave and you cannot tell us.

Mr LINGARD: I will ask Mr Rowe to come through because I know that list is there, most definitely, and I know that funding is there.

Mrs WOODGATE: This is my prerogative to ask. This is the Estimates Committee, a committee of the Parliament; it is my prerogative to find that out.

Mr LINGARD: Mr Rowe.

Mrs WOODGATE: The first question, Mr Rowe, is how many residents of Challinor have had funding approved for moving to the community and the second question—another simple one—is how many residents of Challinor have indicated a desire to move from the institutions to community living?

Mr ROWE: In respect of the first question, as indicated previously by the Minister, up until 30 June—sorry, pre the change of Government, there were five people who had moved from Challinor Centre; post the change of Government there have been—and I guess I am curious as to your interpretation of funding packages approved, I am assuming you are meaning in terms of the formal statutory approval?

Mrs WOODGATE: If people have funding approved and they are waiting to go, I just want to know how many people have got a tick that they are moving out as at today.

Mr ROWE: In terms of formal statutory approval, it is my understanding that there have been now a total of 11 people with funding approved to move from Challinor Centre.

Mrs WOODGATE: And how many residents have indicated a desire to move from the institution into the community?

Mr ROWE: In respect of that question, that is a difficult one. It is very much a movable feast because people are continually changing their minds. There are a large population there who are undecided. While there is a specific population that are clearly decided one way or another, one way as in for, there is another group against, and those numbers literally change from day-to-day. I do not have those figures with me.

Mrs WOODGATE: Minister, does the \$4.1m provided in the budget include the funding for those people who have already moved from the centres?

Mr LINGARD: There is \$4m allocated on top of the \$8.1m for those who are moving out and, clearly, the \$4m is recurrent for those who have moved out.

Mrs WOODGATE: So it does include those who have already moved?

Mr LINGARD: And if you are referring to the new \$4.1m, then of it—

Mrs WOODGATE: There is \$8m this year and there is an ongoing amount of \$4m to assist 44 people. I want to know whether that includes people who have already moved from the centres?

Mr LINGARD: Of course it does, yes.

Mrs WOODGATE: Minister, how many cases of abuse or neglect of residents at Challinor or Basil Stafford have been reported to you and what resources have been allocated specifically to addressing matters of abuse or neglect?

Mr LINGARD: I think that Mr Arthur O'Brien can probably give you the details more specifically than I can.

Mr O'BRIEN: Could I have the question again?

Mrs WOODGATE: The question was: how many cases of abuse or neglect of residents at Challinor or Basil Stafford have been reported to the Minister? What resources have been allocated specifically to addressing matters of abuse or neglect?

Mr O'BRIEN: As you may or may not be aware, the department has a Misconduct Prevention Unit, which is funded to the tune of about \$220,000 per year. They handle all misconduct reports that were a result of the outcome of the CJC inquiries.

Mrs WOODGATE: How many?

Mr O'BRIEN: As to the actual numbers—

Mr LINGARD: Can I also continue for you? The strategies that have been put in place include the establishment of a Misconduct Prevention Unit to strengthen the expertise of line managers in responding to incidents or allegations. All managers at the centres have completed training in carrying out investigations. A concerted effort to strengthen family connections has resulted in a substantial increase in the involvement of families in the lives of residents. A Parents Advisory Group has been established, at which parent representatives can raise issues about any aspect of service delivery. Service standards are being implemented for all service delivery teams at the centre.

As to the first part of your question—I continually receive comments from parents about concerns they might have with residents there. But the one that I received this morning, to be quite honest, is specifically between two inmates who are there. I think that all of us would accept that that would happen, because this is a particularly vulnerable group—vulnerable within Basil Stafford and Challinor and also vulnerable outside Basil Stafford and Challinor, out in the community. Quite honestly, if it is that I have received any complaints for people in Basil Stafford, I have also received a similar number of complaints for people who are out in the community for this particularly vulnerable group.

Mrs WOODGATE: How many?

Mr LINGARD: I told you I received one this morning.

Mrs WOODGATE: That is in total? One case in seven months?

Mr LINGARD: I think that if I had to give you a number off the top of my head—you asked have I had any referred to me. There would probably be five cases that I have had referred to me.

Mrs WOODGATE: I understand—and I stand to be corrected if I am wrong—that the institutional reform project teams have been disbanded. If this is the case, can you advise me what has happened to the staff on the project teams? Have they returned to other duties within the department, or have they lost their jobs?

Mr LINGARD: As you would probably know, the project teams at Basil Stafford will be disbanded. The ones at Challinor will continue. I hope that the project teams at Challinor would be able to cope with whatever we need in the immediate future. However, if it is that Challinor is sold, there is no doubt in my mind that I would then have to appoint more advocacy teams and more project teams, because that would be a massive move. I will do that on demand.

Mrs WOODGATE: Were some not disbanded in June?

Mr LINGARD: I am not aware of any being disbanded in June. My understanding is: 4 October, Basil Stafford; and Challinor, December.

Mrs WOODGATE: And those people will lose their jobs?

Mr LINGARD: Unless they can be redeployed.

Mrs WOODGATE: Has any money previously allocated for institutional reform for any particular person—say, for a certain person—been returned to the department? For example, have any plans for any particular person been changed? Has anyone been approved to go into the community and then the plans have been changed and they have been advised that they are not going?

Mr LINGARD: I do not know of any specific case. I think that you as Minister previously would understand that, as Mr Rowe said, circumstances certainly do change. Sometimes we have had people who initially wanted to go out. The advocacy people have said that they needed to go out. The parents

have said, "No, we do not want our client to go out." There has been a discussion and a disagreement. Maybe the funds were allocated for them to go out; maybe in the end they decided not to go out. It is a very changing group, our group of people there. I would support Mr Rowe in saying that it is very difficult to say that it is a hard and fast decision.

Mrs WOODGATE: Maybe through you Mr Rowe may be able to elaborate on that, because I have to say to you that I get many complaints across the desk and over the telephone of people who have been told they were going out and that the plans have changed. Maybe through you, Minister, Mr Rowe might like to add to what I am saying. Have any particular plans for any people been changed? I have parents ringing me and telling me that this is the case. They have been approved, they are paying rent on the houses, and the plans have been changed.

Mr ROWE: Your question was: have there been any people approved to move whose plans have been changed and the funds returned?

Mrs WOODGATE: Yes.

Mr ROWE: The answer to that is simply: no.

Mrs WOODGATE: Have any plans been changed for those people without funds being returned? That was the second part of the question. Have any plans for any particular people been changed?

Mr ROWE: At this stage I am not aware of any plans for individuals that have been changed at this point in time. There are a number of plans that are under consideration at any time.

Mr ELDER: Have you written to anyone informing them that they would be moving and have subsequently not gone ahead with that move? Have you actually written, or has the Minister written?

Mr LINGARD: I will take that question. It all depends on people's interpretation of "written". I have written in answer to people and I have said, "Yes, the Institutional Reform Package will continue. I will continue that package personally as a Minister." If it is that people going out can be assured of a quality of care and a quality of life and have an infrastructure to go to, then I see no reason why they will not be able to go out. But quality of care sometimes depends on a massive financial allocation. Some of these can be as high as \$130,000 per year for the rest of their lives, as well as the infrastructure. Clearly, if it is that we cannot provide that, the person does not have the quality of care to go to.

Mr ELDER: But you have written to particular families and told particular families that their people would be moving.

Mr LINGARD: No. I have written to particular families and stated that the Institutional Reform Package will continue and that those people who can be assured of quality of care will be able to go.

The CHAIRMAN: The time for Opposition questions has expired. Indeed, I have let it run on a little bit so that that reply could be completed. We now move to Government questions. Starting on a different subject altogether, Minister—would you like

to tell us what the Government is doing to include self-funded retirees in Seniors Card benefits?

Mr LINGARD: This Government has extended the means test free eligibility for Seniors Cards to all retired Queenslanders 65 years and over. This will directly benefit approximately 3,660 self-funded retirees previously excluded from the Seniors Card benefits. I make a special point about those 3,660, because they are self-funded retirees who have never been included in Seniors Cards previously. From 1 December 1996 they will be entitled to access Government concessions on a range of health services, including ambulance, as well as public transport and electricity concessions. Figures drawn from the 1991 census show that over 94 per cent of people aged 65 and over have incomes less than \$25,000 per annum. By extending Seniors Card benefits to retirees, this Government helps people who are on fixed post-retirement incomes to reduce their cost of living and increase their buying power.

This Government has also provided funds for the implementation of the new Seniors Business Discounts Card, which is expected to benefit approximately 60,000 older Queenslanders. This card enables all Queensland residents over 60 to access the business discounts in the Statewide directory and ensures that self-funded retirees in Queensland have the same access to business discounts as retirees in other States. The business discounts scheme helps people who hold either the business discounts card or the Seniors Card. The discounts are available in 85 business categories and at over 1,000 outlets throughout the State. The scheme is growing, with over 50 additional business participants this year, and new categories such as retirement villages and shopping centres being added for the first time.

Regional Queensland has benefited from the scheme. Recruitment of new businesses in north Queensland resulted in a 126 per cent increase in the number of businesses offering discounts to cardholders this year. The 60,000 estimated take-up of the Seniors Business Discounts Card will increase awareness about the business benefits of participation in this scheme. Since the announcement of the business discounts card some six weeks ago, over 4,000 applications have been received and processed from people throughout the State.

Mr WOOLMER: Good afternoon and welcome to the Estimates Committee. What is the Government doing to respond to the issues of abuse of the older people in our population in Queensland?

Mr LINGARD: I have expanded the Domestic Violence Program into three specific areas: the abuse of the elderly, young people who witness domestic violence, and certainly men who are affected by violence—regardless of whether they are perpetrators or victims. The Government has responded to the needs of vulnerable older people in this State by providing \$200,000 per annum for a new Statewide service to address the problem of abuse. This new Queensland service will work with older people, their families and current services to provide greater support and protection for older people who have been abused. The service will

include workers in regional areas to address the unique needs of those areas.

A report on legislative options for non-spousal domestic violence was released in June 1996. In line with the recommendations of the report, the Department of Families, Youth and Community Care will be preparing amendments to the current legislation. Those amendments will provide access to protection orders for older people in situations of non-spousal domestic violence.

In 1995, the Australian Pensioners and Superannuants League received funding from my department to produce and distribute written material to inform older people about abuse of older people. I am pleased to say that this information has been and continues to be widely distributed to older people throughout Queensland. In addition, the Office of Ageing in my department has produced and distributed a kit to services to recognise and respond more effectively to situations of abuse of older people. That kit has been distributed to more than 400 services throughout Queensland. A further document titled A Guide to Legal Issues and Responding to Abuse of Older People is currently being prepared and will be released in early 1997.

Miss SIMPSON: Thank you very much for your explanation about the extension of the Seniors Card benefits to self-funded retirees or the greater extension of that. How much is the Queensland Government spending on concessions each year and how much of that total amount is targeted to low income earners and their families?

Mr LINGARD: In order to avoid the necessity of introducing administratively complex and costly State-based means testing procedures, the Queensland Government recognises concession cards issued by the Commonwealth to pensioners and low income persons, such as Pensioner Concession Cards, Health Care Cards, Health Benefits Card, Repatriation Health Card. Those cards are issued by the Department of Social Security and the Department of Veterans Affairs. In addition, the Queensland Government provides a range of concessions to those who hold a Seniors Card.

There are a number of concession programs that are not accessed by use of a concession card, for example, public housing rental subsidy, rail transport concessions for students, taxi subsidy scheme for the disabled. Some of those programs are targeted specifically to pensioners and low income persons, while others are targeted to people or families with special needs due to their isolation or disability. The concession programs that are accessed using various combinations of Commonwealth concession cards and the Queensland Seniors Card cover health concessions, dental treatment, optometry services, home medical aids, pharmaceutical; ambulance subscription—patient transfer; housing and land concessions—rates subsidy; rural fire services levy; energy concessions—electricity rebate; transport concessions—the rail transport concessions, bus and ferry concessions, motor vehicle registration, boat registration; education—TAFE tuition fees. It is those programs that are estimated to cost in the

vicinity of \$176m per annum. The concession programs which do not require a concession card to access them include public housing rental subsidy, leased land subsidy, rail transport concessions for students, and taxi subsidy scheme for the disabled.

The CHAIRMAN: Could you provide an update for us on allocations from the Gaming Machine Community Benefit Fund and examples of community organisations that have benefited from the fund over the past 12 months?

Mr LINGARD: Do you mind if I give the question to the director-general?

The CHAIRMAN: Not at all.

Rev. MALE: Madam Chair and honourable members, from one who gave up gambling a long time ago—but we gamble every time with life—I believe if you are not standing on the edge, you are taking up too much room.

The Gaming Machine Community Benefit Fund has continued to provide significant support to charities and community groups through the provision of non-recurrent grants that support worthwhile community projects throughout Queensland. I have been pleased to go and see the group at work and know the tremendous activity that goes on there. Since the inception of the fund, grants totalling \$26,788,353 have been distributed to assist 3,754 projects throughout Queensland. In 1995-96, over \$13.7m in grants was allocated from the Gaming Machine Community Benefit Fund to nearly 2,000 organisations, representing a 40 per cent increase over the previous 12 months.

The fund has provided significant support to major Statewide community organisations and to smaller locally based organisations, many of which operate without any Government assistance. Statewide community organisations, eight Blue Nursing services and nine branches of Meals on Wheels received funding for projects totalling \$125,252. As a recipient of the Blue Nurses' service, I can assure you that they are well and truly doing their work. Twenty projects sponsored by the St Vincent De Paul Society received grants totalling \$124,191. Eight branches of the Queensland Country Women's Association received support from the fund totalling \$47,310. Nine branches of the Queensland Police Citizens Youth Welfare Association received grants totalling \$68,587. Forty-one rural fire brigades received grants totalling \$334,133. Seventeen surf lifesaving clubs received grants from the fund totalling \$146,140. Small, locally based community organisations, such as the Chambers Flat/Logan Reserve Community Centre, which received an allocation of \$10,000 to improve the paths and garden area and to provide shade at the community centre. Wallumbilla—which needs all the help it can get—School of Arts Hall Committee received a \$10,000 grant to replace the roof of the hall, which is used for a variety of purposes by the local community groups. Port Curtis Toy Library received a \$10,000 grant to purchase toys and equipment to establish a lending service for children with disabilities. Yelarbon Recreation Association received an allocation of \$8,000 to construct an

amenities block at the sports ground used by a number of sporting groups.

Mr WOOLMER: A question from someone who, unfortunately, has not given up gambling, about the Break Even services. We have Break Even services located in Brisbane, on the Gold Coast and at Townsville. Could you please tell the Estimates Committee what initiatives the department is planning to respond to the potential for increased gambling problems in the Cairns area now that a casino has been established there.

Mr LINGARD: It may also be cynical for me to answer a question on gambling, so I will give that to the Reverend Allan Male.

Rev. MALE: There are currently no specialist services for problem gamblers in Cairns. One wonders about establishing something and then trying to patch it up. Recurrent funds of \$75,000 have been allocated in the 1996-97 budget for a new Break Even service in Cairns. The level of funding will be \$150,000 in subsequent years to provide that valuable service. The Cairns service, to be established in early 1997, will offer counselling, support and advice to problem gamblers and their families in Cairns and the surrounding areas. The service will also undertake community education and awareness raising about the impacts of gambling. Collaborative work will be undertaken with the local gambling industry to develop prevention and early intervention strategies. The establishment of this service is only part of the department's strategy to respond to any negative impacts which may result from increased gambling opportunities in Queensland.

An advisory committee on problem gambling has recently been established and is chaired by me. We brought all the different groups together and it was very valuable. Membership of the committee includes key representatives from the gambling industry, office of gambling regulations, the TAB, the Golden Casket and community service organisations, including Break Even, all sectors having agreed to work collaboratively towards developing and implementing joint strategies aimed at raising community awareness of problem gambling issues and ensuring early intervention when problem gambling is identified. I could say that it has an enormous impact upon the families of the gamblers as well.

Miss SIMPSON: What initiatives has the Government taken to ensure that care providers who look after children in the care and protection of the director-general are properly reimbursed for the costs of caring for those children?

Mr LINGARD: As those children also come under the direct responsibility of the director-general, I ask him again if he could answer that question. If the director-general cannot at this stage, this Government recognises that care providers who look after children in the care of the director-general are clearly the unsung heroes who provide essential assistance to those who have been very unsettled in their lives. It is part of my very definite theme to ensure that when we do remove children in the early intervention period, if it is that the family is not well

structured and there is an irretrievable breakdown, that clearly we need to move these children into alternative care.

The role of care providers has, over the past 10 years, become increasingly complex and difficult. Furthermore, the needs of children requiring family-based care have also changed. Because protective orders are now the last resort in protecting children, those who do come into care require more intensive intervention.

To support them in their work, all care providers receive a weekly allowance based on the age of the child and to reimburse them for their day-to-day care of the children. In addition, care providers may seek reimbursement for the cost of exceptional and essential supports and services which are incurred in the care of the children and young people and which are not covered by the basic allowance. Can I say also in reply to a question by Mrs Woodgate previously—

Mrs WOODGATE: Just wait a while, I will be back.

Mr LINGARD: I also would say that, in this area, we have increased the care allowances for people who are looking after disabled children. Once again, that money is also in the unmet need campaign. What we have done is increase quite dramatically the costs—we have increased dramatically the support allowances—and we have also increased quite dramatically the allowances for those people who are looking after disabled children.

The CHAIRMAN: Minister, significant funds have been allocated for the Children's Commissioner. What benefits will the commissioner bring to the community?

Mr LINGARD: The Children's Commissioner, I see, is a very important thing especially now that we see a worldwide movement coming through the world of the rights of the child and the services which are required for children. What I have determined is that we need a Children's Commissioner who will be set up as a separate statutory body separate to any department within the Government. That commissioner would be able to act in two ways: first of all, a reactive way; and secondly, a pro-active way—a reactive way in the sense that when a complaint was received, whether it be on child abuse or paedophilia, the commissioner would be able to instigate immediately either an inquiry, or a reference to the CJC, or a reference to the police Sex Offenders Group. Already, we have had a hotline within the Department of Families for 12 weeks in which we received 416 phone calls. There is no doubt in our mind that reference of some of those phone calls to the Sex Offenders and to the CJC has resulted in some of the success and some of the problems which have been in the media just recently. So that would be the role of the commissioner in acting in a reactive way.

As well as that, the commissioner's role would be in a pro-active way in that the commissioner would say to me as a Minister, "Mr Minister, I believe that you need to provide extra services in areas of children such as post-school options and preschool";

would also be able to say to the Minister for Education, "We need more services in that particular area"; and would also be able to say, "We need to look at problems in the detention centres." That would be the role of the commissioner in a pro-active way.

This will be the first commissioner that will be set up in Australia. I believe that previous examples have been in Norway and in New Zealand. We are very excited about it. We are quite honestly hoping for bipartisan support when it goes to the House. I believe that the Children's Commissioner would be the forerunner of areas where people will feel confident to refer either complaints against the department or against things that are happening in the society. I believe it is necessary. When I became Minister, we had the Maroochydore incident and I believe there the aggrieved party had only the department to go back to to refer his complaint. I personally believe that many of these aggrieved people need the Children's Commissioner, and that is why the Children's Commissioner has been set up. Let me also say that I think that the Children's Commissioner should revisit the problems that were brought up in reports such as the Sturgess report.

Mr WOOLMER: Thank you, Minister. Can you please tell the Committee how the transfer of responsibility for Shared Family Care to the non-Government sector will benefit the departmental clients?

Mr LINGARD: Once again, it is directly responsible to the director-general and I will ask him to answer that question.

Rev. MALE: The State has a responsibility to ensure the protection of children and young people where parents are not able to provide them with safe or adequate care. The role of alternative carers in the delivery of protective services has become increasingly complex. The emphasis on the partnership between care providers, the department and the child's family means that care providers are not only caring for children but playing a key role in linking with the natural family.

In addition to achieving the best possible outcome for the child and their family, placements need to be cultural appropriate, provide good physical and emotional care, be stable, and minimise dislocation of the child from the local community and significant networks. Resources within the department have been strained in attempting to provide comprehensive recruitment, training and support for care providers. The transfer of the recruitment training and support of care providers to community-based agencies will enhance the abilities of the departmental staff to focus on core child protection services, including responding to child protection concerns, working with children, young people and their families and the reunification of families where possible.

The transfer of Shared Family Care services to the non-Government sector aims to increase the number of suitably trained, locally based care providers and to improve support services for care providers in their important role of caring for abused and neglected children. The community sector

agencies are better positioned than the Government to attract care providers through links with their communities. Experience demonstrates that those placements which are not adequately supported are at higher risk of breakdown. A remodelled Shared Family Care program administered by the community sector will mean more intensive support and training for care providers at a local level maintaining a wide range of quality care providers.

The CHAIRMAN: The time for Government questions has now expired. Opposition questions to the Minister?

Mrs WOODGATE: I would like to direct my question to the director-general. In the Budget papers we are told that an audit of the Alternative Living Service was conducted and that actions to implement its major recommendations will be taken this financial year. I ask: what were the findings of the audit and what recommendations will be implemented?

Rev. MALE: Madam Chair, I have only been here six months but I shall ask my program head to answer that, Geoff Rowe.

Mrs WOODGATE: I do not wish to have to repeat every question because it is taking my time so you had better listen to all the questions I ask the director-general.

Mr ROWE: I have your question, thank you. As you said, the Division of Disability Services conducted a census of all persons residing in the ALS, or the Alternative Living Service, and the community villas during September and October 1995. The information was obtained on 534 clients. The purpose of the census was to provide the department with data on the existing level of services and the supports for each client, the preferred future location and living situation, and unmet service needs. The data we have collected will be used for planning for transition to core services. Core services, I think you will recall, is part of what the department is doing to look at the sorts of services it is providing and deciding which are the ones that it should be in the business of, that is, those at the hard end of the disability spectrum and looking at those that it should not be doing, and they are those that are perhaps better performed by the non-Government sector.

We were also informed that that census was also used to form the budget submissions for the future. I think you will see in this year's budget allocation a commitment of funds for core services, which is a total commitment of \$4.1m over the next three years. The census itself—

Mrs WOODGATE: \$4.1m.

Mr ROWE: \$4.1m over the next three years has been committed for that purpose. The census indicated that over a quarter of the people surveyed wanted to move from their present accommodation either because they preferred different co-tenants or they preferred another geographic location, usually closer to their families. Some of these funds that are provided will allow us to undertake that. Some of the funds provided will also allow us to perhaps allow

clients to have better participation rates in informal community linking activities.

Mrs WOODGATE: You said \$4.1m will be provided over three years for core services. What has happened to the \$11m that was set aside, as you would know, by the previous Government for the implementation of the core services?

Mr ROWE: I must admit that I have seen that figure bandied around in public documents. I have never, as a public servant working for the department—

Mrs WOODGATE: It was set aside, I assure you. We are missing \$6.9m, by my figures. Where has it gone?

Mr ROWE: There was never an appropriation for that figure. That is a figure that is new to me. I have looked and tried to find it.

Mrs WOODGATE: That is my understanding, so we differ on that.

Mr ROWE: I would certainly appreciate it if you could direct me to where that figure is identified. That might help me answer it.

Mrs WOODGATE: It was set aside by the previous Government. I do not have the previous Budget here. I am doing the questioning, not the answering.

Mr LINGARD: I would ask Mr Arthur O'Brien to answer that.

Mr O'BRIEN: My understanding of that figure is that it was a promise of the previous Government as an election commitment and that it was to be decided in the 1996-97 Budget deliberations. There was never any funding commitment made by the previous Government.

Mrs WOODGATE: Are you sure of that?

Mr O'BRIEN: I am positive.

Mrs WOODGATE: We have that on the record. Thank you. Minister, apropos of your first answer to Government members, you said that an estimated 3,600 seniors will benefit from the age extension to the Seniors Card. That is a good thing. However, in April 1995 the present Premier, Mr Borbridge, promised that 41,000 seniors would benefit. How do you explain the discrepancy?

Mr LINGARD: As you would be aware, the 3,600 are on top of the other people who will most definitely benefit from the lowering of the Seniors Card age down to 65. I would quite honestly hope that over the next two years I can also increase the benefits for those people over 65 because, as you would realise, the previous Government removed those people who were receiving concessions for car registration. That concession has not been there for those people since 1994. Quite honestly, I would hope that in the end I will be able to increase that concession to those people who are now receiving the Seniors Card who are over 65. The group of 3,600 is a very special group of people on top of those people who currently benefit from the Seniors Card.

Mrs WOODGATE: I appreciate that, but Mr Borbridge is on record as promising to expand the

Seniors Card to cover all Queenslanders over the age of 65. A sum of \$3.9m was his cost recurrent, based on 41,000 additional seniors being eligible for the card. Is that a broken promise? He is on record as promising that everybody over 65 would receive the Seniors Card—41,000 additional seniors will become eligible for the card, with take-up rates of concessions available similar to those of the current cardholders.

Mr LINGARD: I will answer in relation to the Seniors Card and then I will try to be very specific. Decisions regarding Seniors Card eligibility must have regard to the anticipated growth in demand for Seniors Card concessions. The average life expectancy is increasing and stands at 80.4 years for women and 74 for men. In the next 10 years, the number of people over 65 years of age is expected to increase by 29 per cent compared with total population growth of only 24 per cent. Despite this projected growth, this extension to the Seniors Card has been achieved without the withdrawal of any concessions to current cardholders. Interstate Seniors Cards are also limited to people who are not in the full-time work force. The full-time work force is defined as in excess of 20 hours per week in Western Australia where the concessions attached to the card are similar to Queensland, and in excess of 35 per week in Victoria where the only concessions attached to the Seniors Card relate to public transport.

In relation to your specific question, I have said that at this stage I have been able to bring the concessions for the Seniors Card down to those people over 65. I certainly would hope, in following Budgets, that I can extend that.

Mrs WOODGATE: I refer to the \$4.1m which is being provided over three years to meet the costs associated with the transfer of responsibility to the non-Government sector for "specialised service delivery to people with an intellectual disability but without seriously disruptive behaviour". Would you expand on this and explain exactly what "specialised service delivery" means?

Mr LINGARD: I can, but I will once again ask my divisional head to answer that question.

Mr ROWE: Responding to your question, the specialised services referred to under the core services specifically relate to the provision of respite care services, the provision of day activity services to people with an intellectual disability and also the provision of services to people who do not fall within the primary target group of the department, that is, people with an intellectual disability who do not have severely disruptive behaviours. They are the services that we are referring to, to be transferred to the non-Government sector. They are services that are currently provided on a much larger scale by the Government sector, by the department. As I indicated in one of my earlier replies, that certainly is an area where the department has, I guess, made a conscious decision to move more into the hard end of disability—those people with very much disruptive behaviours who are difficult to support in a community environment.

Mr LINGARD: May I add to that: I believe most definitely and very strongly in respite centres. I was very concerned about the fact that the respite centres seemed to go on the back burner with the previous Government. I believe, whether it be respite care for carers or respite care for disabled people, the respite care centres have a real role to play. That is why special emphasis has been given to both day respite care and overnight respite care by this Government.

Mrs WOODGATE: Mr Male, could you outline whether the \$4.1m, which is to be allocated to the non-Government organisations to take over a number of services currently provided by the department in this Budget, has been costed in accordance with changes to the SACS award and what specific services will be transferred to the non-Government sector?

Mr MALE: Minister?

Mr LINGARD: The SACS—

Mrs WOODGATE: No, Mr Male.

Mr LINGARD: Mr Male has flicked it back to me.

Mrs WOODGATE: I did not think you could flick up. I know you can flick down, but I have never known questions to be flicked up before.

Mr LINGARD: It is a very open department. Certainly we have a concern about the SACS award, but, as most people would realise, it was a decision by the Federal Government following a request by the Services Union. We have not neglected the SACS award. Certainly, there is no line within the present Budget to cater for the SACS award. There are three areas where I believe we will be able to retrieve and assist those people in the community. First, for those who are dealing with people with disabilities, because of the Commonwealth grant, I believe that we will probably be able to cover up to 75 per cent of the requests for the SACS award.

Mrs WOODGATE: Seventy-five per cent?

Mr LINGARD: Up to 75 per cent.

Mrs WOODGATE: And you have costed it at about \$13m? Is it correct that you have costed the SACS award to cover all your community groups at about \$13m?

Mr LINGARD: I was going to say that there are three areas where I believe we will be able to assist. The first is those community services which are providing services to the disabled where funding has come from the Federal Government. Secondly, the group especially of residential care, where we believe that, by looking at the management of many of these agencies, we can rationalise. One of the ones that we have been talking to previously has been the RAPT, which has been occurring in the paper. There are certainly some residential areas where we do not believe the service agreements have been up to the standard that we would hope for. Hopefully, in looking at those agencies, we can rationalise and assist them in dealing with the SACS award.

Certainly within the third area, there is no doubt in my mind that this Government—the Department of

Health, the Department of Housing and this department—has to work with three committees and three departments, and then go back to the mini-budget and say that these are the very special concerns that we have. One of those is one that you, Mrs Woodgate, brought up in Parliament about the 24-hour domestic phone line service.

Mrs WOODGATE: Yes.

Mr LINGARD: In some of those areas it is quite honest and clear that those services cannot be cut and that we, as a Government, have to go back and say that we need to provide assistance to these community groups.

Mrs WOODGATE: Yes or no: has the Government made any estimate of the cost to the non-Government sector of paying the award? If you have, how much of this extra money will the department provide? What is your estimate?

Mr LINGARD: As you indicated previously, it was \$13m.

Mrs WOODGATE: I read that in the *Courier-Mail* in a quote from Mr Male. Is \$13.2m a correct figure?

Mr LINGARD: I will ask Arthur to outline those figures.

Mr O'BRIEN: The department has estimated that the cost increases would vary between 13 per cent and 35 per cent of the salary component of grants. The Commonwealth is likely to meet 75 per cent of the Commonwealth-funded grants, the disability grants. We estimate that that would cost about \$1m in this financial year. The cost to the State in this financial year is about \$900,000. In a full year, from 1996-97, the cost to the State is about \$3.8m and the cost to the Commonwealth is \$5.8m. That is 75 per cent of the costs. So all up that is \$9.1m.

Mrs WOODGATE: What option does the non-Government sector have for meeting the shortfall? Do you have any idea of what level of service reduction will be necessary to cover the cost of implementing the award? I have had calls today from a community centre at Nundah. The *Courier-Mail* states that the Logan City welfare agencies will close because of it. Today's paper carried a story saying that Centrecare in Cairns is sacking 50 staff. What options does the non-Government sector have?

Mr LINGARD: As you would be aware, there are still some causes of indecision, and certainly even the Chamber of Commerce and Industry has now appealed the decision against the ASU. So it is the indecision that we still have three months to overcome as employers which makes it very hard for us to find a very definite figure. That is why I have stated that there are three options for this Government: firstly, in the area of disabilities, where we believe we will be able to assist; secondly, in the rationalisation of many of the groups; and, thirdly—the more important one—for those people we do have to go back and assist, I believe the only way to assist them is through a special application to the Treasury.

Mrs WOODGATE: You are right. If I were you, I would be running to the Treasurer, who has a

slush fund of \$259m, and banging on her door. These community groups are in dire trouble. You are the Minister; you must know that. What about the likely introduction of the CASH award? You have known for years about the SACS award. We knew about it. Mr Male, what provision has the department made for the introduction of the CASH award? Once again, what options does the non-Government sector have for meeting these costs? Do you not think that shelters and refuges will be forced to close?

Rev. MALE: I am sure it is very disturbing for a lot of people. Arthur O'Brien has the answer to that question.

Mr O'BRIEN: It is my understanding that the CASH award is unlikely to proceed at this time. There is certainly no decision on it. At this point, it looks like the SACS award may be the one adopted by the AWU.

Mrs WOODGATE: It is in lieu of the CASH award, are you saying?

Mr O'BRIEN: It will be in lieu of the CASH award.

Mrs WOODGATE: So you will be looking for more money? Will that not just wipe it out?

Mr O'BRIEN: No, it will not disappear.

Mrs WOODGATE: What will happen to the shelters and refuges? They are telling us that they will have to close. Do you intend using the slush fund? What are you going to do?

Mr LINGARD: In all honesty and fairness, I think I have given you an answer about our three alternatives. Certainly, one of those is that the cross-departmental group of three areas—Health, Families and Housing—needs to go back to the Treasury when we are assured of exactly what the figures are. I think everyone would admit that there is a moment of indecision—a long time of indecision. There are still three months. I know the back payments have to be paid from 26 July. There is anxiety out there. But certainly those are our three alternatives. The third one is quite honestly one that the Government has to face.

Mrs WOODGATE: Finally, to wrap up the SACS award debate—will the non-Government organisations be back paid for the SACS and CASH awards when the mini-budget review is determined?

Mr LINGARD: That is obviously something that we have got to look at. But all employers who are involved in the SACS award will have to face the problem of paying back to 26 July.

Mr ELDER: No, but will you be actually taking that as a recommendation from your department to the mid-year review, that is, that NGOs be back paid for the adjustment?

Mr LINGARD: Certainly. Obviously, that is the commitment that we have to all face—all of us—as employers.

Mr ELDER: No, I am you talking about you.

Mr LINGARD: All of us as employers.

Mr ELDER: I am talking about you and your commitment to NGOs.

Mrs WOODGATE: We mentioned RAPT before. I see it is proposed to provide capital funds of \$0.3m to an organisation with a proven record of outcomes in alternative care towards the cost of a purpose-built, low maintenance residential facility for children and adolescents who have a long history of abuse, disruptive placements and who have been diagnosed as having a long history of personality disorder, mostly disturbed. Minister, you are quoted in the press as saying that your department was "trying to negotiate a more acceptable way of using the funds" when you were questioned about a statement made by Mr Male that it would be financially impossible for the \$1.2m RAPT scheme to continue. Is this \$0.3m to be spent on a program in lieu of RAPT, or is it as well as funds in the \$1.23m RAPT program?

Mr LINGARD: Since becoming Minister, the one concern I have had is the problem my department faces when, for example, at 5 o'clock on a Friday afternoon a young person needs residential care. My department has to find that residential care. As an example, about two weeks ago on a Friday afternoon at 5 o'clock when we had a blow-up at one of our residential areas, my department needed to place a special child. It cost me \$24,000 for three weeks for that child simply because there were no residential care facilities available that were prepared to take that child for that particular weekend and for the following period—except at \$24,000 for three weeks. What I am indicating to you is that there is a lack of suitable residential facilities where my departmental people can place children as a matter of urgency.

However, there are many residential care organisations out there that have a basic service agreement with this department. In respect of some groups, such as RAPT, who signed an agreement eight or nine years ago for maybe 25 children to be given residential care, and which at this time might only be providing service for five or six children, I as the Minister need to be able to go in and say, "You are not meeting the service agreements and providing us with the service that we want." That is what we have done with RAPT. We are most impressed with RAPT as far as a service. There is no doubt that it is an excellent service. I have come back from south-west Queensland, where they talk extremely highly of RAPT. But that is not our particular problem with RAPT that the director-general has had to face recently. Our particular problem is: how do we ensure that a group which has a service agreement is complying with that service agreement, even though that service agreement might have been over a 10-year contract? We as a department are paying the \$1.23m. We as a department should be able to say, "We need assistance and we need you to take that person." That is our disagreement with RAPT. Let me say that we are most impressed with RAPT services. We are most impressed with the service they provide. However, we have got to be able to access that service at all times. I also—

Mrs WOODGATE: You did not answer the specific question.

Mr LINGARD: I am continuing.

Mrs WOODGATE: I hope so.

Mr LINGARD: I said I would respond to both parts. I have three minutes. The second part relates to the \$300,000. Quite obviously, I am saying there is a need for more residential care services. The previous Government, in using residential services like Boystown, did not access them fully. Boystown has 84 places, but there were many times that only 50 places were being used. I need another place. I need another residential care centre. I will advertise for that new residential care centre. I will expect tenders to come back and then I will make a decision—

Mrs WOODGATE: This is on top of the RAPT money?

Mr LINGARD: It is on top of it.

Mrs WOODGATE: On top of the \$1.2m?

Mr LINGARD: It is on top of the \$1.23m.

The CHAIRMAN: The time for Opposition questions has expired. We can come back to that point again later if you want to. It is now time for Government members to ask questions.

Miss SIMPSON: What action is the Government taking to ensure that care providers are properly trained for the important work they do in caring for children who have been abused or neglected?

Rev. MALE: The role of care providers has, over the past decade, become increasingly difficult and complex. Care providers are expected to fulfil the requirements of legislation and practice standards on a day-to-day basis. Changes in the client group and increased emphasis on family reunification and the inclusion of the child's family in decision making have significantly changed the role of care provider. Also, the increasing emphasis on family-based care requires care providers to work collaboratively with the department towards the return of children to their families where this can be achieved safely. Service delivery has also changed with the integration of foster care and emergency 24-hour care into shared family care.

To meet the new demands of providing care for abused and neglected children, this Government has recognised the high value of training for care providers. A comprehensive training program for care providers is being rewritten to ensure that all care providers undertake appropriate and locally based training prior to attaining departmental approval. The training program is based on a set of care provider competencies which have been validated in Queensland. These competencies are themselves based on the national competency standard for direct care workers in child protection, statutory supervision and juvenile justice. This has the advantage of integrating care provider training with the training from other parts of the sector.

Integrated training will enhance the teamwork approach necessary to achieve the best outcomes for children and their families. The program follows the process of a placement of a child with a care provider and addresses a number of major issues,

such as preparation for the child, communication, discipline and family contact.

These issues are grouped into separate sessions which can be run individually or dovetailed with each other to form longer workshops. The trainer will thus have the flexibility to design a course to meet the varying needs of the care providers to be trained. The package includes a leader's guide, a workbook and a video. The program is being developed in stages, with the first stage being finalised in late 1996. The result will be a pre-service course with participants receiving a qualification upon successful completion. The new training initiative is a significant component of the Government's commitment to the enhanced resourcing and supporting of care providers, who provide essential assistance to children at risk or those who have suffered abuse or neglect.

The CHAIRMAN: Minister, we see and hear in the media that juvenile crime is out of control. What is the increase in the number of juveniles appearing in court?

Mr LINGARD: Data indicates that since 1994-95 there has been no significant increase in the total number of finalised court appearances by children for offences. In absolute terms—that is, taking into account population increases—there has actually been a decrease in the rate of court appearances by children. The number and proportion of matters committed to the higher courts increased. The number of court appearances for robbery and like offences increased by approximately 50 per cent. However, courts have significantly increased their use of community-based orders such as probation orders, community service orders and immediate release orders.

Mr WOOLMER: It is often claimed that juvenile offenders simply get a slap on the wrist when they are caught. Is it true that nothing can really be done about these juvenile offenders?

Mr LINGARD: Can I give that to the director-general?

Rev. MALE: As one who has been working for 30 years with them, I tell you: a lot can be done. There has been a decrease in the number of non-supervised orders such as reprimands and good behaviour orders. Courts have significantly increased their use of community-based orders such as probation orders, community service orders and immediate release orders. This has been compounded by an increase in the length and/or duration of supervision made by the courts. The net effect of these changes in sentencing trends has been an increase of 25 per cent in the number of children on supervised juvenile justice orders since 30 June 1995. Courts have also increased their use of combination of orders, with children being sentenced to more than one type of supervised order at a single appearance. There has not been an increase in the number of children in detention under sentence.

The CHAIRMAN: Minister, what is the level of overrepresentation of Aboriginal and Torres Strait Islander children in the Queensland juvenile justice system?

Mr LINGARD: The level of overrepresentation of Aboriginals and Torres Strait Islanders appearing in court for offences appears to be relatively stable. Aboriginals and Torres Strait Islanders account for approximately 3.6 per cent of children aged 10 to 16 years in Queensland. Preliminary court data indicates that in 1995-96 approximately 32 per cent of finalised court appearances by children for offences involved Aboriginal and Torres Strait Islander children. As at 31 May 1996, Aboriginal and Torres Strait Islander children accounted for approximately 35 per cent of children on immediate release orders, approximately 40 per cent of children on probation orders, approximately 42 per cent of children on community service orders and approximately 56 per cent of children in detention.

Miss SIMPSON: Given the rather astounding overrepresentation of that particular group of juveniles in the system, could you please outline what the department is trying to do to overcome that overrepresentation?

Mr LINGARD: The proportion of Aboriginal and Torres Strait Islander children in detention as at 30 June 1995 was approximately 54 per cent. There has not been a significant change in the level of overrepresentation in the period to 31 May 1996. The department is implementing its Aboriginal recruitment and career development strategy. This is designed to increase the number and proportion of Aboriginal staff in order to improve the effectiveness of work with Aboriginal and Torres Strait Islander children and their families. The department has a number of pilot projects under way which are designed to reduce the level of overrepresentation of Aboriginal and Torres Strait Islander children in the juvenile justice system. These projects have been developed in consultation with the local Aboriginal communities, and there is extensive use of elders in the development and delivery of services.

I personally believe that the best way for us to go at present is to have a lot of emphasis on the juvenile justice programs within areas such as the cape and the Torres Strait islands, where we set up with the groups of elders themselves a justice committee. It is that group which then disciplines the young people and then maybe takes them to outstation concepts where the elders themselves would control the discipline and would control the young people. I have travelled extensively through the Cape York area and Torres Strait islands. They are most receptive to that particular idea. We have now introduced family conferencing in the Thursday Island and Cape York area, where those children who have been doing wrong things are brought before the victims of their particular crime. I think it is going to be very successful. New Zealand has shown that it has been very successful, but that is yet another pilot program.

Mr WOOLMER: Minister, I will just change the subject somewhat and talk about something that both you and I are very familiar with from the Logan City area, that is, graffiti. We see that it is a growing problem in our community and it is getting somewhat out of control. Everywhere you look there are tags and signs, pointing to youths having too much spare

time. What is it that the department can do to redirect these young vandals—and I think they have to be described as "vandals"? They have now even started spraying things which are not bolted down and which move such as cars in car yards.

Mr LINGARD: Can I ask the director-general to answer that one?

Rev. MALE: Juveniles subject to community service orders clean up graffiti and they do reparation of other vandalism under the direct supervision of departmental workers. The crime clean-up team focuses on the Brisbane-Ipswich corridor, where there is a high incidence of graffiti-related crime. The project provides a range of activities that are intended to supplement existing community service orders and immediate release order programs and services. Activities are work-oriented and are predominantly cleaning up graffiti and other effects of vandalism. Other work activities include maintenance work with local community organisations and local tree planting projects. It is planned to broaden the activities to include sites on private properties, but the legal implications of this are being investigated.

Mr ELDER: Good question, Luke! That was a straight contradiction of your Minister.

Miss SIMPSON: Minister, I would like to ask a question with regard to programs concerning youth. We have talked about some of the areas of juvenile justice, but one of the concerns I have is that sometimes there is an overrepresentation in the media of negative images of youth, which is a bit unfair. What is the department doing through its youth program to address young people's personal development and also to promote a positive community image of the young people in our community?

Mr LINGARD: Can I give that to the director-general, please?

Rev. MALE: Unfortunately, we get the wrong image. I think there ought to be a positive emphasis coming through, but that is very difficult because good news does not really sell. The youth program addresses the need to provide opportunities for the wider community of young people to develop their potential and for the community itself to recognise young people's positive contributions. This is done through a range of activities. We have introduced a new Youth Cultural Events Program to highlight the value of arts and the cultural pursuits for young people and to create an awareness of youth cultures. This replaces the former Youth Week program and has been expanded through cooperative initiatives between the department and the Office of Arts and Cultural Development. Secondly, 82 applications under the Youth Cultural Events Program, totalling approximately \$120,000, were funded across Queensland this year, and a further \$26,000 is earmarked in the northern and north-western parts of the State.

The youth advisory forums this year have been promoted as a very positive experience for young people, and the media reports across the State indicate that local communities are acknowledging

the constructive role young people are playing in the development of their communities. The youth program has prepared and disseminated publications providing examples of the achievements of young people working to plan, set up and run their own projects and initiatives. The Youth Bureau commissioned the production of a publication titled *Making the News*, the media action manual for young people and youth organisations. The manual is designed to assist youth organisations, in particular those with limited budgets and little media expertise, to work with the mass media to provide positive representations of young people and to publicise their ideas and activities. The manual has recently been printed and is ready for distribution. A series of induction seminars has been planned involving Youth Bureau personnel, youth organisations and representatives of local and regional media organisations.

The Duke of Edinburgh Award Scheme, which operates through the department, has continued to consolidate and expand its activities as a program which supports young people to set and achieve their own goals as contributing members of society and as young leaders. This year, the Duke of Edinburgh Award Scheme has pursued strategies to include young people with intellectual disabilities in the program and has implemented ways of improving that training and development of the program's volunteers.

The Department of Families, Youth and Community Care has also provided support towards the first Queensland Youth Parliament, which will provide an opportunity for some 80 young people to learn to participate in Government process and debate issues of importance in their lives. The department has also been able to provide financial assistance for initiatives that actively involve indigenous young peoples in the development of their communities. There has been a recent \$13,000 grant to the Cape York Land Council to run a youth summit as part of the Land Council decision-making processes.

The CHAIRMAN: Minister, what have you done to address the need for youth workers in rural communities?

Mr LINGARD: I will once again give it to Reverend Male, he is much more sympathetic with youth.

Rev. MALE: This Government has responded to a significant gap in services to address identified youth-specific needs in rural communities. This has been achieved by increasing funding within the Youth Program for two new youth initiatives that will enhance services to young people in rural communities. Approximately 14 projects will be funded to employ a worker to provide a mixture of hands-on delivery of services to young people and to develop community responsiveness in relation to youth issues.

This Government acknowledges that there is a great demand in rural communities for on-the-ground workers where the delivery of services to young people is carried out mainly by volunteers. Up to 11 new projects will be established in targeted areas

where there are significant numbers of young people at risk of leaving school or home prematurely due to personal and family difficulties. Coordinators of these projects would facilitate referral of school students to appropriate support agencies, including parent/adolescent mediation and family support services.

These new funding programs of this Government will assist in the enhancement of rural communities and to alleviate the rural urban drift and for these communities to develop infrastructure that will support the needs of young people in their own community. As well as these new initiatives, the department will continue to provide funding for the existing 42 youth development workers in the community organisations and local government across Queensland which receives a reducing salary subsidy over four years. Nineteen of these are located in rural and remote areas. These positions work within a community or region to plan, coordinate and develop services for young people, and this Government has made a commitment to the continuation of this program.

Mr WOOLMER: Minister, what does the Youth Bureau do to inform young people and those who work with young people about the availability of their programs and services?

Mr LINGARD: The Youth Bureau has just been brought into the Department of Families, Youth and Community Care, and as such I really want to make it a very positive section of my department. I do not want it to be involved with the welfare side of my department and so therefore I regard it as being a very pro-development area. As far as your question about publications—regular publications produced by the Youth Bureau in my department provide information to youth workers and young people on available Government programs and services. Two of these publications are: Queensland Government Programs and Services and Negotiating the Funding Maze: Funding for Youth Activities.

The Youth Bureau funds 14 youth information and referral services around the State, a few of which are jointly funded with other State or Commonwealth departments. Information and referral services for young people provide them with access to relevant information. These services use youth-friendly materials and approaches. They also provide a link to other community services, ensuring young people's greater access to these services. New youth information and referral services are operating currently in Nambour, Yeppoon, Moura, Mackay, Pine Rivers and Townsville.

The Youth Bureau provides \$188,400 for the operation of the Youth Affairs Network of Queensland, which is referred to as YANQ—the peak non-Government youth organisation in Queensland. A key role for YANQ is to develop and maintain a network of youth services around Queensland to facilitate the dissemination and sharing of information and resources. YANQ organised the recent biennial State Youth Affairs Conference, an example of the activities undertaken by the organisation to provide information to the service providers who work with young people.

The Youth Bureau produces the Youth Services Information System database, which is a computer-based inquiry system that can be used by young people, youth workers, community groups and Government departments. YSIS can assist young people to locate agencies which operate in their community by providing addresses, telephone numbers and brief descriptions. Currently, YSIS contains information on 1,500 agencies across the State. Forty-two youth development workers funded by the Youth Bureau, through the Youth Services Development grant, link with youth workers and provide a network of support and information to young people. The department's new Community Information Service, funded as a new initiative, will include youth services information as one of the priority areas.

Let me say this as well—when I became Minister, I was quite amazed at the lack of facilities for access to the information and thoughts and needs of young people, not only for me to receive information from them, but for me also to pass on information to young people. I have been most impressed by the Youth Forum set up by the previous Government, I have stated that in Parliament. In going around, I have been most impressed—I will continue that Youth Forum program started by the previous Government.

Miss SIMPSON: It is good to hear that that program is continuing because I know that it has been very well received in the community. I would like to ask you another question with regard to youth services. Following the amalgamation of the Youth Bureau with the Department of Families, Youth and Community Care, have any of the bureau's functions and resources been lost?

Mr LINGARD: I ask the director-general to answer.

Rev. MALE: Sorry, what was the question again?

Miss SIMPSON: Following the amalgamation of the Youth Bureau with the Department of Families, Youth and Community Care, have any of the bureau's functions and resources been lost?

Mr LINGARD: Can I answer that as far as my information? Forty-seven regional and local youth advisory forums were conducted around Queensland in 1996. Up to 1,000 forums—maybe I am in the wrong section there as far as the youth forums. The Youth Bureau has maintained its broad program responsibilities across Youth Affairs targeting young people aged 12 to 25 years. It has not been subsumed into the Welfare and Youth Justice program areas. The program will continue to be delivered through a central unit and 13 regional youth development officers and will expand its role through management of new initiatives. In fact, since the Youth Bureau's amalgamation with the Department of Families, Youth and Community Care, there has been greater potential for coordination and cooperation between the Youth Bureau and other related youth program activities.

The CHAIRMAN: The time for Government questions has expired. We will break now for afternoon tea. We will resume at 5.15.

Sitting suspended from 4.58 to 5.15 p.m.

The CHAIRMAN: The Committee will now resume and it is time for Opposition questions.

Mrs WOODGATE: Hope springs eternal, so I once again direct a question to the director-general. I refer to the Budget papers where it states that guidelines for the Pensioner Rates Subsidy Scheme will be amended. In what way, when will this happen and can you tell me why the amendments are necessary?

Rev. MALE: Peter Ryan is the one to answer that question and to give the detail.

Mr RYAN: The Pensioner Rates Subsidy Review is basically a review to make the legislation a lot simpler. It is as simple as that. There are no other issues. It is just a matter of making it simple English and a bit more clearer to understand and to follow. The Pensioner Rate Subsidy Scheme is about those concessions that are provided by local government authorities to pensioners. The review will assist local governments in reducing the number of times they have to raise queries with the department and other agencies in determining people's eligibility.

Mrs WOODGATE: So pensioners will not lose anything?

Mr RYAN: Not at all.

Mrs WOODGATE: I have not gone public on it, but a lot of people have asked me. It is a genuine question. I did not know. So that is good news. Mr Lingard, does your department provide any funding whatsoever to the Shaftesbury Citizenship Centre?

Mr LINGARD: Simple answer: no.

Mrs WOODGATE: In previous years? I am sorry, you were not there in previous years.

Mr LINGARD: I am advised by the director-general that maybe I have not used the word "centre" or "campus" correctly. Can I ask him to answer that?

Mrs WOODGATE: Yes.

Rev. MALE: Can I ask: where do you mean?

Mrs WOODGATE: Out at Burpengary.

Rev. MALE: That is the campus not the centre. The centre is in Spring Hill.

Mrs WOODGATE: I realise that. Any funding to Burpengary?

Mr ELDER: Tell us both—the centre and campus.

Rev. MALE: We received funding for the centre but not for the campus—not one cent.

Mrs WOODGATE: You live there. Do you receive free accommodation there?

Rev. MALE: No. I pay monthly for the house that was donated to us.

Mrs WOODGATE: What hours do you work as director-general? What hours on any given day do you spend at the centre and/or campus? That is broken into two parts. What hours do you work in your capacity as director-general in the office? What hours in any given day do you spend at the centre/campus?

Rev. MALE: There are two different places. I work as much as I am required. I work full-time and above and beyond, because of the other duties during the night and early morning breakfasts and all sorts of other things. I go to the centre occasionally to pick up the mail that still comes in there. I sleep at the campus because I have a home there.

Mr ELDER: I think Mrs Woodgate's questions were fairly specific, director-general. They are: what hours do you work as director-general and what hours in any given day do you spend on the campus or in the centre? I just remind you that this is an Estimates Committee hearing.

Rev. MALE: I don't need to be reminded of that, sir. I'm on duty 24 hours a day. I work as much as necessary for all the things that need to be done. Sometimes that's 17 or 18 hours like yourself, as a member of the Government: when you are on duty you are on duty. I sleep at the campus, naturally. I have people who have come up to take those positions from where I used to be as chief executive officer.

Mr ELDER: So you spend very little time in a working day either at the centre or at the campus?

Rev. MALE: That is so.

Mr ELDER: The only time you are on the campus is of an evening?

Rev. MALE: Sometimes it is early morning.

Mr ELDER: Or early morning.

Rev. MALE: Because sometimes I don't get home until after midnight if I'm speaking—

Mr ELDER: On any given working day you are in the department; you are not out at the campus?

Rev. MALE: I'm sorry?

Mr ELDER: In any given working day, from what you are telling me, you're working in the department—

Rev. MALE: Yes, sir.

Mr ELDER: You are in the office here every day.

Rev. MALE: Every day.

Mr ELDER: You are not on the campus?

Rev. MALE: That is right—except to sleep, mostly.

Mr ELDER: I am not sure of whom to ask this question. Who is more responsive to youth—you or the director-general, Kevin?

Mr LINGARD: Rather than being cynical—

Mr ELDER: I will ask you first and then you might be able to flick it through.

Mr LINGARD: Rather than being cynical, just put the question and I'll work it out.

Mr ELDER: And then we'll work out who is more responsive.

Mr LINGARD: To be quite honest, I have been very fair and been very courteous. If you are then going to be cynical back to me, then I don't think there is any need for me to be courteous. I have

thrown this department completely open. If you ask a question I will throw it wherever I need to.

Mr ELDER: Fine. Then I will ask you the question. I note that nowhere in the Program Statements is there a reference to the Queensland Government youth policy that was developed in 1993 after substantial research and significant consultation with young people. If the policy is no longer in use, what has replaced it? What parts of the policy do you agree with? Do you know what I am talking about?

Mr LINGARD: I will ask my program leader to come ahead and to answer that, but let me say this: I was in the Parliament in 1983-84 when the Youth Bureau was started. So I think quite honestly the previous Government did start it. We have a very positive attitude towards it. I have a very positive attitude towards it. I have said to my program head that I want a big development in that Youth Bureau area. I want it to be a pro-development area. I see it as an excellent opportunity to look after the needs of youth and to care for youth.

Mr ELDER: I am just asking: is the policy in use?

Mr LINGARD: I would ask my program adviser to come forward.

Ms CATALANO: We have not been referring specifically to the Queensland Government youth policy, which was introduced in 1993 by the previous Government, but I can say that the basic principles which are contained in that policy are not particularly different from the principles and objectives that have been espoused by this Government. They are very broadly stated. The emphases that this Government has introduced are stated more particularly in the policy statements, which were released in each portfolio area prior to the new Government coming into taking up Government.

Mr ELDER: So you are still working to the policy?

Ms CATALANO: I think we would have to say that those principles and objectives in that previous policy are extremely broad. The principles would generally not be that dissimilar to broad principles espoused by this Government but that across Government and across portfolios there are program emphases which this Government has produced which programs are consistent with now.

Mr ELDER: Minister, are we likely to be publishing a policy on youth affairs? Are you likely to be doing that? Since you are not working to this policy and you are working to some guiding principles, will you be publishing a youth affairs policy similar to the commitment that was made by the previous Government?

Mr LINGARD: Quite obviously, yes. We have to produce our own policy but certainly, at this particular time, I agree with my program adviser.

Mr ELDER: What is wrong with our current youth policy, then?

Mr LINGARD: I think that the program adviser advised that there was nothing wrong with that policy.

Mr ELDER: That is right.

Mr LINGARD: Certainly, as the program adviser advised, it was in wide, general terms. I have no concern about it.

Mr ELDER: I do, because I note in your Ministerial Program Statements that you refer to the new juvenile justice policy. I have some concerns in relation to the emphasis that you have placed on parental involvement, particularly care orders. That comes back a little bit to what I was saying about punitive measures and using juvenile justice rather than publishing a policy for youth affairs. There seems to be a blind acceptance that the best place for young people forced on to the street for one reason or another is either back with their parents or, as you articulate in a press article, the only answer you see is a punitive institution like BoysTown. What do you propose to do with young homeless women under care orders? Why should these young people who, in many cases have been forced out of homes through no fault of their own, be sent to what essentially is a juvenile detention centre?

Mr LINGARD: I object to your implication that BoysTown is a punitive institution. I do not think that I would have ever said any word like that. Maybe you do: maybe the previous Government referred to the fact that BoysTown did not have a fence around it—"What sort of institution was it if it did not have a fence around it?" Quite obviously, I agree with the institutions such as BoysTown where they are providing rehabilitation—not just putting people behind a fence, not putting people in a home—but where they are providing the care, the education and the rehabilitation that those young people need.

My criticisms of the previous Government was that in reacting to the Burdekin report, where supposedly too many children were in the care of the Government, the previous Government decided that it would not have care and control orders; that virtually the only orders that it would have are the care and protection orders. Therefore, we found that the only children who could come under care were those children who, under care and protection, were being abused at home—abused by their families—and therefore were able to be brought under a care and protection order. Those children who were wandering the streets, who were loved at home, who had families at home, who had bedrooms at home, the mothers wanted them at home and they were clearly loved, could not come under a care and protection order. My emphasis is that I believe that all children who are misbehaving should come under care.

We are emphasising the fact that the first point of care is the family, and that is why we are introducing home making schemes—parenting schemes—as strongly and as aggressively as possible. That is why for our 50 people who, as Reverend Male says, are under our curtain of care throughout Queensland, the first emphasis will be the family. I have been very quick to say that where there is an irretrievable breakdown in the family situation, which all people appreciate, then I have to allocate resources to pick up those young people.

That is why in the immediate pick-up, foster care, shared family care, Children's Commissioner and juvenile justice programs have been emphasised in this particular Government budget.

Mr ELDER: So how many young people have been issued with care orders since you have been Minister?

Mr LINGARD: As you realise, the legislation has at this time not been changed. Certainly, one of the reasons why it has not been changed has been, as you know, the emphasis on the Children's Commissioner. The Children's Commissioner legislation is placed in the House. That is the first emphasis at this stage. Certainly, the draft legislation for the care has been drafted.

Mr ELDER: But how many young people are you aware have been issued with care orders since you have become Minister?

Mr LINGARD: I do not think a Minister would be able to, off the top of his head, tell you how many care and protection orders there are or how many care and control orders there are.

Mr ELDER: Would someone have that information?

Mr LINGARD: I will decide. I do not think that any Minister would be aware of how many care and control orders have been issued. Let me say this: I was aware of probably six or seven.

Mr ELDER: So you are anticipating 49 or 50? What I am asking is: does anyone know how many to date? If not, I will take it on notice.

Mr LINGARD: I have answered your question, thank you.

Mr ELDER: How many?

Mr LINGARD: I said that I do not think any Minister would know, and certainly I do not know.

Mr ELDER: Would you have staff members here who could help you with that, Minister?

Mr LINGARD: I have answered your question.

Mr ELDER: Minister, with due respect, you have not.

Mr LINGARD: I have answered the question which asked me whether I knew and I said that I do not know.

Mr ELDER: What you reject is the former Government's policy of using care orders as a last resort. That is what you have rejected. I note that 11 organisations will miss out on funding under the Youth Services Development Grant Scheme this year. Minister, which ones, and has the budget been cut?

Mr LINGARD: I will ask my program heads if they can give that answer.

Ms CATALANO: You are referring to the Youth Services Development Grant?

Mr ELDER: Yes.

Ms CATALANO: There have been no cuts in funds.

Mr ELDER: Good.

Ms CATALANO: Under that grants program, I am not sure which 11 organisations you are referring to.

Mr ELDER: It is just stated there that 11 organisations—

Ms CATALANO: A number of grants under that grants scheme—most of them, in fact—have been over the years non-recurrent. So there is very little—

Mr ELDER: So we are talking about non-recurrent grants?

Ms CATALANO: Non-recurrent, yes. If they are non-recurrent, then they are only provided for the 12-month period.

Mr ELDER: I know what it means.

Ms CATALANO: In terms of recurrent grants, they are all continuing. They are mainly in the areas of youth development workers—42 currently in place—and 14 information referral services, which are recurrent.

Mr ELDER: I just want to get it right: there were 111 organisations funded in 1995-96, and you are estimating at this stage that you will fund around 100 organisations in 1996-97. The budget has not been cut. There are 11 that are not receiving funding. I assume that is just—

Ms CATALANO: The size of grants may vary or it may be that there are a number of recurrent grants which will continue to the same organisations across those years.

Mr ELDER: That is fine. You might like to stay there. I note the budget for Youth Affairs has been cut by over \$600,000 on last year's actual figure. What services will be reduced and how will that affect the functions of the unit?

Ms CATALANO: It has not been cut. The 1995-96 actual figure includes some \$500,000 to \$600,000 in committed carryover of grants from the 1994-95 year, but they were committed carryovers.

Mr ELDER: The Program Statements show that grants totalling \$1.4m were allocated to the Youth Services Development Grant last year. Has the funding for the scheme been maintained?

Ms CATALANO: The same level of funding is available under that scheme for 1996-97. It will not be announced as a 1997 grants scheme because most of that is already recurrent committed, but there are—

Mr ELDER: It is the same level of commitment?

Ms CATALANO: The same level, but there will be an increase because of the new initiatives for rural youth workers and the youth support coordinators.

Mr ELDER: Last year, over 500 youth workers were trained as local government youth development workers. Are you committed to maintaining the budget for employing these particular youth development workers? Has funding been maintained in that area?

Ms CATALANO: The figure of 500 is for participants in regional training programs which were funded through the Youth Bureau allocations. Youth

development workers in local government totalled 25 of the 42 existing positions across the State.

Mr ELDER: Has funding been maintained?

Ms CATALANO: Yes.

Mr ELDER: I note you are increasing the number of community-based workers for young people. The Program Statements argue that there has been a major increase in the number—maybe I should not ask you this; maybe I should ask the Minister.

Mr LINGARD: She was going pretty well, was she not?

Mr ELDER: This is a policy question. She was going really well. She is actually providing some of the information which I could not find in the Program Statements, so I am happy about that.

Mr LINGARD: I promise I will flick it to her.

Mr ELDER: I am not sure you want to flick this one. I note you are increasing the number of community-based workers with young people. The Program Statements argue that there has been a major increase in the number of court appearances and court orders that these young workers are required to supervise. Page 29 of the Program Statements states—

"The increase relates to changes in police practices; the courts sentencing more children to longer Orders; and a community perception that debate over law and order means there is more crime."

Based on what you said a little earlier in answer to this Estimates Committee, what are the figures on youth crime? Based on the fact that you said that there is no increase in juvenile crime, is it not the case that, despite the Government's scare tactics to justify changes to the Juvenile Justice Act, young people are more likely to be the victims of the crime rather than, in the first place, being the perpetrators?

Mr LINGARD: I will answer initially and then I might ask my departmental head to comment. There is no doubt that we believe that there will be an extra need for funds in that whole area. That is why this budget has allocated \$9.6m over three years to cater for that program. That is not just to cater for the young people who are involved in the court appearances and these cases but also information technology. At this stage, we will allocate \$2.3m to upgrade all of the services in the computers across the departments. We are really placing a big emphasis in this particular area. I think it would be wrong to criticise the Government for anything it is doing in that area in view of the \$9.6m. I will pass the question over to Grazia to see if there is any further information.

Mr ELDER: The point is more that you outlined that there are no increases in juvenile crime in an answer to one of the Government members, yet you are out there saying that there is a perception in the community and that that is what is justifying or driving Government policy. During the election, you and other Ministers really banged the law and order issue hard. At the end of the day, is it not just an admission that the perception is driving Government

policy, resulting in more and longer court sentences being imposed on young people, when the facts are that it is not the case?

Mr LINGARD: My perception as a Minister is that the previous Government dropped the care and control orders and therefore care was not provided to many of the children who needed it, simply because there was no care and control order. As I have explained previously, unless a child was under a care and protection order, and therefore was abused or neglected at home, that child could not be brought into the system until he or she offended. I am saying very emphatically that we as a Government will go in very hard. You have heard the Attorney-General speak about children who are moving around the streets and children who are misbehaving, whether they be drunk or on drugs. I am saying that we need an early intervention program. We will certainly have to take more children into care, and in saying that I have allocated resources of \$9.6m.

Mr ELDER: But you said earlier that there was no increase in juvenile crime but there was an increase in crime orders. That is the point. You have Government policy being driven by a perception that there has been an increase in juvenile crime and, at the end of the day, that is what is driving your youth policy, which will result in more and longer court sentences being imposed on young people, when it is a perception and not fact.

Mr LINGARD: And I say—and this is why I disagreed with the previous Government—your perception is based on the court orders.

Mr ELDER: Your perception is in your Program Statements.

Mr LINGARD: Your perception is based on the records as the children meet the offence period and then go after they have committed an offence. Clearly this Government is saying that we are not going to wait until they offend; we are going to push for early intervention and go before they do commit an offence. That is where we disagree very strongly.

The CHAIRMAN: The time for Opposition questions has expired. Minister, I note that the Government intends to address the appalling office accommodation situation in the Torres Strait. How will this impact on accountability standards in the Torres Strait and how will the program be implemented?

Mr LINGARD: I have just returned from the Torres Strait and Cape York where we announced this very extensive program of improvements in office accommodation in the Torres Strait. It came about from trying to implement the accountability of many of the island communities. We found that we were asking them for records similar to those produced in our own local government areas on the mainland, yet these people were preparing them in very substandard accommodation. The Government intends to address this most appalling situation.

I have made several visits to the Torres Strait to identify which issues are currently of concern to the councils. A number of them have indicated that office accommodation is high on their priorities.

Accordingly, I intend to make \$2m available this year and a further \$6.5m available over the next two years. New office accommodation is proposed for 1996-97 for the Darnley Island, Hammond Island and Yam Island councils. I have just returned from those three islands where I advised them that the accommodation program will start almost immediately. I say "almost" because you have to take the weather conditions into account.

Officers from the Torres Strait regional office will liaise with councils on the design of the proposed offices and afterwards will ensure that expenditure remains within budget. Project managers will be appointed to oversee work where councils may lack expertise. Because many of the buildings currently in use as council offices were not built specifically for that purpose, they are often cramped and this sometimes leads to records being poorly stored, which results in them becoming damaged. Other times, records are mislaid and this results in unsatisfactory audit reports. In addition, many of these buildings are in such a state of disrepair that modern office equipment such as computers and faxes are subject to conditions that cause frequent breakdowns. Repairs can only be effected off the island and this leads to unacceptable delays in the processing of financial information and difficulty in providing efficient administration. In addition, some of the office buildings are not fully compliant with the current workplace health and safety requirements, and this represents a situation we need to address as quickly as possible.

In fact, if I had been cruel, I could have taken some very significant photos of some of the islands. Some of the office accommodation was left with, quite honestly, ironwork that had holes in it immediately above computers, and I have only been there in the last few days! A total of \$8.5m will be inserted into the Torres Strait islands and Cape York to improve office conditions in communities.

Mr WOOLMER: Minister, why has the Government decided to amalgamate the Aboriginal Justice Advisory Committee and the Aboriginal and Torres Strait Islander Overview Committee? How will this committee function in the future? Will it lead to an improved monitoring of the deaths in custody report recommendations?

Mr LINGARD: One of the recent reports that we tabled in the Parliament was the overview into the deaths. I would agree with the many, many comments which said how impressive that particular document was. The most relevant thing was a design on the front cover done by a man who had taken his own life in one of the prisons. That was very significant to me. The amalgamation that you are talking about, that is, the broadening of its terms of reference, will enhance representation of peak Queensland indigenous bodies and it will meet jointly with a very high level IDC, which we will call it, which I will chair. It will not only lead to improved monitoring of deaths in custody recommendations but it will positively transform the coordination of Government efforts in Aboriginal and Torres Strait Islander matters and ensure that Government decision making is informed by the best available advice.

Miss SIMPSON: Has this Government commenced action on the Local Justice Initiatives Program, and what types of projects have been funded?

Mr LINGARD: The Local Justice Initiatives Program provides funds to Aboriginal and Torres Strait Islander communities and organisations to develop strategies within their communities for dealing with law and order issues. Recurrent funding of \$600,000 per year has been allocated to the program. At the beginning of the 1996-97 financial year, accumulated funds in the program totalled \$2.4m. To date, committed funds total \$346,868, with additional applications for funding pending. I have approved funding for four projects under the program. These projects are: Port Kennedy Association Incorporated, as sponsoring organisation for the local justice working group of Thursday Island, \$100,000. Anyone who has been to Thursday Island recently would also note that this Government has put \$18m into housing on Thursday Island, and certainly the Port Kennedy area of Thursday Island will be one of those that will benefit. There is \$18m and, hopefully, 121 homes going into Thursday Island. Not only do I believe that office accommodation is necessary; I also believe that housing is one of the most important things on those communities. We cannot expect young children to do homework and to live a decent life if they do not have suitable housing. That \$18m will go into Thursday Island.

Other projects include: the Aboriginal and Torres Strait Islander Corporation for Community Development, Maryborough, has been given \$43,868 for the purpose of undertaking a consultancy and planning process aimed at establishing an Aboriginal and Islander justice committee for the Wide Bay area; the Palm Island Alcoholic and Drug Rehabilitation Aboriginal Corporation, as sponsoring organisation for the Community Justice Group of Palm Island, \$47,000; and Piabun Aboriginal Corporation for the management of an adolescent out-station program, \$156,000. I have noted the previous Government's concern about some of those groups, such as Piabun and Petford, but I would hope that with very close monitoring Piabun will provide an excellent service. At this stage, I believe that we will have five to six young people in Piabun, which is a magnificent out-station-type concept. It is run by the elders of Brisbane. I believe that it is working very well. I believe with Petford, which is outside Cairns, that organisation will be similarly accepted by the people of the Cape York areas. Geoff Guest, or "Old Man" Guest as they refer to him, is very well accepted. I am hoping that both ATSIC and our own organisation will develop a concept whereby young people, especially Aboriginal people, can be taken to places like Petford and Piabun and given assistance before they return to the communities.

The CHAIRMAN: Minister, what is being done about the provision of training for Aboriginal and Torres Strait Islander councils?

Mr LINGARD: The department has allocated funding of \$1.2m over three years to provide

financial management and administrative training. This will be for the elected members and employees of councils, even though many of them would like me also to provide that sort of assistance to those people who are standing for local government very soon. However, it will not be provided to just the people who are standing. It will result in an improved skills base within councils which will be reflected in better results and reports by the Auditor-General into the councils' operations. The training curriculum is specifically designed to cover the statutory requirements of the community services legislation. Currently, the Island Coordinating Council is managing training delivery in the Torres Strait, with each island council so far having received approximately 50 per cent of the curriculum. Training for Aboriginal councils is about to commence through a cooperative arrangement between the department, the Aboriginal Coordinating Council and the training consultants. I most definitely accept that the previous Government had also initiated some of those programs.

Mr WOOLMER: Minister, what is the Government doing about changing the community service legislation as it affects Aboriginal and Torres Strait Islander affairs legislation? Will the delays in the introduction of the new legislation impact on financial accountability?

Mr LINGARD: In order to expedite urgent changes to improve the financial accountability of Aboriginal and Islander councils, the Government has amended the community services regulations. The delay in introducing the new legislation will therefore not impede accountability. The amendments commence on 1 October 1996 and put in place more open and accountable processes for the operations of councils. In addition, the Government is addressing the need for tighter accountability measures pending the new legislation by making amendments to the Aboriginal and Islander Council Accounting Standards issued by the Minister under the community services legislation.

Miss SIMPSON: Queensland has long needed a centre of excellence in demonstrating the quality of the provision of services to people with developmental disabilities. How do you think the Developmental Disabilities Unit at the University of Queensland will add value to the quality of support services for these people?

Mr LINGARD: One of the enduring problems for many people with a developmental disability, particularly adults, is the lack of adequate and specialised health services. That was one thing I had not realised before I became a Minister. How does a doctor find out what is medically wrong with a person who cannot give any indication, say anything or make any movement? That is our difficulty. Paediatricians generally provide these health services to children with developmental delays but usually cease to provide this support around the early teenage years. Many paediatricians find themselves providing health services beyond this age because there are no other medical practitioners who can adequately provide this support and identify the problems with the disabled person.

The major reasons for the lack of quality health services are that it is often difficult to communicate between these people and to therefore make an adequate diagnosis. The lack of communication often means that people with developmental disabilities may use other means to communicate discomfort or pain. These means may include unmanageable behaviours or withdrawal from contact with others. Additionally, many people with developmental disabilities will have associated physical disorders, such as epilepsy, which are treated with complex drug regimes. This situation can lead to quite difficult and complex health management problems which require specialist knowledge to overcome. Experience in other States clearly shows us that, by dealing with some of the basic health problems of these people, we can often assist in dealing with other areas of their lives, such as managing their behaviours or their capacity to communicate and participate in daily activities. Often, they may be basic health problems which can be dealt with quite simply but which can make an enormous difference to the person's life.

Some of the more common health issues dealt with by similar units in other States have included drug management, often including reduction of multiple drugs which have major impacts on the person, dental problems, weight management, hearing disorders, chronic infections and other chronic disorders. The unit at the university will deal with these issues by utilising a three-pronged approach: firstly, through training of undergraduates and post graduate medical students in the specific issues of treating people with developmental disabilities; secondly, through providing a clinic to provide specialist diagnosis and treatment of health disorders of people with developmental disabilities that concern families, carers or medical practitioners, and through this clinic assist medical practitioners to better diagnose and treat people with developmental disabilities; and, thirdly, to conduct and promote research into the health problems affecting people with developmental disabilities.

Obviously, this will not be a short-term approach but will be over a period of some years. It will ensure that people with developmental disabilities have better access to high-quality and appropriate health services. An issue that is a particular concern for many people with a developmental disability is that of their mental health, as this group of people suffer from the same range of mental health problems as other members of the community.

The CHAIRMAN: Minister, I know you touched on this issue in response to Opposition questions, but I think it could be explored again. An orchestrated campaign has been conducted across Queensland to highlight the level of unmet need in the disabilities sector. What has the Government done to address the issue of unmet need?

Mr LINGARD: Firstly, I am not upset by the campaign which is most definitely being very well run, which is very well organised and in some places has certainly a great deal of truth. It is a very aggressive campaign and I have no doubt it is going

to continue to be an aggressive campaign. Since assuming my portfolio, I have met with numerous people with disabilities, their families and carers to discuss issues of concern. I and officers of my department are aware that a significant amount of unmet needs exists which presents difficulties to people with disabilities and their carers. This is a situation which has been identified in the review of the Commonwealth/State Disability Agreement as affecting the whole nation, not only Queensland.

As such, all States and Territories have ensured that the high level of unmet need will be considered in the current negotiations of a new Commonwealth/State disability agreement. While the issue of unmet needs is one which requires close consideration, the recent Budget initiatives reflect this Government's commitment to working together with communities in order to develop the best possible strategy to address this unmet need. The 1996-97 Budget commits \$26.8m over three years for the provision of services to people with disabilities. This amount includes additional funding of \$8.6m over three years in order to support families caring for people with disabilities. This will include additional respite, counselling and specialist services and support for ageing carers. These funds are in addition to the \$60.8m grant funds that will be provided to non-Government disability services in 1996-97 and the \$93.9m committed to provide direct services to people with an intellectual disability.

A further opportunity to address unmet needs of people with disabilities is to encourage service provision by mainstream services in our communities. To encourage this approach, this Government is committed to the ongoing role of the Disability Directions Committee, a committee comprising State Government departments and agencies which offer, or have the potential to offer, services or programs to people with disabilities. The DDC provides a mechanism to give effect to a whole-of-Government approach to disability-related issues. No Government can in one year deal with the level of demand that is experienced in the disability sector. My Government's commitment this year is a strong starting point. I am optimistic of this Government's commitment of funding in future years.

May I say this: if it is that I can sell the Challinor centre to the university and obtain a suitable amount of money within the next few hours or the next few days, I would hope that this will be a very, very exciting period in the area of disabilities over the next 12 months as we move many—more than 100—people out of institutions into the community. I believe it is going to be a most exciting period for all of us who are involved in the institutional reform package.

Mr WOOLMER: Some people have expressed concern that individuals will be worse off outside the institutions. Are you able to provide any evidence of successful transitions to community-based living for people who have left the institutions previously?

Mr LINGARD: I will ask the director-general to answer that one.

Rev. MALE: There are many examples of successful transitions from living in an institution.

One hundred and sixteen residents of the Brisbane North region Alternative Living Service have previously lived in an institution. There is no doubt of the benefits of moving from an institution in a planned way, which include sharing with fewer people, closer proximity to family/community links and general improvement in health and wellbeing.

More recently, a review of the arrangements implemented after the closure of the Sandgate centre provided feedback from families that: individual planning has improved—families feel more comfortable in visiting a house and bringing someone else with them; skill levels for some people have improved as a result of living in a setting where there is a bathroom/kitchen/lounge/bedroom as opposed to more inclusive larger living areas; and communication skills have improved resulting from more involvement in daily activities and routines of the household—in one case, a young woman is now virtually independent of her wheelchair as the result of practising walking in a small, secure environment. More recently, there have been positive changes in the lifestyles of 10 people who have moved from an institution to living in seven separate community-based arrangements in the Brisbane South region. At least three of these people were labelled as having very challenging behaviours. The arrangements are all focused on the individual person's need and, as such, people are supported in a variety of ways—for example, by a staff of a non-Government organisation and also within a family setting. A common feature in all of the arrangements is 24-hour accommodation/support and access to quality public rental housing strategically located around key community facilities which is within the person's community of origin.

At this stage, there have been numerous successful outcomes for these people. Some of these are as follows: dramatic improvements in health and a decreased reliance on medication through improved access to the community-based generic and specialist medical support. All of the people have increased opportunities to engage in community recreation and leisure which is relevant to their interests and preferences—for example, literacy courses at TAFE and training in swimming for special Olympics. Prior to moving into the community, many of these people had very limited opportunities to participate in these activities. All of the people have more opportunities for independence than was offered in the institution—for instance, doing their own shopping and banking, cooking their own meals and performing other household tasks. A significant issue for all the people has been the re-establishment of regular contact with their family members. All of the families have indicated that they view the transition to community living as being very successful for their relatives.

Miss SIMPSON: I acknowledge that the Government has decided to continue the process of closing down the disabled person's ward at Maryborough Base Hospital and the Leslie Wilson Home at Hervey Bay. I was wondering if you could outline what support arrangements have been made or will be made for people leaving the disabled persons' ward and the Leslie Wilson Home.

Mr LINGARD: The people with intellectual disabilities who live at the Maryborough disabled person's ward and the Leslie Wilson Home at Hervey Bay have high and complex support needs in the area of physical support, with many of them having very severe and chronic health problems. With this level of support need in mind, all services that are being developed for this group have focused on ensuring that these health needs are met. The people living in these centres are individually assessed to assist in clarifying any particular issues with their placement and to identify the connections which may link them to particular areas of the State. These connections may be family links but may also be friendships with other people living in the centre or with people living outside of the centres. Obviously, family links are the most important indicator of a possible location; but where the family does not have a preference or wish the person to move closer to them, then the other links, such as friendship, are taken into account.

The types of support that will be provided include: supported accommodation or basic day-to-day assistance with daily living; community access which focuses on getting people out into the community to recreate the links to the community that they have missed for a number of years; and specialist services such as case management and therapy services which assist the person in coordinating their service delivery and in lessening the effects of their intellectual disability on their development. Each individual will also have access to a range of medical aids and equipment to assist them to live without constant medical support.

This department is committed to the ongoing transition of the Leslie Wilson Home, located in Hervey Bay. Responsibility for the operation and downscaling process of the Leslie Wilson Home has been transferred to Unicare, and recurrent funds of \$708,130 and a non-recurrent amount of \$354,277 have been allocated for this process.

For residents of the Maryborough disabled person's ward, members of the Committee will be aware that this process has been under way for some years, and the funding made available in this Budget will allow the completion of this project after six years. Some residents of the ward are living in the community at present and have been living there for a number of years. Three of these people are being supported by families in Cairns, near Maryborough and in Brisbane South, and two people are living in an arrangement being supported by a non-Government agency in Gympie. It is likely that the remainder of the 25 people living at the ward will be supported in arrangements by non-Government agencies. The plans developed to date indicate that the majority of people currently living in the ward will relocate to the Maryborough/Hervey Bay area, with others moving closer to families in other areas of the State including Cairns, Bundaberg, Brisbane North and Toowoomba. It is expected that these arrangements will be in place over the next nine months, with the ward closing in June 1997.

The CHAIRMAN: The time for Government questions has expired. Opposition questions?

Mr ELDER: I want to take you back to commitments you made to families which have family members in residential care at either Challinor or Basil Stafford. I have a number of cases in my own electorate. I went back and searched the correspondence, the letter that you sent to these people. In a number of cases, and in one particular case, you said that you had planned to undertake to establish community-based living programs—that you had given that commitment—and that it was your intention to provide people currently living at Basil Stafford with an opportunity to choose future living arrangements, provided the appropriate level of quality care was available. These people have worked tirelessly with a project team to find accommodation. They have found accommodation. The only thing they need to resolve now is the responsible agency issue. The problem seems to be, though, Minister, that you have either gagged or sacked that project team. What are you going to do to help these people whom you have left high and dry, and is your commitment to these people worth a cracker?

Mr LINGARD: I have not left people high and dry. I have always given a commitment that I will continue the institutional reform package. I will also continue the maintenance of centres, and I have always said that I will maintain centres such as Basil Stafford and Challinor. Now, no-one would ever think that Basil Stafford and Challinor are going to continue indefinitely into the future. As I have said, I would believe that Challinor might, and hopefully will, close down very soon, and if it is that Challinor does close down, that does not mean that everyone who is in Challinor at present will be the people who move out because there might be some people—and I believe that there are some people in Challinor who will quite gladly, and their families would hopefully, have them move over to Basil Stafford, and that will mean, quite obviously, that the people from Basil Stafford will be involved in the movement out into the community if it is that Challinor closes.

I would say to all people that, at this stage, I have been advised by my department that they can carefully, with true quality, move out or have moved out 53 people very soon, and that includes the five of the previous Government and the four who were out by June. I have said, "If you can move 53 people out well, there are the funds." That is what I have done. What I am saying therefore is that those people at Basil Stafford, if they are ready to go out and if they have suitable facilities to go out and we then have the suitable funds in the Government immediately, that there is no reason why any person who has been stated as satisfactory and able to go out should not be able to move out.

Mr ELDER: So you are telling me you have got the money? You are telling me that anyone who has done this preliminary work and is ready to go should be able to be moved? So these parents who have worked with their project teams to provide the accommodation and are now looking for a responsible agency, that is the only issue that blocks them? You are telling me now that the funds are available and that there is no reason why these

young people cannot be moved from Basil Stafford and into accommodation?

Mr LINGARD: Your premise in your question was started with the statement that I am telling you that I have the money. I did not say that at all. No Government would have enough finance to cover completely an institution reform of all institutions, and you look at the institutions that we have, with probably 780 people, plus all the mental care patients that we have—all those facilities—

Mr ELDER: We are not talking about all those, though, are we?

Mr LINGARD: No Government would be able to have the money, and so your initial statement that you asked that question with is wrong.

Mr ELDER: You said you had the money.

Mr LINGARD: I did not say that I had the money to move everyone out of institutions.

Mr ELDER: You said you had the money. I am not talking about moving everyone out. I am talking about those people who have worked with project teams—and there would not be that many, I would think, that have been working with these two teams.

Mr LINGARD: Honourable member, you have misconstrued, to your own advantage, supposedly, the statement that I have said. When I asked my department how many people could they move out with suitable quality, they told me how many they could move out with suitable quality. I have said that I have enough money for those.

Mr ELDER: So if those people are now ready, and that is all I was referring to, the people that you said—some 53, was it—there is no reason for them not to be able to progress with their movement? So what is blocking them in terms of—and particularly my constituents—finding that agency? The only thing that I have been told is that the project team have either been gagged or sacked.

Mr LINGARD: Well, your statements are wrong and what you have been told is wrong because—let me emphasise—for those people, we could move them out immediately with the funds that I have.

Mr ELDER: Fine.

Mr LINGARD: What I am worried about is the true quality—

Mr ELDER: It is on the record, you can move them out.

Mr LINGARD: Of course it is. What I am worried about is the true quality that these people can be given, and it would be completely wrong for any Minister to immediately move that number of people unless I can be assured of their quality. If I can be assured of their quality—and those people that we are talking about within that 53, there is most definitely the money and they will be able to move out.

Mr ELDER: So if they can determine the agency tomorrow—and that is the quality issue that we are talking about—they can be moved?

Mr LINGARD: I am not quite sure what you are referring to there, but I have given you a guarantee, and you cannot expect much more, on the 53 total,

that includes the previous five and the four—that we would have 53 people out. I have the funds for them.

Mr ELDER: I know what they need from this point onwards and so do they. I have heard a rumour, and it might be wrong, that you are going to privatise cleaning services and other services at Basil Stafford. If that is the case, is that part of your commitment to the \$500m savings across departments and, if it is the case, is the money going to be channelled back into Basil Stafford?

Mr LINGARD: When both Basil Stafford and Challinor had very large populations—and let's face it, they probably went sometimes to 700 in Challinor; I am not quite sure what the maximum numbers would have been at Basil Stafford—there would most definitely have been the need for a permanent work force at both Challinor and Basil Stafford. A permanent work force would have meant domestic staff, cleaning staff, electricians and plumbers, but no-one would say that as the numbers decrease dramatically from those numbers—and the numbers are decreasing at both Basil Stafford and Challinor—there is therefore a need to continually have permanent staff, especially in the areas such as plumbing and electricians. So the rationalisation which is going on at present is simply because the numbers at both of those institutions are dropping dramatically.

Mr ELDER: Will the savings go back into Basil Stafford or back into Challinor or will they go back into consolidated revenue?

Mr LINGARD: Numbers are dropping dramatically.

Mr ELDER: Will they go back into Basil Stafford or back into consolidated revenue?

Mr LINGARD: Numbers are dropping dramatically.

Mr ELDER: So they are part of your \$500m across departments savings?

Mr LINGARD: Numbers are dropping dramatically.

Mr ELDER: So you will not see it at Basil Stafford? I have one final question. Is Ms Catalano still here? It is just, I assume, that the Minister may want her to answer this question. The question goes back to the increase in funding for YANQ that was specifically mentioned earlier in the Estimates debates. Can you tell me the percentage increase or the amount of increase in dollar terms?

Mr LINGARD: I am not quite sure that I referred to it.

Mr ELDER: It has been mentioned earlier.

Ms CATALANO: This is to YANQ, the peak body?

Mr ELDER: The Minister mentioned it in a dorothy dixer.

Mr LINGARD: We do not have dorothy dixers.

Ms CATALANO: To YANQ?

Mr ELDER: To YANQ.

Ms CATALANO: No, I think in responding the Minister mentioned that there was \$188,400 to YANQ.

Mr ELDER: What I see here is an increase in YANQ specifically—an increase in YANQ funding.

Ms CATALANO: Where is that stated?

Mr ELDER: I have picked it up through here in this Estimates Committee. If I have to go back and find it, I will go back and find it and come back to it. There was an answer to a Dorothy Dixer that there was an increase in funds for YANQ.

Ms CATALANO: I will just check my notes.

Mr ELDER: All I want to know is what the percentage increase is?

Ms CATALANO: There is no increase to YANQ. At the moment, their submission for funding for 1996-97 has not been received by the department. They were funded \$188,400, I think that is the figure that the Minister gave. I am not sure what will be contained in their submission for 1996-97 at this stage.

Mr ELDER: Thank you.

Mrs WOODGATE: My next question is directed to the Minister or director-general. I see that an amount of \$1.5m was allocated in 1995-96 to develop the Post School Option Programs for school leavers in the department's Brisbane, south and north Queensland regions. This was to be increased to \$3m in 1996-97 and 1997-98. Has this increased funding been provided and have you done any evaluation of the program so far?

Mr LINGARD: I have visited both of the Pathways Programs, one at Townsville and one at Logan. I do have some very serious concerns about both of those Pathways concepts, and my concerns basically relate to phone calls I have received from parents of children who are involved in that particular program who are concerned about some of the money that is being spent and some of the brokerage that is occurring within those two programs. As you would realise, one is costing \$530,000 in Townsville, for probably 17 children, and that is very costly. The other one, I think, is costing \$720,000 or very close to it for 21 people, and that is again very, very costly. I do not mind if it is that both of those programs are well accepted, but if it is that there is criticism about them, then I do have concerns. However, clearly it is part of the Post School Option Program and certainly at this stage, as you indicate, part of the trial program.

There is extra money there; I believe that there is possibly \$1.15m still available for allocation immediately as long as we are satisfied with the type of programs that we are putting it into, but you would also appreciate with your knowledge of it that they are three-year programs funded by the previous Government. Clearly, I would not be wanting at this stage to cut them, but there is extra money ready to be allocated to a similar Post School Option Program.

Mrs WOODGATE: So \$1.15m is allocated in this budget for post-school options for a new program? I could not find it.

Mr LINGARD: It is there. My advice is that it is \$2.69m. But, of course, \$2.69m would be inclusive of the Pathways at Townsville and Logan.

Mrs WOODGATE: It was to be increased by \$3m for a third one. Was there any increased funding—not unexpended moneys? Could you give us a brief run-down on the advice and the issues that the department provided to Government on the abolition of these options? As far as I can tell, you are not going on with it.

Mr LINGARD: In its review of the new initiative funding in April 1996, the Cabinet Budget Review Committee has this allocation of \$2.69m.

Mrs WOODGATE: Where is that in the Budget papers—where you have allocated that post-school option funding?

Mr O'BRIEN: It is actually published in the Disability Program. It is not identified separately.

Mr LINGARD: Could I ask my program head to come forward?

Mrs WOODGATE: Yes.

Mr LEWIS: The funding is not clearly indicated in the papers, but there was \$1.5m last year. There was an additional \$1.5m this year. So it has just been added on.

Mrs WOODGATE: Let us be clear. There was Townsville first, and then Logan.

Mr LEWIS: That is right.

Mrs WOODGATE: Forget about those moneys. What has happened to the other \$3m that we were going to use?

Mr LEWIS: There was an additional amount coming in this year.

Mrs WOODGATE: You said it was not clear in the Budget papers. Why is it not there?

Mr LEWIS: It was a new figure last year. It is just an additional amount added on this year. It was just part of that package.

Mrs WOODGATE: It is not an extra \$3m, though.

Mr LEWIS: It is a total of \$3m.

Mrs WOODGATE: It is not extra.

Mr LEWIS: It is an additional \$1.169m this year.

Mrs WOODGATE: So it has been cut.

Mr LEWIS: It was cut by the Cabinet Budget Review Committee, as the Minister said.

Mrs WOODGATE: I have a question for the Minister or the director-general. The \$8.6m that has been allocated for families of people with disabilities—is there any scope within this allocation of funds for lifestyle support services for individuals with a disability? Have you given any consideration to these individuals who may wish to leave home? What arrangements have you made and funded in this budget to address these two specific lifestyle issues? They really are of key importance to families with individuals with a disability.

Mr LINGARD: Yes, I agree. I will ask my program head to come forward. While Mr Rowe is coming forward, could I just refer to a comment made previously by Mr Elder, the Deputy Leader of the Opposition, and to my comment supposedly

which said that there would be an increase in YANQ? I did not say that. I said, as Grazia has indicated, the Youth Bureau provides \$188,400 for the operation of the Youth Affairs Network. There is no indication in that statement that there was an increase. Therefore, my program head and I agree completely on what was said about YANQ.

Mr ROWE: In response to your question—the new money for supporting families of people with disabilities is primarily focused at supporting families to maintain their sons and daughters in the family home. So on the one hand it is focusing on the very young. Also, the funds are to be targeted at older carers so that they can start planning, effectively, for their death to ensure that there are care support packages in place for their sons and daughters upon their death or upon a situation where they can no longer care.

Mrs WOODGATE: Do you have a specific figure for these individuals?

Mr ROWE: At the moment, of the \$2.238m that is allocated in 1996-97, we are proposing that approximately \$1.6m of those funds will go to grants to community organisations for the purposes I have spoken about. In respect of the individual care support packages for people in the middle there—again, that will really depend on how far the funds stretch at the end of the day. Traditionally, we have funded that with the funds provided under the Disability Program, which are provided through the Commonwealth/State Disability Agreement.

Mrs WOODGATE: How much of the Disability Program comprises the Commonwealth funding provided under the Commonwealth/State Disability Agreement? How much is available in the next year—1996-97—for growth funds for the disabled? Could you also tell me how many organisations which applied for funds this financial year will miss out because of insufficient funds?

Mr ROWE: At the moment the Disability Program, which is combined Commonwealth and State funding, has a budget of about \$60.8m. Of that, approximately \$55m is Commonwealth funds and \$5m is State funds. In respect of new Commonwealth growth funds this year—we are expecting from the Commonwealth a commitment of \$134,000 new moneys.

Mrs WOODGATE: Is that all?

Mr ROWE: Which is a rather large comedown from last year's \$1.9m.

Mrs WOODGATE: That is putting it mildly.

Mr ROWE: That is part of the Commonwealth/State Disability Agreement. Those funds were committed at the beginning of the CSDA. This is the last year of the agreement. It is due to expire on 30 June. In respect of funding applications this year—they are yet to be called, so it is not possible to answer your question in terms of those who might miss out.

Mrs WOODGATE: Mr Lingard, I hope that you are jumping up and down to your Federal mates—dropping from over \$1m to \$134,000. That would not even make something favourite on

Saturday. Reverend Male, in the budget we see that a review of the Emergency Relief Program has been announced. Why are you reviewing that program? Who will conduct the review? What are the terms of reference? What do you expect to achieve?

Rev. MALE: I will ask Peter Ryan to answer that.

Mr RYAN: The Queensland Emergency Relief Program provides \$1.35m to about 107 community and church-based organisations to assist people who are having financial difficulties. The aims of the current review, which will be undertaken by the department, include looking at improving flexibility for the department and service providers in allocating this money and meeting the needs of people; encouraging those in need of crisis financial assistance to develop financial management strategies other than just receiving a cash handout and, hence, developing long-term self-reliance outcomes; and encouraging opportunities for perhaps local communities to develop other types of initiatives other than just handing out cash assistance to assist people who are having difficulties. This could range to things such as the development of creative and innovative ideas, such as housing co-ops or something to that effect, which helps people who are experiencing financial difficulties. A number of the options that may be identified in the review to improve the efficiency and effectiveness of the program will be provided to the Minister for his consideration.

Mrs WOODGATE: I refer to the staffing levels on page 16 of your Program Statements. It shows staff numbers for 1995-96 at 117, reducing to 92 in 1996-97. Where will these staff cuts occur? How does this sit with your answer to a question in the House recently when I asked you whether numbers in the Office of Child Care would be cut? You gave certain guarantees. Is it a fact that a machinery of Government meeting scheduled for November was to decide the magnitude of the staffing cuts? If that is the case, has this item appearing in the Program Statements not pre-empted that decision?

Mr LINGARD: I think you will remember that my answer stated specifically that I said there will be no cut in programs. Therefore, I correct your statement. I did not say anything about staffing in that particular statement. I will ask Arthur to reply quickly to your question.

Mr O'BRIEN: The reduction in staffing is a number of temporary staff. There are about 10 temporaries who are stopping work at the end of 1995-96. They will not be there in 1996-97. They were actually catching up on a backlog in child care licensing. There is also an initiative of the previous Government that was not funded in 1996-97 which had a fairly large impact on staffing—about 20 staff.

Mrs WOODGATE: What initiative was that?

Mr O'BRIEN: I think that was the teachers in child care.

Mrs WOODGATE: That is right. That was a program that you cut, didn't you! Got you!

Mr O'BRIEN: There were about 20 temporary staff against that program who won't be there in 1996-97.

The CHAIRMAN: The time for Opposition questions has expired. It is now time for Government questions. A number of families are greatly in need of support. Some of that support comes from their extended family and their communities. However, as we all know, a number of families require intervention to ensure that children and young people are safe and able to live in stable conditions. Can you tell us what you are doing for those families, for whom formal intervention is required? I have a number of them in my own area; we all have.

Mr LINGARD: The Government is absolutely committed to the development of services that focus on the needs of families and family wellbeing. As you have acknowledged, the majority of families are indeed supported through informal and naturally occurring networks of family and community links. Safety issues for those children do not warrant any formal intervention. Where a child cannot remain safely at home, an appropriate alternative placement must be available. The first choice is in family-based care, but some children will require other settings, such as a group home or a residential.

In instances where children and young people are at risk of or experience abuse and neglect, my department provides recurrent funds of \$11.3m under the Alternative Care and Intervention Services Program for accommodation and related support services to assist those children and their families. The primary goal of that group is to protect children from abuse within their families and enable them to develop to their maximum potential. The program seeks to achieve this through three service models: shared family care, the residential services and the intervention services. A total of 68 services are funded under ACISP, which includes 37 residential services; 23 shared family care services, including six agencies specifically for Aboriginal and Torres Strait Islander families; and 8 special counselling intervention services.

I am pleased to announce that, through the 1996-97 Budget process, my department will be in a position to provide enhancements to aspects of the program. Additional funds of \$2.7m will be provided to residential care services over the next three years. Care providers who provide family-based care in their own homes to children and young people will be receiving remuneration increases in the order of \$1.44m in 1996-97 and \$3.85m in 1997-98 and 1998-99 respectively. Increases to funds have also been granted for the purpose of attracting, recruiting and training care providers to care for children and young people who require family-based placements away from their own families. Additional total funds of \$3.3m over three years will be directed to community-based shared family care schemes to increase the pool of active and skilled care providers.

Mr WOOLMER: It is acknowledged that families who are supported by their communities are often better able to deal with difficulties and stop them before they reach a crisis level that would

require State intervention. Can you tell us what your department is doing to strengthen the ways that communities can assist those families?

Rev. MALE: The department has established 52 buildings throughout Queensland to be used as neighbourhood and community centres to enhance community life. Recurrent funds are also provided to staff those neighbourhoods centres. These centres provide centrally located venues for use by local community groups and offer a wide range of services to families and individuals. Families and individuals are able to access services and programs such as occasional child-care, playgroups, support groups, self-help groups, crisis and longer-term support referrals to specialist services where necessary, and identification of local issues and assistance with developing appropriate responses. I am pleased to announce that the department is about to increase the number of multipurpose community centres by five. Funds of \$350,000 have been set aside for the construction of each of the five centres and they will be located at Acacia Ridge, Edmonton near Cairns, Miles, Cannonvale-Airlie Beach area, and Nambour.

These additional centres build on the success of collaborating with local communities and local government authorities around the current construction of two new multipurpose neighbourhood centres at Deception Bay and Capalaba. The department sees enormous benefits flowing to local communities when they have access to facilities that support and enhance family and community life. Thus a properly planned and designed neighbourhood centre not only facilitates the efficient and effective delivery of human services but also adds value to the community. Design of these centres will not only incorporate meeting the current demand but will also allow for future expansion to respond to increasing and changing needs.

Miss SIMPSON: I note that there has been a lot of talk about strengthening families. We all acknowledge the great importance of whatever we can do to help strengthen families. Could you please outline what additional initiatives are planned by your department to better assist families who are showing the signs of stress, particularly where the children involved are facing situations of possible abuse and neglect.

Mr LINGARD: That is one aspect that the director-general gets involved in, so can I ask the director-general to answer?

Miss SIMPSON: Sure.

Rev. MALE: I am aware of the demand in the community for support and assistance in the early stages of family difficulty or conflict rather than waiting until the crisis is unmanageable. We are picking up the pieces. This Government and the department are committed to the development of services that focus on the needs of families and family wellbeing. Currently, the department administers the Family and Individual Support Program. The primary goal of this program is to promote the capacity of families and individuals within their community to achieve and sustain self-reliance. That program provides funds to assist

approved organisations to provide a broad range of support services for individuals, families and the broader community.

It is under this program that we have chosen to establish a new initiative entitled Family Support Services and allocated \$1m to establish 22 such services. Family Support Services will have the aim of strengthening families by providing assistance and support to people before problems become insurmountable. Services will employ family support workers who will be located in existing community organisations, most of which are currently funded under the FISP program—some of them are. Those workers will work closely with existing services and organisations in the community and will identify and respond to the particular issues concerning parents and families in that community.

Family Support Services will provide information and resources to family members, skilled counselling, practical assistance and referral to specialised services. In the 1996-97 Budget, funding had been provided to extend the number of Family Support Services. These services will be developed across the State and will complement the Statewide Parent Helpline and the services provided through the department's protective services and juvenile justice area officers. This initiative is based on a commitment to working with community organisations to develop services that are generally responsive to families that are facing difficulty. Family Support Services will assist and guide people facing the difficult task of parenting today. I see this as an exciting initiative that will result in families being able to more easily access practical and preventative assistance from their local communities.

The CHAIRMAN: I advise that when this segment of Government questions is completed—we have about 10 minutes to go—we will have a short break for five minutes. What is the Government doing to ensure that it can respond to the anticipated growth in the number of older people?

Rev. MALE: This Government recognises the knowledge and experience that older people bring to the community. It also recognises the need to plan ahead so that services and opportunities meet the needs of an increasing ageing population. The Department of Families, Youth and Community Care, through the Office of Ageing, continues to promote ageing as a positive process and ensures that Government programs promote opportunities, choice and independence for Queensland seniors. The Office of Ageing will continue to coordinate and monitor the initiatives in Everyone's Future: Queensland's Forward Plan on Ageing. The forward plan was developed by a number of State Government departments and agencies and covers all aspects of Government activity impacting on older people. The Office of Ageing will conduct a review of the forward plan on ageing to identify how well it is meeting the current needs of older people and how it can better respond to ageing issues over the next decades.

Information from this review will be used to develop new directions on ageing. The Office of Ageing works closely with older people and older

people's organisations to identify issues of concern to older people and develop appropriate responses. The Office of Ageing provides funding to community groups through the Older Persons' Action Program. The purpose of that particular funding program is to provide opportunities for independence and choice for older people who are socially isolated. This year, additional funds will be available through the program to establish a new service response to the issue of abuse of older people.

The Seniors Card administered by the Office of Ageing contributes to an acceptable standard of living and active and independent lifestyles for older people through the provision of Government concessions and discounts. The means-test free age for the Seniors Card will be lowered from 70 to 65 years and a new business discount card will be funded for those people over 60 who are not eligible for a Seniors Card.

The Office of Ageing continues, through linking with and providing training to regional developmental staff, to ensure that its goals are carried out across the State. The office continues to promote positive images of older people through activities such as the Premier's Award, Seniors Week and International Day of Older People.

Mr WOOLMER: Minister, there seems to be a lot of interest around Australia in the standards of care and education for children under the age of five but not much once they join primary school. Do your references to outside-school-hours care in the Program Statements for the budget mean that Queensland is going to show the way in this important area?

Mr LINGARD: During the last five years, outside-school-hours care has experienced a massive growth. As of June 1996, there were 410 funded outside-school-hours care services in Queensland. This includes 148 State administered vacation care services. This is providing care for 31,000 children. An additional 1,700 places will be in place by early 1997.

National standards for outside-school-hours care will be the major focus of this Government during the next 12 months. The outside-school-hours care facilities upgrading program of \$6.06m will provide necessary funds to services while the planned community consultation of national standards will ensure all stakeholders are considered in the process. Queensland is the first State to provide such funding and is well advanced in planning for implementation.

The community has strongly advocated for minimum standards of care for their children in such services. The Queensland Government has already agreed to implement national standards for outside-school-hours care and is consulting with industry representatives and parents to determine the best way to implement standards for outside-school-hours care. The aim of this is to safeguard the protection of children by ensuring acceptable minimum standards are met.

The Queensland Government is strengthening its commitment to families by providing \$6.059m over

the three years to upgrade and support out-of-school-hours care. This Government recognises that outside-school-hours care services are an integral part of family support structures and that this has been sorely neglected by previous Governments. These services provide suitable and supervised activities for children out of school hours.

This Government will provide a range of funding options which support and enhance the development of quality outside-school-hours care services in Queensland. The funding programs will target a range of service types, including before-school care, after-school care, vacation care, supervised playgrounds and outside-school-hours care for young people aged 13 to 15 years. That is a very significant improvement as far as our budget is concerned. Those funds will be used as a contribution towards operational costs, upgrading of existing facilities and modification to venues.

To ensure this valuable service is supported and, indeed, enhanced \$4.3m has been set aside over the next three years to upgrade outside-school-hours care facilities; \$2.7m will be available in 1996-97. These funds will be used to complement the implementation of national standards for outside-school-hours care. The aim of this is to ensure that we safeguard the protection of children by ensuring acceptable minimum standards and that they are met within outside-school-hours care services. Queensland is indeed the only State in Australia that has come forward with funds to ensure that one of its most important resources is protected and nurtured through the provision of high-quality child-care services.

Miss SIMPSON: Mr Minister, I notice that the Government intends to work with the Red Cross to help young children in hospital. I was wondering if you could outline how this initiative is going to work?

Mr LINGARD: Thank you. Over the next three years the Red Cross Play Scheme will receive \$300,000 to expand and enhance its program. The Red Cross Play Scheme was first established in 1996 by the Mater Hospital and the Royal Children's Hospital in Brisbane. The scheme now operates in 16 hospitals across Queensland, including Toowoomba, Cairns, Roma, Redcliffe, Townsville, Mackay, Rockhampton, Nambour, Caboolture, Prince Charles, Ipswich, Logan, Southport and the Allamanda Private Hospital on the Gold Coast.

The purpose of the Play Scheme is to help children adjust to their hospital stay by bridging the gap between home and hospital through play. Play Scheme operates in children's wards, in outpatient departments, anti-natal clinics and accident and emergency departments providing a range of play activities involving sick children and their siblings.

Volunteers who come in from all sorts of backgrounds, from students to retired people, form the backbone of the scheme. Play Scheme employs a full-time coordinator and several play supervisors who oversee the delivery of the program and liaise with nursing staff. A Red Cross volunteer coordinator recruits and trains volunteer play workers.

To date, funding for Play Scheme has come from donations from the Red Cross. More young children who are sick, hospitalised or attending clinics will be able to be involved in play activities to help lessen the trauma of hospital stay and to aid a speedy recovery. Play Scheme will be able to provide increased support and training for volunteer play workers who plan the children's activities and additional equipment for the children's use.

Miss SIMPSON: Thank you.

The CHAIRMAN: Minister, I had intended to ask you a question about child-care but I think that has been pretty well covered in the Opposition questions. You refer to incorporating national standards for different types of child-care into Queensland legislation. How will they be incorporated and will Queensland's present standards be lowered?

Mr LINGARD: Thank you. The Queensland Government is committed to ensuring an acceptable quality baseline for the provision of child-care services in this State. Queensland regulation is currently regarded as among the best in Australia. However, there is a need for ongoing reflection and review.

The Child Care Act 1991, the Child Care Regulation 1991, and the Child Care (Family Day Care) Regulation 1991 prescribe minimum quality standards for the provision of child-care in Queensland. Prescribed services include long-day care, occasional and limited-hours care, kindergartens and family-day care. The incorporation of national standards into Queensland regulations will serve to update, clarify and, in some cases, to enhance current minimum standards. Given the high standards already required by the current legislation, the cost impact is expected to be minimal. Many of the national standards simply reflect the good practice that is already occurring in Queensland services.

The Child Care Act 1991 and the related regulations are the result of extensive industry consultation and widespread agreement on what constitutes an acceptable quality baseline for child care. Queensland will not be lowering these minimum standards. The national standards detail the minimum quality standard that parents have a right to expect for their children in areas such as facilities, health and safety, programs, administration, staffing levels and qualifications. Like the State regulation, the aim of national standards is to safeguard the protection of children and the families using child care by ensuring an acceptable quality baseline for service provision.

To ensure effective child-care legislation, the State Government conducted a minor technical review of the Child Care Act 1991 and related regulations. The purpose of the technical review was to clarify some sections of the legislation in order to ensure clear interpretation, consistent application and to maintain original intent. The review takes further advantage of planned consultations. Discussion papers have been developed as companions to the national standards for use by service providers, service users and other interested individuals and organisations. Targeted consultation

will occur over the period September-October 1996. Amendments to current legislation will be drafted early in the new year and could be enacted in mid 1997.

The best way to implement national standards for outside school hours in Queensland will be a key question for consultation. Options include statutory regulation, funding or industry guidelines, a code of practice or any combination of these. National standards for outside-school-hours care will be implemented via the selected mechanism by the end of 1997.

The CHAIRMAN: Thank you, Minister. The time for Government questions has expired. We will break for five minutes. The Committee will resume at 6.45.

Sitting suspended from 6.39 p.m. to 6.45 p.m.

The CHAIRMAN: The Committee will now resume. We come to Opposition questions.

Mrs WOODGATE: Mr Lingard, I refer to the massive increase in adoption fees. Can you advise me how much the department expects to raise out of the fee rise?

Mr LINGARD: The figures, as they were presented to me, show that the total cost of adoptions in the three areas is \$760,000. We believe that through the new fees we will raise \$550,000, which clearly is not full cost recovery. When I was advised that maybe our costs were not comparable with other States, I had those costs investigated. Off the top of my head, the figures that came through were especially in foreign adoptions, where we were probably going to charge about \$5,200, Victoria was \$6,200, South Australia would be up to \$5,300 and New South Wales, I was advised, was about \$4,800. But the significant thing—

Mrs EDMOND: That is not true.

Mr LINGARD: I accept your statement that there is a discrepancy about what the New South Wales figures are, because sometimes I get back a figure of approximately \$2,200. The significant thing is that in Queensland the adoption process is run completely by the department. Therefore, there are no charges for legal fees and there are no charges for court cases that people are involved in, whereas in every other State clearly people do have to pay the fee that is indicated plus the legal costs and the costs of court cases.

Therefore, in answer to your question, I believe that our figures are \$760,000 to run the whole adoption process and our cost recovery is \$550,000. Therefore, we do not have full cost recovery and our costs compare, in most cases, favourably with the costs of other States. The thing that will be significance very soon is The Hague Convention, which I believe will possibly mean that all States of Australia will have to fit in with a national level. Maybe Queensland, therefore, would have to go with a national level, with maybe the Family Law Court. I believe that we will, therefore, be involved in a different process if The Hague Convention recommends that.

Mrs WOODGATE: I am sure you are getting as many phone calls as I am. I am concerned that the fee increases were introduced but that there was no consultation with any parent support group whatsoever.

Mr LINGARD: I have spoken to parent groups. I gave them an indication that I would hold up the Executive minute until I had traced the costs for the other States. As I say, I had been advised of all of the costs by my department, but certainly I wanted to investigate the other States. After talking to those groups, and I would have spoken to at least three groups recently, I gave a commitment that I would check on the comparable costs. I have done so. I believe our costs are favourable and comparable and, therefore, the cost structure will go through.

Mrs WOODGATE: I feel that it does not sit well with this decision. This is probably policy or heart-on-the-sleeve stuff. I think this contradicts your supposed emphasis on supporting families, because this is one area in which we should be really trying to help people. I really think that these fees to be paid by the adoptive parents are subsidising other services provided by the adoption section. The adoption section expends considerable resources in managing applications for identifying information and objection services, which appear to me to be provided free of charge—applications, objections and revocations. Would you not say that they are sort of subsidising the other services provided by the adoption section?

Mr LINGARD: I have asked for a review of that since the Budget. I would agree that, in some areas, some of the service is excessive. However, I must admit that I have not changed it since the previous Government was in office. Certainly, the cost to run the whole program is \$760,000. I would agree with your comments there and that is certainly why I have asked for a review of the whole situation to do with adoptions.

Mrs WOODGATE: I am a bit concerned that the fee for intercountry adoptions is so high. I have a bit of an interest in this area because, as I have said a few times in the House, my daughter and her husband were the first parents in Queensland to adopt a child from Brazil. We have been through all of this. Believe me, I know the expenses involved. The fees for intercountry adoptions are very much higher than those for local adoptions. Do you have a comparative breakdown of the proposed fees? Intercountry adoptive parents have to pay all the costs in the country they are adopting from, including all of the Government, agency and legal fees, court costs—the lot. I have been there and done that. For local adoptions, the department has the responsibility for both sides of the adoption process. For intercountry adoptions, the department has the responsibility for the adopting parents' parts, and they pay the rest. The intercountry process is generally much shorter. It takes two to three years from the initial date of application. Local adoptions take eight years. Why is there a difference?

Mr LINGARD: I appreciate your comments. I have seen the specific figures, but I will ask my

divisional head to come forward to give you the figures, if he can.

Mr RYAN: With respect to the honourable member's question, the costs that are incurred by the department in foreign country adoptions involves a considerable amount of interaction between the department and the foreign country. In most other jurisdictions of Australia the responsibility for those rests with the applicant. In Queensland, because it is an inclusive system, most of those costs are in fact carried by the department in the interaction. That does not in fact cover the cost of visitation by the particular applicant to the foreign country and meeting the requirements of that foreign country for length of stay—

Mrs WOODGATE: But the adopting parents are paying for most of that?

Mr RYAN: They pay for that, and it varies according to the various countries involved.

Mrs WOODGATE: For Queensland adoptions, the department is picking it up?

Mr RYAN: Yes, it is, on both sides. But what I am saying is that the cost to applicants is established by the country the child is being provided from, and it does vary. Some considerable thousands of dollars are involved in that. What I am saying is that, from the Queensland end, in foreign countries there is a considerable amount of work done by the department in Queensland which is not done in the other States of Australia, where the applicants are required to do their negotiation and even preparation of the paperwork for the foreign country end. In Queensland, all of that work is packaged and carried out by the department. It is for that reason that those are included in the costs.

Mrs WOODGATE: I heard the Treasurer's response on talkback radio last week. I do not know whether you heard that. She said that the fees were designed to encourage people to adopt locally. That is exactly what she said. To me, I think that indicates a most uncaring attitude. I have a bit of a soft spot for the issue of adoption. To me, it demonstrates a total ignorance of the emotional pain experienced by the large number of infertile couples who cannot adopt locally because of the lengthy waiting period of at least eight years and the very restrictive age requirements. Was this taken into account when you were working out the fee hikes? Did you not realise that, by doing this, you are preventing people from adopting?

Mr LINGARD: I can assure you that, when we were looking at the budget, it was based specifically on cost recovery, and that was where the decision was made. I have stated the figures. From an amount of \$760,000 we believe we will only get \$550,000 back. So it is not even cost recovery at that stage. I can assure you that the decision making was based simply on cost recovery.

Mrs WOODGATE: Forgive me for believing that, after listening to the Treasurer, looking at these fees and listening to the people over the last two weeks who have been ringing and writing to me, there is a bit of a hidden agenda to discourage intercountry adoptions.

Mr LINGARD: I appreciate your concerns. I have very similar concerns. That is why I have asked for a review. Hopefully, that review will come back to us. But, as I said, I think that we will probably have The Hague Convention decisions forced upon us. We as Ministers are meeting next week when we will be discussing The Hague Convention. I would be concerned that the adoption process may be taken out of Queensland's hands and go to the Federal Family Law Court. I think that will be disappointing. I am most impressed with the service that the department provides.

Mrs EDMOND: Certainly, a lot of the people who have spoken to me have expressed concerns that this is generally in keeping with the Federal coalition policies of reducing non-European immigration. Is that part of the process here? Are we trying to screen out Asian and little African bubs?

Mr LINGARD: No. I can assure you that it was based purely on cost recovery. I give you that honest statement.

Mrs EDMOND: The information I have received is that it is way over and above any form of cost recovery and they have shown those figures to your department. I have certainly seen the breakdown of the figures. I do not have them with me now. I am quite happy to provide them to you if you have not received them. They show that it is way in excess of any cost recovery. I understand you said that this was capped at a median for Australia. The median for Australia is \$2,600, not \$5,600. That is double the median.

Mr LINGARD: To be quite honest, I did not say anything about the median. I was just comparing it with South Australia, Victoria and New South Wales. We obviously understand the differences in the figures we are getting back from New South Wales. I can assure you that your previous statement about overseas people is not true. It was based on cost recovery. I appreciate your concerns about each individual case, and that is a concern to me. But I am only going on my department's costs of \$760,000 and a recovery of \$550,000.

Mrs WOODGATE: I will hold you to your comments on adoption, because it is something that I feel very strongly about. I wanted to talk about Aboriginal and Torres Strait Islander affairs. I refer to the Ministerial Program Statements. I note that the Aboriginal and Torres Strait Islander organisations funded through the Culture, Economic Development and Land Program will reduce from 51 in 1995-96 to 27 in 1996-97. Can you explain the reasons for the reduction and tell us what it represents in dollar terms?

Mr WAUCHOPE: Just in answer to the honourable member's question, it does not represent a dollar reduction for those programs. There is no reduction. In terms of the outputs, it will simply mean that we expect to have a smaller number of larger projects rather than a larger number of smaller projects. There is nothing particularly significant in that.

Mrs WOODGATE: But didn't it say that there won't be as many organisations?

Mr WAUCHOPE: Yes, that is right, because those two programs are based on year-by-year applications for the funding, and we just expect a fewer number of organisations to be funded, not that there will be a lower number of dollars allocated to the programs.

Mrs WOODGATE: Through the Minister to you—what were the results of consultations with the Aboriginal people about the Aboriginal Welfare Fund, and when will this money be returned to the Aboriginal people?

Mr LINGARD: May I answer first? It is probably a policy one, but I will allow Mr Wauchope to answer. There is no doubt that there is \$6.5m in the Aboriginal Welfare Fund at this stage. I have said very openly and most definitely that if the Aboriginal people can advise me where they want the money to be paid to, I will pay it tomorrow. But, of course, that is the bone of contention—whether it should be paid back to individuals or the Aboriginal people themselves. But I have agreed that there is most definitely \$6.5m there. In allowing the people to try to ascertain where this money should go back to, as you would realise, we have opened up a very special department through which we will allow people to check our records, but not only check our records; we have also provided reading rooms at that place, and we will also provide special advice and assistance if required. If it is that they want to post down to us for information, we will provide them with information. Hopefully, we can be open and accountable as far as the Aboriginal Welfare Fund is concerned. In summary—we would pay the \$6.5m tomorrow if we received advice from the Aboriginal people about where they wanted to have it paid and who they want to have it paid to. That is the most difficult question to identify at this stage.

Mrs WOODGATE: I appreciate that. That is a hard ask. If you do not get that agreement, are we going to sit on it for the next 50 years? You are the Minister. You have to take the lead.

Mr LINGARD: I have spoken with FAIRA and Mr Malezer. We believe that possibly the only way to resolve this issue is for the case to go to court.

Mrs WOODGATE: Fair enough. I refer to the matter commonly referred to as the Palm Island wages case, in which a number of Aboriginal and Torres Strait Islander peoples are claiming they were discriminated against by being paid wages at a lower rate than those paid to non-Aboriginal people. What would be the financial implications for Queensland of these people succeeding in their claim, how many others would have a similar claim and what would be the likely total cost?

Mr LINGARD: As you realise, the Government has been opposing that claim, and therefore we have been very open with—in fact, I think we have been more than open—we have cooperated fully with the commission that has been investigating that particular claim. To be quite honest, I would expect that the Government will not lose that claim, but I will ask Mr Wauchope to continue further.

Mr WAUCHOPE: I don't know that I can add a lot to what the Minister has had to say there. The

matter is currently being considered by Judge Carter acting as a commissioner for the Human Rights and Equal Opportunity Commission. Until he brings down a finding, I think it would be premature to try to work out what the outcome might be. We simply have to wait. He has taken all the evidence, and he will make a determination which we will in turn respond to.

Mrs WOODGATE: Thanks, Jim. The Ministerial Program Statements talk about the construction of the Townsville diversionary centre. It is stated that progress will be made on that construction. Where will it be built? Does the progress envisaged mean that we will see the completion of the centre this year, and when do you anticipate the completion of it, if not this year?

Mr LINGARD: I have visited personally Hanran Park with Mr Frank Tanti in the early hours of a Saturday morning. I reiterate that I am disgusted with what I have seen in Hanran Park—not just the fact of people sleeping there but the health of the people involved. I personally do not want to take up the issue of whether people should be sleeping in the park. My issue is that there is no doubt that we must act immediately on the health of the people involved at Hanran Park. In that regard, we have allocated \$760,000 for the construction of a diversionary centre. Our first quotes or advice of quotes back on the Belgian Gardens was \$1.3m. The advice I am receiving about the Belgian Gardens site is that it is the costly infrastructure for water and the costly infrastructure for sewerage that has made that site so expensive. I have had further discussions with Mr Mooney, the Mayor of Townsville. In discussions with Mr Mooney, the Department of Family Services has decided that it would be much better to develop the Ki-meta site as an interim measure as a diversionary centre—I have concerns about that centre, but it is to be an interim measure—and also to develop the Eklund Street Medical Centre, which is an accommodation centre based on the Aboriginal Medical Group, as an accommodation centre for aged people.

In summary—there is \$760,000 allocated in the budget, and it will stay there until we find a permanent diversionary centre site. In the interim, Ki-meta will be developed and a temporary accommodation centre will be set up at Eklund Street. All of this has been in consultation with the Townsville City Council and the Department of Family Services in Townsville.

The CHAIRMAN: The time for Opposition questions has expired. We now come to Government questions.

Miss SIMPSON: How will the employment of highly skilled child protection practitioners make a real difference to services for children and families?

Mr LINGARD: I have been emphasising strongly since coming to this portfolio that preventative services are essential for families. We must try to stop family breakdown, and we must be making every effort to ensure that children are living with their own families wherever possible. The families my department works with have often encountered serious difficulties in caring for their children. My department deals with many serious

cases of abuse and neglect, and the families need a great deal of skilful assistance, education and support to ensure that they can provide a safe, secure and stable family environment.

As part of enhancing child protection services, highly skilled child protection practitioners will work closely with families to maximise the effort to resolve issues without the need for adversarial court proceedings. These senior practitioners will also be a resource for staff with assessments, decision making and case planning. This will ensure that in the complex and high-pressure area office environment, the department is retaining highly skilled and experienced staff. The primary role is a consultative and professional development one aimed at enhancing the standards of child protection practice and case management, in particular, assessment and engaging families. This will achieve the best service possible for families on the front line, plus respond to the need for on-the-job enhancement of skills for area office staff.

Persons involved in this position will require high levels of skills and credibility as a child protection practitioner. They will be operating at the highest level of professional practice in working with families. It is well established that when workers have an effective relationship with clients, clients are more open to assistance and are more able to accept and understand what the concerns are in relation to their children. Families can then work better towards providing a better home environment.

The CHAIRMAN: Minister, \$2.3m has been allocated to upgrading information technology systems for area offices. What benefits will this bring for clients?

Mr LINGARD: Allocation of these funds has resulted in all professional staff in our area offices having access to appropriate computer equipment. In addition, the department's client information system is being substantially upgraded to ensure that relevant information is recorded, maintained and accessible at area offices. Reform in this area will improve client service delivery in terms of: streamlining administrative process, and therefore freeing professional officer time for direct client contact; integrating the range of client information currently held by this department and ensuring that it is accessible to area office staff in a timely manner; ensuring accuracy of client information; assisting staff in providing client services which are appropriate to their needs; providing a more consistent response to clients across the State; improving client access to their records; and enhancing the protection of children through timely access to previous information relevant to further reports of concern.

The accurate recording and maintenance of client information is critical to effective service delivery, particularly in relation to the protection of children and the provision of support to their families. These reforms will significantly improve our capacity in this area.

Mr WOOLMER: Minister, I want to change the topic and move on to Aboriginal and Torres Strait Islanders and, in particular, child protection services

in that area. What steps is the department taking to improve those child protection services to the Aboriginal and Torres Strait Islander children, the families and the communities so that over-representation of indigenous children on protective orders has been addressed?

Mr LINGARD: The department has clearly demonstrated its ongoing commitment to address the over-representation of indigenous children on protective orders. Recent and ongoing research within the department has highlighted a number of areas for attention which have been followed up with a number of innovative programs and the input of funds and personnel. During the 1995-96 financial year, \$405,000 was allocated to indigenous organisations to enhance their capacity to work on child protection matters in liaison with the department. This underlines the partnership that must exist between the department and indigenous communities if this issue is to be addressed.

Across the State, work with Aboriginal and Torres Strait Islander children on protective orders has ensured the department is responsive to the wide range of local needs that exist across Queensland. Work is focused on four main areas: first of all, developing protocols and mechanisms for effective case consultation, planning and intervention with Aboriginal and Islander child care agencies; two, equipping departmental staff to respond more effectively to the needs of Aboriginal and Torres Strait Islander children and their families through staff training and supervision; third, preventative work with families to reduce the number of indigenous children coming on to protective orders; fourth, case planning for children under protective orders which seeks to develop strong family networks, stable and culturally appropriate alternative care replacements and the child's cultural identity.

Additional indigenous staff have been employed to provide direct case work services to Aboriginal and Torres Strait Islander families and to assist departmental officers in delivering culturally appropriate services. Initial evaluation of these plans suggests that some progress is being made in addressing the substantial issues that arise from the over-representation of indigenous children on protective orders. However, there is a need for ongoing planning and intervention to build on the achievements to date and to continue to address outstanding issues. The department continues to give this work high priority.

Miss SIMPSON: We talked a little earlier about juvenile crime. Could you explain what the department is doing to recognise the rights of the victims of juvenile crime?

Mr LINGARD: Can I ask the director-general to answer that question?

Rev. MALE: Victim awareness work is a powerful way of addressing the personal, financial and social impacts crime has on victims. In recognition of the need for young offenders to understand the effect their actions have on others, the department has developed a new victims awareness package, Victims: The Other Side of

Crime. It is a comprehensive guide for workers to assist young offenders to recognise the full impact of their offending, to make amends and to make conscious decisions about their future in relation to their offending. The package has been designed as a practical tool to assist practitioners in their work with young offenders. The final section of the kit, called Making It Right outlines a range of strategies to turn their awareness into action, including apologies, restitution, reparation and victim/offender conferencing.

The CHAIRMAN: Minister, is it true that even when juveniles do finally get taken before a court and sentenced, your department is so understaffed that it cannot service the orders and the juveniles get off scot-free?

Mr LINGARD: I ask the director-general to answer that.

The CHAIRMAN: I would like to hear the answer.

Rev. MALE: In 1995-96, the compliance rate for probation orders and community service orders was approximately 90 per cent. The compliance rate for immediate release orders was approximately 75 per cent. Every effort is made by departmental officers to ensure that all court orders are serviced. Regular reviews are carried out on each child under court orders. If children do not comply with a court order, breach action is commenced and they are returned to court to be dealt with. It would be rare for a child who failed to comply with their order not to be reviewed and breach action initiated.

Mr WOOLMER: Minister, what is your department doing to implement the amendments which have recently been made to the juvenile justice legislation?

Mr LINGARD: I ask the director-general to answer again.

Rev. MALE: Key changes that will impact on this department are tougher sentences, especially community service and detention orders, and strengthening the requirements for parental supervision and involvement in the court process. The department is implementing an extensive range of strategies to give effect to the legislative amendments. These include: the appointment of 20 additional staff; development and delivery of new training programs and new procedures; establishment of new services and service delivery model for community service orders; and the development of new information systems. Over \$4m has been allocated in 1996-97 to develop new direct services which will support a range of non-custodial juvenile justice orders provided for by the amendments to the Juvenile Justice Act 1992.

Miss SIMPSON: Minister, the Government-run retail stores on Aboriginal communities I understand ran at a substantial loss last year. What has been done to address some of these problems?

Mr LINGARD: I have visited all of the communities now and have actually been to investigate all of these stores. The Retail Stores Group has reduced the overall loss by an estimated \$860,000 in real terms during the 1995-96 financial

year compared with the previous financial year's result. The main strategy was aimed at lowering operating costs rather than increasing revenue. The necessary efficiencies have been introduced into retail store operations, including a reduction in salaries and wages through natural attrition, utilising more casual staff without compromising the delivery of services and a further reduction in inventory levels with a substantial reduction in stock losses to less than 1 per cent of sales.

Can I also say that I have investigated the costs of all the items in these stores. I believe that all of these costs are comparable or lower than stores such as Woolworths in Weipa and certainly the Ibis stores that go through the Torres Strait islands. At this stage I am very satisfied that these stores are providing a service comparable to any other store working in the Cape York or Torres Strait islands.

Mrs WOODGATE: Even Doomadgee?

Mr LINGARD: As far as Doomadgee's costs—Doomadgee has a store and I believe that Doomadgee's costs are comparable to the others, yes.

Mrs WOODGATE: It would be a change.

Mrs GAMIN: What is the Government doing about the Aborigines Welfare Fund, and can you describe the recent initiative to improve community access to departmental records about the welfare fund?

Mr LINGARD: As I explained previously, there is that \$6.5m that is there. I have given the guarantee that if we do find out exactly who it is we should pay that money to, certainly I will do that. I will certainly continue to provide the service as we do in Charlotte Street where people can come at any time and they can access those records. They can access all of the old records going right back. As well as that, they can access them personally or we will provide a service ourselves. I quite honestly believe that we have opened up access to all of those files now. As I indicate, I think FAIRA should now indicate to us that we will probably have to go to court to make this decision because, quite honestly, they have not got any method of distributing this money. They believe probably there should be more, but we cannot allow this matter to continue any further, and I believe that the only way to resolve it is for both sides to go to court.

The CHAIRMAN: Would you have any idea of when any such court action could commence?

Mr LINGARD: No, I do not want to initiate it because, quite obviously, I believe that I have the \$6.5m and that I want to pay the money. Obviously, FAIRA and Mr Les Malezer disagree.

Mr WOOLMER: Has the Government produced an Aboriginal and Torres Strait Islander budget statement for 1995-96, and what has been done to make the information more accessible to the members of the indigenous community?

Mr LINGARD: The Aboriginal and Torres Strait Islander Affairs budget statement of 1995-96 was published in June 1996. It provides an important information resource for Queensland public sector

officials interested in the formulation of a whole-of-Government policy and planning perspective. The statement will be of invaluable assistance in implementing the Queensland Government's policy objectives relating to the development and delivery of programs to redress the persisting disadvantages experienced by Aboriginal and Torres Strait Islander people.

A companion document to be titled "Queensland Government Programs for Aboriginal and Torres Strait Islander Peoples" is being prepared and will be published shortly. It complements the more technical report presented by the budget statement which is aimed at Queensland public sector officials. It is targeted at Queensland indigenous communities and those in the wider community interested in a convenient directory of the Queensland Government's Aboriginal and Torres Strait Islander Affairs program.

Miss SIMPSON: Minister, I understand that the *Cairns Post* recently reported some difficulties in the Umagico council. What has the Government been doing to assist that community?

Mr LINGARD: Ever since the Umagico community people approached me on Horn Island at the motel there late one night, I have acted very quickly, because on that visit to the northern peninsula area of Cape York earlier this year I was requested by the chairman and councillors of the Umagico Aboriginal Council to provide hands-on departmental assistance to council for reconstruction of council financial records and to provide an assessment of council's financial position. As a result, a team of two departmental officers has been working with council staff for the past two months, with assistance from a third officer for the past three weeks. The officers have completed their tasks and have, in the process, established that the council does have a serious debt problem in respect of trade creditors. I, in consultation with the department and the council, am currently exploring various options available for the alleviation of the council's financial difficulties.

The CHAIRMAN: Minister, you recently tabled the first independent report of the Aboriginal and Torres Strait Islander Overview Committee in State Parliament. What is the Government doing to implement the recommendations of this report?

Mr LINGARD: As I stated previously, I think that one of the most moving parts of that particular report was, firstly, how well it was done but, secondly, that the front diagram was done by a person who had taken his own life in Townsville. Therefore, I think the details within that overview report should be taken very seriously by everybody. The first of the overview committee's 57 recommendations concerning the amalgamation with the Aboriginal Justice Advisory Committee has been implemented, and work on implementing their recommendation concerning major improvement of the Aboriginal deaths in custody interdepartmental committee is well under way. I will chair that committee, with broader terms of reference and with the most senior representation from relevant

agencies. I say that most definitely, because I am determined to ensure that senior people are at those meetings all of the time and that decisions can be made constructively and quickly.

Further, all Queensland Government agencies with some responsibilities in implementing deaths in custody recommendations have been requested to report on their response to those overview committee's recommendations which concern their area of administration. I believe that the changes being made in response to the overview committee's recommendations will not only lead to improved monitoring of the Royal Commission into Aboriginal Deaths in Custody recommendations but will also positively transform the coordination of Government efforts in Aboriginal and Torres Strait Islander matters and ensure that Government decision making is informed by the best available indigenous advice.

Mr WOOLMER: NAIDOC Week is a very important milestone for the Aboriginal and Torres Strait Islander people. What support has been provided by the Queensland Government for this important cultural event?

Mr LINGARD: I approved funding of \$60,000 to establish the NAIDOC Week Community Grants Program. The program is administered by the Office of Aboriginal and Torres Strait Islander Affairs within my department. Small grants were provided to numerous Aboriginal and Torres Strait Islander organisations around Queensland to assist with the cost of organising community-based celebratory and cultural events. In addition, the Office of Aboriginal and Torres Strait Islander Affairs organised special NAIDOC Week celebration functions in Brisbane and five other regional centres, including Rockhampton, Townsville, Mount Isa, Cairns and Thursday Island.

The CHAIRMAN: I will stop the Government questions there. It is 25 minutes past seven. Would you like to make a closing statement?

Mr LINGARD: My closing statement would be that I thank very sincerely the members of the Committee for the way that this Estimates Committee has been conducted. In particular, I thank the member for Kurwongbah, the member for Capalaba—who has now departed, but I thank him very sincerely—and also the member for Mount Coot-tha. I thank those three members of the Opposition very sincerely. Similarly, I also thank the member for Maroochydore, the member for Burleigh and the member for Springwood for their participation in the conduct of this particular session.

I have a very, very special thanks to my own staff, who know full well what they have done over the last days and many, many weeks. I know that all staff who have participated in these types of Estimates Committees know exactly how much work there is. Unfortunately, they have to sit behind waiting for questions, but sometimes not getting them. So to those who have spent many, many hours—I thank them most sincerely. Of course, I finish by thanking the parliamentary staff because, after all, this is the last of the Estimates Committee hearings. My very sincere thanks go to everyone who has participated.

The CHAIRMAN: Time having expired, and there being no further questions, that concludes the examination of the Estimates for the Minister for Families, Youth and Community Care. I thank the Minister and the portfolio officers for their attendance. That also concludes the Committee's consideration of the matters referred to it by the Parliament on 3 September 1996. I declare this public hearing closed. At the same time, I also would like to give my thanks to the Hansard staff for their assistance and cooperation during the day, and to the research staff and the other Committee members. Thank you.

The Committee adjourned at 7.25 p.m.