ESTIMATES COMMITTEE D

Ms K. L. Struthers (Chair)	Mr R. J. Quinn
Mr W. P. Feldman	Miss F. S. Simpson
Mr G. B. Fenlon	Mr T. Sullivan

HEALTH

IN ATTENDANCE

Hon. W. M. Edmond, Minister for Health

Dr R. Stable, Director-General

Dr D. Filby, Deputy Director-General (Policy and Outcomes)

Dr J. Youngman, General Manager (Health Services)

Mr E. Evans, State Manager (Oral Health)

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The Committee commenced at 8.30 a.m.

The CHAIRMAN: I declare this meeting of Estimates Committee D now open. I welcome the Minister, public officials and members of the public who are in attendance today. The Committee will examine the proposed expenditure contained in the Appropriation Bill 2000 for the areas as set out in the Sessional Orders. The organisational units will be examined in the following order: Health and then Education.

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 of the expiration of these time limits. An extension of time may be given with the consent of the questioner.

The Sessional Orders require that at least half the time is to be allotted to non-Government members. I ask departmental witnesses to identify themselves before they answer a question so that the Hansard staff can record that information in their transcript.

In the event that those attending today are not aware, I should point out that the proceedings are similar to Parliament to the extent that the public cannot participate in the proceedings. In that regard I remind members of the public that, in accordance with Standing Order 195, strangers—that is, the public—may be admitted to or excluded from the hearing at the pleasure of the Committee.

The Committee has resolved that TV file footage without sound be allowed for the opening statements by the Chair and Ministers and that radio and print media coverage be allowed at other times.

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

> "That the proposed expenditure be agreed to."

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

Mrs EDMOND: Yes, thank you, Madam Chair, and may I firstly congratulate you on achieving that position of Chair. I have held that position myself. I know it is an onerous one, but congratulations.

The CHAIRMAN: Thank you.

Mrs EDMOND: The Beattie Government is committed to providing a high quality public hospital system for all Queenslanders built on the principles of equity of access according to need and not the ability to pay. In the two years since the Queensland Government was elected, there have been significant achievements in policy areas designed to build a sustainable health system and a strong network of care. The last two Health budgets have been records, and I am pleased to say that this year's is also a record recurrent budget of $3.81 billion on top of a Statewide Health Building Program of $473m.

There will be more jobs for Queenslanders: 1,000 extra full-time equivalent health positions, and more than 6,000 jobs will be created in the building and construction industry under the Statewide Health Building Program. We are helping to strengthen Queensland's regions through our commitment to provide health services as close as possible to where people live. Queensland Health's $2.8 billion Statewide Health Building Program, the largest construction program in Australia outside the Olympics, is now past its halfway mark. New and refurbished facilities are already helping to deliver first-class health services throughout the State, as I am sure the member for Chermside will testify to.

Just 10 days ago, the Premier and I officially opened the Ned Hanlon Building. This $180m new facility houses the Royal Women's Hospital, which cares for women from around Queensland. The new building also brings together facilities previously spread around the Herston campus. Ned Hanlon's Labor Government created our proud history of free hospital care in Queensland in 1946. The Beattie Labor Government honoured his legacy by naming the new centre block at the Royal Brisbane Hospital the Ned Hanlon

Building. This year, new, upgraded or redeveloped hospitals will also open at Townsville, the Gold Coast, Rockhampton and Caloundra.

We are skilling Queensland and contributing to the development of a Smart State. This is witnessed, for example, by our $20m commitment over four years to support the establishment of the Comprehensive Cancer Research Centre at the Queensland Institute of Medical Research. We are helping create safer and more supportive communities as part of the Government's Strengthening Families and Crime Prevention Strategy. The highlights include an extra $1.2m for early intervention for safe and healthy families, including trialling the Family Care Program in four locations and free parenting training for mums and dads through the continuation and expansion of the PPP program. This includes training of 62 extra child health nurses to deliver this successful program in rural and remote locations.

Queensland Health is helping to provide a better quality of life, with a further $9.3m to improve acute and community mental health services, increasing total expenditure to more than $363.5m on integrated mental health services. Our school nurses program is also expanding, and so are our alcohol and drug services. $12.7m more will be injected into Home and Community Care services, which includes Commonwealth and State funding.

But most of all we are providing strong leadership. We have a five-year $120m Quality Improvement and Enhancement Program to provide accountable, continually improving quality health services, funded under the provision of the Australian Health Care Agreement. Labor's waiting list reduction strategy means that people are waiting less time for elective surgery in our public hospitals. We publish quarterly reports on our waiting times at our 33 busiest hospitals to restore openness and honesty. The June quarter was published this week. Anyone can access this information on the Internet, and doctors know which hospitals can perform different operations with the least delay. Under Labor, 5,800 more people have had their elective surgery compared with under the coalition.

Just briefly, I would also like to draw the Committee's attention to Jeans for Genes Day, a worthwhile national children's medical research charity I urge you to support, as I am.

May I now introduce for the benefit of the Committee the departmental officers who are with me: Director-General of Queensland Health, Dr Rob Stable; General Manager of Health Services, Dr John Youngman, down the end; Deputy Director-General, Dr David Filby; and we have Tina Davey and Liz Hayes from the department with us, too. Thank you very much.

The CHAIRMAN: We will begin with questions from non-Government members. I call the member for Maroochydore.

Miss SIMPSON: How does your Government justify reducing the number of intensive care beds by about 10% in the last 18 months, a fact which is compromising patient care?

Mrs EDMOND: The range of services that are being delivered are extending, and intensive care beds are opening in new hospitals on a regular basis. We have recently seen the opening of new intensive care beds at Logan Hospital, for example, and an expansion of the intensive care beds available at Redcliffe Hospital, and others are happening. If you could perhaps refer me to the program statement page where it says that ICU beds have been closed, I would be interested to see that figure, because I am not aware of any being closed by this Government. Have you got that page?

Miss SIMPSON: Is that the end of the Minister's answer, or do I ask my next question now?

The CHAIRMAN: The Minister has raised a useful point there. I would ask all members in asking questions to refer to the relevant page of the Ministerial Program Statements.

Miss SIMPSON: I will ask the Minister another question. I note that, with the Budget papers, obviously the Minister does not know that there has been a net loss of intensive care beds in this State—

Mrs EDMOND: I would dispute that fact.

Miss SIMPSON:—resulting in a compromise of care. I note it is actually more than 10%; it is probably closer to about a 14% net reduction in ICU beds, but particularly in the south-east corner—

Mrs EDMOND: Madam Chair—

Miss SIMPSON:—and I refer to some specific examples. The Toowoomba Hospital, a major regional hospital, now has only a part-time intensive care unit. It has not been operating on weekends for several weeks now. I also refer to the fact that, under your administration, there has been a reduction in ICU beds at Royal Brisbane Hospital from 22 to 14, and I am talking about respirated ICU beds; at Princess Alexandra from 20 to 14; at Prince Charles from 10 to 7; and Redcliffe Hospital is supposed to have five ICU beds

under the so-called reversal of flow, but there are only three ICU beds operating. This is a compromise of care, Minister, and you should be aware of it, because there are examples where people are not receiving the best clinical care because of it.

The CHAIRMAN: Before the Minister answers, can I just remind all members that we are here to ask questions, not make statements. We have a one-minute time limit on our questions. I also require that all members refer to the relevant page of the Ministerial Program Statements. I ask the Minister to respond to those questions and not take any interjections. But I certainly want to establish a proper process within this hearing today. I now ask the Minister to answer the question.

Mrs EDMOND: Thank you. There were so many statements and questions there that it is hard to know where to start. ICU beds are staffed, as the previous Minister said on a regular basis, according to need and according to the requirements at that particular time. We do not have people sitting around on empty beds waiting in case something happens. ICU beds, in particular, being a speciality area, are done on a networking basis so that the whole of south-east Queensland needs to be considered at any one time. I would dispute the fact that there has been a net loss of any ICU beds across south-east Queensland. In fact, I would consider that there has more likely been an increase in the net beds available, if those beds are so required.

Toowoomba has had a specific issue where a number of the specialists have left at the same time to take up practice at a private ICU available in the city. That has left us with a specific problem in Toowoomba and recruitment is under way at this particular point in time. It is disappointing that a number of people left at the same time to take up positions at a private facility in Toowoomba. However, that would increase significantly the number of ICU beds available in Toowoomba overall I think, about threefold is my understanding, though I do not have the particulars of the private hospital with me.

So, as I said earlier, I would dispute the fact that there has been any loss in ICU beds in an overall context across the south-east corner. These beds are networked. For example, ICU staff at PA Hospital also interact with and direct services at Logan Hospital on the south side, so there are very, very close working relationships. ICU paediatricians at the Mater work with Chermside paediatric ICU needs and interweave with the Royal Children's Hospital to provide back-up services. We have a very close-knit and very closely cooperating team of ICU specialists in Queensland and particularly in the south-east corner who work very, very well together and, to my understanding, are very satisfied with the way they are working together to fulfil the needs of the people of south-east Queensland.

Miss SIMPSON: Minister, obviously if we are managing for outputs, best patient care should be a clear output in these budgets and in practice. In asking my next question, I note that you are not aware of the fact that there has been a net loss of intensive care beds which is compromising patient care—

Mrs EDMOND: Madam Chair, I take a point of order—

Miss SIMPSON: If I may ask my question without interjections, Madam Chair—

Mrs EDMOND: Madam Chair, can I take a point of order. If the member cannot clearly show where there is a statement saying there has been a net loss, I would have to ask that she provide that statement in the Budget papers or somewhere, not just in the Ministerial Portfolio Statements—in the public papers, because she is making a claim which is substantially untrue. It should not be allowed to stand as such.

The CHAIRMAN: Thank you, Minister. I remind all members that I need a reference to the MPS in all questions that are asked. I want to maintain that with each question that is asked.

Miss SIMPSON: In asking my question, I refer to the managing for output statements in your Budget papers. I will not be censored on this fact. I refer you to decisions under your Government and to the fact that last week there were no empty ICU beds on the north side of the river in Brisbane and that in the last two weeks many people have been refused admission to ICU, to intensive care respirator beds, including two elderly victims who had out-of-hospital cardiac arrests, both of whom subsequently died. One of these patients was at Redcliffe and staff tried to have that patient moved to Royal Brisbane but were refused because there were no ICU beds at Royal Brisbane. There was another patient who was at Royal Brisbane who also died in Casualty. While I understand that these two people—

Mr SULLIVAN: Point of order—

Miss SIMPSON:—were extremely ill, how do you justify decisions to cut back intensive care beds in Queensland on financial grounds, which is clearly compromising patient care?

Mr SULLIVAN: Point of order, Madam Chair. I want to know what we are referring to, what page. Could the member please tell us what page of the statements, because I am interested in this, too. You have just said it is in the program statements. There are 20, 30, 40 pages. Could you refer me to what page—which is what the Committee has decided would occur?

Miss SIMPSON: I will refer the member to the full-time equivalent statements in Budget paper Health Ministerial Portfolio Statements where it refers to full-time equivalents and while it does not give—

Mr SULLIVAN: I am just asking what page in that.

Miss SIMPSON: Page 7. If you want some explanation, there has been a cutback in full-time equivalent nursing intensive care staff at Royal Brisbane Hospital, for the member's information. At Royal Brisbane Hospital there has been a reduction of full-time equivalent nursing staff from 145 to 110, if that satisfies the member's understanding. There has been a significant cutback in intensive care—

Mr SULLIVAN: No, it was not my understanding, it was just that you did not—

Miss SIMPSON:—full-time equivalents and actual beds in this State, which is compromising patient care.

The CHAIRMAN: Before the Minister answers, can I again remind members and the member for Maroochydore that under Sessional Order 24 questions must be no longer than one minute and also they are not to be statements but questions, so just adhere to that process.

Miss SIMPSON: Absolutely. I was asked to explain by the member for Chermside, who also injected, Madam Chair.

Mrs EDMOND: Madam Chair, I repeat, there has been no cutback in ICU beds, for the benefit of the member for Maroochydore. There has been no cutback in ICU beds in the south-east corner. They are staffed according to need. Also for her benefit, patients who are having cardiac problems are admitted to cardiac coronary care beds, not ICU beds. Sometimes in smaller hospitals coronary care beds and high dependency beds are in the same ward, they have similar needs, but in the Brisbane area I would hope that a patient with coronary care problems who needed urgent admission would go to the Prince Charles Hospital or to a special coronary care unit, not to an ICU unit. The member may not be aware, there is an international shortage of some speciality nurses. ICU nurses are one of those where there has been a dramatic shortfall. It is one of the reasons that in our nursing task force strategy we are focusing on providing extra training, particularly in regional areas, for ICU nursing. We have had nurse educators appointed to Mount Isa and Townsville, because Townsville was facing a critical shortage of ICU trained nurses to address that need by training people who are local, who were ready and willing to undertake that training. Certainly we do face an issue with ICU nurses, but I would repeat, no ICU beds have been closed. ICU beds are staffed according to need and when they are needed they come on line. This is exactly the same situation as under the previous Government. The previous Minister made a similar statement on regular occasions.

Miss SIMPSON: In asking my next question, I note that the Minister has no idea that there has been a net loss of intensive care beds and that people are not being able to be admitted into intensive care, which is a clear compromise in patient care. Minister, are you also aware that your Government has made decisions about scaling back the future capacity of intensive care units in a number of major tertiary hospitals in Queensland? This relates to the Surgery on Time provisions, because if about 25% to 50% of your intensive care units are being used for post-surgical back-up, you have a need to have capacity in the intensive care units. This relates to the capital works program. I note, Minister, that under your Government in recent times under your two-year administration you have moved to cut back the intensive care capacity of Royal Brisbane Hospital as well as the PA Hospital. Are you aware of this fact or do you also not know that you have cut back future capacity?

Mrs EDMOND: Again, I do not know where the member is getting her information from. I would suggest that she actually ask for a brief, because she is so far off beam it is really hard to relate it to any of the facts that I have before me.

On the capital works budget at the Royal Brisbane Hospital, while the entire program of rebuilding the hospitals across Queensland was a vision of the Goss Labor Government in the early 1990s and it has been followed through for a number of years to rebuild all of the hospitals that had been run down extensively over the 32 years prior to the Goss Labor Government coming into Government in 1989, this massive building project across the State actually received bipartisan support from previous people in your position, and it is disappointing to see that it did not. I would

have to point out that the planning for the Royal Brisbane Hospital, while it was largely done under the Goss Labor Government under Ministers Hayward, Elder and Beattie, it did continue. In fact, it got to the stage of sign-off and starting and commencement under the National Party Minister. I would have assumed that any changes to those plans would have been with his approval. In fact, more ICU beds are available at the future Royal Brisbane Hospital and in neonatal ICU beds, in particular.

There has been a significant expansion as the incorporation of the Royal Women's takes place and in adults. So your information is very wrong. I do not know where you are getting it from, but I can only say that you should go back to your sources and say that they do not know what they are talking about.

Miss SIMPSON: I direct my next question to the Minister. I take it from the Minister's last answer that she would be willing to table a list of the funded and operating intensive care respirated beds in every hospital in Queensland.

Mrs EDMOND: Madam Chair, that would take a lot of time to produce. Can I say again—and I do not know how to say this any simpler; the member for Maroochydore does not seem to be getting the message—we do not actually have beds sitting there with four staff around them waiting in case something happens. ICU beds are staffed according to need. They are staffed according to the number of people we have who are needing ICU beds at whichever particular level of ICU beds that are needed. There is cooperation around this State. Because they are so expensive to provide, you cannot provide them and have them sitting there unwanted and unused. We closely network the ICU beds between all of the hospitals and all of the availabilities.

For instance, if Miss Simpson was most unfortunate enough to have an accident up on the Sunshine Coast and there was no availability of an ICU bed at Nambour because of a particular stream of circumstances, she would be helicoptered down to the nearest available ICU bed in the south-east corner. All of them work in a very close way. Between some of them, they now have telemedicine, where you can provide information online to see whether a patient is better moved or whether they are better kept where they are, or it is unnecessary to move them for rapid assessment. I am just looking at the D-G's notes. He says that there are more beds at RBH and PAH and at Logan.

Miss SIMPSON: Table them.

Mrs EDMOND: I am happy to table them.

Miss SIMPSON: All the beds in south-east Queensland?

Mrs EDMOND: The capital works program is available. Disappointingly, your predecessor does not seem to have given you a copy of the capital works program that was approved under the previous Government as well, because it would have been in there.

Miss SIMPSON: In asking my next question, I note that you have reduced the future capacity at the Royal Brisbane Hospital ICU beds from about 36 to 24 in your plans and at Princess Alexandra from about 32 to 22. I ask my question of the Minister—

Mrs EDMOND: Madam Chair, can I ask that she provide some evidence of that, because she keeps repeating things which are untrue on the basis that if you repeat something often enough, people will think that it is the truth. Can I ask the member to provide some evidence that these are being cut?

Miss SIMPSON: I have asked the Minister to actually provide all the intensive care-funded beds in Queensland and she has refused to do so. But I ask the Minister—

The CHAIRMAN: Can I just respond to the Minister's question to me first as chair. I will simply just ask you, if there is somewhere in the Ministerial Portfolio Statements where your question is derived from, please at least refer to that.

Miss SIMPSON: Madam Chair, I refer to page 8 of the MPS, which is headed Treatment and Management—Acute Inpatient Services, and I ask the Minister: as there has been a reduction in full-time equivalent staffing levels at the Royal Brisbane Hospital by 321 in the last year, how can you claim to have given staff job security?

Mrs EDMOND: Sorry, you are on which page?

Miss SIMPSON: You have acute inpatient treatment, but you have also got the full-time equivalents—

Mrs EDMOND: The full-time equivalents are half—

Miss SIMPSON: On page 7, but you have reduced your full-time equivalents at the Royal Brisbane Hospital. How can you claim to have given those staff job security?

Mrs EDMOND: In terms of the full-time equivalents at the Royal Brisbane Hospital, overall, yes. Yes, I do not actually think that it is a secret that the Royal Brisbane Hospital, in its future state, will end up with fewer beds

than the current hospital has. That has been part of the planning process for four or five years at least. That is my understanding. I knew about it certainly five years ago. I think it was something that was well discussed in the media about five years ago. If I just go back to—I think it was 1993-94—there were papers produced, there was the tertiary services plan and the metropolitan hospitals plan, which were produced as major planning documents. I think that they are still the documents that are used, or were the basis. Certainly, when I asked the previous Minister he indicated that they were still the documents used as the basis of planning for the metropolitan area. In that it was indicated that, yes, there would be a downsizing of the Royal Brisbane Hospital consistent with the bringing on line, as Mr Feldman would know, of Caboolture Hospital, the redevelopment of the Redcliffe Hospital, and expansion of the provision of services there and, of course, the expansion of services up on the Sunshine Coast and a change in the direction of health care.

Health care, you may have noticed, has changed quite dramatically, with an increasing number of procedures, both surgical and medical, happening on a day-only basis. That means that we need far fewer beds to be provided for the same number of people, even with a growing population. In our commitment to provide services closer to where people live, we will not be deterred from providing services to places like Caboolture. I know that it was a novel idea to the National Party. In the past, they had refused to provide services to those areas other than cottage hospitals at the Caboolture, Logan and Redlands areas. We are committed to providing a dramatic improvement in the service delivery to people who live closer to those areas, such as Caboolture, Redlands and the southern end of Brisbane down at Logan and that area. As a result, I think that we have seen a delightful new hospital provided at Caboolture, and I am sure that the member for Caboolture would agree that it is excellent. It has room to grow, Mr Feldman, in the future, as more and more services are provided there and as the population grows with it.

The CHAIRMAN: The time for non-Government questions has expired. I call the member for Chermside.

Mr SULLIVAN: Minister, I refer to page 2 of the MPS, the second paragraph headed Private Health Insurance, which states—

> "Changes in private health insurance policy directly impact on the demand for public health services in Queensland."

I ask: what is the current level of private health insurance in Queensland and how does this compare with the level two years ago?

Mrs EDMOND: This is a major concern, and I think for most of us in the public system, who are committed to Medicare and the public health system, it has been rather amazing to see the amount of money and the amount of advertising that has gone into forcing people basically to take out private health cover.

The latest available official figures show that as of March 2000, the level of private health insurance coverage in Queensland was 30.3%. This represents an increase of less than 1% from the March 1998 level, where the coverage was 29.4%. You would be aware that Queensland historically has had lower private health cover than other States because of our proud tradition of free public hospitals.

Nationally, the March 2000 level of private health insurance was 32.3%. But since then there has been a massive amount of advertising pushing private health cover. Recent media reports suggest that the coverage of approximately 36% in Queensland is likely as an outcome of that.

However, what we are not seeing—and I wish the member for Maroochydore was here to hear this, because I think that it is a serious problem that we in Queensland are facing—is any downturn in the number of people who are coming through our public hospitals system. There is a clear trend away from comprehensive private health insurance towards those cheaper policies that have front-end deductibles or excesses and also cheaper ones which exclude a number of things. So you can exclude the very high-cost parts of health care, such as heart attack treatments and all the rest of it, and take out a cheaper insurance policy.

These are the very policies which contribute to people seeking their health care and surgery, etc., in the public system rather than in the private system, because it means that you are most likely to pay the first $500 or the first $1,000 worth of fees, or costs, before the policy is of any use to you. That would mean that most people would still go to the public hospitals system rather than to a private hospital where the costs would be much more.

The biggest concern I have is that we may see funding coming out of the State Budget as a result of these increases on the assumption that fewer people are seeking health care in the public system. A recent study found that up to 61% of people who have private health cover do not declare it when they go to a public hospital. Of course,

under the Health Care Agreement they are not obliged to declare it, nor can we say no to them. The Health Care Agreement is universal. Everybody is permitted to be treated publicly. It is not only for those who do not have private health cover.

Mr SULLIVAN: Further down the page there is a reference to the incentives offered by the Commonwealth. The Federal Government's $2.2 billion rebate is expected to have some impact on the delivery of public hospital services in Queensland. What do you anticipate that impact will be?

Mrs EDMOND: Again, this is the area that we have been most concerned about. It is not just a concern of mine but a concern of all Health Ministers of all political persuasions, and it was raised recently at the Health Ministers conference. There is not any evidence anywhere, and particularly in Queensland, that it has had any positive impact. It was $1.7 billion this year, but it is expected to go up to over $2 billion in the coming financial year and reach $2.2 billion in the year 2002-03. Basically, that funding is all aimed at that approximately 30% of people who have private health cover, and it does not even necessarily mean any extra treatments or health care. It provides a way for higher income people to avoid an increase in their Medicare levy. Younger people are taking it out as insurance so that they can get back into the private system if and when they decide to at a later date. But if that funding had been spent on the public system, Queensland's share would have been $340m in this last year, rising up to about $450m over the next couple of years. I would have had great delight in putting that to use in treating people and providing expanded care options to people in Queensland. Professor John Deeble, one of the architects of Medicare, has estimated that, if all of the new privately insured Australians had chosen a private rather than a public hospital because of that $1.7 billion rebate, the Commonwealth Government would have saved just $296m last year. So for an investment of $1.7 billion they would have got a return of $296m—not a good investment.

The other problem that we are facing is, of course, that the Commonwealth has linked funding to the States to this process and it will place additional pressure on Queensland Health to maintain services. For example, we could end up losing funding as a result of this because of the way that this is balanced in the Health Care Agreement. But I think, even more importantly, we are seeing basically a skewing by the Commonwealth towards supporting private health cover and private health care as opposed to the public system. It is certainly disappointing. The other day I was pleased to note that the AMA and other States came out supporting the Federal Labor Party's moves to change that situation if it is returned to Government, as we expect it will be, next year.

Mr SULLIVAN: Again, my final question relates closely to this area. The first section on page 2 refers to the Commonwealth/State Policy Framework in relation to the Australian Health Care Agreement. I am picking up on something that you alluded to. Are you saying that, because that funding formula for public hospitals is linked to the State levels of private health insurance, our State funding is going to be cut or may be cut in the future?

Mrs EDMOND: Yes. I guess that is the major concern we all have. Because of this link, once we pass a threshold, which we were very close to in March this year—we were just under that threshold of 30.4%—for every percentage point above that we face a cut of $15m in the funding to the States from the Commonwealth. That means that we could start losing funding.

I was interested to read in a statement in the Financial Review that the Commonwealth had given an assurance that no State would be worse off as a result of this. Certainly, that has not been the situation put to us by the Federal Health Minister. He has hedged significantly on this. I have written to him and asked him to put in writing that the States will not be worse off. I am told that it was an agreement with the Democrats to get this type of insurance through the Senate, but certainly we have had no written guarantee that that is the case. When we have asked the question, we have been told that they have taken into account a whole range of other funding factors and not this specific one. But again I reiterate that we are not seeing any reduction in the number of patients who are seeking care in the public health system as a result of this massive amount of money.

I would also draw the attention of the member for Chermside to the fact that in this year it is about twice the amount that the States indicated they needed over five years to fulfil what they believed were their requirements in the State health systems around Australia, which was I think $900m over five years. It is also disappointing that the Commonwealth has reneged on other funding arrangements that were in the Health Care Agreement. Until we have a written guarantee that we will not lose any Federal funding, we have to assume that we will for every 1%. So if

our increase goes up to 36%, as has been tipped in the media, we are likely to lose $15m times six—$90m. $15m equates to about 15,000 surgical cases that we could do. With the extra money being poured into propping up private health insurance we could wipe out the waiting lists and probably give everybody a spare leg just in case. It is really that significant.

The CHAIRMAN: Page 1 of the MPS indicates that acute hospital services will be enhanced in areas where there is growing demand. What is the role of the three Queensland Health zonal managers and what impact have their appointments had in relation to the delivery of services closer to where people live?

Mrs EDMOND: One of the major problems I found when I was in Opposition—and I spent a lot of time not just going to where there was an issue but going right around the State; and the member for Chermside came with me on a number of occasions, and we met and talked to health employees and residents in the areas and got feedback from them—was that people kept calling for regionalisation to be brought back into Queensland, particularly outside the south-east corner. Whether it was Gladstone, Rockhampton, Mackay, Townsville, Cairns, Longreach, Roma—all of them universally called for bringing back regionalisation. They said that under regionalisation they had delivered far more services to those areas than they ever had before. Of course, as part of that we were delivering tertiary services to places like Townsville. There had been no tertiary services outside Brisbane prior to that. It is interesting to hear the call for tertiary services an hour outside of Brisbane at the Sunshine Coast and the Gold Coast. People in Cairns, Townsville and Mount Isa all had to travel to Brisbane for anything other than very basic services. I understood, however, that while regionalisation had been dismantled in what I can only describe as a fit of political pique, it was not possible to reinstate regionalisation without enormous upheaval for the staff and everybody else involved. It would have been a waste of money going back and redoing all of those things that had been undone. Instead, I tried to concentrate on improving the other major part of that, which was the cross-district coordination. This was a problem. For example, people in Roma told me that they could not get patients admitted to Toowoomba Hospital. There were barriers to patients gaining treatment because we had 39 little self-contained fiefdoms called districts. Because of the way it was structured there was no real interaction between them.

The zonal structure had been in place as an administrative part for several years, but it lacked direction, leadership and control. One of the things I did was put zonal managers into those zones. For those positions we picked people who had very, very high levels of experience and expertise as district managers to improve those links; to provide patient services, in particular with the support and communication links they need; to develop outreach links within the zones so that we now see a whole lot of different services being delivered as outreach bases, for instance paediatric surgery in Emerald, as part of that zonal provision of services. So the whole focus of this is to produce it.

If you can just bear with me, these are some of the comments that we are getting back from people, "I cannot speak too highly of the supportive environment I experienced and offer my sincere thanks for a public hospital system that cares." That is from a patient in one of the outlying areas talking about the care they are getting now. Another one is, "The public hospital system works in this hospital." I point out to the member for Caboolture that that was from a patient at Caboolture. These links are now working very, very well.

The CHAIRMAN: I am still referring to page 1 under Strategic Issues and specifically to community expectations, and you have drawn on some of the comments from the public in your comments. How is the Labor Government's policy of delivering services closer to where people live meeting those community expectations?

Mrs EDMOND: I have just had some information handed to me that might help the member for Maroochydore with her earlier questions on ICUs in south-east Queensland. Could you bear with me while I read these figures into Hansard?

The CHAIRMAN: Yes, that is fine.

Mrs EDMOND: The Royal Brisbane Hospital currently has 22 ICU beds; in the new hospital there will be 36 beds if needed. As I said earlier, I stress that these are available if needed. The Princess Alexandra Hospital has 21 and the new hospital will have 34. Logan has three and the expanded hospital will have six. The Royal Women's Hospital has 58; it will go to 66.

In terms of community expectations, one of the most difficult things that we are facing along with an ageing population is the increased expectations that people have of

health care. I think everybody watches ER, RPH and all of those types of programs on TV and expects that that is what it is like in the real word and on every street corner. But I have to say that we have been working very, very hard to provide not only community hospital-based services but also community-based services closer to where people live in a whole range of new and enhanced services in this year's budget.

For example, the district health services throughout Queensland are successfully applying ongoing funding initially provided by this Government in 1998-99 to expand and create a range of community-based health services. Achievements have been made in many of these areas already. For example, more than 65 school-based youth health nurses have been appointed in 148 schools throughout Queensland to assist more than 116,000 young people make a healthy transition into adulthood. Up to 100 school health nurses are to be recruited by July 2001, assisting more than 170,000 students in more than 280 schools.

The Positive Parenting Program, or PPP, is now providing parent support programs to parents free of charge from 30 child health centres across the State, and the PPP program is to be expanded to families living in rural and remote areas through the training of 60 community and child health nurses. We are committed to making allowances and supporting those people who are living in rural areas. Two of the programs, located at Mount Isa and Yelangi preschool in Brisbane, are focusing on the parenting needs of indigenous families.

Services have been expanded in 12 child health centre pilots, including home visits for families with high needs, support for parents in the postnatal period, infant care and parent support programs aimed at preventing problems arising rather than trying to pick up the pieces later. Staff associated with eight of those 12 locations have also participated in training related to the family care nurse home visiting trial, which is all about reducing the incidence of child abuse, neglect and a range of negative health and social outcomes for infant, mother and family. The family care nursing home visiting trial will commence recruiting families to the trial in 2000-01 in the health districts of the Sunshine Coast, Cairns, the Gold Coast, Logan and Beaudesert. This trial will be enhanced by new funding for the early intervention for safe and healthy families initiative, which integrates the domestic violence initiative with family care so that pregnant women who screen positive for domestic violence have access to family care.

These are just a few of the programs that we are implementing across the State, including the Statewide hearing health, the ophthalmology outreach program, extra clinical services across the State, and community-based mental health and palliative care services now stretching right across the State. The list is so long I cannot fit it all in.

The CHAIRMAN: Page 4 refers to improved oncology services. What plans does the Minister have for reducing waiting lists for oncology services, including radiotherapy?

Mrs EDMOND: This is an area, as you would be aware, very dear to my heart and, unfortunately, one of the big problem areas we have had. The equipment that we have at the Royal Brisbane Hospital, for example, is very old. I think I would feel quite comfortable going back and working some of it even though I have been out of the industry now for about 10 years. Some of it is quite a bit older than that. I see Mr Quinn smiling.

Mr QUINN: Some of the patients might not be too pleased.

Mrs EDMOND: I would do a refresher, but you never forget. It is like riding a bike. The new equipment actually makes it a lot easier than it used to be. You do not have to rely on your brain so much; you have to learn how to use a computer a lot more. There have been major problems in particular at the Royal Brisbane Hospital with down time with equipment breaking down. Because of the age of a lot of the equipment it is difficult to get spare parts. The manufacturers no longer provide it and it takes time.

One of the things I have been addressing that I was rather surprised and disappointed to find had not been addressed was a program to replace this equipment. Many of the linacs, as I said, are well past their use-by dates and the repairs are taking longer and becoming more complex. I have to say that I am disappointed that the coalition had not bothered to consider replacing this equipment or to plan for the new machines coming in with the new hospitals, etc. This became something that I needed to address as an imperative straight away. Already we have provided extra shifts at the Royal Brisbane Hospital. One new linac is currently being installed. It should be—

The CHAIRMAN: The time for Government questions has expired. Do you want to finish off your answer?

Mrs EDMOND: Yes. We are in the process of installing a new linac at the Mater Hospital. We have also taken advantage of ordering two at the same time. So as soon as that one is in and up and running, another one will be going in. We cannot do them at the same time because then we would have to take patients off treatment. Extra oncology sessions have been made available at the Gold Coast Hospital; extra staff have been appointed to the Royal Brisbane Hospital to run as long a shift as they possibly can; and we have reduced the waiting times as a result of that. We have also put money in the budget for increasing the number of staff at the Townsville Hospital and made provision for a new machine to go in when the new hospital is built.

The CHAIRMAN: The time for Government questions has expired.

Miss SIMPSON: How many people have had surgery delayed due to the recent industrial action and how many people had specialist appointments cancelled?

The CHAIRMAN: I just remind members again that I have asked for a reference to the Ministerial Portfolio Statements.

Miss SIMPSON: I refer to page 24 of the Ministerial Portfolio Statements, footnote 2, which refers to the enterprise bargaining IV agreement. How many people have had surgery delayed due to the recent industrial action and how many people had specialist appointments cancelled?

Mrs EDMOND: We are always disappointed when the impact of industrial action carries over to patients. Certainly the unions in their meetings with me, which took place on a regular basis, indicated that they would be doing everything they could to minimise the impact on patients, but certainly some of the industrial action did impact.

However, most of the surgery which was cancelled was usually rescheduled within the next couple of days. For example, at the Royal Women's Hospital, which was one of the longer ones, it resulted in the cancellation of 11 elective surgery procedures. Probably the most serious one was the 24-hour strike by AWU members on 26 June. Because that was done without prior knowledge and affected the linen supply delivery, some elective surgery was cancelled as a result of that at both QE II and the PA Hospital. My understanding is that most of those patients have since had their elective surgery rescheduled. Certainly, the figures for elective surgery to the end of 30 June are very encouraging. There was a lot more elective surgery done in the last year than there was in the last year of the coalition Government. It was up by about 1.8% over the last year of the coalition Government, which means that about 5,800—and I mentioned the figure in my opening remarks—more operations were done than under the coalition Government.

While it is disappointing that there was some effect, I think the effects were minimal with the cooperation of the unions. I am delighted that the unions have indicated that they will be putting the package to their members and that they have withdrawn any work bans. I have to say that many of the work bans were to express concern but did not really impact on patient care. Some of them included the wearing of badges or armbands. When I was in Mount Isa, staff wore casual dress to express their support for a cause, as I am doing today, as you are aware, Madam Chair, with Jeans for Genes Day. I understand that in some cases they barred off the district manager's car park. Most of the bans were designed so that they made a point but without impacting on patient care, which was, of course, the major issue for me. My interest throughout the work bans was to ensure that any patient care that was affected such as elective surgery was rescheduled as soon as possible after that period.

Miss SIMPSON: I refer to page 7 of the MPS and ask my question not only about full-time equivalents but also in reference to enterprise bargaining. There was a lot of dissatisfaction among the work force about the lack of full-time equivalents in operational areas where they were needed. I note that the Minister has refused to answer my question on notice asking for a break down of full-time equivalent staffing levels in the districts by category. I also note that the Minister was able to answer Mr Feldman's question regarding the Redcliffe/Caboolture health district on this matter, as well as the fact that the Health Department was able to supply similar information in total to Federal agencies. I ask: why will you not release this information? Be accountable and put it on the table!

Mrs EDMOND: We looked at this particular question on notice and decided that it was far too onerous a task. I would actually like Health staff to be delivering health services to people across the State rather than spending all of their time gathering information for the member. It is easier to do with a single hospital. It is particularly easy to do with Mr Feldman's case where there is a new hospital and expanding services coming online. It was reasonable to ask the question about those

new services at that new hospital as that is being filled.

The member has wandered around the State making allegations about the number of full-time equivalents dropping. It is really difficult to say this clearly enough. I thought I had said it on a number of occasions, but it seems that it has not got through. You really need to look beyond the boxes and the diagrams and actually read the explanatory notes in the MPS where it clearly states in explanatory note number 2 that, in the past, the Mater Hospital's staffing figures were included in our full-time equivalents. In keeping with accrual accounting and managing for outcomes, it has been decided that the Mater Hospital—which is funded by a grant and Queensland Health has no control over the staffing ratios, the numbers it employs and what procedures are done there—be excluded from the estimate of full-time equivalents. An explanation was given. The other thing that happened was that the changes were made so that there could be a comparison within this MPS on the figures.

As I said, that explanation was given quite clearly. I have great difficulty understanding why the member for Maroochydore cannot understand that and has made these statements around the State in a very misleading way. However, it is consistent with the managing for outcomes framework that departments no longer include staff numbers for services that they do not own or control. In relation to full-time equivalents when talking about new jobs, except in general terms, we did not include the 500 new jobs that we expected to be made last year at Noosa and Robina, either. Again, in that instance, we are purchasing public health services at enormous expense, but we do not have any control over those staffing numbers. We can only make an estimate. Those figures will increase at Noosa and Robina this year as we go into the full-year effects of those hospitals, and in particular in the mental health area at Robina where there will be a significant proportion in mental health which will not be reflected in our mental health figures.

Miss SIMPSON: Minister, I again refer to FTEs at page 7. A former district manager of the Sunshine Coast health district in his May 2000 Executive Summary was able to outline the full-time equivalent staffing levels and break them down under various categories, yet strangely enough you have not been able to access this information across your department—

Mrs EDMOND: No. We could have done it with one hospital.

The CHAIRMAN: Minister, let the member finish her question.

Miss SIMPSON: The manager's report states—

> "While staff FTE figures have continued their downward trend as a result of savings initiatives, the full year projected budget deficit is now expected to be $5.5m."

I ask: Minister, how do you justify these cutbacks in staffing on the Sunshine Coast?

Mrs EDMOND: One of the areas that you do not seem to be aware of is that Noosa Hospital actually came on board in September of last year, which is almost a full-year effect, with a significant increase in the number of services being provided in the Sunshine Coast area and a significant increase of funds going into the Sunshine Coast district budget. This has had to have had some impact on Nambour. One would be very surprised if it had not been considered by the previous Government when it signed the contract for Noosa Hospital a few days before the election was called in 1998. Last year Noosa Hospital received $8.2m in State funding to purchase those new services. This year, the Noosa Private Hospital will receive an extra $3.8m, taking it up to a total of $12m per year to buy those services from Noosa Hospital.

A number of the services previously provided such as surgery and a number of other areas that were being catered for at Nambour for residents from Noosa are now expected to go to Noosa Hospital. In fact, if they do not, then one would have to say that the contract is a waste of funding. Overall, the Sunshine Coast health district had a boost of $12m in funding to buy extra services at Noosa Hospital and the specialist centre over and above any increase to the health district outside of that.

I make that point because, under the previous Government, as far as I can tell from its Budget papers, the expectation was that the funding for Noosa Private Hospital services would have to come out of the existing district budget because there was no allocation of any increase in funding for either Noosa or Robina hospitals in the Forward Estimates. Inpatient activity for 1999-2000 has increased over the district. Elective surgery targets have been exceeded. Some 98.7% of Category 1 surgery is performed within the 30-day time frame. It is very difficult to see how the member for Maroochydore's figures show that there has been a decrease in service delivery at the

Sunshine Coast, and I would have to again question her information.

Miss SIMPSON: I refer to the full-time equivalents and the budget allocation that you have just spoken about. In the same Sunshine Coast district health manager's report the manager said that the coast's overruns had been helped by the fact that there was $3m not spent at the Noosa Hospital. The report said that they had reduced their budget overrun because there was $3m unspent at the Noosa Hospital. What was the actual spending amount for the Sunshine Coast health district in the last financial year? What were the actual full-time equivalent numbers for the district, with an estimation of the Noosa numbers, given the fact that there was $3m unspent in Noosa?

Mrs EDMOND: While we try and find out where you are coming from on that, I point out that the budget for the Sunshine Coast district in 1997-98 was $94m. Last year it was $117m. I think everyone would agree that shows a significant increase in the funding to the Sunshine Coast district. If funds were unspent and yet service delivery targets were met, it is hard to argue that the district was underfunded.

Miss SIMPSON: I refer to page 17 of the MPS, which relates to mental health. Minister, what consultation has there been with the community around the Prince Charles Hospital about moving forensic mental health patients into the grounds? These are people who possibly have a history of being criminally insane. What security arrangements are in place if they escape? Will the Minister guarantee that these security arrangements will be upheld?

Mrs EDMOND: The extended care unit at the Prince Charles Hospital was part of Queensland Health's 10-year plan for mental health, which was released in 1996 by the previous Minister for Health. It was, I understand, signed off by that Cabinet. I can only presume that was the case, because that is the process by which our Government operates. It would have gone to Cabinet and gotten approval, but I can only presume that was the case.

It is part of a process that had started with the 10-year National Mental Health Strategy, which I think was released in 1992. Then Minister Hayward then released the 10-year mental health plan in Queensland in 1994 and the strategy was released in 1996. In those days there was bipartisan support right across the nation for the 10-year mental health plan. The decision you are talking about was actually part and parcel of that strategy. It will serve the people who live on the north side of the Brisbane River and north to Gympie. It provides closer access for families who previously were required to go out to Wolston Park. The public consultation occurred at Chermside in September 1999.

The patient population in this building will be made up of those who have a serious mental illness which requires a safe and contained setting, both for their own protection and because of concern about the community. These people are not suitable to be treated in acute in-patient settings. Of course, we believe that they do need the focus of care on both recovery and rehabilitation to maximise the benefit to them and to prepare them for eventually going back to community living. A number of the patients who are being transferred from Wolston Park are currently allowed leave and have been taking leave successfully for some time. This will continue in their new environment, with the appropriate supervision.

The facility has been purpose built to accommodate 20 patients, both men and women, and is designed to foster the development of living skills, to teach them how to go back into a normal existence. It is constructed with a domestic flavour, with outdoor areas to promote activities.

It is very difficult to understand your objection to it. I have found your statements on mental health rather disconcerting, particularly as in the past there has been such good bipartisan support for the mental health strategy. It would be helpful if you could elucidate just how you believe these things should proceed so that people have a chance to judge on that.

Miss SIMPSON: I have further questions with regard to mental health. Under your two year old administration, is it correct that you are building a forensic mental health unit which can house criminally insane patients next to the Townsville Hospital and adjacent to the James Cook University? What consultation has there been with the community? What security arrangements are being put in place if they escape? Will the Minister guarantee that these security arrangements will be upheld, given the appalling record during your time as Minister?

Mrs EDMOND: Madam Chair, do I have to take that last remark? I really think it is pretty pathetic. I would ask that it be withdrawn.

The CHAIRMAN: The Minister has asked that the comment be withdrawn.

Mrs EDMOND: It has no relevance to these proceedings.

Miss SIMPSON: I will withdraw it and say "given the Minister's record on this issue".

Mrs EDMOND: Madam Chair, I am happy to stand on my record on these issues. I introduced the Mental Health Bill 2000. I have letters from international experts claiming that that legislation is world class and leading edge in this area. The provisions we have included in that are just top. I really find it outrageous that the member for Maroochydore makes a statement like that.

In terms of Townsville, the forensic mental health service in Townsville is designed to meet the needs of the communities in north Queensland so that people are not separated from their families and brought down to south-east Queensland, as they were in the past. It was part of the 10-year Mental Health Strategy.

As I said, consultation has occurred. There was also the distribution of a draft Queensland Health Forensic Mental Health Policy statement. That occurred in August 1997. Feedback highlighted several areas requiring further detailed analysis. As I said just a little while ago, in the past the mental health plan has had bipartisan support. It is disappointing that it does not seem to have bipartisan support any longer.

There was consultation around this program. Dr John Allen, the chief psychiatrist in Townsville, had a series of public meetings to discuss this issue. Issues at that time were considered and resolved. It will be a world-class facility. Additional staffing will be there to cater for the particular type of patient involved. I think what we are doing is delivering a humane and caring service to people who have a mental illness and, as a result of having a mental illness, may have committed crimes.

Miss SIMPSON: Minister, as there were no acute mental health beds in south-east Queensland again this week, resulting in compromised patient care, and as this is a problem that you have been asked to act upon but which remains, why have you, under your two year old administration, allowed the closure of four emergency beds at the Barrett Centre?

The CHAIRMAN: The time for non-Government members' questions has expired. I now call on the member for Greenslopes to ask a question.

Mr FENLON: Page 5 of the MPS refers to health services for Aboriginal and Torres Strait Islander people. What recent improvements have been made in service delivery in this area?

Mrs EDMOND: This is an area that is really very exciting. The Government is committed to improving the health and wellbeing of Aboriginal and Torres Strait Islander people living in Queensland. Over the past 12 months there has been a range of initiatives put in place to improve service delivery. They are having positive outcomes for Aboriginal and Torres Strait Islander people. These include my launching of the Queensland Health indigenous work force strategy for my department, which shows the way we are trying to build our work force capacity, including Aboriginal and Torres Strait Islander people—training them up to deliver health services to their own people. I believe quite passionately that this is the way to really impact positively on their health outcomes.

We have seen an increase from 1.2% in 1999 to 1.8% of our health staffing in the year 2000, which is significant. With the assistance of the Commonwealth Government, we have also just announced a major significant investment in renal services in north Queensland, which I am happy to expand on later. But this will see renal services delivered to the areas probably most needing them in Queensland: up in the Torres Strait and places like Bamaga and Weipa, and, of course, Innisfail as part of that. This is a major part of the Budget, with $1.25m in State funding recurrent and $0.75m recurrent joining with the Commonwealth to provide those services.

We have also been working through outreach surgical services to address eye health issues for Aboriginal and Torres Strait Islander people. On my last visit up to the cape, I was delighted to meet ophthalmologist Mark Loane. I think this is really exciting and just shows what we are doing. He was doing laser ablation of diabetic retinopathy on patients in Kowanyama as a result of us providing the equipment and again working with the Commonwealth to provide this exciting outreach service. Who would have believed a few years ago, when we had fibro humpies with dirt floors as health centres up there, that we would now have health facilities that can cater for laser treatment of eye problems? It is really exciting stuff.

We also have the Statewide Hearing Health Program addressing hearing problems in young Aboriginal children and therefore improving on their education outcomes. I was delighted to see in the media today that there may be a vaccination to prevent those hearing problems in the future, but in the meantime we will continue with the treatment we are providing. We are also providing parenting support programs in Aboriginal communities.

Birthing on the homelands and expanding maternal health services is being established in places like Mornington Island and Doomadgee. We are also doing a lot of work on youth suicide prevention in Aboriginal communities, and of course, most importantly, tobacco control in indigenous communities. Again, there is a whole range of exciting ventures and new initiatives that are happening.

Mr FENLON: I refer to the School Nurse Program on page 27 of the MPS. Is the expansion on target?

Mrs EDMOND: Yes. Again, this has been another wonderful, exciting program. Every time I go out of Brisbane and out across the community, which I do as much as I possibly can, the positive feedback I get about school nurses is overwhelming. People often tell me personal stories where they have gone to the school nurse, concerned about a friend, and suicide or serious depression have been avoided by the interaction of the school nurse. It is certainly highly supported right across the State, and I know a number of the other States are now looking to follow our lead and introduce these programs into their schools. I think I have given information on it to every other State.

But it is on target. We will have 100 nurses providing services to more than 280 schools and 170,000 secondary students throughout Queensland by the year 2002, which is the end of the roll-out. The school nurse provides primary health care services that include the provision of confidential individual health consultation and referral to other services if students need it—and, of course, involves their families and other school community members if that is needed—support for schools with health promotion and health education activities and also networking and assistance with community development programs aimed at supporting young people. There is a very close interaction between the community health area and, in particular, suicide prevention programs and programs like that in the communities.

Already, more than 116,000 students in 148 schools have accessed services from 65 nurses. I am pleased today to announce a further 25 schools with 12,900 students which will receive the services of school nurses this year. These schools are—if you will just bear with me, I know they will be excited to hear this—Clermont, Dysart, Middlemount, Capella, Innisfail, Tully, Babinda, Miriam Vale, Mount Larcom, Isis at Childers, Gin Gin, Bowen, Collinsville, Proserpine, Caloundra, Kawana Waters, Smithfield, Mossman, Kuranda, Pimlico, Heatley, Blackwater, Emerald, Springsure and the Emerald School of Distance Ed.

Due to the positive support of the School Nurse Program, a large number of schools have made submissions to not only receive a new service from a school nurse but to enhance the existing services provided to their school by the school nurse, and these are being considered. Certainly, the feedback we are getting is that particularly the larger schools may need it, but right across-the-board the support has been overwhelming.

Mr FENLON: Page 10 of the MPS refers to elective surgery. What impact has the Government's Waiting List Reduction Strategy had on reducing waiting times for elective surgery?

Mrs EDMOND: I think probably the most important thing is that, for the first time, we have openness and accountability to waiting lists rather than individual good-news stories being leaked into the media. We don't just publish the good bits; we cover the lot, warts and all. Every three months we give you the picture of what is happening at the 33 hospitals—hospital by hospital, category by category—right across the State. This week I released the June quarter report, the eighth public waiting list report by this Government. It is available, as I said, on the Internet. It is freely available to the media, and GPs have been posted a copy so that they can tell at a glance what is happening. Even the hospitals quite often post the list in their lifts or on the wall in the waiting room so that people know what is happening. Certainly it is a long way from the hiding and the secretiveness that we saw in the past.

The June quarter shows that the Government's comprehensive Waiting List Reduction Strategy has been successful in reducing waiting times for elective surgery in Queensland public hospitals. The report shows that more than 91% of people waiting for semi-urgent elective surgery are now being treated on time at Queensland public hospitals, and this is the best result we have ever had. Of Category 1 or the urgent patients, long waits remain well within the 5% target. When you consider that elective surgery is only a part of the business of a hospital—it varies between about 15% and 18% of all throughput—you can see that the public health system in Queensland is performing very well.

I have noticed recently some emphasis on the non-urgent categories of elective surgery, and that is something that we will be

working on, but I would also point out that, in some States, a lot of those categories do not get done in the public health system. However, it is not a decision we are making in Queensland. While I am pleased with the June quarter result, I fully recognise that waiting lists do go up and down depending on other demands which may be outside the control of the health system. For example, in winter we usually see a reduction in elective admissions as a result of increased flus and all the rest of it. Not only are patients and admissions up but also staff are often affected. So it is normal in winter months to see an increase in medical rather than surgical patients being admitted to the hospital. We expect that.

By publishing the waiting lists, we are also able to identify areas which need special attention, and we have been able to go in and see what is happening at that particular hospital where the problem lies. Sometimes it is a management issue, sometimes it is a shortage of a particular specialist, or sometimes it is a lack of cooperation between the team. But the Surgical Access Team undertakes regular site visits to hospitals that are not meeting their targets to review the processes and how they can be streamlined to improve it. As a result of the success of this strategy, ENT long waits at Cairns this year have reduced from 22% in January to just 6% at 1 July by taking that direct action.

Mr SULLIVAN: I refer the Minister to MPS pages 29 and 30 regarding vaccination of children at 12 months, 18 months and 2 years. How do Queensland's rates compare with the targets?

Mrs EDMOND: This is something that has been a focus at both a Federal and a State level. Mr Sullivan, I think you were a member of the health committee at the time when Minister Hayward introduced the VIVAS system, the reporting system and also the personal record for babies. I can remember us speaking on it in the House. Again, it is something that I am very passionate about. The Labor Government has continued the work that we initiated at that time, which was carried on by the previous Minister, to increase the rates of childhood immunisation.

One of my first tasks as Health Minister was to give a million-dollar subsidy over four years to local governments in recognition of their role in providing immunisation services for children. I am delighted that many of the councils around Queensland have either renewed their vigour in that area or continued it if they were keeping it on.

Our focus has always been on prevention and I think we should not ever diminish that effort. This is the action that the coalition failed to take, of course. They threatened the Statewide child health immunisation services provided by councils by refusing to meet with them and refusing to discuss their needs or support them in providing that service.

I am pleased to say that the immunisation coverage in Queensland is consistently higher than the national average. Queensland is making very good progress towards achieving the national target of greater than 90% coverage of children at two years of age. Recent data indicates that 86.6% of Queensland children are fully vaccinated. Reports are produced quarterly from Queensland Health's Vaccination Information Vaccination Administration System, or VIVAS, which is the system Minister Hayward launched. The latest report from VIVAS was produced in April 2000 and the quarterly report for July is not yet available.

Data from VIVAS indicates that the number of one year old children in Queensland who are fully vaccinated has risen to 92.5%. Coverage for children at 18 months of age includes all children vaccinated against measles, mumps and rubella. The rates reflect MMR vaccinations only and do not reflect fully vaccinated children at 18 months of age. VIVAS data indicates that 94.4% of children have had MMR vaccination by the time they are 18 months old. This rate is also an increase from the previous data. The number of two year old children in Queensland who are fully vaccinated has also risen to 86%. These are very pleasing results indeed and show a steady progress toward meeting the national targets.

Just for the benefit of the Chair, I am very passionate about this because I have one of those kids who cannot have some of these vaccinations because of allergy complications. He relies on the rest of the community being vaccinated to protect him. So some of the children who are registered as not being vaccinated will also fall into the category that he falls into. He has had all the ones he can have but there are some that he cannot have, and therefore he would be registered as not being fully vaccinated. We will continue to work to get the maximum coverage.

Mr SULLIVAN: Minister, I refer to page 25 of the MPS and state that I was happy to represent you at the launch of Immunisation Week in the Queen Street Mall earlier this week. What is Queensland Health doing to ensure that children are kept up to date with

the vaccination schedule, because sometimes the initial vaccinations are done with the birth of the new child and then maybe it falls off. Secondly, what about outreach programs for high-risk groups? What is Queensland Health doing or what can it do in that area?

Mrs EDMOND: I think there are two important things there. Firstly, I hope that you took the opportunity to catch up on any overdue boosters—and the FluVax and things like that—while you were representing me.

Mr SULLIVAN: I have had my tetanus shot.

Mrs EDMOND: They usually con me into doing that, to set an example for the kids. You have touched on an important point. I think that most mothers—and I guess I was guilty of this too—remember all of these things for the first child, most of them for the second, and by the time they get to the third they cannot remember who has had what. So I think it is important that we have a system which is able to identify children who are overdue for a vaccination. That was the important part of the VIVAS information system that we introduced. In collaboration with key stakeholders, systems have been established to recall children for vaccination. In the case of most kids who have not been vaccinated or have not had their latest vaccination, it is more because people have forgotten rather than deliberately making the decision not to have it done. There is a very, very small percentage of people who deliberately make that decision.

Reports of children overdue for vaccination are routinely generated by the public health units every six weeks and these reports are sent to the child's vaccination service provider to enable the service provider to recall the child for vaccination if necessary or to ensure that the data is up to date. It may be that the child has had their vaccination somewhere else. In addition to the reminders, Queensland Health sends directly to vaccination service providers the Australian Childhood Immunisation Register and will be routinely sending those child history statements of vaccination status to the parents. These statements will be sent at key milestones; at 12 months, two years and five years. This is expected to start in the next month.

Other initiatives that Queensland Health undertakes to ensure that children's vaccinations are kept up to date is to include the education of vaccination service providers. With recent changes to the vaccination schedule, there have been changes in particular to measles and so on. Staff of public health services across the State have collaborated with the key stakeholders to educate vaccination service providers about those changes, and during 1999-2000 Queensland Health provided $100,000 to Queensland divisions of general practice to develop and implement an immunisation training package for non-medical staff in general practices throughout the State.

So we are working across-the-board, in conjunction with the other service providers and in conjunction with the divisions of general practice, on specific initiatives to improve our data quality and, as I mentioned, also providing $250,000 a year to local governments to provide increased access. In particular, we have a number of pilot programs to identify at-risk groups to follow up those children who are unvaccinated or overdue for vaccination in collaboration with stakeholders and providers in the Cairns, Rockhampton and Brisbane areas.

Mr FENLON: Following on from the previous questions, what measures have been put in place to enhance surveillance of pertussis infection in children?

Mrs EDMOND: Up till 1999, the notifiable diseases surveillance database of Queensland only recorded limited demographic details of notifications of pertussis cases such as age, sex, place of residence and the diagnosis date. Since then we have developed an enhanced surveillance system to be consistent with what has been recommended in the guidelines of the Control of Pertussis in Australia Report. Local public health units are now to collect more information on pertussis cases in children 12 years of age and under, which is, of course, the group of people who are at risk. The enhanced data being collected includes further demographic details such as indigenous status, schooling details, the case definition of laboratory or clinical, outcome details such as complications and hospitalisation if it has occurred, source of infection and contact details, vaccination status of the case, and contacts and information on the control measures, for example, whether they had to use antibiotic prophylaxis or what measures were undertaken.

This enhanced pertussis surveillance is currently being piloted for the first 12 months of operation with the Tropical Public Health Unit reviewing the first year's data with a view to making recommendations on future improvements. The surveillance methods are also under review on a national level and Queensland is well positioned to assess the

quality and utility of such surveillance data and to progress further potential enhancements. Queensland Health is currently preparing to move its notification data to a new surveillance database that will allow closer integration of notification and vaccination data and for babies and younger children who experience the most morbidity and mortality from pertussis the ability to assess vaccination status during community outbreaks of disease.

The CHAIRMAN: Minister, the time for Government questions has expired. If you would like to finish that sentence, and then we will refer to the member for Caboolture.

Mrs EDMOND: Just to say that the ability to assess vaccination status during community outbreaks of disease may further assist with the planning for control interventions in the future.

The CHAIRMAN: Thank you, Minister. I now call the member for Caboolture.

Mr FELDMAN: Thank you, Madam Chairman. Acknowledging my passion for Caboolture and noting your earlier statements and also referring to page 7 of the MPS, page 1 paragraph 4, and your statement at the beginning of the hearing when you were talking about bringing quality health care close to where people live, I note that Caboolture is without an ICU and I was wondering what Health has in mind for the provision of an ICU, bearing in mind the increasing workload on the emergency department at Caboolture.

Mrs EDMOND: The facilities at Caboolture were planned to be staged over a 10-year roll-out of services as they are needed and as that increases. The decision about the ICU was actually a difficult one—whether that be included or added on at a later date when it was believed that it was necessary and that the level of service delivery there would warrant it. The decision was made to include it in the capital program at this stage, because it would have been far more expensive to add it on later and you really want the ICU unit as part of your hot section of a hospital close to those other emergent areas. So while you can add on extra ward space, the ICU area is not something that you want to add on at the end of a building at a later stage. So the aim of the ICU being built at Caboolture Hospital was that it would be there when it is needed as part of that roll-out of services, expansion of services, at Caboolture Hospital.

Dr Youngman has just reminded me that one of the major issues with providing specialised care is having enough patients who need that care to maintain the skill and the expertise of the particular people who are doing that. For instance, I think the college of ICU specialists recommend something like between 50 and 100 intubated patients a year to maintain the skill and expertise of both the nursing staff and medical staff who are performing that. Unless you are doing that, you really run the risk of providing a service that does not have the quality and skill to be providing that service.

It is a worry in some places where they are providing that service without those numbers going through—about how we maintain that level of expertise. So the aim is not just where you have the population base but the critical mass of patients who are needing that particular service to provide the ongoing maintenance of skills and expertise for the people involved.

Mr FELDMAN: Thank you, Minister. I refer to page 21 of the MPS and another one of my passions, which is the provision of in-home care. What has been done to increase home care services across-the-board in Queensland and to bring this service into line with that opening statement of yours about bringing quality health care close to where people live?

Mrs EDMOND: First of all, can I say that I am delighted that in the Budget this year we have a significant boost to Home and Community Care as a result of the State providing $4.5m extra, which is then matched by extra money coming from the Commonwealth to deliver $12m—I was just trying to do my mental arithmetic—across the State. This is a significant boost. It is an area that is growing with an ageing population. We are seeing increasing pressure on Home and Community Care. Of course, as part of the Commonwealth's decision to as much as possible keep people in their homes rather than going to nursing homes, that increases the level of acuity of the people who are being cared for. It means that they need more care at home and more intensive care. But it also means greater numbers out there in the community. While we support that program, it does raise difficulties for us. So I was delighted to be able to, for the first time I think, really match all of the money on offer from the Commonwealth by putting that $4.5m in there.

The total increase, as I said, brings it up to $12.7m, with Queensland contributing $4.5m and attracting Commonwealth funds of $8.2m. So, therefore, it is a record year for HACC both in the total funds and in the increase in the growth funds, which should improve Queensland's relative position against the other States. It is unfortunate that we were starting off from a poor base in Queensland.

We were well behind the other States in the provision of community-based care. It has only really been through the extraordinary efforts of those people who have been providing HACC that we have been able to keep up with the other States in terms of the quality of care.

In terms of Caboolture, the HACC program last year got $1.499m in recurrent funds, which is a substantial slab of the HACC funding. They are aware that there is a waiting list. They are aware that there are concerns and, as a result of that, they have been trying to make more efficient their provision of services and their allocation of services. As part of the HACC program national guidelines, they are required to review that service delivery each year. I know that that has been a concern to you—that people have their provision examined. The reason for that is that some people get it when they first come out of hospital but they may not need it on an ongoing basis. It is part of the requirement by the Commonwealth that we actually do a review of the need for those services to be delivered. But I expect that Redcliffe/Caboolture will continue to grow in accordance with its need and, hopefully, we can resolve those issues.

Mr FELDMAN: It is in relation to those very issues and what you alluded to there that leads to my next question, and that is the priority rating for home care detriments. I notice that they are assessed in relation to assistance with ADLs—and that is functional not personal—mobility, communication, sensory deficit and incontinence. The statements that were made to people who were taken off were that they had to actually fill the high criteria there in the detriments and not the high/moderate or the moderate. So the people who were on high/moderate or moderate were actually taken off that service, or the provision of in-home care. Is that still going to be the standard that it is going to be assessed by? I will let you answer that before I ask another question, Minister.

Mrs EDMOND: The allocation of HACC funds is subject to an overarching agreement between the Commonwealth and the State. It actually goes through quite a lengthy procedure to get it signed off by the Commonwealth. In fact, I think last year's—not the one just gone, the year before—was only signed off in about June of this year from the Commonwealth to agree to what we had put to them. We have also put to them a way of, hopefully, streamlining our overall strategic plan in the future. So, hopefully, that will not be the case in the future, but we live and wait.

I have directed myself that the emphasis should be on home care. I have to say that part of the HACC provisions is that it must be directed to those people who are most at risk of admission to a nursing home. That is the basic concept of it. It is not just a case that because people are elderly, because they have a problem, that they should necessarily access care; the provision is focused on the basis that if people do not receive that care, they will have to be admitted to a nursing home. So it is really based on keeping people out of premature admission to nursing homes. Does that answer your question? Does that explain why the focus is on that?

Mr FELDMAN: It explains why the focus—

Mrs EDMOND: It is the overriding principle of the whole program.

Mr FELDMAN: It is just that I note again—referring to the priority rating for home care service detriments—the provision "high" means totally dependent in all home care activities: bed fast, unsafe, always dependent on one or two assistants, extrasensory deficits, therefore, not managing in their own home and unmanaged incontinence of urine and faeces. I think that if that is the criteria to actually provide in-home service care to these people, I think that is too high; it should actually be either high/moderate or moderate. The purpose of my question was that those people who saw me were actually told that because they were either high/moderate or moderate, they would have their home care reduced, in effect. That actually probably put them at risk of having to go into aged care facilities. I think that the whole purpose of the provision of that HACC is to keep them out of aged care facilities.

Mrs EDMOND: Again, I just have to reiterate that we have to conform to national guidelines on that program. The evaluations are based on national guidelines. Also, the program says that clients in receipt of HACC services do have to be reassessed on a yearly basis and that the determining factor of any reduction or cessation of the service is that, as a result of their assessment, the client is identified as being of moderate to low risk of inappropriate or premature institutionalisation. I guess the problem you are highlighting is that those assessments can vary from one individual to another. If that is the case, the clients can appeal. They can reapply to have their circumstances reassessed if they are dissatisfied with that decision. We had a couple of the ones that you brought to my attention reassessed and that decision was changed.

Mr FELDMAN: And they certainly thank you.

Mrs EDMOND: Thank you. Certainly, that is the process. It is always difficult to determine where you draw the line on these issues. Some people have written to me and it seems that the only reason they feel they should continue getting this is that they have been getting it, whereas there may be other people with a much greater need than theirs who are not accessing services. In order to be fair, we do have guidelines. They have to be assessed independently. But where you believe people have been inappropriately assessed I would urge you to encourage them to ask for reassessment or review of that situation. But I think, most importantly, we have had a huge boost in this years's budget. The $12.7m, I hope, will address both those people whom you are talking about who feel that they need extra care and also the growing demand across the State.

Mr FELDMAN: You have just led into my next question, which again is about Caboolture. What is the current budget allocation for Home and Community Care in Caboolture and the 10 service providers there?

Mrs EDMOND: We have not had a signing off from the Commonwealth on the latest round of allocations. In Redcliffe/Caboolture there was an increase last year. I would expect that, because of the growth out there, there would be an increase again this year. But we have not had that signed off by the Commonwealth yet so we cannot get any figures on that. We have only just got the last round signed off by the Commonwealth. As I indicated last year, it was $1.499m.

Mr FELDMAN: Minister, I note that Queensland itself gets an inordinate number of rejects from other States, which is the elderly from Victoria and New South Wales, who come up here to share in the sunshine up here. Caboolture is probably in an unenviable position in that we have quite a few aged care facilities close handy and that probably entices those people to the Caboolture/Redcliffe area, and that, of course, puts extra strain on the HACC services. What would be the order of the increase in HACC funding to the Redcliffe/Caboolture area this year?

Mrs EDMOND: I cannot answer that. I can say that we use the local government statistical data to look at the number of aged and so on in the population. There are formulas to work that out. I would never dream of saying that we got rejects from Victoria or other places. I certainly know that in some areas of the State we do suffer increased pressure, particularly during winter months, when we have people who may register for oral health services, for example, in Caboolture. When we get around to delivering those oral health services, we find that their address is in Victoria. But this is a particular problem we face in Queensland. I have not heard from the other States that they suffer a similar increase in numbers at different times of the year. It is an issue of which we are aware. It is something that we take into account. I do not know how you rule out people from accessing health care when they are up here, particularly for a length of time. While the other States do not have a lot of the services that we provide to the elderly or, if they do, not in such a wide range, particularly oral health, it does place a stress on our services. We do try to limit it to people who are residents of Queensland, but sometimes that is difficult to find out at the particular time.

Mr FELDMAN: Those rejects happen to be some of our finest citizens, too, Minister. In relation to the provision of those other services—and you alluded to oral health at Caboolture—is there going to be an increase there and what is Queensland Health doing to reduce the waiting times for oral health, bearing in mind that at Caboolture it was in the vicinity of 33 months, with some 1,668 people still waiting to access the provision of oral health care.

Mrs EDMOND: We are concerned. Caboolture is one of several districts which has concerns and has made me aware of its concerns regarding waiting times and is introducing strategies to reduce waiting times while at the same time providing a same-day service for those requiring emergency and immediate care. Once again, I encourage Caboolture residents not to turn up at 5 o'clock in the morning. That does not do anything to increase their throughput. It just makes them a bit more stressed.

Mr FELDMAN: It is like a community meeting there some mornings.

Mrs EDMOND: In recent years the number of surgeries at Caboolture has been increased to six. One of the major problems we face not only in Queensland but right across Australia concerns an Oral Health Program developed for senior citizens in particular by the Commonwealth. The funding for that ceased in 1996. Unfortunately, it ceased after the program was expanded to include a much greater range of people who were then made eligible for it. So we had a huge expansion in the number of people

eligible for the program and then the Commonwealth decided to stop funding it. I know that, while we have worked very, very hard to maintain that—and I give full credit to the previous Minister, who continued the $20m funding that went out of oral health care in Queensland, and that has continued to this day—it has made it virtually impossible to increase that funding in any significant way. We have, by improving both the siting and availability of resources, managed to increase the throughput quite extensively within the budget range.

The Caboolture district has exceeded productivity targets in each of the last three years. More than 42,700 adult patients received completed courses of care, which was an increase of over 1,000 completions on the previous year. Service delivery is increasing at Caboolture. We have also had increases to oral health services by providing more ready access for people in, for example, wheelchairs at mobile dental clinics. They can go out to nursing homes and places like that in a fleet of self-drive vehicles. They have been available to the Redcliffe/Caboolture District Health Service. They have also increased the range of oral health services available to people in nursing homes, and to children and to other people with disabilities.

But the biggest problem we face—and it is one again shared by all of the Health Ministers; we actually raised it at the Health Minister's conference last week—is the fact that all of the States and the ADA are seeking the reintroduction of the Commonwealth scheme, and a universal scheme so that it applies across the States. Some States have introduced limited schemes with a shared cost basis for needy patients. Certainly, we would strongly emphasise the need for it to be brought back. I was delighted to see that in the Labor Party's platform it will be reintroduced. I can only urge your constituents to vote Labor at the next Federal election.

Mr FELDMAN: I will be urging them otherwise, Minister.

Mrs EDMOND: It will not help with oral health, because the Federal Minister said that he was not interested.

The CHAIRMAN: The time for questioning from non-Government members has expired.

Mr FENLON: I refer back to my earlier question concerning elective surgery, which is mentioned on page 10 of the MPS. How has the reporting of elective surgery waiting lists assisted patients who are waiting for elective surgery?

Mrs EDMOND: Part of the key in terms of making this information available is also making it available to general practitioners so that they can, in different instances, select where they send their patients if there is a long wait. We have had examples recently where patients have accessed orthopaedic services at, say, Prince Charles rather than the Royal Brisbane Hospital because there is a shorter wait. Also, in Bundaberg we had a problem with an orthopaedic surgeon who was off ill for an extensive period. Arrangements were made for patients to be able to access services at Hervey Bay, where there was no waiting time and there was spare capacity to provide those services.

I think the overall assessment of the program at the moment, particularly in the increasing throughput and the increased checking through—making sure that patients arrive, that they are assessed appropriately, that they actually need the surgery before they turn up on the actual surgery date—has been one of the key things that we have worked very closely with GPs and other providers in working through. One of the major problems we had in the past in the bad old days was that you had people on a number of surgery waiting lists for the same surgery. You also had a significant number of don't shows because appointments were made well out in advance. Having people much more informed about what is going on, particularly their GPs, has meant that we have reduced those don't shows, we have reduced the number of people who are not well enough—it could be that somebody is booked in for surgery, wants to have the surgery but at the time has a serious cold or something and it is not appropriate for them to have it at that time.

So all in all we are working through this strategy. As I said earlier, as at 1 July 2000, 8.4% of Category 2 patients were waiting longer than the recommended 90 days, which is the lowest percentage of long waits recorded since the beginning of the collection of elective surgery waiting list data.

Mr SULLIVAN: Again, on page 10 in the table it says that 92% of Category 2 patients are receiving their treatment within the specific time frame of 90 days and that this is below the stated target. How is the Prince Charles Hospital performing in this category compared with, say, former years?

Mrs EDMOND: I think this has been one of the great success stories. In July 1998, 78% of Category 2 patients at the Prince Charles Hospital were receiving their treatment within the 90-day time frame. At that time we had

138 Category 2 patients who were long wait patients. Certainly some of those, as you and I were aware, were very long wait patients. As at 1 July 2000, 99.7% of Category 2 patients at the Prince Charles Hospital were receiving their treatment within the 90-day time frame.

Mr SULLIVAN: That is great.

Mrs EDMOND: At that time only one Category 2 patient was a long wait patient. Percentages, of course, depend on your numerator and your denominator. In actual numbers it has gone down from 138 to 1. So I think that is an excellent result. The people at Prince Charles have to be congratulated on the work they have done. I remember that, at the time when I decided to make the bold decision to publish the waiting lists, some of them said that I was setting myself up for difficulties. One of the reasons I wanted to do that was that, if we could identify where there was spare capacity and where there was room for improvement, we could then focus on those areas.

One of the tasks of the Surgical Access Team was to undertake site visits to hospitals not meeting targets, to review the processes in place and see what could be done, how they could work with the key staff involved to improve their administration and how they were doing things, and to develop remedial strategies. Of course, funding has been provided to address the long wait issues at specific hospitals in the past few months. For example, in Bundaberg where we had a problem with surgical instruments, we put in an extra $100,000 for the surgical instruments for orthopaedic surgery, and long waits in Category 2 have improved by more than 60% as a result. Prince Charles Hospital was also one of those hospitals. It received an extra $150,000 for surgical equipment and that has also helped its performance.

So we have gone in and looked at where there are problems, blockages, etc., to see exactly what was needed. Of course, it has not just been about money. By publishing the waiting times, we also create benchmarks so it creates a bit of competition between hospitals to make sure that they are reaching the same standards as their fellows in other places. Also by sharing information on their work practices, they can see how they can improve and do things better. I think that is a very healthy situation. They now discuss their outcomes with other hospitals so that, if one hospital is achieving significantly better on a regular basis, they can see how they are doing it and how they can learn from that.

Mr FENLON: I refer to page 13 of the MPS, which deals with services provided in emergency departments. How many extra positions have been created in emergency departments in the past two years and what impact has this had on reducing waiting times?

Mrs EDMOND: Again, this was an election commitment. You might remember in the 1998 election campaign that most of us were horrified about stories of people waiting on stretchers in emergency departments around the State. We went in with a commitment to put $5m into emergency departments across the State, but in a planned and strategic way. We had a team go out and assess the needs in the various hospitals around the State to look at the throughput compared to the staffing ratios. It was intriguing that some of the places with the lowest patient to staffing ratios actually had the longest waiting times. That team looked at how we could improve that.

Those improvements have worked. They have resulted in an estimated 5,700 additional patients being seen within the recommended times in the first half of 2000, compared with the same period in 1999, despite a growth in attendances of 9,000. That is a significant improvement. I should also point out that the data is now, of course, published in the MPS. We assess ourselves against the national guidelines. I am not aware of any other State that does that. Again, it is part of our openness and accountability and provides encouragement for different hospitals to improve their individual performances.

In 1998 we dedicated $2.4m in recurrent funding to fund 17 emergency specialist positions in 15 hospitals across the State, and to complement this, funding for an additional 11 emergency nurse positions for six identified hospitals was provided. Again, that was as a result of the review that we did. Data collected from the 20 Queensland hospitals with an emergency department role delineation of four or greater commenced in January last year and indicates that there has been a significant improvement in the number of patients seen within the recommended times in 1999-2000 compared with 1998-99. In other words, it has worked well. It has resulted in the employment of the additional specialist medical and nursing staff. Plus we also put in improved equipment data, collection equipment, etc., into emergency departments to improve it.

I should point out that emergency departments are still seeing very, very large numbers of Category 4 and 5 patients, which are really regarded as GP-type patients. These

are services that the Commonwealth regards as being funded through Medicare and not through the hospital system. Again, that is in part a reflection of Queensland's long history of providing those services. We have been urging the Commonwealth to pick up that responsibility and fund us for the provision of those services or to take them over to GPs. I am delighted that the Federal ALP has taken on board this problem and is going to address it, because annually it costs Queensland Health something in the order of $65m to provide those GP services in the public system.

Mr FENLON: You have referred to elective surgery in the context of reducing waiting times. What proportion of overall hospital activity is represented by elective surgery?

Mrs EDMOND: Elective surgery, as I mentioned earlier, varies from one time of the year to another. Obviously it tends to go down as it is replaced by increased medical admissions during winter, particularly in relation to those people who are vulnerable—people who have chronic chest conditions, etc.—who are more prone to acute distress during the winter months. But generally elective surgery around the State represents less than one-fifth of the total hospital activity. Emergency admissions account for nearly half of the total activity and the balance is non-surgical admissions, or medical admissions. The latest quarterly elective surgery waiting list report shows that for the March 2000 quarter, admissions from the elective surgery waiting list comprised 18.2%, or 26,912 admissions of the total hospital activity in Queensland.

Emergency admissions were 67,666 and compromised 45.7% of total hospital activity while other elective admissions compromised 36.2% or 53,362 admissions of total hospital activity in Queensland. This represents a slight increase from the proportion of elective surgery admissions reported in July 1998. At that time, for the March quarter, it was 17.4% or 24,323 admissions of the total hospital activity in Queensland. Emergency admissions compromised 46.9% or 65,562 admissions of the total hospital activity while other elective admissions compromised 35.7% or 49,865 admissions of total hospital activity in Queensland. So it rolls around about the same but less than one-fifth of total hospital throughput. I think that is fairly consistent from State to State. It varies between 15% and 20%.

The CHAIRMAN: Thank you, Minister. The Committee will now adjourn for morning tea.

Sitting suspended from 10.31 a.m. to 10.51 a.m.

The CHAIRMAN: We will resume with Government questions. I call the member for Greenslopes.

Mr FENLON: Page 3 of the MPS refers to an extra $15.9m for additional hospital services in districts across the State. What will the money be spent on?

Mrs EDMOND: Firstly, I would like to point out that this extra $15.9m in this year's budget is exactly that: it is extra money for additional hospital services. It is only one element of this year's budget increases. I have noticed with some concern that some members of the community have gone around misinterpreting and repeating that misinterpretation even after they have been corrected that this is the only increase in hospital funding in this year's budget. It is simply the top line in a whole list of extra funding for hospitals. I encourage all members of the Committee to read down the list in the MPS and not just that first line, as some members have done.

The operating or recurrent Health budget for this year is $3.81 billion and it includes a range of extra funding in that list of enhancements, including $17.1m to purchase public patient services at the new Noosa and Robina Hospitals. We already have $15.9m in extra bits and pieces and $17.1m just for Noosa and Robina. Some of the additional hospital services to be provided across the State are enhanced paediatric and maternity services at the Redlands Hospital; enhanced orthopaedic, paediatric, intensive care services and general medical and surgical services at the Logan and Beaudesert Hospitals; enhanced emergency and paediatric services at the Gold Coast; funding for the Australian Medical Work Force Advisory Committee training positions to increase the numbers of specialists in particular areas across the State; and the upgrade of dental chairs at Beaudesert. Of course, additional funding has also been made available for the Royal Flying Doctor Service contract and the provision of cochlear implants and bone marrow transplants at the Royal Children's Hospital, just to give you a flavour of the wide spread of extra services that will be provided.

These services are all in addition to enhancements to acute and community mental health services, the renal services in the northern part of the State, which I have already mentioned, and improved oncology and radiotherapy services, which I have also already mentioned. This year's budget also includes more funding for the Patient Travel

Subsidy Scheme, the Medical Aids Subsidy Scheme and the Spectacle Supply Scheme. There is also an extra $600,000 for breast and cervical cancer screening. There are a range of improved and enhanced services across-the-board in this year's budget.

Mr FENLON: Minister, you mentioned breast and cervical cancer screening. Page 27 of the MPS refers to the new BreastScreen Queensland services to be established in the very fine suburbs of Coorparoo and Caloundra. This announcement has certainly been well received so far, especially if the reaction of my wife is to be a gauge. What other locations throughout the State provide such services?

Mrs EDMOND: First of all, I thank you for the positive statements you have made about the breast screening service. I certainly hear those positive statements on a regular basis, particularly from people who have been very concerned when they have gone there. Recently, I had a very close friend go through the trauma of having cancer of the breast treated by surgery, chemotherapy and radiotherapy. One of the things she mentioned to me was that the care and attention she received from her first breast screening through to the end of her radiotherapy was world class. She just could not fault it, and she is a nurse of many years standing. So I think she knows what it is all about.

Two extra satellite BreastScreen services have been arranged at Caloundra and Coorparoo. That will help us reach this year's target of 170,000 women. As I mentioned, the State Budget included a $600,000 increase towards the fight against cancer. This funding will be used to continue to expand BreastScreen Queensland and also the cervical screening programs. The BreastScreen Queensland program has been very successful in achieving the target of screening 160,000 women in 1999-2000. This is a 7.3% increase on 1998-99 when 149,000 women were screened. There has been a 30% increase in the participation rate for women aged 50 to 69 years from 43% in 1996-97 to 56% in 1998-99.

However, breast cancer is still the No. 1 cause of cancer-related death for women in Queensland. I urge all women, particularly in that age group, as I am, to have their screening, because all of the work we have seen indicates that the BreastScreen program is the most effective way of reducing deaths and illness from breast cancer. The recent statistics support this by showing that, while there has been an increase in the number of women diagnosed with breast cancer, there is an indication of decreasing death rates, which shows that the breast screening and early detection is working.

The Statewide network of BreastScreen Queensland services includes 11 screening and assessment services—in Cairns, Townsville, Mackay, Rockhampton, Bundaberg, Nambour, north Brisbane, Brisbane south side, Gold Coast, Ipswich and Toowoomba. There are six satellite screening services located at BreastScreen Queensland. There is a Nambour service and a Caboolture service. There is one from the north Brisbane service at Redcliffe. There is a Gold Coast service. The Brisbane south side has one at the Redlands Community Health Centre and another at the Inala Community Health Centre. There are also mobile services based at Townsville, Rockhampton, Toowoomba and north Brisbane and four relocatable services working out of Cairns, Bundaberg, Gold Coast and Nambour. With all of that combined we are now covering the State very, very well, including rural and remote areas.

Mr FENLON: I refer to page 10 of the MPS. What accounts for the increase in hospitals achieving accreditation? What does that mean to the quality of service of any such hospital?

Mrs EDMOND: This shows a commitment by the Government to getting as many hospitals as we can through the accreditation process. Certainly it assists in highlighting areas for improvement. It shows, I think, our commitment to achieving the best continuing improvement. Ultimately of course, this benefits the patient or the client. The opportunity for comparison or benchmarking between services within a facility or among facilities across the State and nation, particularly like-sized and like facilities, through the collection of information against nationally accepted clinical indicators is an invaluable opportunity for improvement.

Achieving accreditation is often quite a protracted process involving two or three years of assessment according to national guidelines. Through our quality policy we actively promote accreditation of hospitals as one of our key objectives. There are several options for third-party accreditation. This, of course, has been subsumed as part of our quality of health services framework for future reference. This is an ongoing process. We are very proud of the number we have achieved so far. We will continue to work through that improvement, improving the quality of our hospitals and the service delivery to patients in the future.

The CHAIRMAN: The time for Government members' questions has expired. I call the member for Maroochydore.

Miss SIMPSON: Minister, I refer you to a question I asked earlier. Time precluded your answering it. With regard to mental health I ask again: under your two year old administration, why have you allowed the closure of four emergency mental health beds at the Barrett Centre?

Mrs EDMOND: The closure of the four crisis beds at the Barrett has of course been part of the planned devolution of mental health services and has coincided with the opening of acute services at Logan Hospital, where there are 17 beds opened up, and Robina Hospital, where there are 10 adult beds. The closure has of course been necessary to progress the redevelopment of the services located on the Wacol campus. It is part of the strategic plan.

I remind the member that the previous Government was going to close the Barrett Adolescent Centre, full stop, when Logan Hospital youth beds opened up. That was stopped by my intervention and that of a number of the parents involved and concerned people working in the mental health area across Queensland who were very concerned that we would lose the only medium-term facility for young people in this State and that it would be replaced solely with acute care services.

This year's Budget includes an extra $9.3m for mental health. Of this, there is an increase of $2.1m for the community mental health service in south-east Queensland. This builds on the huge boost we had to community mental health in the 1998 and 1999 Budgets. This is where we employed over 200 extra community mental health workers right across the State, including in those areas which were desperately in need and underserviced before such as Bundaberg, which had the worst population to mental health facility statistics I think probably in Australia; Redcliffe, where there were no community mental health services; and the central downs, up near Rockhampton, where there was virtually nothing. We have expanded services right across Queensland, with over 200 extra community mental health workers.

We are continuing to build on that service delivery in the community, as well as continuing the devolution of mental health services right across the State, with new facilities opening up, as they are at Logan and Robina, and with the ones that have already opened in Mackay, Bundaberg and Cairns. There are new ones coming on line in Townsville, Maryborough, Logan and Caboolture. The member for Caboolture will remember that. There are new services opening up right across the State, closer to where people live and where their support and families are.

Miss SIMPSON: I refer to page 7 of the MPS. Given that there is such a desperate need for more mental health workers to provide extended hours care in community-based services and that psychiatrists are not reporting a relief of the pressure on acute services, how can you justify the fact that you not only failed to meet your target of full-time equivalent mental health workers in the last year by 385 but that you actually chopped back the number of full-time equivalent mental health workers by 358?

Mrs EDMOND: Again, it really would help if, firstly, you actually relied on a few facts and, secondly, you actually read the explanations. Part of the explanation for mental health is the same as the overall explanation for full-time equivalents. Also, as I mentioned earlier, there will be a substantial increase in the number of mental health services provided at Robina which will not be included ever in our full-time equivalents. Patients and staff from places such as Wolston Park will be going down to Robina as part of the redeployment program.

You may not be aware, though I would have hoped you were, that there is a major redevelopment going on at both Baillie Henderson in Toowoomba and Wolston Park, with a huge downsizing of both the staffing and the patient numbers accordingly. Of course, many of those staffing numbers in those areas, because of the nature of the old institutions which have had their day in mental health care and are being phased out, were made up of dozens of gardeners, for instance. But because they were working at mental health institutions, those people were regarded as mental health employees. We are focusing on increasing the number of mental health clinical staff, rather than increasing the numbers of gardeners or maintenance people. I think we had mechanics and upholsterers—all sorts of people involved. We actually have a couple of golf courses at Wolston Park, and I don't think we really should be counting the people who are maintaining those areas as mental health professionals, although, of course, they perform very useful jobs in their own role.

So what is happening across-the-board is that people who are being counted now as mental health full-time equivalents are being

more and more likely to be clinical staff, including the more than 200 extra community mental health staff that we put on across the State, rather than being operational staff such as gardeners, etc. The people from the qualified staff and indeed all staff at places like Wolston Park, where the massive changes are made, are being encouraged to move to other jobs in other areas. But when a gardener, such as one I have met, moves from Wolston Park to QE II Hospital, he goes from being counted as a mental health employee at Wolston Park to part of the operational staff at QE II Hospital in the general hospital area. So while the job is still there, he is counted in a different way.

I guess it will take a little while for all of these major reforms in mental health to work through the system and get across to all of the people who should know about them, but in the future I encourage people to be aware of what is happening. There has been a significant increase in the number of clinical staff, especially in community mental health staff, right across the State. The numbers, of course, that are reducing are those in the operational and non-clinical areas.

Miss SIMPSON: I refer you again to this matter, because in the interests of accountability, I would welcome your actually tabling the breakdown in the categories of staff and the actuals for full-time equivalent mental health workers in the 1999-2000 period, as well as giving us the estimated targets for this coming year, because I remind you that the figures I quoted on page 7 were actually your own targets for full-time equivalent mental health workers in the next year, and they have gone backwards by 385 full-time equivalents. I would welcome your actually giving us a breakdown of last year's categories of workers that were considered in the integrated mental health area and give us a breakdown in the categories that you are looking at this year.

Mrs EDMOND: Perhaps you could speak to the previous Health Minister, because many of these are actually performing and delivering on plans that were set in place by him, with our support, in moving services from the old institutions, where people were locked up forever, down to being devolved across the State. It is disappointing that you do not seem to be aware of this massive reform that is happening in mental health and the change in the delivery of service. But the new staffing quantum—excluding non-Government organisations such as the Mater, Noosa and Robina—has been established and does provide a basis for the staffing effort of Queensland Health. The 1999-2000 revised projection for mental health, taking out the Mater, is 4,130 FTEs.

Miss SIMPSON: You cannot blame the Mater for a reduction in full-time equivalent mental health workers.

Mrs EDMOND: Yes, you can, because you are saying that they are not included, that we have changed the figures, and I am explaining that these figures have been provided to exclude it so that you can do a comparison. The staffing for full-time equivalents for mental health achieved was 3,914, which reflects a variation of 216 below the target. But primarily, as I have already explained, this variation is accounted for by the uptake of voluntary early retirements, etc., at Wolston Park, the natural attrition of staff at Wolston Park, and the fact that many of the staff from Wolston Park in operational and non-clinical areas have moved to other jobs at other hospitals where they are not classified as mental health staff.

Can I explain again for your benefit that people at mental health institutions like Wolston Park, whether they were digging ditches, whether they were cleaning the cars or whether they were clinical staff, were all counted as mental health staff. When those people move to other hospitals—and I have met one fellow at QE II who is wonderfully happy doing the garden there—they then fall under the operational staff—not the mental health staff, not the clinical staff, not the administrative staff, but under the operational staff at that hospital. We have encouraged as many of those people as possible to take up the opportunity to move into other positions around the State. We have provided them with moving packages; we have provided them with retraining packages to facilitate that. It is all part of an expansive scheme that we have put in place.

Also, as I said earlier, while we do not count Robina in our full-time equivalents because it is not administered by us, it has a huge increase in mental health staffing, because a lot of patients are going there. It is one of the major services we are buying from them, and a lot of staff from Wolston Park will be moving down there, yet they will not be counted in our statistics.

Miss SIMPSON: I refer you to page 15 of the Output Statement in the MPS in dental health. I note in an earlier answer to a question from another member you claimed there had been an increase in throughput through the dental health services. I therefore refer you to the fact that this year's MPS compared with last year's MPS clearly shows

that there has been a reduction in the number of completed adult courses of oral health care of some 22,600. Could you please explain this?

Mrs EDMOND: Sorry, I do not have last year's; I will see if I can get it. Can I say that when you are looking at completed adult courses of dental care, you would also need to look at the number of occasions of visit, etc., the number of emergency cases and the number of non-emergency cases, because you would have to add all of those together to look at the increased throughput. Clearly, a completed course of care in one patient might involve 10 visits; in another person it might involve one visit. If you go along, like I do, every year and have a scrape and a clean and a polish, it is very disappointing for the dentist; it also does not take very long. But other people have major problems and need perhaps 10 visits before those major problems are addressed. These are things that I do not think can be assessed very quickly, but I know that we are seeing a significant throughput, and I know that we are consistently meeting the targets that we set.

I am advised that the total number of treatments has not actually decreased. I will ask the Director of Oral Health to come forward.

Mr EVANS: Errol Evans, State Manager, Oral Health. The actual completed throughput for adults has increased this year. I am not sure of the figures that you are relying on.

Miss SIMPSON: I appreciate your explanation of this. On page 15 you have 191,000 emergency immediate dental clients, and then you have general dental clients of 133,000, whereas compared with last year, on page 21 of the MPS, you had 212,600 emergency immediate dental clients, and the number of general dental clients was 134,000.

Mr EVANS: So the absolute total has increased.

Miss SIMPSON: No, it has actually decreased.

Mrs EDMOND: It is separated into "general" and "emergency", Errol. Would they be separated out in the totals?

Mr EVANS: I am unsure of the question.

Miss SIMPSON: When I add together the emergency immediate dental clients with the general dental clients, there is a difference of 22,600 compared with the actual for 1999-2000.

Mr EVANS: That is an estimated actual. The actual figure is 360,000, combining both emergencies and general treatments. It does not appear in this figure for 1999-2000.

Miss SIMPSON: Could you repeat that?

Mr EVANS: These figures have just been completed. They are current up to 30 June. The total figure is of the order of 360,000, which is an increase of 13,000 over the previous year.

Miss SIMPSON: What was the reason for such a difference between the estimated actual and the actual?

Mr EVANS: The estimated actual is a conservative figure because we do take into account work force activities such as the cessation of the previous training in dental therapy and the new Bachelor of Oral Health program which is now producing graduates, and there will be a number of graduates coming on-line at the December period of this year. So that there have been recruitment difficulties in terms of staff and the estimates reflect difficulties that could be anticipated in meeting those targets.

Mrs EDMOND: Can I comment too that estimated actuals are used in the MPS because we actually have to produce the MPS some time before the end-of-the-year figures are available. So we are working on data that is sometimes several months out of date and then you are sort of extrapolating from there to your estimated actual. It actually states that it is an estimated actual. So what Mr Evans is saying is that the final figures are actually better than we expected and certainly show an increase on last year.

Miss SIMPSON: Thank you for your answer, Mr Evans. I note there is quite a difference of about 40,000 compared to the estimated actual that is printed, so you can understand my query in regard to why there is such a difference with the actual. My question now is actually in relation to a different area, the alcohol and drugs area. I refer to page 18. How many alcohol and drug full-time equivalent workers were employed by the Queensland Health Department in the last financial year. That is, how many actual workers were employed in the last financial year, how many will be employed this year and also how many are employed in corporate office?

Mrs EDMOND: I would have to take that on notice. We have some drug and alcohol workers, some working on a part-time basis, some on a full-time basis, and in remote areas. Some of them are under different sorts of programs. It is a very widespread program across the State. As you would be aware, we

have one of the most comprehensive methadone programs of any State in Australia. We also have a variety of levels of drug and alcohol work going on across the State. I would have to try and get back with that information. It is far, far too detailed.

The CHAIRMAN: Thank you, Minister. You will take that one on notice. Do you have a further question?

Miss SIMPSON: I have a further question with regard to alcohol and drugs. Given that children presenting to accident and emergency departments for poisonings are still resulting in a relatively high proportion of these children being admitted to hospital, particularly in regional areas such as Mount Isa and Mackay, and given that it is estimated that approximately 60% of the 10 to 14 year old girls in this category are thought to have deliberately taken poisons, I ask: what are the services for these children in rural and regional areas to deal with this disparity and what other targets are there in place to reduce this worrying trend?

Mrs EDMOND: Can I go back to the previous question for a moment to clarify one thing? Much of the drug and alcohol services in the State—we fund non-Government organisations to provide those services. That is one of the reasons it is very difficult to get that information. A lot of the funding goes directly to non-Government organisations. I think it would be impossible to get an accurate estimation of those figures. I now turn to the member's latest question. Are you suggesting that emergency departments in our hospitals are not dealing with these young people?

Miss SIMPSON: They are dealing with them by having to admit them and some of the—

Mrs EDMOND: You are suggesting they should not admit them?

Miss SIMPSON: No. What I am saying is the trend has not changed. There is still a high proportion of children in some areas such as Mackay and Mount Isa—there is approximately 51% in Mackay who have presented with poisoning who are actually being admitted.

Mrs EDMOND: And these are deliberate poisonings?

Miss SIMPSON: No. It was a two-part question. A high proportion of those poisonings in the category of 10 to 14 year old girls are deliberate poisonings. My question was in relation to what can the Health Department do in that regard?

Mrs EDMOND: There are two things. One—

The CHAIRMAN: Excuse me, Minister. The time for non-Government questions has expired. We may need to come back to that.

Mrs EDMOND: Could I take half a minute and I can quickly answer that?

The CHAIRMAN: With the leave of the Committee.

Miss SIMPSON: Do you want me to put it on notice?

Mrs EDMOND: No, I am quite happy. It will only take me half a minute. In terms of accidental poisonings, we run a poisons line from the Children's Hospital which provides information up and down the coast of Queensland on an emergency basis to anyone who seeks it. In terms of deliberate poisonings—I guess you are talking about youth suicide—the biggest issue that we are working through there is, of course, the school-based youth health nurses. That is one of the issues that they are particularly trained to address and that they are particularly working through.

The CHAIRMAN: Before we move to Government questions, I again remind members that we are dealing with the Estimates and I really need to have references to particular pages in the Ministerial Portfolio Statements so that that assists in looking at those financial aspects of our role today.

Mr SULLIVAN: I have a general question on non in-patient services, referring to page 4 of your MPS where you talk about Queensland Health collaborating with GPs to improve treatment and management, and specifically on page 28 the Prince Charles Hospital allocation for diabetes treatment. It is that non in-patient services generally working with the GPs, and then specifically that page 28 funding for Prince Charles Hospital diabetes which we have had some discussions about over the last 12-18 months.

Mrs EDMOND: I know that there has been some media criticism recently about the interaction between hospitals and GPs. I am happy to say that Queensland has been given a tick on that basis because of our relationship with GPs. I certainly work very closely and meet on a regular basis with the GP representatives from the divisions and the college. I recognise that they are at the coalface of primary health care. We have developed a number of different projects—quite innovative projects—aimed at reducing the demand for hospital-based services and we have done this quite often in

conjunction with the general practice areas. We have also established a General Practice Advisory Council, or GPAC, which has helped us form a very strong relationship between Queensland Health services, GPs and the non-Government sector to address both the policy and the operation issues. The previous president of the AMA was somebody who was very, very supportive of a lot of these positive interactions between Queensland Health and GPs. I guess that support came from her long experience as a GP.

A range of the examples of collaboration in the practice include memorandums of understanding which have been developed between the Queensland Health service districts and the divisions of general practice in those particular areas to work together on joint planning and the joint provision of care across a number of health conditions. For example, shared care occurs in relation to mental health, palliative care, maternity care, diabetes and paediatrics. Last year I was happy to be involved in the launching of the QGAPC program in mental health where GPs are being trained up and skilled in psychiatric or mental health care of patients because 80% or so of people with a mental health problem actually see their GP rather than a specialist psychiatrist. They may need intensive care. So Queensland Health has recently developed a position statement on health service integration which focuses on developing service delivery partnerships. We are actively pursuing streamlined referral pre-admission and discharge processes to maximise treatments of patients in the primary care setting. You will remember that that was one of the areas across the nation that was strongly criticised. We have got some pilots up and running on those processes in the Cairns District Health Service with the Cairns division of GPs. We are developing a system to provide formal notification of discharge and admissions within 24 hours for both the referring and the regular GP. We are also actively promoting the exchange of basic GP data between divisions across-the-board. I had better answer the next part of your question—

Mr SULLIVAN: I will ask a follow-up question.

Mrs EDMOND: I would like to mention also that we are developing clinical guidelines, for example, the management of adults with type II diabetes mellitus—the common one—which focuses on ensuring that patients are managed as much as possible in a non-acute setting.

Mr SULLIVAN: Specifically, those thousands of people north of the Brisbane River up to the Pine Rivers Shire who have type I or type II diabetes, I believe that some of their needs are being addressed as a non-in-patient service through the Prince Charles Hospital district and the diabetes service. I have had quite strong representation on that over the last two years and I am wondering what funding allocation under page 28 of reducing type II diabetes that the Prince Charles Hospital area has?

Mrs EDMOND: This has been one of those innovative programs that has been very successful and, I think, the very success of it has created some strains. It is funded by the Prince Charles Hospital from within their budget, with a $120,000 a year budget for the community diabetes care service. It is done in conjunction with the Prince Charles Hospital and health services district, the Royal Brisbane Hospital and health services district, Diabetes Australia, the Brisbane North Division of GPs and the Central Zone Public Health Unit. The service, while it is located on the Prince Charles Hospital campus, is funded from within the district's budget. The aim is to work with all of that group to provide a multidisciplinary educational service to people with type II diabetes within the Brisbane North area.

As the service has become more established, referrals for both type I and type II are made to the centre and referral sources have mostly been from general practitioners in the area, endocrinologists and other medical specialists, although sometimes people are just referring themselves—they have heard of the service and they just turn up. In the past 12 months, a total of 417 new patients have been referred to the service. In addition, 2,004 patient reviews have been conducted and 73 in-patients have been seen by the service.

Monthly group education sessions remain well attended, attracting approximately 30 to 60 people on a regular basis. I think that it is important that people do learn how to maintain and attend to their own needs as much as possible and understand what is happening to them. In addition to the community diabetes care service—the one located at Prince Charles Hospital—there is an outreach service provided at the Pine Rivers Community Health Centre for clients within their geographical area. This service operates every Friday morning—Mr Feldman might be interested in that—with a clinic that delivers diabetes assessment and education for clients as well as offering group education about maintaining healthy lifestyles.

Of course, I think that diabetes is one of the major epidemics facing our community, or our population, as we move from infectious diseases, etc., being the scourge of our health to lifestyle diseases. Of course, one of the key indicators is lack of activity and obesity. So I urge everybody in the room to get out there and exercise, eat the right foods and try to prevent the increasing numbers that we are seeing with diabetes, because it also flows on. A lot of the people we are seeing with eye problems—with cataracts—are part of their diabetes and, of course, end-stage renal failure is often linked to diabetes.

Mr SULLIVAN: I will avoid the mints that are on the table here. I refer to page 7 of the MPS and the table at the top of the page. The totals at the bottom, both of which are estimates—estimated actual 1999-2000 and 2000-01—indicate that there appears to be an increase of 1,030 in staffing numbers. Where is the jobs growth expected to occur in those estimated figures?

Mrs EDMOND: We have seen over the last two years—the last two Budgets—an increase of something like 1,300 health jobs and more than 17,000 construction industry jobs through the Statewide health building program and more than 500 private sector jobs created at the new hospitals at Noosa and Robina where we have contracts to purchase public health services from private hospitals.

Nearly half of the health jobs in this year's Budget will be in nursing. We are expecting an increase of about 426 nurses. In line with additional funding being provided to enhance hospital services across the State, other increases in staff numbers are expected to occur due to the expansion of the Logan Hospital. That includes an additional 110 acute care services, the additional funds being allocated for enhanced paediatric and maternity services at the Redland Hospital, the improved oncology and radiotherapy services that I have already mentioned across the State, the enhanced renal services in the northern part of the State, the allocation of additional funding for Home and Community Care services across the State, the allocation of additional funding for bone marrow transplants, and all of the other services and growth associated with the hospital redevelopments.

The CHAIRMAN: Page 2 of the MPS refers to the six national health priorities, and one of those is cardiovascular health. I am constantly amazed at the number of young people and adults who suffer stroke. Last night on This Is Your Life I noticed my childhood sweetheart, George Mallaby, from Division 4 had actually suffered a stroke. It concerned me greatly to see him in that condition. I just wonder whether you can explain what is being done to reduce the incidence of stroke in Queensland?

Mrs EDMOND: The incidence of stroke in young people is always a tragedy, usually unexpected and often related to anomalies in their cardiovascular system that have been there from birth. Stroke is a major cause of death and disability in Queensland, particularly in older populations, where it is the third largest killer of men over 85 years after coronary heart disease and cancer and the second largest killer of women over 85, again, following coronary heart disease. Quite often the two are related.

The accurate measure of stroke incidence requires specialised stroke registries. In Queensland, we do not have such a registry, and I do not think that most of the other States have one, either. They are expensive to establish and maintain, and it is often difficult to determine. Stroke mortality is measured more accurately by current statistical collection practices and has fallen significantly in Queensland over the last two decades.

In the period from 1985 to 1996, the rates fell by around 4% a year. This was in part due to better care following stroke and improved survival, but it also reflects the lower incidence. The main reason for that lower incidence—and I would like to shout this from the rooftops—is better control of hypertension and reduced rates of smoking, particularly among middle-age and older males. We should really get that message across very strongly to the young women who are taking up smoking in increasing proportion. I am particularly concerned about young women, because they have the added risk of often being on the pill and other factors which might increase their incidence of stroke. So they really have to avoid smoking at all costs.

Strategies to reduce the incidence of stroke fall into two main groups: population-wide strategies, such as promoting awareness of stroke and reducing its risk factors and strategies to target the high-risk individuals and address their risk of stroke through a combination of lifestyle modifications and, of course, drug therapy. As I mentioned earlier, stroke shares common risk factors with a number of other chronic conditions such as heart disease, diabetes and some cancers. Smoking and passive smoking, high-fat and

high-salt diets and heavy alcohol use are also associated with higher rates of stroke.

Queensland Health is systematically addressing these common risk factors through its health outcomes plan and through a range of public health programs. Hypertension, high cholesterol, diabetes and a history of transient ischaemic attacks or atrial fibrillation and the use of oral contraceptives can predispose women to stroke. That is why I said that it is so important that young women get the message not to smoke, particularly if they are on oral contraception.

We are working through a number of those factors. We are very pleased with the outcomes so far but, of course, it is still a tragedy for each and every person it occurs to.

The CHAIRMAN: Page 21 refers to health maintenance services. I just want to pursue the issue of stroke a little bit and ask you: can you explain what rehabilitation services are available around the State for people who have suffered a stroke?

Mrs EDMOND: Each stroke patient is assessed and, if there is any potential to regain any function through rehabilitation, the patient is provided with multidisciplinary rehabilitation care. Sometimes that is a factor of the cause of the stroke. Stroke rehabilitation services are provided to in-patients and outpatients in day hospitals and by community-based rehabilitation services offered across the State through the hospitals and also through the community health centres.

The Stroke Association of Queensland received funding of $48,500 from Queensland Health under the community self-care funding. Queensland Health has provided these funds to the Stroke Association of Queensland to provide information and education to people who have had a stroke, their carers and families and health professionals, to advocate on issues surrounding stroke, to provide a network of support for people who have experienced stroke, and to educate the general public on issues surrounding stroke.

My father had a massive stroke at age 57. Unfortunately, he was one of those men committed to red meat with lots of fat on it and he was a heavy smoker. He was in a very high risk group even though he was very fit and certainly not overweight. Certainly, the impact is enormous. Even though he lived for much longer than that, he was basically an invalid from that time on. I am very aware of this. His stroke occurred, as sometimes happens, post relatively minor surgery. I think it is one of the reasons we have to be careful about advocating minor and perhaps unnecessary surgery for people who have other high risk factors, such as heavy smokers or people who have high cholesterol counts.

The CHAIRMAN: Page 28 of the MPS refers to oral health services. What amount of funding has been provided to address the extensive waiting lists for dental services around the State?

Mrs EDMOND: One of the exciting things we are doing with the oral service health service has been the introduction, as mentioned in the MPS, of the multiskilled oral health therapist positions. The first intake will be finishing in December this year. That has been a major boost. I have met many of the young people involved and they are looking forward to their role in the oral health service.

The Queensland Government—as I mentioned earlier, I give full credit to the previous Minister—has continued to supplement the funding lost at the cessation of the Commonwealth Dental Health Program in 1996 under the Howard Government. This is an additional $20m a year that we have to find out of other health services to provide these oral health services to the aged and needy in Queensland. It has been expanded through additional positions within the public sector as well as through outsourcing to the private sector in certain health districts.

I might add that Queensland is the only State in Australia to fully fund the loss of that CDHP funding and ours remains the largest and most comprehensive dental service in the country. The total oral health budget is approximately $90m. So the $20m that the Commonwealth pulled out of it was a significant part. The public sector oral health service completed, as Mr Evans indicated before, more than 360,000 courses of care for adults and 353,000 courses of care for school students in 1999-2000. This was 22,000 more patients than in 1998-99. However, despite this continued increase in productivity, demand for services remains high, and lengthy waiting times exist in some parts of the State. Since 1996-97 the service has increased by 19%, or 111,500 courses of care. That is a massive increase since the time the funding was pulled. A number of districts with excessive waiting times have initiated measures specifically aimed at addressing those areas of concern, which has led to a reduction in waiting times for routine oral health services occurring in the following areas of the State between June 1999 and June 2000. Charters Towers has dropped its waiting time by 23 weeks, Bowen by 25 weeks, Gympie by eight weeks, the

Brisbane Dental Hospital by nine weeks, Mount Isa by eight weeks, Pine Rivers by 30 weeks, and Monto by 20 weeks. The hardworking oral health staff have been doing their utmost to reduce those waiting times.

Innovative and flexible options have also been provided to increase access through mobile units and dental vans. I was delighted to give approval for a couple of our old dental vans to go to East Timor and the Philippines to assist people in those countries, with the good wishes of the people of Queensland.

The CHAIRMAN: Can I explore that a little further and ask about my own area of the outer southern suburbs? What is the projected throughput for the QE II Hospital Dental Clinic for this financial year and how does that compare with last year?

Mrs EDMOND: The actual throughput for the year just finished was 11,900, which was 7.5% above the target for the year. The projected throughput for next year is 12,000 completed patients.

The CHAIRMAN: The time for questions from Government members has expired. I now call on the member for Maroochydore.

Miss SIMPSON: I refer you to note 1 on page 7 of the MPS. I note that the Director-General of Health has had a 15% bonus paid on top of his generous salary package, which last year was calculated at $246,000, and I ask: as this bonus is supposed to be paid for financial performance, does the Health Minister have any input into judging the performance of her director or is she absent from the decision-making process on this?

Mrs EDMOND: The member is incorrectly informed again. The figures she has stated are quite wrong. The director-general does have a bonus. The contract of the director-general is with the Premier, not with the Health Minister, as you should be aware. My understanding is that this was also the case under the previous Government. My understanding is that, under the previous Government, budget considerations were the key part of the bonus considerations. I do not understand that to be the case at the moment. In terms of the quantum, I think that is a question that you should put to the Premier. This is a matter for him to determine. But the director-general might like to correct some of the other statements that you made so erroneously.

Dr STABLE: As is well known, the contracts of employment for the chief executives and directors-general are between the Premier of the day and the chief executive. Therefore, as the Minister has indicated, I am instructed that the Premier will be responding to particular details concerning the contracts. However, I am able to confirm that each year since my appointment in 1996 I have had a performance arrangement with the Premier of the day as a requirement of my contract. On each occasion—in other words, each year—the Minister of the day has been aware of the requirement and performance arrangement. Since July 1998 the performance agreement has been extensive, with this year's agreement being some nine pages and addressing whole-of-Government and departmental objectives. Whereas the Financial Administration and Audit Act, which was passed in 1988, does require that departmental budgets are balanced, as interpreted by Treasurers and treasuries during the time I have been director-general—for the past five years—my current performance agreement does not have this specific requirement.

Mrs EDMOND: I understand it did under the previous Government.

Miss SIMPSON: I will be happy if you want to table all of the details of the performance agreement. My next question relates to page 29 of the MPS. I refer you to the output statements with regard to the number of radiation safety audits undertaken. I refer you also to last year's MPS, the subnotes to which stated that there was a target of 1,000 radiation safety audits. From this year's MPS, we can tell that there has been a failure to meet the target, with an actual of 820 radiation safety audits. Minister, given the failure once again to reach targets for audits of facilities involving radioactive material and given the fact that a major radiation plant is planned at Narangba, for which you will have to consider giving approval, why should the public have any confidence in your department's ability to satisfactorily make sure that safety requirements and their very real concerns are given attention?

Mrs EDMOND: I am not sure which question you want me to answer first. There is probably not enough time to answer all of those questions in three minutes. Which one would you like me to answer first?

Miss SIMPSON: Why should we have confidence if your department cannot meet its own targets to review and keep safety checks and if now you have people coming to you to licence a facility in the Caboolture Shire at Narangba? Why should they have confidence in your department or you to make sure that their safety concerns are going to be dealt with?

Mrs EDMOND: Was that any clearer? Firstly, if we go to Narangba, I think there are two issues there. Firstly, planning approval is not given by the Health Minister; planning approval is given by the local government involved. My understanding is that this is a matter that is being determined in the Environment and Planning Court at this particular point. My understanding is that both the previous local government and the current local government of that area support the proposal and the jobs that it will bring.

The second thing I would say is that the role of Queensland Health in the determination of that is not one of approval or disapproval; it is one of assessing whether or not they meet the requirements as stated in the Act. We have a statutory obligation to look at those requirements and assess whether they meet those requirements. If they meet those requirements, then it is a matter that that licence must be approved. I do not think there is any discretion for the Health Minister to decide whether he or she likes it or dislikes it, or approves it or disapproves it; it is matter of whether that particular proposal meets the requirements of the Act.

In term of the other allegations you have made, again I wish that you would refer to the notes below it, because I think it makes it very clear—sorry, what page were you on?

Miss SIMPSON: It was page 29 of this year's MPS, but it is also page 12 of last year's MPS.

Mrs EDMOND: The statements you made then were equally inaccurate. The new Radiation Safety Act of 1999 and the Radiation Safety Regulation of 1999 came into effect on 1 January 2000, replacing the 40 year old Radioactive Substances Act of 1958. You will be aware that that Act had been 10 years in the making and people were very concerned that the coalition did not bother putting it through in the 10 years that it was there. However, it has now been passed. On 1 January 2000 new radiation safety standards made under the new Act also came into effect.

The audits conducted under the new legislation are far more comprehensive than the audits conducted prior to its commencement, because the elements of each practice which may be assessed under the Act have increased and because the legislation permits a more integrated approach to audits. Consequently, although the number of audits during the 2000-01 year is less, the breadth of each audit has increased significantly. That is why we have stated in the MPS that you cannot simply compare them. It is too early in the life of the new Act to determine the impact on public safety, but early indications show that holistic improvements in radiation safety are being made through these changed practices. Certainly these practices are welcomed by anybody and everybody I know who work in this area, some of whom have had many, many years of experience.

Miss SIMPSON: I refer you to page 7 of the MPS and full-time equivalents and I ask: noting that staff at Gympie Hospital were so worried by the advertising of a new $70,000 position in their district for a Director of Corporate Services after they had been told to cut costs that they signed a petition stating—

> "We the undersigned, as employees of Gympie Health Service District, petition that this position as itemised and a copy of the advertisement be reconsidered. We feel that financial constraints prohibit further expenditure on administration staff. Patient care comes first."

I ask: why have you got your priorities wrong again?

Mrs EDMOND: I think the member is mistaking her rhetoric for fact again. This position was not a new position and not a new administrative position; it was a replacement for somebody who had left an existing position. Surely one of the things that we should be providing our employees with is some certainty of continuity of employment. One of the issues that has been raised in the recent EB negotiations is that the staff want to know that when a job falls vacant that position will be filled, unless there has been a significant organisational change which means the position is no longer necessary. In the case of Gympie, there had been no such organisational change. In fact, I think it is a position that does need to exist and does need to be filled. Certainly I think the only reason they were concerned was that some people were going around, whipping up concern in their community unnecessarily.

Miss SIMPSON: I refer you to Budget Paper No. 4 where reference is made to the amount of extra funding for hospitals, and a figure of $15.9m is given. Given that the Bundaberg Health Service District was in deficit to the tune of $800,000 prior to a last-minute Queensland Health bailout in June, has the Minister increased recurrent expenditure to this district to address actual needs and by how much?

Mrs EDMOND: When I came to office in 1998, the Bundaberg Hospital, along with a number of others, was carrying a problem

because of the unfunded EB 2 under the previous Government. Many of them had been called upon to make savings outside their ability and had been carrying those forward. Quite a number of hospitals were bailed out just prior to the 1998 election by $15m of funding, which should have gone into the next financial year as the first year of the Australian Health Care Agreement but which were used by the previous Minister to bail out, I think, about 10 or 15 hospitals around the State to artificially minimise the number of hospitals that went over budget under his administration. Bundaberg was carrying a couple of hundred thousand dollars as part of that EB arrangement. That has been addressed, as you quite accurately said. It has been addressed by my Government and they have received a significant increase in the number of services provided at Bundaberg Hospital and they had their funding increased last year quite substantially.

One of the disappointing things in Bundaberg is that, no matter how much the provision of services has expanded, no matter how much the condition of the hospital has improved, there is still a State member in a nearby electorate who keeps bagging the hospital and the staff, which has increasingly raised concerns about recruitment. It makes it almost impossible to recruit people to those positions. So we have had problems in Bundaberg about filling some of the positions there because of the bad reputation it is getting from being a political football out there in the clinical services area.

Miss SIMPSON: In asking the next question, I note that the Minister did not answer my previous question, and I put to the Minister a question in relation to another hospital—

Mrs EDMOND: Can I just say that Bundaberg came in on budget this year. So your information is wrong. I should have corrected that right at the very beginning.

Miss SIMPSON: In asking my next question, I note that the Health Minister still did not give details as to what the so-called increased recurrent expenditure was or whether there had been a last-minute bailout of the Bundaberg Hospital. I ask a question in relation to the Nambour Hospital. Given that hundreds of Sunshine Coast people suffering from cancer are travelling to Brisbane for radiation therapy services, amounting to many thousands of individual trips per year, and the overwhelming support from the community for services to be located at Nambour, I ask: will the Minister heed the community call and the petition which I tabled in Parliament on their behalf and provide these services as well as contracting in the interim with a private provider, the Wesley Cancer Care Centre, which is putting a linear accelerator into Nambour from next year which would provide a more immediate solution in the short term?

Mrs EDMOND: It does not provide an immediate solution if it is not going to be up and running until next year. One of my disappointments when I became Minister was that Labor had had a planned rollout of tertiary services across the State as part of regionalisation.

Miss SIMPSON: What? Linear accelerators for Nambour?

Mrs EDMOND: That was part of the plan, yes—at the Gold Coast.

Miss SIMPSON: Could you please table that documentation?

Mrs EDMOND: I wish the member would just sit quietly and relax and listen; she might actually learn something. It was well known.

Miss SIMPSON: There has been no documentation. You provide the documentation and we will believe you.

Mrs EDMOND: The first instance of the rollout of expanded tertiary health services as part of the regionalisation was to far-north Queensland, where people previously had to leave places to attend treatment down here for six, seven or eight weeks. I certainly remember treating children down here, who often came on their own or with one family member, while they received radiotherapy treatment. So the first rollout of that expansion of tertiary services across the State was to Townsville, where we provided radiotherapy services for north Queensland. It was expected that other major centres such as Nambour and the Gold Coast would have been regional tertiary services.

However, that was all scrapped when the coalition Government scrapped the regional centres of the Sunshine Coast and decided, instead, to put more funding into the Caloundra Hospital and took away $4m of capital funding from the Nambour Hospital, which was to provide the bunkers ready for the move at a later date, and also decided to redirect recurrent funding from the Nambour Hospital to buy services from the Noosa private hospital in a deal done just before the election. That reduces the amount of public funding that can be spent on developing extra tertiary services.

In relation to funding to buy public health services from Noosa, there had been no allocation of that funding in the Forward

Estimates. The only assumption was that it was to come out of the Sunshine Coast district budget. I refused to do that. I have allocated new money to buy those services so that the people of Nambour are not disadvantaged.

Bernie Mason, the radiation oncologist, is an old friend of mine. I am well aware of the planned provision of private radiotherapy services at Nambour. I have congratulated the Wesley Hospital on this initiative, as I have Dr Mason. This has been planned for about four years. It would be premature to decide whether we buy services from them. Buying services from the private sector is the most expensive way of providing services and often means that you have to cut other necessary health services to provide those services. We have to look not just at the provision of services there but right across the State. In the meantime, I am working on a number of strategies to introduce an improved radiotherapy and oncology service across Queensland.

Miss SIMPSON: Minister, I note that you failed to provide any detail to back up your claim about a rollback in tertiary services. I also note that the Budget papers of the last coalition Government compared to your Government's clearly showed that you cut back about $10m from the capital works program on the Sunshine Coast in your first year of Government.

Mrs EDMOND: Madam Chair, that must be corrected.

Miss SIMPSON: The Minister can do that in her answer to the question.

The CHAIRMAN: I also remind the member for Maroochydore that I would like a reference to the MPS. We are not here to make statements; we are here to ask questions, so please ask the question. If the Minister feels that there is something inaccurate in the question, she can deal with that in her answer.

Miss SIMPSON: Thank you, Madam Chairman. It is necessary for me to correct the record because I do not believe that it would be in the interests of the parliamentary Estimates committee if those issues that the Minister has put on the record are not addressed. In relation to palliative care funding, what was the actual State spending on palliative care for 1998-99 and the actual State money spent for 1999-2000? I am talking about the actuals.

Mrs EDMOND: Firstly, Madam Chairman, I take your invitation to correct the statements made by the member for Maroochydore with regard to the capital investment at Nambour Hospital. Because the coalition Government removed $4m from the total capital commitment to Nambour Hospital to put it into propping up the member for Caloundra by expending that on the Caloundra Hospital, the planning for the Nambour Hospital had to be reconsidered and therefore had to be redrawn. That meant that there was a delay in the expenditure but not a reduction in the total expenditure planned for Nambour Hospital other than the $4m that went out to Caloundra Hospital. I would like that placed on the record, Madam Chair, because anything else would be totally inaccurate.

Palliative care is an area that I have been passionate about and it is one of the areas of our major commitments in the 1998 election. The Queensland people will remember, particularly those people interested in palliative care and cancer services, that in 1997 I raised in Parliament the fact that people were having to go on waiting lists to get palliative care. We had people having to go on waiting lists to die on the south side of Brisbane because, at that stage, the amount of State funding for community based palliative care was $400,000. The coalition announced that, in the 1998 election, although it was not in its Budget, it would increase that to $500,000 a year. Our announcement was that we would increase it to match the Commonwealth funding of $5m. So State funding is $5m, and that adds up to a total of $10m for that area. We have done that. I am proud to say we have done that. I am proud because of my many friends in the palliative care area and the wonderful dedicated services they provide.

Queensland Health currently spends $26m on palliative care. Some $10.1m is allocated to community-based care, that is, the $5m from the Commonwealth and the $5.1m from State funding. Is that the end of my time, Madam Chair?

The CHAIRMAN: No, you have about 30 seconds left.

Mrs EDMOND: The remaining funds go into inpatient services in both the Government system and the non-Government system. The member for Maroochydore should be particularly interested to note that for the first time we are providing $350,000 of State recurrent funding for palliative care, which is almost as much as the coalition's total palliative care funding, to the Sunshine Coast area in a consortium of services being provided to Caboolture and those areas. I think you should be very grateful for that. We are spending almost as much up there as you thought was adequate for the whole State.

The CHAIRMAN: The time for non-Government questions has expired. I now call the member for Greenslopes.

Mr FENLON: Page 4 of the MPS refers to the tobacco action plan. Minister, can you advise about the implementation of that plan and what it will achieve?

Mrs EDMOND: Queensland's plan is based on the national tobacco strategy which was agreed to by all of the Australian Health Ministers in June of last year. It addresses six key areas for action: strengthening the community action for tobacco control; promoting the cessation of tobacco use; reducing the availability and supply of tobacco; reducing tobacco promotion; regulating tobacco; and, reducing exposure to tobacco smoke. Recently I saw in the media that, as a result of the efforts being taken by all of the States, some tobacco companies are now threatening to quit Australia. I have to say that there are some of us who would not cry too much over that, certainly those involved in the health area who are concerned.

This strategy had bipartisan support from Ministers from all States and all political persuasions. It is disappointing that the member for Maroochydore is not similarly interested. As a result of its work on the tobacco action plan, Queensland Health has consulted 180 stakeholders from the health industry, retailing, trade unions and the Government about the draft plan. In June of this year, the Government gave in-principle support for options to progress it. Indeed, Cabinet agreed to prohibit the placement of self-service vending machines in particular areas of liquor licensed premises which may be more easily accessible to children. The original idea was that by placing them in licensed areas they would not be accessible by children. We found that that was being avoided. Cabinet has also agreed to legislate to reduce or eliminate tobacco advertising at the point of sale, agreed to a tobacco promotional campaign and agreed to introduce phased smoking bans in closed workplaces, public places, restaurants and any rooms of all other licensed premises when meals are being consumed in those rooms.

The Government is going through a process at the moment of detailed consultation with the industries that will be most affected by this proposed plan and will consider the views and the comments of all stakeholders. We are doing that right now. We have teams going out talking to people. We will be taking the outcomes of that. We recognise that in some areas such as clubs it may be difficult to achieve what we want. We do not want to put the club industry out of business, but we do want to achieve a significant reduction in the amount of passive smoking. We will work with the industry on achieving the best ways of implementing what we see as the necessary steps to reduce smoking.

We are also trying to not only reduce people's exposure to passive smoking but to stop Queensland children from taking up smoking and support smokers in quitting. We have to remember that more than 3,000 Queenslanders die each year as a direct result of smoking. It is a staggering figure. The smoking death toll is higher than the combined number of people killed in Queensland by murder, suicide, alcohol, illicit drugs, road accidents, AIDS, poisoning, drowning, fires and falls. It is significant.

Mr FENLON: I refer to page 27 of the MPS. Minister, can you inform the Committee how the Government is involving young people in the fight against drugs in 20 sites across the State?

Mrs EDMOND: This is an important and growing issue. In March last year the Premier convened the youth drugs summit after having concerns raised with him at the Ipswich Community Cabinet meeting. I have to say that Community Cabinet meetings are a wonderful way of getting around the State and getting feedback from all over the State. At the Community Cabinet meeting, issues in that area involving young people and the fight against drugs were raised.

The youth drugs summit was a learning and a sharing experience. We tried to include many, many young people in that and to better equip health workers and the community in the fight against drugs. We are now moving on to the next stage of that process.

Queensland Health has contracted the Youth Affairs Network of Queensland, commonly known as YANQ. It is a non-Government peak youth agencies body. We are working with it to develop and coordinate 20 youth drug prevention networks in Queensland. YANQ will be working closely with the Aboriginal Coordinating Council in Cairns to assist it to develop between four and six indigenous youth networks.

Funding will be provided to local youth agencies who took part in the first youth drugs summit to help them to consult with young people about how to develop appropriate responses to the question, "What is a good alcohol and drug prevention program or

service from a young person's perspective." We often get locked into the idea of what we as adults and health professionals see as the appropriate way to provide a service, but if it is not reaching the young people that we want to be engaged and involved in this process then it is not working. So we need to find out what will work and how it is best delivered.

These networks will produce an infrastructure to help young people have meaningful input into identifying and developing appropriate youth alcohol and drug prevention programs for young people and they will provide local efforts of good alcohol and drug programs and practice for young people through a coordinated media and public relations strategy, therefore at the same time raising the awareness of the local communities about youth alcohol and drug problems and the efforts in place to try to address them.

The project will aim to train at least one young person from each of the 20 networks to become a web correspondent for the Zombie youth drug information web site. This will provide a means for Queensland Health to stay in touch with local alcohol and drug prevention efforts as identified by young people from within the at-risk target groups.

The project also aims to identify and train representatives from all of the networks to plan the first by-youth, for-youth drug summit around September next year. The project will also develop links with the global youth drug prevention network, or youthnet, which is a United Nations drug council program, an initiative of which Queensland is one of the founding members. I think there are a lot of good moves involving young people in that area.

The CHAIRMAN: Minister, I refer also to the drug strategies, found on pages 26 and 27 of the MPS. What services are available in the outer southern suburbs of Brisbane such as Acacia Ridge, Inala, Goodna and Logan to prevent drug use and abuse?

Mrs EDMOND: Again as a result of the concerns that have been raised with us on a regular basis around the State, the Beattie Government has introduced programs under our Strengthening Families and Crime Prevention that Works Strategies to give young people and families the tools and the skills to face the challenges in their lives. This is to help families deal with problems before they take root.

I think we all see the statistics of the end results. I am sure you have read, as I have, 25-year studies of people and the end-stage problems but looking back over their lives to see what happened when. Certainly there is very, very clear evidence that early intervention is the best way to strengthen families and communities and reduce antisocial behaviour such as drug abuse in the long term. We know that often educationalists—Mr Quinn is not here at present, but I am sure he would know—will say that they can pick the children who will have problems later in life when they come in through the preschool gate. That is why the Government is helping parents, families and young people with initiatives such as the school nurse and the Positive Parenting programs.

I know that the member for Maroochydore does not support these programs and dismisses them as soft little social welfare areas. I think that was what she said on ABC radio last year. In the Logan/Beaudesert health service district we now have Beenleigh, Marsden, Beaudesert, Windaroo Valley, Kingston, Loganlea, Browns Plains, Park Ridge, Springwood, Shailer Park, Woodridge and Mabel Park as part of our school nurse program. Also in the school nurse program there are the Redbank Plains, Bremer, Bundamba and Ipswich high schools, as well as Glenala State High School in the West Moreton district. I have met a number of these students and I can tell you that they are very, very enthusiastic about the support they are getting.

Thousands of students are being reached with strong messages about self-esteem and prevention. We know that building up the confidence and self-esteem of young people is the important way to go so that they have the ability and confidence to say no to drugs. We know that kids with problems are the ones who are most likely to get into increasing problems as they get older.

As well, the free parenting courses help parents to manage child behaviour in a constructive and non-hurtful way. It runs from 18 sites right across Queensland, including Browns Plains and Logan Central. As well, the expanded PPP program, providing intensive, individually tailored programs for families with child behaviour problems and family dysfunction, operates at Goodna, Ipswich and Inala. So we are putting in place a whole range of programs right across the State but particularly in those areas where we see a perceived need, and we hope they will have long-term effects.

Mr SULLIVAN: I will ask a couple of local questions. They might require just short answers. I am not sure. I refer to page 36,

Capital Acquisitions, and page 8, Acute Inpatient Services. Part of in-patient services is laundry needs. How is the Prince Charles Hospital laundry construction going? When is it anticipated to be finished?

Mrs EDMOND: This is the new laundry at the Prince Charles Hospital. There is a new one being built at the PA Hospital on the south side. The Prince Charles Hospital laundry, which you are particularly interested in, is being constructed as part of the redevelopment of the metropolitan linen services for the greater Brisbane area. Planning began on that in 1998. The project will cost $11.87m. Construction of the building will be completed by 26 October of this year, so it is not that long to wait, with the laundry fully operational by mid-November of this year. The site for the laundry at Prince Charles is bounded by Webster and Hamilton Roads in Chermside. I know that some consideration was given to keeping it from being too close to the residential area.

Mr SULLIVAN: Yes, and also traffic access.

Mrs EDMOND: The construction process will entail construction of a new building and the installation of the latest technology equipment as well as the relocation of existing laundry equipment to the new facility. The total area for the new building will be 4,375 square metres. It is being constructed primarily of steel framing with precast concrete panels. It will comprise washing, drying, distribution and sterilisation areas with energy efficient design. Appropriate landscaping will be incorporated.

The laundry will have a processing capacity of approximately 100 tonnes per week and is designed to process hospital linen and theatre greens as well as linen sterilising. I think you came with me to see the one at Maryborough. I think the new, modern laundries are quite outstanding and a wonderful change from the old ones, particularly in terms of the safety of the staff working on the site. Everything will be handled automatically. It takes away both the dirty linen concept and also the risk of occasional misplaced equipment that could be in there.

The laundry will provide a seven-day distribution service to health facilities, with five days a week of linen processing. It will provide greater surety of linen supply in the event of a major incident. The laundry will service a range of health facilities on the north side, including Prince Charles Hospital, the Royal Brisbane, Royal Women's and Royal Children's Hospitals, as well as a range of community health, residential care and aged care nursing facilities on the north side. So I think it is going to be a wonderful bonus for the north side of Brisbane. It will reduce manual handling by staff, making it cleaner and safer, and improve workplace health issues. It will also mean that the staff will be retrained on the new equipment, so it will be an upskilling of their current skill levels. All of the existing Prince Charles Hospital laundry employees—41 people—will retain their jobs, and in addition 10 new permanent part-time jobs will be created as part of the development. So it is a good-news story for Chermside.

Mr SULLIVAN: And the north side. Could I refer to Budget Paper 5, page 28? It identifies $299,000. What is that money for in the extent of funding for redevelopment at Prince Charles? I am not quite sure what that is for.

Mrs EDMOND: While most of the work at Prince Charles has been completed, there is a sum of money that will be spent in the near future for minor work such as completion of refurbishment activities, demolition of some of the site sheds and temporary stuff around the site and landscaping to finalise the redevelopment of Prince Charles. While the work has largely been completed and the building is occupied and commissioned, the costs also include financial payments incurred this financial year but which have actually flowed on from the construction before it was finished last financial year. So there are some payments which have carried over.

The redevelopment was a big one, as you know, and included the new acute ward block, extended care, mental health and education facilities. I have to say that on my inspection of the blocks, it is a very impressive building, and the quality of health facilities in Queensland is now exceptional. I expect the new ones to be very every bit as good as Prince Charles, and I know you have been through it on a number of occasions.

As part of the project, $18m was committed for equipment and furnishings, including $5m for a new CT scanner, a digital fluoroscopy system, a basic PAC system—that is, a picture archiving system—a new gamma camera and a new monitoring system, and for Mr Quinn's benefit, I make the comment that my gamma camera skills are probably getting slack, too. This investment has brought the equipment levels in the respective departments to the leading edge and state of the art. Talking to some of my friends out there in radiology, they are delighted with what has happened, with the new PAC system and how it is all working. The Premier and I shared the

honour of opening it, as you would be aware, in July, which was a delight.

Mr SULLIVAN: With the laundry, just a quick one: I note that the extended care unit, the mental health unit and the meeting secure unit were either on time and on budget or before time and under budget. Is the laundry on time and on budget?

Mrs EDMOND: I usually hear only if they are not on time and on budget, so my understanding is that it is on time and on budget. We have really put a lot of effort into making sure that the money committed towards capital expenditure is spent, because of course it means jobs. The capital works freeze that we had for the first six months of the coalition Government meant that a lot of jobs for Queenslanders did not actually happen until much later on. So we made a particular effort. I have to say that the Treasurer was quite adamant that he wanted us to put enormous effort into making sure that capital works were delivered, were delivered on time and on budget as they were predicted.

Mr SULLIVAN: Just a quick one: we have only a minute before we finish this session. You did refer to the Positive Parenting Program throughout Queensland. This is page 12 of the MPS. For the whole north side of Brisbane, do you know how many parents have attended it? Is there some idea of the numbers in the various parts of the metropolitan area?

Mrs EDMOND: I do have those figures somewhere. I know that it has been incredibly well achieved, and I encourage everybody to make arrangements with local venues to drop in and have a look at what happens, and also meet some of the parents. I know I have been flabbergasted by the comments made to me by women who have said, "This has changed my life. You have saved my life", and others who said they did not know what they were going to do until they got there. It has also built up their relationships. Often, behavioural problems with children cause deterioration in their relationships.

Mr SULLIVAN: The numbers, if possible. I am not sure if it is broken down into regional or area groups.

Mrs EDMOND: I am just trying to find them very quickly. We have had about 2,200 across the State from 30 locations. We have also trained 278 practitioners in the primary care PPP, 292 in the group PPP and 28 in the enhanced PPP. More than 400 group programs have been conducted—4,000 families. I am just trying to find if I have one for the north side.

Mr SULLIVAN: That is okay.

Mrs EDMOND: Thirty-eight groups. It has been running there for only six months, but we have had 38 groups involving about 330 parents in the Royal Children's district, which includes your area.

Mr SULLIVAN: Thank you very much.

The CHAIRMAN: The time for Government questions has expired. I call the member for Caboolture.

Mr FELDMAN: At this point in time it would be remiss of me if I did not point out a correction you probably need to make to question 8. I know my 1,828 recipients of home care would love 51.3 hours per month of care, but I do not think I could hold you or Queensland Health to that commitment, Minister.

Mrs EDMOND: No. May I apologise for that? I have turned the figures around, I think. In an earlier response I mentioned that it provided $1.499m to the Redcliffe/Caboolture service. Sorry, I am just trying to read Dr Filby's writing. He is not a medical doctor, but his writing is the same. It is saying here that when grants to the nine other home care services are included, the total funding for the Home Care Service is $1.993m. So instead of the $1.499m that I mentioned, it should have been $1.993m. So if you will accept that correction.

Mr FELDMAN: I will, but also the correction needs to be made to the second part of that question, where the number of clients is 1,828, but you are saying you are providing 51.3 hours of care per month to those 1,828. The actual amount per client per month should be 5.7 hours. You just need to make that correction to your answer.

Mrs EDMOND: Sorry—

Mr FELDMAN: The question on notice.

Mrs EDMOND: Oh, okay.

Mr FELDMAN: My question refers to what I was asking before, Minister. With respect to the previous question I asked in relation to oral health, which refers to page 28 of the MPS—and you answered this partially in relation to multiskilled oral health therapists—what actual services are provided at oral health centres? At Caboolture, for example, clients there are told that it is extraction and dentures only. Surely student dentists and the multiskilled oral therapists would provide other services there, such as fillings and those types of things. I had one constituent come to see

me who had a number of gaps in her teeth, a young single mother, and she was quite distraught that she could have only extractions done at that particular centre.

Mrs EDMOND: I would be very surprised if that were the case, and that is the first time that anyone has made that suggestion to me. Because I have answered this question on this area already, I am just trying to get the actual details on Caboolture. I might ask Mr Evans to come forward again. He would be able to provide you with what kinds of services are provided. But before he does that, may I say that, as I indicated earlier, the district has been very, very busy and it continues to grow, and that is an issue that we are concerned about. But in terms of your concern about the quality of the services, one of the issues is that we are determined to keep that quality of service very high. The waiting time for prosthetic services, for dentures, is only eight weeks in Caboolture, whereas in many other places it is higher than that. I think it is important also that the services offered are of the highest calibre.

I would just like to read from a letter that was brought to my attention from a patient on his experience with the work of the Caboolture Dental Clinic. He writes—

> "I went to the dental clinic because I had to. I expected second-class attention and to be treated, well, just as a nobody. Instead, everything that could be done was done. I was treated as someone special, at least as well as in a private clinic, and I did not have to suffer a lengthy wait or be made to feel that I was somewhat a nuisance."

In terms of the types of services that are provided, I would be very surprised if people are being told that they can only have full extractions or dentures. Mr Evans?

Mr EVANS: I also would be very surprised. Each patient is assessed on their personal needs and we put no restrictions on the clinical discretion of staff to give the full range of treatment. So the answer to your question is the full range of services are available, including specialist services which may have to be referred.

Mr FELDMAN: I just wanted to clarify that, because that was raised with me and this particular person did have, I think it was, six extractions. She is a young, good-looking, single mother, so I found it quite distressing that she actually had those extractions and was left with the gaps rather than perhaps trying to save the teeth.

Mrs EDMOND: Conservative treatment is certainly undertaken, I would think, preferably to extractions in this day and age. The day when everybody went in and had their teeth out at 15 I hope is long gone. But sometimes, I guess, it gets to a stage where it is impossible to conserve the tooth and in that case it might have been that they had to have an extraction. It would be very difficult to comment on that without the particular patient's details. If you want to give those details to Mr Evans afterwards to follow up confidentially rather than in the process of this Committee, I would welcome your doing that. He can follow that up. Would you mind doing that?

Mr EVANS: I would be happy to do so.

Mr FELDMAN: Thank you very much, Minister. Also in relation to your answer to the question from the member for Maroochydore and in relation to pages 21 and 23 of the MPS in respect to palliative care and respite care, in particular to ABI patients—acquired brain injury—what extra facilities will be available and what extra funding will be available for access in this budget? In relation to Caboolture itself and Bribie Island, what funding is available for that and is there further funding available for Care Independent Living?

Mrs EDMOND: Correct me if I am wrong, but we are talking about two different things here. Acquired brain injury is not usually something that falls into the realm of palliative care.

Mr FELDMAN: I mentioned respite care as well.

Mrs EDMOND: In terms of respite care for ABI, it is a very difficult area, as you would understand, and one that has growing significance because of the number of people who are surviving serious accidents who previously just would not have survived. Respite care for those patients is provided through the Department of Families, through the disabilities area rather than through our health services. I would say, though, we are expanding—I am trying to think of the number of ABI-specific beds. There is a 40-bed acquired brain injury and psychogeriatric facility being provided at the Moreton Bay nursing care unit at Wynnum. Baillie Henderson will include specific ABI and dual diagnosis beds because often these patients have other significant issues as a result of their brain damage. They lose inhibitions and all the rest of it. I am trying to pull all of this out of half a dozen different packages. A 10-bed ABI unit is being planned for Kirwan in Townsville—it is in the design stage—as part of the rehabilitation unit once the Townsville Hospital has been transferred. Twelve to 16 beds are projected

for Eventide at Sandgate. For the first time I think we are really trying to extend the number of facilities that can handle what can be very, very difficult patients, and often very young patients. At the moment, most of them end up in nursing homes or in mental health facilities, both of which are inappropriate for them. So we are trying to work through this very, very difficult problem area. Sometimes they may not have obvious physical limitations but have severe mental limitations.

Mr FELDMAN: It would have been remiss of me if I did not raise that with you because I know it is a difficult area and these people are usually trapped between Families, Youth and Community Care and Health. There seems to be a grey area that is hard to address. I have two constituents who are in old people's homes who are saying they should not be there because they are actually losing their ability to function at the rate they would have.

Mrs EDMOND: We have recognised that issue and that is why we have been taking these steps to provide specific places for them. I think Sandgate, while it is at the Eventide, is a lovely setting on the beachfront with space and all the rest of it for more outdoor activities and things. Hopefully, it will be a far better environment than they are currently in in an ordinary sort of nursing home type setting.

Mr FELDMAN: On another topic in relation to page 1 of the MPS in relation to community expectations, I was at the Bribie Island and District Aboriginal Corporation meeting and they raised this matter with me—these are ATSIC figures, so I cannot verify the correctness thereof. They said that there are 56,000 registered nurses in Queensland and only 27 out of that number are actually Aboriginal registered nurses. I was wondering how Queensland Health is going to try to address this anomaly and try to either encourage or promote more Aboriginal people into nursing.

Mrs EDMOND: There are a couple of issues here. One, I hope you will tell them from me that we are always very disappointed that, while Queensland has something like 25% or 26% of the population being ATSI people—in fact, I think almost the entire population of Torres Strait Island people in Australia—we receive somewhere between 14% and 15% of the Commonwealth Budget targeting that group of people. I guess the people you are talking to on Bribie island are not in this situation, but a lot of the people of Aboriginal and Torres Strait island background live in very difficult places to service, particularly up in the Torres Strait.

Last year we launched the Indigenous Work Force Strategy which actually focuses on that very issue you raise about how do we get more Aboriginal and Torres Strait Islander people working professionally in Queensland Health? In particular, I would love to see them working with their own people. I think people will take much more notice and attention and heed the works of people of their own background when we are trying to deal in particular with difficult health issues. So we have done that and we have increased over the last year from 1.2 to 1.8 the percentage of people of ATSI background working in Queensland Health.

More specifically, we are really focusing on it now with scholarships. We have scholarships for Aboriginal health nurses as part of that. Something that has come out of the task force recommendations is to have scholarships for nurses generally, but we have also included in that a number of scholarships targeting ATSI people. The other thing we are doing is funding a pre-training program through the Mount Isa centre and Townsville JCU university to increase access for people who may need assistance in reaching the level to take on tertiary studies.

I was delighted to meet some of the young first year medical students in Townsville at JCU. We have supported enormously the starting up of the JCU medical school. I was delighted to meet some of those young people on a recent visit up there, including a number of Aboriginal people who are doing medicine and encouraging them through it.

I think the most important strategy is developing that indigenous work force plan, getting the message out, encouraging young people of Aboriginal and Torres Strait Island background at every opportunity to be involved. As part of that, in a couple of weeks' time I will be at the Croc Eisteddfod up at Weipa when we will again have a careers day as part of that whole festival. We get a lot of young people at that and we encourage them to go into careers in health. So we are working very strategically on that.

Mr FELDMAN: Minister, not that we want to restrict the ability for these people to progress within Queensland Health, but the issue that was actually raised at that meeting was the fact that they did not have people on the ground—these are Aboriginal and Torres Islanders who are in nursing—they seemed to be swallowed up by policy. I know that it is pretty hard to hold someone down when they are actually at an AO8 sort of ability, but the people whom I were addressing were working

within the prison system and they said that there was a distinct lack of nurses and professionals who are of Aboriginal and Torres Islander background who can relate especially to some of the prison population.

Mrs EDMOND: I am going to address that. We have increased enormously the number of Aboriginal health workers, particularly up in the cape area, but we also have Aboriginal liaison officers who are now working at a number of major places. I am not sure if we do at Caboolture—I would have to take that up with my colleague the Minister for Corrective Services—but, certainly, we do have in other places where we have significant Aboriginal populations. We have Aboriginal health workers and liaison people working with those communities both in the prisons and within the hospital system.

Mr FELDMAN: Is there specific provision within the budget to actually target that as a policy option?

Mrs EDMOND: There are provisions within the Budget to increase the number of people taking up opportunities in training in Health. This year we are providing $98,000—and it is a program that commenced at the beginning of this year in February—a year for three years to establish, as I mentioned earlier, a preregistration program linking up with James Cook University and a preregistration nursing program at Mount Isa. That is supporting people to take advantage of that. It provides flexible delivery with distance learning. It is designed to encourage people from an Aboriginal background to take that up. Currently, the number of Aboriginal people is only two. However, it is specifically designed for them, and we will welcome more. We are doing everything that we can. There is funding in the Budget to support that, as I said, through nursing scholarships and through this preregistration program.

The service agreement between James Cook University and Queensland Health means that there is funding for 10 participants with 50% of the participants expected to be indigenous students. That is what it is specifically aimed to do.

Mr FELDMAN: On another matter, Minister, with the current provision of drug courts—and this relates to pages 26 and 27 of the MPS in relation to rehabilitation programs—what proportion of the Budget is directed solely to enhancing the provision of drug rehabilitation services in Queensland Health with the expected increase in demand for rehabilitation services?

Mrs EDMOND: Again, we are working with the Police and Corrective Services Minister and the Department of Justice and Attorney-General to support this program. It is one that we believe is a way of attacking the causes of crime in the community by breaking the cycle of drug addicts and drug-related crime, which I know that you are very, very well aware of. Under this trial, drug-addicted offenders facing a jail sentence can be directed to go to intensive rehabilitation programs. As part of that, during the trial period of two and a half years, an extra $700,000 has been made available to provide extra services for those people. I am just getting advice here. The $700,000 has been provided through the joint strategy plus there is $440,000 per annum being provided through Queensland Health, because many of these people would have been involved in programs even if they had not been going through the court system. So we are recognising that.

The specific enhancements include having a health court coordinator to oversee the treatment, rehabilitation and management of all the drug court offenders, and particularly to work with Community Corrections, legal aid, the police prosecutor and the pilot program magistrate; an assessment officer to undertake comprehensive drug and alcohol assessments of all offenders from the trial courts and develop treatment plans for those who are eligible for diversion; a dedicated medical detoxification service for people requiring medical treatment at the Royal Brisbane Hospital Alcohol and Drug Unit; an extra 16 dedicated residential rehab beds and 80 outpatient places a year for the drug court trial at the Gold Coast Drug Council Mirikai rehabilitation program; and an extra four dedicated residential beds and four outpatient places per annum at the Logan House rehabilitation program. Clients, of course, will have access to other non-Government and Government services within south-east Queensland.

I think that it is important that we all understand that this is not a soft option. If the offender is taken off the program, if they do not fulfil their requirements, they will face sentencing for their original offence through the court system. So they have to comply or they go back to the court.

Mr FELDMAN: Thank you.

The CHAIRMAN: The time for non-Government questions has expired. I call the member for Greenslopes.

Mr FENLON: Minister, page 17 of the MPS refers to integrated mental health

services. What funding has been provided to increase community mental health services?

Mrs EDMOND: I have gone through some of these details before with earlier questions, but I will just recap. Mental health was a major commitment. It was one of those black hole areas in the past—people did not like to talk about it and, obviously, did not like to fund it. So it was a major commitment of ours in 1998 to provide extra funding to mental health and, in particular, not only to the devolution of mental health services in keeping with the 10-year mental health strategy but also to provide a big boost to community mental health services to go along with that and to allow that integration of community and in-patient services to be provided.

In keeping with that, we have provided so far an extra $51m for the continued expansion and development of mental health services throughout the State. In terms of this year's Budget, an additional $2.1m has been allocated to continuing the expansion of community mental health services. These funds have been provided to the integrated mental health services to develop the full range of service components, including community treatment, acute in-patient treatment, extended treatment and indigenous mental health services. Since 1998, an additional $10.5m has been directed specifically to the expansion of adult community mental health services alone. These funds have resulted in the development of community mental health services throughout the State, particularly in regional and rural centres, as I said. Some of those centres in the past, such as Bundaberg, the Central Downs and Redcliffe, were severely neglected. Many of these areas had no locally based mental health services previously.

An additional $5.9m has been provided since 1998 to develop community mental health services for children and young people. This area of mental health has been particularly disadvantaged in the past. Prior to this Government, the majority of services for this age group were located in the metropolitan area and the larger coastal centres only. We have tried to get a spread of those services right across the State. Funding for non-Government organisations increased by $2m a year recurrent since 1998-99. I think that is the first, and definitely the most significant, increase in the mental health community organisations funding program since the Goss Labor Government years. An additional $260,000 has been provided for the education and training of mental health professionals. The additional $2.1m provided in this year's Budget is again to increase the development of community mental health services. It also includes an additional $1m to specifically address the recommendations of the review of acute adult services in south-east Queensland. There is also $1.1m provided to other areas of reform for youth mental health services, some of which I have mentioned earlier. Mental health has been one of the major growth areas under this Government.

Mr FENLON: Minister, you have provided a lot of information on mental health funding. Could you perhaps enlighten the Committee further on the connection between this funding allocation and the way in which the department is addressing the chronic shortage and bed block identified in the Mellsop report?

Mrs EDMOND: The Mellsop report, or the review of adult acute services, was done to see how we are going in meeting our targets in the redevelopment of the mental health services in keeping with the progressive implementation of the 10 Year Mental Health Strategy. It was basically to evaluate the progress of the strategy after three years of implementation. The review team was generally supportive of the directions laid down in the 10 Year Mental Health Strategy for Queensland. As I said earlier, this is part of a 10 Year National Mental Health Strategy.

It was first enunciated at a Federal level in 1992, and then in the Queensland Mental Health Plan in 1994, and in the strategy released in 1996. It should be noted that a key element of the reform is the change in the balance of mental health service provision from psychiatric in-patient admissions to community-based treatment to maintain people within their local community wherever possible. Therefore, the mental health reform in Queensland has been quite massive and very wide-ranging and includes mainstreaming of the mental health services across the State to provide access to essential services closer to where people live and to reduce the stigma, and the integration of service components to facilitate access to a full range of mental health services, from in-patient care through to community-based care. That, of course, means the expansion of community mental health services to provide treatment in the least restrictive environment possible, the downsizing of the major psychiatric institutions and relocation of acute and extended treatment facilities to regional and rural centres, the decentralisation of services to regional, rural and remote areas to prevent dislocation from families and support networks—right across-the-board. It should be noted that the hospital redevelopment

program has been carried out, and the decentralisation process has resulted in a net increase of 23 acute adult beds and 55 acute child and youth beds. That is a huge increase.

The additional $6.8m has been provided to continue the development of acute in-patient services throughout Queensland, and these funds will be used to complete the following facilities: the Toowoomba acute in-patient unit, the Logan adult in-patient unit, the Logan adolescent in-patient unit, the Mater child and youth in-patient unit, the Townsville acquired brain injury unit, and the Townsville psychogeriatric unit. The review team made a number of recommendations, which reflect work already in progress in the majority of cases. The ratio of beds to population and the full-time equivalents to population ratio were supported with a recommendation that any deviation should be above the recommendation only. The current bed numbers were identified as an acceptable level of resourcing which conformed to the national average, and many of the issues identified at the time of the review in relation to acute bed usage will be alleviated with the opening of the new acute in-patient units over this year and early next year.

Mr FENLON: Minister, you have already made some mention of the move to community care in the mental health area. How many more mental health patients are being treated in the community?

Mrs EDMOND: Before I go on to that, I should say that the report does recommend a review of the planning targets for community mental health services in the major metropolitan centres from 30 to 40 full-time equivalents per hundred thousand people of total population. This is something that we will be pursuing once we have reached the target of 30 per 100,000, which was the original model we were using and which had met with agreement by the clinical providers as the requirement. I think what we are saying to clinicians is that, once we reach our original target, we will look at any future targets.

But in terms of community treatment of mental patients, it is an area where we are seeing more patients treated within the community. In 1999-2000 it was 68,000, which was within the target range of 67,000 to 69,000. The number treated in the community in the previous financial was 63,100. A significant increase of 4,900 additional patients, or a 7.4% increase, were treated within their local communities in the period since this Government came to office. Community mental health services have been able to treat these additional patients because of the Government's continuing program and our commitment to implementing the mental health strategy and the reform of our mental health services.

This Government, as I mentioned earlier, provided funding for an additional 220 community mental health positions in the 1998-99 and 1999-2000 budgets. Most of these positions have now been filled. There are some areas that are having difficulty attracting people to those positions. The budget for this year provides an additional enhancement of approximately 25 clinical positions. Some of these additional positions will be used to enhance community mental health services in the south-east corner in line with the recommendations of the Mellsop report and also the progressive implementation of the 10 Year Mental Health Strategy. The continued expansion of community mental health services progresses the implementation of the objectives of the national mental health policy, which aims eventually to redistribute the balance of mental health service mix to a 50-50 ratio between hospital and community-based services. As this was the target of a number of questions from the member for Maroochydore, it is really quite amazing that Mr Quinn and the member for Maroochydore are not taking notice of these facts. I would have thought it was a major issue of importance for them.

Miss SIMPSON: With respect, Minister, we do have a Hansard record as well.

Mrs EDMOND: But I thought you wanted to know these answers.

Miss SIMPSON: If you are asking me a question, I am listening with great intent.

Mrs EDMOND: The most current collection of data at the national level shows that, through its expansion of community mental health services, this Government has shifted the balance to approximately 40 to 60 in favour of hospital services compared with 34 to 66 in 1996-97. So we are moving towards the ratio that is desirable in the future.

The CHAIRMAN: Page 25 of the Ministerial Portfolio Statements refers to food safety reforms. Given the introduction of a new Food Standards Code, what additional resources have been provided to monitor and implement these codes, especially those relating to genetically modified food?

Mrs EDMOND: Just speaking in relation to genetically modified food, I was delighted at the outcome of the Health Ministers and the ANZFISC conferences in New Zealand last week. I think it is a very sensible outcome in

terms of labelling of food. In Queensland we have always supported mandatory labelling of genetically modified food in a way that is both understandable and comprehensive but without going to the extent that other people would have liked to have seen. I think the final outcome is a commonsense one which recognises the importance of consumers' rights to choice and to have that information. But at the same time, because it is keeping very closely in line with moves overseas, we minimise any negative trade effects and extra costs to the community and to producers. But the Food Standards Code is another one of those issues that has been dragging on for many years. It has been undergoing review for over four years. The ANZFA has recently completed the final consultation phase for the draft Australia/New Zealand Food Standards Code. The development of the draft joint code has included an extensive consultation process. Queensland has been very much involved in that process. We have not looked at the costs of implementation yet, because it is still some way in the future before we will be implementing it. There is still a lot more work to be done.

We examined the draft code with the objective of ensuring that there was adequate protection and enhancement of public health and safety. Particularly in the warmer climates and the tropics we are very aware of the need for exceptional public health and safety with regard to food, its storage and provision. We also looked at the adequate regulation of all foods, whether it was enforceable, the ease of interpretation, the provision of adequate information to consumers and the analyses that were able to be performed and were appropriate.

Queensland Health briefed the Queensland Government stakeholders in March of this year and other stakeholders, including peak Queensland food industry and consumer bodies, in April. All of the comments that were made by those different bodies were taken into consideration in the final submission to ANZFA from Queensland Health. ANZFA expects to release the revised draft code in August of 2000, and the Food Standards Code will be considered by ANZFISC at a proposed second meeting of ANZFISC—that is a council for ANZFA—at the proposed October/November 2000 meeting. Until such time as the final version has been released, I really cannot even say whether Queensland will be supporting it or not or talk about the standards that go with it or the costs involved with it.

The CHAIRMAN: Page 22 of the MPS refers to accreditation of State Government residential aged care facilities. What does the accreditation process involve and how many facilities have already received accreditation?

Mrs EDMOND: First, let me say I am delighted that to date 12 State Government nursing homes have been awarded the maximum three-year accreditation by the aged care standards agency. Obviously, aged care has been an area of some concern in the media with the changes that are taking place at a national level. I think we have to firstly give congratulations to those nursing homes—Weinholt Nursing Home at Wondai; Farrholme in Kingaroy; North Rockhampton; Eventide, which is also in Rockhampton; Gertrude E. Moore Nursing Home at Yeppoon; the Dr A. E. McDonald Nursing Home at Oakey; Maryborough; The Oaks at Warwick; Westhaven at Roma; Ashworth House at Zillmere; and Eventide, Charters Towers.

It is a very favourable outcome and reflects considerable resources devoted by Queensland Health to the reform of residential aged care services since 1998. Amongst other matters, project officers have been employed in health service districts specifically to facilitate the changed management processes and to review and develop appropriate staff training and documentation. Of the 13 State Government nursing homes assessed to date, only Mount Lofty Nursing Home in Toowoomba was not successful in its first attempt. They are developing corrective action plans to address that issue. I remain confident that they will in the future.

It should be pointed out that the accreditation standards look at a number of things, including management systems, staffing and organisational development, health and personal care, resident lifestyle, physical environment and safe systems. We are expecting that all of the State Government nursing homes will be awarded accreditation by the Commonwealth imposed target date of 1 January 2001.

One of the things I must say at this point is that I am very disappointed in the reaction of the Commonwealth in relation to the nursing home subsidy scheme, which continues to disadvantage Queensland enormously and make it that much harder for us to address both accreditation standards and providing care not just in the public system but also in the private nursing home industry, which is far bigger than the public system, across Queensland. We have been battling this issue as long as I have been the Minister.

We have drawn it to the attention of the Commonwealth on repeated occasions. Its independent process evaluated it and agreed with Queensland's figures that we are missing out in the order of $50m each and every year and that the proposals put forward by the Commonwealth Minister, Mrs Bishop, on this matter will not address or alleviate this lack of funding. Contrary to the statements she has made, I think we will only reach a similar rate of subsidy to other States in 2006. So not only have our concerns not been addressed; the proposals put forward by Mrs Bishop are misleading. It will be a long time before we will be fully recompensed for caring for our older people in this State.

The CHAIRMAN: Page 28 refers to oral health services, and we have talked a little bit already about waiting lists. I am just wondering whether the National Competition Policy review of dental health services is likely to have any impact on the practising rights of dental therapists and any impact on improving access to dental services in Queensland.

Mrs EDMOND: The National Competition Policy review proceeded earlier—and I know there was a lot of media attention at the time and some of it was fairly outrageous. While I cannot really answer the question in detail, I can say that from the feedback I have received, I do not think it is going to be as upsetting as some people thought it would be. It has yet to be submitted to and considered by Cabinet. But certainly I believe that all parties with an interest in this review will be comfortable with the final result. I think that is because we have had enormous cooperation from all of the stakeholders involved. Queensland Health has worked through those issues with the oral health profession in a very, very positive way. So I think the outcome will be very positive.

The CHAIRMAN: We now have 15 minutes remaining. We will divide that time equally between non-Government and Government members. I call the member for Maroochydore.

Miss SIMPSON: I refer to palliative care spending, page 21 of the MPS. My concern is not only about how much funding is allocated but also how it is spent. Given that last year's budgeted amount for palliative care funding was about $5m, why was about $1m advertised as available for grants in March this year with only five working days for organisations to apply and why were some districts, once they were awarded them, only allowed about six or seven weeks to spend it? Will the Minister outline how many patients received additional care or services as a result of this one-off grant allocation which the department allowed to be spent on things such as office equipment and, for the first time, cars?

Mrs EDMOND: As I mentioned before, as a major commitment, rather than the paltry $500,000 that the coalition believed was adequate for State funding for palliative care in the community, we made a commitment to increase that to $5m and match the Commonwealth's commitment of $5m to make the overall funding over $10m. As part of going through an appropriate process, we called for expressions of interest across the State for that extra funding after looking at those areas and identifying areas where there was a shortfall in services, particularly on the Sunshine Coast where there was almost a complete lack of community-based services in the Caboolture area. That was an area of concern, and I am happy to say that we have addressed that.

Because there is a proper process to go through and because of the provision of services, at the end of the year we ended up with a quantity that was not going to be spent on recurrent provision of services to community providers, such as the Blue Nurses and Karuna. In some places across the State it is St Luke's and in other places it is St Vincent de Paul's. We ended up with a lump sum that we were not going to be able to spend on recurrent funding in that process. So we allocated a proportion of that funding to one-off funding to boost particular needs.

It was advertised. People were asked to put in requests, etc., across the State, and it varied from place to place. It provided such things as equipment. A number of the palliative care providers lend people who are dying special equipment, such as special mattresses, special underlays to reduce pressure sores, wheelchairs, commodes and portable showers. All of that sort of equipment is often provided by palliative care associations in that area. So the one-off funding was made available for all of the people to apply for across the State, depending on their various needs, to support initiatives which were one-off rather than recurrent.

It also enabled us to support initiatives including a project for children dealing with grief, loss and illness, something which was very much in the minds of those people dealing with that very tragic issue, and a project to develop and evaluate a palliative care service delivery model in a residential care setting. It provided funding for education and

training programs for rural and remote Queensland using video conferencing. The one-off funding was allocated to 34 health service districts and non-Government organisations such as Mt Olivet Home Care Service, Karuna Hospice Service, Cittamani Hospice Service, Ipswich Hospice Service, Hopewell Hospice Service, Fraser Coast and a range of hospices and palliative care associations across the State.

Miss SIMPSON: Minister, I ask a question with regard to page 4 of the MPS which makes reference to staff accommodation. I ask: what is Queensland Health going to do in this year's capital works budget to upgrade the surgeries of medical superintendents with right of private practice to accreditation standard? How much is to be spent on this? Where is that money to be spent?

Mrs EDMOND: There are a number of issues here. I have just been advised that rural doctors are actually in the process of doing a survey. You should be aware that some of the surgeries that are used by medical superintendents with right of private practice are actually private surgeries. I hasten to add that, despite lobbying to do so—

Miss SIMPSON: But some are Government owned surgeries, are they not?

Mrs EDMOND: Excuse me. As I said, despite lobbying to improve those privately owned facilities, we will not be doing that. We will be looking at those that are owned and managed by the State. We will also be looking at continuing our very positive program on upgrading accommodation across the State for rural doctors and other health staff.

Miss SIMPSON: I would welcome it if the Minister could table information to show where those funds will be spent, because it will mean that you will have difficulty getting doctors to service the non-indigenous and indigenous areas of Queensland, and that is fundamental in improving people's health in those areas.

Mrs EDMOND: As we did with the $2m of funding that went into last year's budget and is in this year's budget for accommodation upgrades, we will be doing it on a prioritisation basis so that those who have the worst facilities will be those that are addressed first. That has been going on. I also point out that many of these facilities are relatively new as they have been upgraded as part of our commitment to providing extra services across the State and providing surgery facilities, along with new hospitals and health facilities across the State. So they have been upgraded. We need to not just say that there is a blanket amount of money going out to a blanket number of surgeries but to look at the information that comes in from the rural doctors to prioritise that and work through it in a strategic, planned and effective way.

The CHAIRMAN: The time for non-Government questions has expired. I call the member for Chermside.

Mr SULLIVAN: Minister, my colleague and I are hoping to ask three quick questions in the next six minutes. I refer you to the table at page 11 of the MPS. The third heading is Operating Expenses. The figure for employee expenses is estimated at $1.1m. What is that $1.1m spent on? What percentage of the overall budget does it represent?

Mrs EDMOND: The first thing is that Health is about people. Our major expenses are the employment of people in the treating of people. Most of our expenses are related to that. Are you getting at the increase in the employee expenses?

Mr SULLIVAN: What is that money spent on? What percentage of the overall budget does that represent?

Mrs EDMOND: In acute in-patient services, 60% is employee costs. The employee costs are 62.2% of non-inpatient services. Some 67% of the integrated mental health services are employee costs. Some 51.59% of Health maintenance services are employee costs. Employee costs make up 59.7% of the cost of running public health services. Overall, 60% of the cost of providing services are basically employee expenses. There was an increase in employee expenses. I have seen some comments in the media by the member for Maroochydore that these have gone up. The increase was related to the fact that we had a bonus for people who worked on New Year's Eve. Also, the VMO agreement kicked in over that time. So there was an increase in that. There were also some expenses related to VERs at Wolston Park.

Mr SULLIVAN: For my next question you may be able to give me one figure. I refer to page 36 of the MPS relating to capital acquisitions. The estimated capital works expenditure this year is expected to reduce from last year. It strikes me that, if you build a $120m hospital at Prince Charles, you are not going to spend $120m every year. In that long-range program, which both sides of the House have continued, can you give us some idea how much has been spent on the multi-billion dollar Statewide Health Building Program?

Mrs EDMOND: I was a bit surprised that some people do seem to think that, even

though the hospital has just been finished, we should start building it again or at least start paying for it again. Obviously, there is going to be a rolldown of the capital works program, particularly as the major metropolitan hospitals come to conclusion as they have last year and will do in the next couple of years. We have already spent a total of $2.348 billion on the program. But, of course, it keeps expanding.

Mr SULLIVAN: So $2.348 billion out of a total of approximately what? Do you know?

Mrs EDMOND: Of a total of $2.8 billion. Some $1.2 billion has been spent in the two years since we have been in Government. So we are well on the way. We will not be knocking them down and rebuilding them as soon as we finish.

Mr FENLON: Minister, I refer you to page 21 of the MPS. Could you inform the Committee in relation to the program to support children dealing with grief, loss and illness?

Mrs EDMOND: This project follows a very heart-wrenching one that we developed the year before which was a booklet and model of care for paediatric oncology. It was called "A Practical Guide to Paediatric Oncology Palliative Care", which was produced at the Royal Children's Hospital. With the release of that booklet, it was such a success and people valued it so much that it became obvious that there was a need for parents of children dying from cancer to have a similar book. We provided funding of more than $18,000 to provide that book.

We have also provided $70,000 to enable the hospital to undertake another important project which looks at the needs of children who do not have cancers or malignancies but other life-limiting conditions. I refer to illnesses such as the ones we are highlighting today with our Jeans for Genes and the tragic circumstances of families with children with metabolic and muscular disorders, organ failure, cystic fibrosis, neurological and neurodegenerative conditions and congenital abnormalities where their life expectancy is not great. These medical conditions often involve genetic problems and therefore may affect more than one child in a family. Certainly, some of my friends with cystic fibrosis have another two of three in their family affected. It is really sad. As the member would know, the sister of our twin friends died last year. This is an area of great need. We have been delighted to be able to support the production of these books to give information and support across the State.

The CHAIRMAN: Thanks, Minister. The time allotted for the consideration of the Estimates for the portfolio of the Minister for Health has expired. I thank the Minister and the portfolio officers for their attendance and the long hours of preparation that go into the Estimates Committee. It is an important accountability process. Your work is much appreciated. I thank the parliamentary staff and members for their cooperation. The transcript of this part of the hearing will be available on the Hansard Internet quick access web site within two hours from now. I know that you will all be rushing off to check it. The Committee will now break for lunch and will resume at 2.15 p.m.

Mrs EDMOND: Just before we break, Madam Chair, may I take this opportunity to thank the Committee for its tolerance today. I know what it is like to sit in your position. Maybe one day you will know what it is like to sit in my position. That is something to look forward to. I would also like to take this opportunity to thank Hansard and the parliamentary staff for all they have done to facilitate the hearing. Most importantly, I want to thank my staff and the staff of Queensland Health for the enormous work they put in, not just in preparation for the hearing, but they provide us with quality staff year in, year out that is unmatched anywhere. I am proud to be the Minister for Health in Queensland and to serve in that capacity. I really would like to thank everybody involved for the support they have given me. Thank you.

Miss SIMPSON: As is customary for non-Government members, I also extend my thanks to the staff for their preparation work for today, to the Minister and her staff and to the parliamentary staff for their time as well.

Sitting suspended from 1.16 p.m. to 2.16 p.m.

EDUCATION

IN ATTENDANCE

Hon. D. M. Wells, Minister for Education

Mr J. Varghese, Director-General

Ms S. Rankin, Assistant Director-General (Resource Services)

Mr W. Turner, Director, Finance Branch

Mr K. Bannikoff, Assistant Director-General (Strategic Planning and Portfolio Services)

Mr R. Williams, Director, Facilities and Services Branch

Mr R. McHugh, Assistant Director-General (Education Services)

Mrs D. Best, Assistant Director-General (Schools—Metropolitan)

Mr B. Rout, Assistant Director-General (Portfolio Programs)

Ms J. Diessel, Director, Teaching and Learning Branch

Mr P. Clarke, Director, Executive and Legal Services Branch

Mr B. Swan, Director, Strategic Policy Branch

Mr S. Williams, A/Director, Student Services Branch

Mr T. Mould, District Director, Geebung District Office

Mr S. Miller, Director, Performance Measurement and Review Branch

Dr G. Matters, Director, New Basics Unit

Mr D. Hanly, Manager, Education Queensland International Branch

Mr M. Keily, Director, Special Projects

Mr P. Blatch, Coordinator, Low Incidence Unit

The CHAIRMAN: The next portfolio area to be examined relates to the Minister for Education. 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 of the expiration of these limits. We also have a three-chime warning of the expiration of a 20-minute block of questions. The Sessional Orders require that at least half the time is to be allocated to non-Government members. 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 portfolio of the Minister for Education to be open for examination. The question before the Chair is—

> "That the proposed expenditure be agreed to."

Minister, I will ask you to make an introductory statement. Before I do that, I make mention of a concern raised in our Committee meeting earlier today. The answers to two questions on notice put to your office were not available until 12 o'clock yesterday. In accordance with the Standing Orders, those answers should have been available to the committee office by 8.30 yesterday morning. I wonder if you might comment on that and then make your introductory statement.

Mr WELLS: Those questions involved detailed computer work by my departmental officers. We were anxious to give the fullest possible answer to those questions. In order to do that we sought the time until that period. We were well over 24 hours ahead with respect to all of the other questions.

The CHAIRMAN: Thank you. Would you like to make an opening statement, Minister?

Mr WELLS: Yes, thank you, Madam Chair. With an increase of $171m over the last year, the keynotes of the Education budget for 2000-01 are more teachers in classrooms, better facilities for students and a new approach to curriculum. The Education budget 2000-01 marks the first steps in the 2010 strategy, pointing the way to revitalising our public education system and to our goal of making Queensland the Smart State.

The key aims are to increase the percentage of our students who complete Year 12, from the current 68% to 88% by 2010, and improve the quality of the educational experience for all State School students. There is compelling evidence that people who have completed Year 12, compared with those who leave school early, have on average higher levels of employment, lower levels of unemployment, lower levels of involvement with the corrective services system and better health and are more likely to participate in post-school education and training.

Some elements of the strategy as are follows. Education Queensland will employ at least 800 new teachers over four years. All of them will be in the classrooms helping to reduce class sizes, augmenting the services for students with disabilities and giving additional support to behaviour management programs. The better facilities for students will include four new schools, further works at nine

new schools and over 200 new classrooms at existing schools. Additionally, the Secondary Schools Renewal Program will accelerate, with almost $38m to be spent this year, while the Cooler Schools program will continue to bring an airconditioning and passive cooling measure to hundreds more classrooms in the north of the State.

The New Basics framework is an integrated approach to curriculum, teaching and assessment that aims to improve student outcomes by increasing the intellectual rigour of their work. The New Basics program fosters critical and creative thinking and problem solving. It is being trialled Statewide in 38 schools. $1.7m is budgeted this financial year for the trial.

The Pathways project will see the number of students starting school-based apprenticeships or traineeships increase from the current 2,100 to 2,800 in the coming year, thus maintaining Queensland's leadership in this area. By extending the options for young people in this way, the Pathways project will contribute significantly to our key aim of improving the rate of completion of Year 12.

Our policy of differentiation will allow schools to be more responsive to the identified needs of their students, families and local communities. We are encouraging schools to develop distinctive approaches to schooling. It is important that we allow our schools to play to their strengths. This means that they have to be free to specialise in what their location or their students' interests or aptitudes allows them to do well.

The Secondary Schools Renewal Program is being implemented in a number of the older secondary schools to enable them to undertake major upgrades of their facilities as well as refurbish their old ones. These schools will then be better placed to develop their own distinctive approaches and therefore enhance their completion rates. $114m is budgeted over three years for this program. For students with special needs, the budget provides $16.3m for additional teachers and teacher aides and $1.2m to enhance transport arrangements.

Partners for Success is a program we are implementing to promote genuine partnerships between schools and indigenous communities in order that the learning outcomes and school completion rates of Aboriginal and Torres Strait Islander students are improved. A review of literacy in Queensland State Schools is being undertaken to identify how to build on the spectacular literacy improvements achieved by our Year 3s last year.

Five alternative education sites have been established this year to address the specific learning or behavioural needs of students who have difficulty with mainstream programs and settings. The budget provides $1.3m to trial alternative modes of service delivery to those students most at risk of leaving school before Year 10.

With the initiatives I have just described and the budget we are here to discuss, we have taken more than the first step. The journey towards 2010 is well under way.

The CHAIRMAN: We will begin with non-Government members' questions. I call the member for Merrimac.

Mr QUINN: Predictably, I would like to start with teacher numbers. I refer to your answer to a question I put on notice last year, in which you forecast that your budget would increase the total number of teachers to 33,851 by June this year. Given that the real total in June was 33,708—you provided that figure in answer to a question on notice this year—why did you employ an additional 145 teachers and not the 288 forecast last year?

Mr WELLS: When I moved into your office, Bob, I could not find a crystal ball anywhere, so my capacity for infallible foresight was somewhat limited. The teacher numbers, as you know, are projections based on the data that is available at the time. They are all formula driven so, as you know, for every 25 students in a primary school, Years 1 to 3, or in a Year 12 English class, there is a teacher. In certain other classes it is one teacher to 30 students. Now, the formula drives a certain number and the information you have at a particular point in time drives the projection you make. If the formula does not deliver that projection, what that goes to show is that our circumstance has changed.

The figures you have there were influenced by a number of circumstances but they, nevertheless, were formula driven. That does not change. I emphasise that that does not change. We were staffing according to the formula, as you were and as it has been for the last couple of decades. But there were some other factors that were relevant. There was a very small demographic element there that indicates that most of the growth is in the primary school area. There was another element involving a drift from the State school system which the whole 2010 program is designed to deal with. So those factors were in place. You also know that the figures that we have given you are point-in-time data taken on a particular day. These figures could have been different if the census had been taken

on a different day. Indeed, I could have contrived it that way if I had chosen to, but I chose not to and just gave you the figures on the day that had been preordained by the department. So that is basically it.

The issue of how many teachers there are is an issue that is related directly to the number of students that there are, and the number of students that there is going to be at the end of the financial year is the number that is predicted at the start of that financial year. I will ask Susan Rankin if she would have anything to add to that.

Ms RANKIN: The only thing that I could add to the Minister's comments would really be to re-emphasise the nature of the data, which is point-in-time data, and also to add that between the two points in time, the other thing that occurred was the major changeover to our new system. That is, the numbers that were cast for the previous Budget Estimate, the MPS, would have been dependent upon three systems actually deriving those numbers, because we were not at that stage operating on one single payroll system. Within this period, we have of course now moved all of our staff on to one payroll system, and so we are actually able to, for the first time in Education's history, get a reliable count off one system, which makes a considerable difference. Also, in the process, we have done a considerable amount of data verification.

Mr QUINN: So are you saying that the information supplied last year is not as reliable as it ought to have been?

Mr WELLS: The information that was provided last year was provided on the basis of a system that you bequeathed to us. That system included the multiple payroll systems that you had in place, which I have now improved to the point that the forecast is likely to be more accurate. But the other thing that I am saying to you—and I would like to emphasise this—is that the whole point that you are making about teacher numbers is absolutely nothing to the purpose, because teacher numbers themselves are driven by a formula, and the formula is as I have mentioned a little while ago: more children will mean more teachers; less children will mean less teachers. More children in primary and less in secondary will mean more primary teachers and less secondary teachers. That is the key driver of the system.

This is not so, however, with the 800 additional teachers that we will be providing over the next four years. Over the next four years, as well as staffing according to the formula, we will in addition be staffing with an additional 800 teachers, and that is the real teacher numbers story that anybody can tell. There is no teacher numbers story in the facts of demography. There is no teacher numbers story in the fact that sometimes people move from one school to another or that sometimes enrolments on day 8 are larger or smaller than the teachers predicted at that particular school the year before. It is perfectly possible to say, as some might say, "Well, this projection that was made last year did not match the actual numbers." That merely proves the inevitability of demography and human fallibility. We do not have a crystal ball that will enable us to see accurately what the demographic trends are going to be, how many children there are going to be, and nobody knows till day 8 what the formula is going to be. I ask Susan if she would like to add anything to that.

Ms RANKIN: No, Minister, except to say that using the systems we had at the time, the most accurate estimate was made for the MPS at that particular point in time. Until you actually move on to a new system and you have the opportunity to see the benefits of that and interrogate the data, you were always relying on the information that is derived from the systems.

Mr QUINN: How many additional full-time equivalent teachers are you proposing to employ in 2000-01?

The CHAIRMAN: Before the Minister answers, can I just remind members—we had this issue this morning, too—that they should refer to a page on the MPS when they are asking a question. It just makes it easier to access the issue that they are raising.

Mr QUINN: Page 1-7.

Mr WELLS: One hundred and thirty two, but that is based on the demographic projections that we have now. What I can say to you is that while these figures are projections based on demographic data that we presently have and based on a better computer system than you were running, that 132 is subject to demography. So if there are more students doing Year 12 than we project, then the number is going to go up. If there are less, then it is going to go down.

I might mention that, in addition to the 132, there are an additional 16 TRS. That takes it to 148 if you want the figure inclusive of TRS. I remember correctly your questions on notice asked for the figure inclusive.

Mr QUINN: Are there any funds in this budget to employ additional teachers as part of your commitment to employ an extra 800 teachers over the next four years?

Mr WELLS: Yes. The funds in addition to that—I am not sure exactly what proportion of the 800 are going to be put down in the first year, and the reason is that we are proceeding in consultation with the Queensland Teachers Union and the principals of special education with a view to determining the targeting areas initially. I would expect that most of those will be in the special education area in the first year. However, I cannot pre-empt that, because we are actually going to do this in a process of genuine consultation. I will ask Susan if she would like to add anything to that.

Ms RANKIN: As the Minister indicated, the agreement with respect to the 800 teachers is that a joint task force will be established with both departmental officers and officers from the QTU to discuss and to decide where the targets will be for those additional teachers, that is, over the four-year period. In respect to the funding, the Minister has made a four-year commitment to funding those 800 teachers, and in the first instance the Minister has also indicated his preference that the initial tranche of those teachers be directed towards the students with disabilities area. At this point in time, it would be inappropriate for us to indicate what number of teachers might be targeted for that area, because we are not in a position yet to have the latest ascertainment data. Normally, as you would appreciate, the majority of that data is gathered during fourth term and would not be available to the system till the end of the calendar year. Also, the Minister has previously given his undertaking with respect to the way in which the students with disabilities area will be staffed, that is, staffed based on the day 8 information available. So until such time as that data is known—and that data will be what drives the teacher resources.

Mr QUINN: Correct me if I am wrong, Minister, but did you say "Yes", there is funding in this budget for the first tranche of the 800 teachers?

Mr WELLS: Yes. I think it is about $19.5m, approximately.

Mr QUINN: In this budget?

Mr WELLS: Yes, and as I say, my anticipation is that that will be directed in the special education area.

Mr QUINN: So for $19.5m, approximately how many teachers are you looking to employ?

Mr WELLS: I am not going to pre-empt the consultation process as to where or how many; that is going to be done according to the process. What I am going to do is to have my department sit down with the Teachers Union and the special educators and do what, if you will excuse me for saying so, you never did, and work in consultation with the stakeholders, the practitioners in the field, to identify where the areas of need are and make the allocations accordingly.

Mr QUINN: In the MPS, page 1-7, in the staffing tables, can you indicate where these additional teachers are reflected?

Mr WELLS: I am sorry, I missed that.

Mr QUINN: Page 1-7, in the staffing tables at the top, where are these additional teachers reflected in the staffing numbers?

Mr WELLS: I will ask Susan Rankin to answer that question.

Ms RANKIN: The staffing table on page 1-7 is actually an

all-inclusive table which is all of the departmental staff, that is not just teachers but teachers, public servants and teacher aides etc. and the numbers in there refer only to, I think, a 221 increase year on year. Now, that is made up, as I just indicated, of movements in teacher numbers across all of the various output classes. I think most of that information was provided in the question on notice and at this point in time there is not a particular target other than those targets associated with the normal growth included in those teacher numbers. As I said, we were, at this point in time, awaiting the data with respect to enrolment numbers and ascertainment numbers for next year.

Mr QUINN: Is the table accurate?

Ms RANKIN: The table is an accurate representation of the projections for teacher numbers and for staffing numbers as we know them to be at the moment. The table is constructed based on the estimates that are provided and the growth dollars that are provided to us in the Budget process from Treasury. So in respect of the estimates that are made for teacher numbers, they are related back to what is in our Forward Estimates and provided through Treasury and, as you would appreciate, if growth in any particular area is in excess of that which is provided in the Forward Estimates then that comes as an automatic flow-on through the Treasury adjustments.

Mr WELLS: You see, we are just going over the same territory time and time again. The numbers in the projection are based on the formula. The formula is based on one for 25 or one for 30, or whatever it might be according to the class. The numbers in a particular school are based on facts about demography. The demography is based on

whether people shift, whether they change systems, how many enrol and a whole range of things like that. They are based on the fluidity which is an essential part of modern life. People come and go. These are things that nobody has got any control over, and so a projection is a projection which is coloured by all of those things. But you know and I know that whatever does happen they are going to be staffed according to a formula on day 8 and so the teacher ratios are not going to change. The only teacher numbers that are going to change and the only ones that are worth talking about in the context of any change is the 800 additional teachers that are going to come into the system over the next four years. It is all very well to go on saying that certain numbers on a certain day do not match a projection. You could do that in any Ministerial Portfolio Statements in any portfolio that involves demography and formulae over the last 10 years or so, but nobody would be any the wiser as a result of that investigation. All you would be doing would be showing the very simple fact that projections are based on demography and that demography shifts. I will ask Susan if she would add to that.

Ms RANKIN: Just in respect of the special needs area, as we indicated before, within the numbers that are included on the page 1-7 summary, there are an additional 23 teachers planned for the special needs area, but at this stage that is only the allowance that is made through the Treasury Forward Estimates growth process. In fact, the outcome of what will be the staffing arrangement there is going to depend on a number of factors, not just the ascertainments as at day eight next year but also upon the outcome of an independent review that has been undertaken into the staffing and resource allocation matters around students with disabilities which is yet to be presented to the Director-General and the Minister for their consideration.

Mr QUINN: You are telling me, on one hand, that you have got enrolment growth teachers of about 130, whatever it is, and I can understand they are reflected in the staffing numbers. Then you are saying in the Budget there is $19.5m for the first tranche of the 800 teachers over the next four years. Now, $19.5m translates to roughly 300 to 400 teachers. I do not see that reflected in the staffing table on page 1-7.

Mr WELLS: No, that is right. The staffing—

Mr QUINN: Why not?

Mr WELLS: The staffing table on page 1-7 is the table that reflects the projections that are formula driven. The additional 800 teachers are not mentioned there because they are not going to be formula driven, they are going to be allocated to schools on the basis of need, that need determined in consultation with the Queensland Teachers Union and the Association of Special School Principals in a consultation process which is going to involve the Director-General of my department and appropriate representatives of those organisations. We have done this before and we just keep doing the same thing again. I think it is important that we should isolate that part of the Budget which is formula driven in order to maintain the integrity of the formula and speak separately of the additional teachers.

Mr QUINN: Are there not programs within this portfolio that are not formula driven, that are special programs funded as election initiatives, such as behaviour management? There is a whole range of them. Are they reflected in this table? If not, why not? This is supposed to be all the full-time equivalent staffing for Education Queensland. Are we now going to have a situation where certain staffing is left out of the table on an ad hoc basis? How can we trust what is in the documents to truly reflect what is going on in Education Queensland when you say you are not going to put certain figures in the document?

Mr WELLS: A number of initiatives, including the behaviour management initiative, involve teachers some of whom are not classroom teachers, like a number of the initiatives that you introduced when you were Minister for Education. Not all of them impacted on the formula. So consequently they are treated separately. Would you like to add to that, Susan?

Ms RANKIN: Only to say that the staffing numbers are an all-inclusive number. As the notes underneath the table indicate, they are inclusive of temporaries in casual employment, of Commonwealth-funded positions, of positions that are funded through school purchase in terms of the school usage of resources. So the table there is all inclusive. The only other point to add, I think, is that at this point in time the commitment for the 800 teachers is a four-year commitment and what is to be determined at this stage still is how that commitment will be delivered in respect of any particular lots of numbers over those four years.

The CHAIRMAN: The time for non-Government questions has expired. I call the member for Chermside.

Mr SULLIVAN: Minister, I have got a group of questions here. They all refer to page 1-17, largely the second dot point on the Secondary Schools Renewal Program. My first couple of questions are in terms of what are the features of this Secondary Schools Renewal Program, and noting that there is $114m over three years, how much is actually committed in the current Budget to that program?

Mr WELLS: There is $37.8m included in the current Budget. About $25m of that is in capital works and the rest is expensed items such as architects' fees, professional advice and so forth. The Secondary Schools Renewal Program differs from previous capital works programs in this respect: in the past it was always the way to provide certain standard facilities to schools and when those facilities had been placed in the schoolyards, say to the teachers, "Now, teach in that." What we do now with the Secondary Schools Renewal Program is to invite schools to indicate to us what educational outcomes they would like to achieve for their students. Then we provide them with the capital which is necessary in order to deliver those outcomes.

So this is in Education a Copernican shift. What it means is that we will allow each student in each school to be able to play to their strengths. Thus we will achieve the objective of 2010, that is, increase completion rates by the process of providing for students a niche in an education system which would not otherwise exist. So that is the philosophy behind the Secondary Schools Renewal Program. I will ask the officer I have charged to deal with this, Tom Mould, if he would care to say a few more words about it.

Mr MOULD: Thank you, Minister. Secondary schools renewal, in its essence, provides for a few significant changes, the first of which is that we are on about developing breadth and diversity and maintaining enrolment share and completion and participation rates consistent with the State Government's social and economic objectives and providing a richness of experience for students. It is all about valuing the direction for public schools; it is all about values for public schools; it is all about meeting the needs of different people for high levels of educational attainment. It is about guarantees for individuals on learning outcomes built on the new basics needed for a community, economic and political life in the future, and on facilitating the personal development and health and wellbeing of our young people.

Secondary schools renewal has attempted to develop close cooperation with other Government agencies and to provide integrated Government services, particularly in regions of need. It is a dynamic program about learning organisations and network learning communities, about being more flexible and innovative and responsive and focused on student learning outcomes and students working closely with parents and business to achieve those outcomes.

The Government has committed $114m over the next three years to the program. The schools selected to participate in the first stage of the program were all built prior to 1975 and all of them have ageing facilities. They are also experiencing significant impact from demographic drift. Of the first 64 schools that are eligible to be in the program, approximately half will receive the major upgrade program in the form of new buildings and refurbishment and infrastructure, and the other half will participate in the Secondary Schools Renewal Refurbishment Program. The remaining schools within the program will continue to be supported and will continue to pursue the goals that they have written in their educational briefs.

The eligible schools were asked to submit an educational brief based on the future direction that their school community believed they needed to undertake for the future of their children in the 21st century. Each of these briefs was to be evaluated by the department and those schools meeting the selection criteria were then to produce a partnership agreement, which would also need to be approved by the director-general. That document outlined the school's plans to deliver the enhanced educational outcomes that they identified in their educational brief.

At this point in time, we have 30 schools that have completed their partnership agreements, eight of which have been formally evaluated and approved, and 22 of which are currently under evaluation at this time. Phase 2 schools that have been selected for inclusion in the program will hope to have their partnership agreements reviewed by the end of next week. Phase 3 schools, which submitted their educational briefs one month ago, are looking forward to some news about those educational briefs next week.

The Secondary Schools Renewal Program is innovative and dynamic and will involve schools and their school communities in delivering facilities and educational solutions for the benefit of our young people as we move towards the 21st century.

Mr SULLIVAN: I have a particular interest, which will become evident in some subsequent questions, but it appears from what has been said that the schools have some local individual initiatives so that it is not a one-size-fits-all concept and they are trying to learn from the Phase 1 schools that are already moving down the track. What sort of facilities have those phase 1 schools had, particularly those that have had their plan approved? I have heard that the Rockhampton area has a particular local initiative that I would like to hear about to see whether it can be applied to my local area.

Mr WELLS: I think that would be a very good idea. There are two schools in Rockhampton, there is Rockhampton State High School and Rockhampton North State High School. Rockhampton North is going to have a new performing arts theatre, a 200-seat theatre and a high-tech electronic music classroom. At Kelvin Grove State High School, we are going to have major refurbishments, including new buildings. At Brisbane State High, one of the oldest buildings there is going to be demolished to make way for a new information technology building with top-of-the-range bioscience facilities. There will be a state-of-the-art kinesiology laboratory at Cavendish Road State High School with an accompanying gym and 250-seat lecture theatre and remodelling of the resource centre.

At Corinda State High, which is now 40 years old, there is going to be an all-purpose indoor sporting facility, electronic learning centre and junior school industrial technology centre. At Kenmore State High, which has a long-established arts reputation, there is going to be a performing arts centre for music, dance, drama, film and television. At Toowong College, there is going to be a new multimedia centre, catering and hospitality facilities and a multipurpose sporting centre. At Rockhampton State High School, there is going to be industry-level experience in a new fine arts centre with graphic art design and information technology.

So in each of those schools there is going to be a different approach, and that different approach is dictated by the school community itself as a result of a business plan, which the school has put to Education Queensland. Tom, do you want to add anything to that?

Mr MOULD: Minister, only the uniqueness of each one of the proposals is clear evidence of the way in which the communities have worked together with all members of their communities and their steering committees to come up with a pathway which is appropriate for the children in that school. Different schools and different school communities have differing needs. The secondary schools renewal proposals that have been put forward by those first State schools are quite unique and quite different. The facilities that are being built are facilities which are quite unique and quite different. We are not in secondary schools renewal using the old HS 88 design, or the HS 78 design of the past; we have employed independent architects for each project and independent project officers for each project so that we can have a unique outcome for each of those schools.

Mr SULLIVAN: I am not sure, after listening to Tom's first answer, whether you can supply the next answer or whether I have to wait for a week. My personal interest, of course, is in Wavell State High and Kedron State High. Two of your officers here would have a particular interest in those schools, too, I would imagine. Is it known at this stage from these Budget figures what facilities will come to those schools? Are they schools that still have to have approval and I will have to wait for an answer to that question on notice or just wait down the track?

Mr WELLS: We know that Wavell State High School has a reputation for strong academic standards and excellence in performing arts and sport. Having mentioned that we know that, I will pass the question to Tom.

Mr MOULD: We have discussed with the Wavell State High School community in great detail over the last couple of months the way in which they wish to pursue their secondary schools renewal project. Cost plan A for Wavell State High School has recently been completed. Their initial desires in terms of finalising their partnership agreement are for music and performing arts to be developed and for the administration centre to be refurbished. They intend to improve the academic and vocational educational outcomes through substantial enhancements to the information technology infrastructure throughout the school, and this will involve the refurbishment of the information technology rooms, the business studies classrooms and provision of a number of flexible teaching spaces.

As part of SSR, there will also be refurbishments of staffrooms, toilets, laboratories and the external appearance of some of those very old buildings in the school. We had those discussions with John O'Connor as recently as last week and we hope to be

able to progress through his partnership agreement in the next week or so.

Mr SULLIVAN: With regard to the refurbishment rather than the renewal program, that is a different line of funding, Minister, or a different stage of redevelopment?

Mr MOULD: The Kedron State High School is part of the secondary schools renewal/refurbishment. We had a preliminary meeting with the principal last week. The next meeting is set down for 29 August, when the principal will have his steering committee together. The principal has already suggested that he would like to pursue the development of information technology infrastructure throughout the school, refurbishment of the general classrooms, laboratories and toilet blocks as well as the staff rooms, do a significant upgrade of some of the furniture in the school, and improve the external experience, particularly some of the roofing structures of the Kedron State High School. The principal has advised that he is very keen to progress his educational brief and use the refurbishment program to do that. We would anticipate that, post that meeting on 29 August when the steering committee has had an opportunity to look at each of those proposals, we will be able to work with that school to complete that project during 2001.

Mr SULLIVAN: Finally, when capital works are mentioned in the House, on a number of occasions the projects relate to schools in the growth areas, which tend to be outside the Brisbane area. Some of my colleagues and I sometimes think, "We've got old schools. When are we going to get some of this money?" It is good to see some of this money coming to the old established Brisbane schools. Does that mean that some of the schools in the growth areas will now miss out on funds because you are putting them back into these old schools that have been neglected for so long?

Mr WELLS: No, not at all. The Secondary Schools Renewal Program is going to schools that are more than 25 years old. Schools that are more than 25 years old are all eligible to apply. As you pointed out earlier on, a couple of schools in Rockhampton were in the very first tranche. It is perfectly possible for other schools elsewhere to make applications if they are not in the first tranche. If any school is not in the first tranche, it is because they did not get the application in at the same time as the others or because their application was not complete or final or as conclusive as those of others. I will ask Tom to continue.

Mr MOULD: Of the 64 schools initially in there, there were a number of schools in regional communities and non-metropolitan locations. Clearly, we do not have any intention of not providing facilities in new and growing areas. In no way has the capital works budget been affected by Secondary Schools Renewal. That is not our intention. The Secondary Schools Renewal has seen a transfer of funds from the primary school Building Better Schools program. There was a decision in the budget last year to transfer those funds from Building Better Schools to Secondary Schools Renewal. The Secondary Schools Renewal Program as such, therefore, has targeted in the first instance 64 of the 110 schools built prior to 1975. As the Minister has said, it is the Government's intention—and the Minister has said this a number of times in Parliament—that this is the first stage of that program of working with those school communities that have had schools built prior to that time.

The CHAIRMAN: Minister, can you outline how the implementation of the new health and physical education syllabus, which is referred to on page 1-12 of the MPS, will ensure that Queensland meets its commitment to the National Strategy on Drug Education?

Mr WELLS: It was a settled and bipartisan policy at the ministerial council that the best way of addressing drug education questions is through the classroom teacher in the context of the normal classroom curriculum. That was a decision of the ministerial council of Education Ministers right across Australia and that was taken on advice. Consequently, the health and physical education syllabus has an accent in that area that enables that kind of education to be delivered in the classroom by the person who is most credible to the students in each case. Consequently, that is the approach that Queensland is going to take.

The other aspect of the approach is also coordinated with the rest of Australia, where there is a Commonwealth supported program which provides in-service training/professional development for teachers to enable them to undertake this kind of educational work, and also which provides forums enabling other members of the school community to have an input. I will ask Jo Diessel from my department to speak further to you about this.

Ms DIESSEL: The new health and physical education syllabus provides a coordinated and contextualised approach to drug education in schools. In 1999 the director-general initiated a review of drug

education in schools. That review contained a number of recommendations and those recommendations formed the basis of action announced in our department. The approach that we take is multifaceted and one that focuses on activity at the school level, at the system level and one that supports partnerships across Government departments and across communities. At the school level, a range of activities has been undertaken, including the initiation of the health and physical education syllabus in schools, which was supported by grants and resources, education adviser supports as well as teaching staff and specialists delivering drug education programs in schools. Systemic priorities and programs also saw a commitment to a number of strategies under State and national strategic plans. The revision of Education Queensland policy on drug education is an important recommendation of the review, and it will provide the directions and impetus for future drug education initiatives.

The CHAIRMAN: Can I explore that further by asking you to outline the Government's plans for drug education in schools following the cessation of funding to Life Education?

Mr WELLS: With respect to the cessation of funding for Life Education, at the time that the previous Government entered into an agreement with Life Education the then Minister said to the House that this funding is provided to half fund the salaries of teachers who work within that particular program. Subsequent to that the Life Education organisation itself put out a newsletter which stated that the agreement represents funding of 50% of the educators' salary based on the years of service scale. While those things were said, there is no evidence whatsoever that the Minister's intention was complied with. Recently, an officer of my department wrote to Life Education asking them whether they would be kind enough to provide the necessary financial documentation and explanations relating to the expenditure for educators' salaries for each year. The Life Education organisation declined to do so.

Consequently, there is very little that I can do in the context of people who are saying that we should fund Life Education again, because they are unwilling to give us any accountability for how the taxpayer's dollar was spent, and specifically whether the taxpayer's dollar was spent in the way that the Minister himself indicated at the time that it ought to be spent.

The CHAIRMAN: That is the end of time for questioning from Government members.

Mr QUINN: You said before that the staffing total on page 1-7 was not inclusive. You said that a number of times. Just before the last period of questions was over, your assistant director-general then said that the total was all inclusive. Who is right?

Mr WELLS: I said that that was not inclusive of the 800 additional teachers—or any of them. The reason for that is that the allocation of the 800 additional teachers is to be determined in consultation with a working party. You cannot put into a table something that has not been decided yet.

Mr QUINN: But you have got an allocation of almost $20m for additional teachers this financial year. Surely that should be reflected in the staffing table of the department?

Mr WELLS: The $19.5m was part of the enterprise bargaining agreement with the Teachers Union. The understanding that we have with the Teachers Union with respect to that is that that $19.5m will be focused on special education in the first year. In all likelihood, the understanding is also that they and the special educators will play a role in the determination of the location of that.

Of course the emphasis in terms of where you put those teachers is going to be conditioned by the day eight figures, which we do not have at this stage. It seems to me, Bob, that almost all of your questions seem to be based on a demand that I should have infallible knowledge of what will happen in the future. I have to tell you that, if that is the standard that you require of me, then it is one that neither I nor any other Minister will be able to attain, nor is it a standard that you attained when you were a Minister. If that is what you are demanding, then you are alone in the world of demanding that of anyone.

Mr QUINN: The table on page 1-7 is the staffing table for your department, and it represents your estimate of staffing levels for the year 2000-01. So at 30 June 2001 we should be reliably informed from this staffing table as to how many staff this department employs. If you are saying to me there is almost $20m in this budget for additional teachers that are not reflected in this Budget paper, then the Budget papers are wrong; they are false. That is what I am saying.

Mr WELLS: What the member is saying is wrong.

Mr QUINN: How can we believe what is in this Budget paper—

Mr WELLS: There is no need to get excited.

Mr QUINN:—when there is $20m not reflected in the staffing table?

Mr WELLS: There is no need to get excited.

Mr QUINN: It is a matter of honesty. They are not correct. The Budget papers are not correct. That is what you are telling me.

Mr WELLS: What you are saying is incorrect and you will not make it correct by shouting.

Mr QUINN: You are telling me the Budget papers are wrong.

The CHAIRMAN: I remind the member for Merrimac that you have put your question; the Minister has three minutes to answer.

Mr WELLS: I would first of all counsel the member for Merrimac to calm down a little bit. The Budget papers are not wrong. The table that you are looking at excludes the 800 additional teachers. Why does it exclude the 800 additional teachers? Because the allocation of those teachers, though it is funded over the next four years, has not been determined yet! Why has it not been determined yet? Because it was part of the enterprise bargain deal that it should be funded in consultation with the union and the special educators! The table that you are reading now was written before the consummation of the enterprise bargain agreement. The figures in that table are exclusive of the 800 additional teachers. There is, however, in your attitude a desire to have more information about that. Therefore, after the first working party has met I would like to ring you up or have somebody ring you up and tell you how they are going. Then you will probably feel a little bit better and perhaps even a little calmer. I will ask my DG if he would like to add something to that.

Mr VARGHESE: The figures are correct. They are, as you know, full-time equivalents. They are inclusive of all staff profiles in the department. What the Minister is saying is correct, that the additional teachers are part of an overall package of $132m over four years, that it has been part of the enterprise bargaining agreement. Part of that $132m, some $19.5m, is included in these figures. As the Minister has indicated, that component will relate primarily to students with a disability. Its exact profile and where it will be put will be subject to further discussions in this working party and, as my assistant director-general has indicated, would also be awaiting the report of the review on ascertainment, which has yet to come to me or the Minister. I trust that clarifies the question you have raised.

Mr QUINN: If that is the case, why is there not a note at the bottom of the staffing table to indicate that?

Mr VARGHESE: That is good feedback. We will take that on board. As you know, notes to the accounts are always a mix of technical and plain speak. We are always looking to improve our accounts, and we will take that suggestion on board for future staffing analysis.

Mr WELLS: Would you then be satisfied?

Mr QUINN: If—

Mr WELLS: I have not finished my three minutes yet; I am just asking a question. Would you then be satisfied?

Mr QUINN: I ask the questions and you answer them, if you do not mind.

Mr WELLS: All right. Then I will answer them. If you would be satisfied with that—and it seems to me you would be satisfied with that—then it might be appropriate that you should put out a press release to the effect that what the member for Merrimac's demands came to was a footnote and the Minister agreed that in future he will have footnotes.

Mr QUINN: In answer to question on notice No. 1 that I asked for this Estimates debate, you provided a table indicating the teacher full-time equivalents, and there is an estimated number of teachers there for 2000-01 of 33,856.

Mr WELLS: Can you tell me the page number?

Mr QUINN: Question on notice No. 1. There is a figure there of an estimated full-time equivalent for 2000-01 of 33,856. Is that figure right or wrong?

Mr WELLS: I think you are asking the same question in a different way. Yes, the figure is right, but that is the formula driven figure, and it does not include the additions that we are not claiming in this table because we do not know what those additions will be or where they will be. We know there will be 800 over four years. The additional work as to their location, number and so forth has not yet been done. Accordingly, it would have been misleading to have put these in the table. Therefore we did not, but we will give you a footnote.

Mr QUINN: Have you put the additional 16—which is the 132 plus 16 makes 148. Are the additional 16 teachers being funded through this budget included in that table?

Mr WELLS: Yes.

Mr QUINN: But you have said to me before that you did not know exactly where they were going to be, that you would be talking to the unions as to whether or not they would go to students with special needs or not. You have made that decision and you have put them in this budget figure, yet you have not made a decision about the extra $20m worth.

Mr WELLS: Because these are growth numbers. It is terribly simple. We are just covering the same territory time and time again.

Mr QUINN: I am just trying to clarify it.

Mr WELLS: I am keen that you should achieve the clarity that you seek. In here are growth numbers. The 800 in addition are not related to growth; they are above and beyond growth. They are numbers beyond what the formula dictates. They are numbers representing something that no Government has done for decades, that is, numbers above and beyond the formula. They are real growth in classroom teacher numbers above the formula.

Mr QUINN: The point is that the 132 additional teachers this year are for growth, and you verified that in your answer to question on notice No. 2; the other 16 are not. Are you telling me you are putting only growth numbers in that table, yet you also include the 16?

Mr WELLS: The other 16 are TRS numbers, are they not? We are talking about the same thing?

Mr QUINN: I do not know; you have not said anything. You gave me the impression they were for special needs students.

Mr WELLS: No, I just said in an earlier answer just a few minutes ago—you can check the Hansard record afterwards—that they are TRS numbers.

Mr QUINN: Right. I missed it.

Mr WELLS: I said it just seconds ago and I said it at the start of the session.

Mr QUINN: I refer to page 1-14 and the reduction in per capita funding for primary students which has been attributed to economies of scale. How will these economies of scale be achieved? What will be the benefits of this reduction of per capita funding for primary school students which goes against the funding trend for the past 10 years?

Mr WELLS: Are you talking about the capital works?

Mr QUINN: No, MPS page 1-14.

Mr WELLS: Which aspect of the economies of scale are you talking about?

Mr QUINN: I refer to the reduction in per capita funding for primary students which have been attributed to economies of scale. How will these economies of scale be achieved? What will be the benefits of this reduction of per capita funding for primary school students which goes against the funding trend for the past 10 years?

Mr WELLS: As you noticed from the MPS, there has been an increase in primary student numbers. When you get an increase in primary student numbers, the possibility of economies of scale occurs, particularly as you get classes that approach more approximately the formula. There are thousands of classes that are undersized at the moment. The more closely you can approach the formula of one to 25, the more economies of scale you get. I will ask one of my departmental officers to give you further detail, but that is the kind of economies of scale that we are looking at. I ask Steve Miller to speak to this one.

Mr MILLER: The cost is anticipated to reduce slightly by $22 per student. This reduction is due to the growth in primary student numbers. With increased enrolments, certain fixed expenditures become cheaper per pupil. For example, airconditioning for a classroom or connection fees for a local area network are not going to be affected by modest increases in the number of students at a school.

Mr QUINN: Page 1-26 of the MPS also indicates that there is a cut of some $428 per student across-the-board in special education. What impact will this have on students with special needs in terms of basic resources and services to those students?

Mr WELLS: I ask Mr Miller to answer.

Mr MILLER: The Government has allocated an additional $16.3m for services for students with disabilities. Some $15m of that is within the Students with Special Needs Output and the remainder would be assistance to the Non-State Education Output. The cost per student in special education facilities is estimated to be slightly lower than last year. The main reason for this is that the substantial growth in numbers of ascertained students in regular schools has reduced the average cost. This occurs because the costs attributed to this output are only the additional costs that are incurred for special education students at mainstream schools. The use of school buildings, regular classroom teachers, school libraries and many other services are included

within the Primary and Secondary Education outputs.

Mr QUINN: Further, pages 1-14 and 1-19 of the MPS refer to student enrolments in primary and secondary schools. Enrolments across-the-board are forecast to increase by 4,142 and the number of teachers provided for that enrolment growth is 132. Given that the maximum class size target is 30 students and given that the current student/teacher ratio is 14, how do you explain the fact that the ratio of new students to new teachers this year is over 31? Are we talking economies of scale again?

Mr WELLS: I ask Mr Miller to again answer.

Mr MILLER: No, I do not have a response to that, Minister.

Mr WELLS: Where do you get the 31 from, Mr Quinn?

Mr QUINN: Divide 4,142 by 132, that is, the number of new enrolments by the number of new teachers.

Mr WELLS: That is a very strange piece of arithmetic you have there. I am happy to take your question on notice, but there is not a doubling. Your figures indicate some kind of doubling.

Mr QUINN: No.

Mr WELLS: No?

Mr QUINN: It is straight division.

Mr WELLS: Give it to us again.

Mr QUINN: I simply divided the number of new enrolments by the number of extra teachers for enrolment growth and came up with a number of 31.

Mr WELLS: This is your extra teachers thing again. However, this is just simply compounding your original error. We will not take it on notice; I will handle it now. This is compounding your original error in respect of the sums—the error that you put in your press release. The original figure that was given as the estimate of how many teachers we would need to service the number of students that we had a year ago was, of course, based on the demographic information that we had at that time. We got later demographic information and therefore the differential changed, and you would hardly be surprised if it did. As a result of that change, the figure that you are subtracting from this year's estimate is one that is going to give you a smaller result. You are just compounding an error on an error. If you then use a multiplication sum to work out class sizes based on the difference, then you are just going to get something completely delusional. The figures that you are using are terribly clever if you were setting out to bamboozle people, but they do not bear any relation whatsoever to reality.

Mr QUINN: I refer to the Operating Statement at page 1-45 of the MPS—

Mr WELLS: Sorry, but I just want to add one other thing. With respect to the economies of scale, many of these economies of scale can be achieved in terms of capital, in terms of staffing, in terms of such things as airconditioning costs and everything like that. You get better results in terms of economies of scale if your class is close to optimum capacity. That is the answer to your question about economies of scale.

Mr QUINN: I refer to the Operating Statement on page 1-45 of the MPS. Can you guarantee that the estimated actual figures for 1999-2000 are accurate within 2%?

Mr WELLS: A Budget is a Budget. You know what a Budget is. I will ask Ms Rankin to answer that but, as you know, the figure that is called a target estimate in a Budget is a target estimate. We do not provide any guarantee of infallibility, and nobody does in any Parliament anywhere in the world. The figures are as good as human ingenuity can get them. Ms Rankin, would you like to comment?

The CHAIRMAN: Your time has expired, Minister. The time for non-Government questions has expired. I call on the member for Greenslopes.

Mr FENLON: Minister, I refer to the note at page 1-1 of the MPS regarding QSE 2010. What is the fundamental objective of Queensland State Education 2010?

Mr WELLS: The fundamental objective of QSE 2010 is to increase completion rates from 68% to 88%. The consequence of that is all upside. Students who complete Year 12 spend less time unemployed. They spend more time in the work force. They lead healthier lives and spend less time in the care of the health system and the corrective services system. It is all advantageous. All of our strategies are geared to try to implement this central objective of improving completion rates whilst at the same time providing a higher quality education for students everywhere. I ask Assistant Director-General, Kim Bannikoff, to say a few words on the subject.

Mr BANNIKOFF: The central objective of 2010 is indeed, as the Minister said, to increase completion rates for Year 12 from the current 68% in Queensland to 88%. If that is

achieved it will bring the outcomes for students in Queensland schools to the equivalent of the better performing OECD countries. It will provide value both to those individuals and to the economy of Queensland. To bring about that improvement in completion rates over the next 10 years will require a 23.5% growth in enrolments to 2010. That is comprised of 14.5% by population growth, 3.2% on the basis of trend increases and 5.8% from additional students staying at school.

The ultimate cost of such a proposal, to which the Government has committed, is up to $150m a year if those targets are to be achieved in the year 2010. In order to do this, a range of strategies have been put in place, as outlined in the 2010 document. Most critical to that is the need for schools to work more closely with their communities and to provide an education which responds to the needs of children and to the needs of communities and parents, particularly in those years in which students are making the transition through the latter years of schooling.

Mr FENLON: Minister, in relation to QSE 2010, what support is there from the school communities?

Mr WELLS: One of the important things about the 2010 program is that it emerged as a result of very extensive consultations—70,000 or 80,000 people were consulted—in order to draw up a 10-year plan. As a result of that, what we have is a program which outlines for the next 10 years where the school communities really want our education system to go. I will ask Kim Bannikoff if he would like to speak in more detail.

Mr BANNIKOFF: The process for putting together Queensland State Education-2010 did in fact involve thousands of educators and community members from across Queensland during a very lengthy consultation process. All in all, some 10,000 parents, teachers and members of the community took part in consultations at perhaps over 700 meetings throughout the State. The result of that is a view which genuinely represents the interests of stakeholders. The initiatives that have been put in place as a consequence of the adoption of 2010 by the Government have indicated that the support demonstrated during the consultation process remains in place.

Mr FENLON: Minister, what are the first-stage initiatives to start to implement this very valuable process?

Mr WELLS: One of them is the New Basics program. The purpose of the New Basics program is to synthesise a whole lot of areas of learning and put into one meaningful and rich task, to use the term we are using to describe the New Basics process, a whole range of skills and, by synthesising these, give the student and the student's parents a sense of relevance and a sense of completion that they would not otherwise get. I will invite Kim to speak further to the point about the New Basics program.

Mr BANNIKOFF: The New Basics trial covers some 38 schools. They are participating in the New Basics trial, as the Minister has indicated. The other initiatives which flow from 2010 were partly covered by the Minister in his introductory remarks. They include the Pathways project, which is expanding opportunities for students in the latter years of schooling through the VET in schools program and through the development of new pathways that will allow for a more effective transition of students from the middle years of schooling to post-school destinations.

The next initiative flowing from 2010 again has been covered in some detail in answer to earlier questions. It accounts for the Secondary Schools Renewal Program. A fourth initiative is the establishment by the Government of an interdepartmental working party, particularly involving the Department of Families and others with Education, to look at reforms in relation to pre-Year 1 education which recognise the needs of young children and their families and provide for a more flexible and integrated approach to preschool services to allow students to be more adequately prepared when they start formal schooling.

Another one of the suite of initiatives under way is the development of P-12 schools. This has been developed in consultation with a range of local communities. It builds on cooperative alliances between schools and allows for those schools to approach learning and provide for the transition of students from different stages of schooling in a more effective way.

Another initiative from the suite is the Partners for Success program, which has been designed to promote genuine partnerships between schools and indigenous communities. These partnerships will contribute to improving the learning outcomes and school completion rates for Aboriginal and Torres Strait Islander students. One of the features of the Partners for Success program is the development of compacts between school communities and indigenous communities and particular schools which give communities an effective say in the way in which programs are provided for them.

Another initiative is the development of the alternative education sites, which are aimed at providing a different way for handling students who have difficulties within the mainstream. If an alternative education approach can allow those students to achieve better, then the chances of improving the overall completion rate will be greater. Finally, there has been a new commitment to teachers and the development of their skills through the Learning and Development Foundation.

Mr FENLON: Minister, could you inform the Committee what sort of attention the New Basics program has attracted nationally and internationally?

Mr WELLS: The New Basics program has attracted an enormous amount of attention, both nationally and internationally, precisely because it is such a pioneering idea. It has caught the attention of lateral thinkers everywhere. I will ask Gabrielle Matters, who has been particularly involved with it at the developmental stage, to speak further to the Committee.

Dr MATTERS: It is true that the New Basics project has attracted attention from educators and policy makers around the world because there exists universally a broad understanding that equity, futures and new technology issues have resulted in a completely new set of challenges for education systems. Countries, states, regions and jurisdictions are desperately seeking out any attempt at thinking outside the square. We have been fortunate to begin this work in Queensland, the first Australian State to be proactive, rather than merely reacting to somebody else's nostalgic view of education in the 1980s.

The New Basics project is part of a reform agenda that espouses the view that educational outcomes should be futures oriented, whilst at the same time recognising that teaching and assessment demands have become increasingly complicated as classrooms have become more diverse. The New Basics framework focuses on mindful schools where intellectual engagement and connectedness to the real world are constant foci. The New Basics project also has a strong research base. It has been explicitly guided by documented analysis and rigorous discussion of current school practices.

Typically, other reform processes have twiddled the dials on curriculum content or teaching strategies or assessment regimes, but never all three together. The New Basics framework asserts that the systematic and principled practical coordination of what is taught, how it is taught and how it is assessed are essential for improved student outcomes. Instead of trying to describe everything that students need to know, the New Basics framework begins with three knowledge questions. The first question is: what are the characteristics of students who are ideally prepared for future economies, cultures and society? The second is: what are the everyday life worlds that they will have to live in, interact with and transform? The third is: what are the valuable practices that they will have to do in worlds of work, civic participation, leisure and mass media? The new knowledge categories or curriculum organisers are the four New Basics. They are: life pathways, multiliteracies, active citizenship and environments and technologies. The four categories or clusters of practice are deemed to be essential for lifelong learning by the individual for social cohesion and for economic well-being as described in Queensland Education 2010.

Curriculum planning and student assessment are to be based on rich tasks that are intellectually demanding, relevant and credible to the community. Through the rich tasks, students will be able to display their grasp and use of important ideas and skills. Common Statewide standards will be set, but the means to express those standards can be varied. A system of peer review of teacher judgments of the standards of student work will be implemented. Assessment by the rich tasks will cut through the problems associated with myriad outcomes and a crowded curriculum. The aphorism "less is more" will dominate.

The Government has honestly reviewed current practice and publicly stated where such practice falls short. Thus its commitment to revitalising education has the potential to change the name of the game in this country, with Queensland in the lead.

Mr FENLON: Just to follow on from that question on the New Basics: Minister, can you specify any other specific benefits that students will obtain from this program, and can you outline the schools that will be involved in the trial?

Mr WELLS: One of the important benefits that the students will receive from undertaking the rich tasks involved in the New Basics is the benefit of experiencing themselves as doing something relevant to life and of their parents having the same experience of their children's education. The rich tasks will involve the students in bringing together a whole range of abilities, all of which, when brought together, will indicate life competencies that the various component parts do not by themselves

indicate. I will ask Gabrielle to give the Committee a little bit more on that particular aspect.

Dr MATTERS: I will first of all list the schools. The question was asked: which schools are involved? There are actually 20 clusters across the State, actually 38 schools. These schools include primary schools, secondary schools and special schools. Would you like me to read out the whole list?

Mr FENLON: Yes.

Dr MATTERS: The Cairns consortium, which includes Cairns West State School, Edge Hill State School, Parramatta and Woree State Schools; the Charters Towers alliance, which includes the Charters Towers School of Distance Education, Charters Towers State High School, Charters Towers Central State School, Millchester and Richmond Hill State Schools; the Suncoast Cyber Schools: Burnside State High School, Burnside State School, Chevallum, Eudlo, Glenview, Mapleton, Montville and Mooloolah State Schools, Nambour Special School, Nambour State High School, Palmwoods and Woombye State Schools. Also, separately, Aurukun, Buranda, Eagleby, Hope Vale, Inglewood P-10, Mackay Central, Thabeban, The Willows and Thursday Island State Schools; Goondiwindi, Helensvale, Kelvin Grove, Kenmore, Mackay and Mountain Creek State High Schools and Maryborough and Mount Gravatt West Special Schools. They are the schools that are actually involved.

Continuing on to some of the other benefits that will flow to those schools and students from the schools participating in the trials: the obvious thing, as stated by the Minister, is that with the focus on the New Basics agenda, the focus on intellectual engagement and transdisciplinary skills should ensure that students acquire the necessary thinking skills and are therefore able to deal with the transition to a globalised knowledge economy and society. Completion rates for students should show a noticeable improvement, because as curriculum delivery and teaching are characterised by connectedness to the real world, students will be less alienated from school, especially those who have experienced the New Basics in the middle years of schooling. By freeing up the curriculum and focusing in greater depth on what skills and knowledge are required for the future, students will be well placed for managing a world where rapid global, regional and local exchange of information and knowledge is at the heart of the worlds of work, community participation and leisure. Through the standardised reporting on rich task performance, parents and the general community will better understand and appreciate the outcomes of schooling.

The CHAIRMAN: Page 1-5 of the MPS lists whole-of-Government priorities to achieve safer and more supportive communities. Can you explain what is Education Queensland's contribution to whole-of-Government strategies for building safer communities?

Mr WELLS: We have a comprehensive set of initiatives here. Shane Williams is the officer I have charged with delivering on some of those, and I will ask Shane if he would speak to the Committee.

Mr S. WILLIAMS: Shane Williams, Acting Director of Student Services Branch. Education Queensland has a key role in preventing violence and crime, strengthening communities and supporting vulnerable children and young people and their families. A comprehensive set of initiatives and strategies are in place targeting these goals, combining to create an integrated contribution to building safer communities. The focus of our strategies span the spectrum from essential academic and social learnings to schools and communities working better to build social cohesion and, importantly, to provide special support for vulnerable students.

Some examples of our work include a focus on literacy, which is not only a major door to knowledge but is often a significant block in the foundation of self-esteem and active citizenship. Our programs target outcomes with particular attention in primary schools for those indigenous students and those who have English as a second language. We continue to teach and respect specifically the cultural understandings and, through this, combat racism. $60,000 over two years is being spent on developing good practice exemplars of curriculum to address issues of racism. The resource is designed to support whole schools and individual teachers to create an environment that can engage all members of the school community in creating a culture that counters racism. We are enhancing the quality of services provided to students and their families and local communities by working to coordinate and integrate social support programs through the Community Access Schools Project, which is under the community renewal agenda of the Department of Housing.

The CHAIRMAN: That was a one-minute warning. If you want to continue—

Mr S. WILLIAMS: Sure. The Community Access Schools Project is a three-year pilot

which is being undertaken in 12 schools across the State. The project is part of the Government's broader agenda of crime prevention strategy and focuses on disadvantaged areas, particularly where crime and community safety are major problems. These schools are developing innovative practices in community development and community partnerships that assist them to respond to the identified educational and social needs of their communities. The project facilitates the connection between the school community and business and Government and non-Government agencies. For example, Cairns West State School is working with the Departments of Housing and Families, Youth and Community Care to run a Boys to Men Program, which assists boys who have offended to succeed at school and avoid reoffending.

The CHAIRMAN: The time has expired. Sorry about that. It is very innovative work you are talking about there. I now call on the member for Caboolture.

Mr FELDMAN: In relation to the MPS on page 1-24 and talking about students with special needs, what aspects of the students with disabilities resourcing did the Ascertainment Methodology Review conducted by the independent consultants Professor Des Power and Mr Bob Shead investigate and what was the criteria to be addressed by that report and what was their brief?

Mr WELLS: The appropriate director to give you information about that is Peter Blatch. I will ask Peter to address the criteria. Bob McHugh will go first. Bob McHugh is the Assistant Director-General.

Mr McHUGH: Bob McHugh, Assistant Director-General (Education Services). The terms of reference given to the independent consultants were as follows. The first term of reference was: is the current process used to identify the educational and support needs of students with disabilities appropriate and independently verified? Term of reference 2: is the current methodology used to allocate specialised resources for students with disabilities suitable? Term of reference 3: when operating together, does the process of identification and resource allocation result in providing equitable resources and meeting the different educational needs of these students? Term of reference 4: is the Department of Education the only agency responsible for supporting students with disabilities? For example, does it overlap with health related and family services? The final term of reference: is the current allocation sufficient to suit the educational needs of students with disabilities in comparison with the resources available to other jurisdictions in 2000-01?

The CHAIRMAN: Do you need to add anything, Minister?

Mr WELLS: You asked for the criteria. That is those.

Mr FELDMAN: Were you going to add to that, Minister, or will I ask—

Mr WELLS: That was what you wanted, was it not—the criteria?

Mr FELDMAN: The criteria and basically what they were investigating and when were they to complete the—

Mr WELLS: They have given some draft material, I understand, to my department. My department, I understand, has asked some further questions and the answers to those questions will be delivered, I think, within the next month or so.

Mr FELDMAN: In relation to other aspects of special needs, what was the initial rationale behind the number and the discrepancy in teacher aide support hours between special education units at schools—that is, primary and secondary—and special education schools or special schools? The discrepancy occurs at all ascertainment levels from major at six to four where it is 5.1 hours compared to 4.75, 3.2 as compared to 2.85, 1 compared to .95 and in minor 2.55 compared to 2.25, 2 as compared to 1.35 and .5 as compared to .45. Is there a reason behind that discrepancy in hours?

Mr WELLS: Under the previous Government, as they moved people out of special schools into special education units, the resources did not actually follow the students. You did not find the resourcing was occurring according to the levels of ascertainment exactly and so students in some locations were resourced better than students in other locations. A consequence was that you had this unevenness. What I sought to do was to try to ensure that the resources would follow the students so that the students who were in special education units who had a level of disability that was comparable to the level of disability of a student in a special school would receive the same level of resources. That is hard to do, given that the matter was not significantly addressed or indeed addressed at all under the previous Government. Nevertheless, that is the direction in which we have been moving. I will ask Peter Blatch if he would speak further to that.

Mr BLATCH: Thank you, Minister. Peter Blatch, Coordinator, Low Incidence Unit. The number of hours per ascertained students in special education units is slightly higher than the number allocated for students with similar disabilities in special schools. This is due, in the main, to the enhanced infrastructure and the economies of scale that are available in special schools compared to special education units, centred and clustered services. For example, in most special schools there is a significant number of teachers. Usually those would be above six. In most special education programs the number of teachers and consequent teacher aides is about two to three.

Mr FELDMAN: Bearing in mind that answer that you have just given, why is there a seeming push to continue to push students with special needs towards primary schools or normal schools rather than to have them in special schools?

Mr WELLS: There is not.

Mr FELDMAN: It seems that that perception is out there with parents. I was wondering whether that was just a perception or whether there were increasing numbers going towards education in primary schools as compared to education in special schools.

Mr WELLS: I have told Parliament previously that no special school will close in this term of the Parliament.

Mr FELDMAN: I notice in respect of that, Minister, the estimated actual there of number of State special schools is 50 and the 2000-01 target is 49. Does that mean one is going to close or is there one earmarked to close or is one already closed or closing?

Mr WELLS: The one that is listed there is Montrose Special School and Montrose Special School is simply being shifted to a site adjacent to another State school and consequently it has the status of a special education unit but they have enhanced facilities as a result of that. The reason that they are shifting, by the way, is because the landlord of that particular place, the lessor of that particular place, has asked Education Queensland to move its operation. It was an involuntary shift. What we did was to take advantage of that, providing them with better facilities as well as access to a broader range of facilities by virtue of their co-location with the State school. The school community itself chose that particular location and by virtue of the fact that they now have to be described as a special education unit because of their adjacency to a State school you should not conclude from that that a special school has closed. A special school has taken a new form.

Mr FELDMAN: Bear in mind that it has taken that new form and we have heard that special education units are somewhat disadvantaged in contrast to special schools, when Montrose relocates is that going to mean it is going to be downgraded somewhat on its current status or will it maintain its current level applicable to the resourcing provided to a special school?

Mr WELLS: The resourcing provided to the special school is done on the basis of the levels of ascertainment of the students concerned. Consequently, nothing will change for Montrose Special School. It will continue according to the pattern that it has established previously.

Mr FELDMAN: Thank you, Minister. I appreciate the assurances. It is just that I know that out there in the community there is that perception, and that perception comes from things like Challinor closing down under Family Services and when they see other things happen they begin to get a little suspicious of Government and I do not blame them. That is why I appreciate your assurances that this is not going to happen in Education Queensland.

Mr WELLS: Thank you. I would not want to comment outside of my own portfolio, but with respect to special schools and special education units, the objective of Education Queensland is to ensure that, as far as possible, as far as circumstances permit, a child who is ascertained at a certain level receives resources to the same extent as a child ascertained at another level. But let me be very clear, the ascertainment is not an indicator with respect to the needs of a particular child. The ascertainment process is an indicator of the resources to be distributed to a particular district.

Ascertainment is not a tool which would enable you to go directly from the ascertainment level to exactly the resources that a child will need. Ascertainment has to have a mixture of commonsense to it, and for the particular needs of the school and the child you have to take into account the commonsense, the local information and the knowledge of the particular child that the local principal, the local teachers and school community generally has of that child. So it may be that a child who has an ascertainment level of five might need certain things. A child who was ascertained as Level 4 might in certain circumstances and during certain periods of the day need more than the Level

5, and the Level 5 might at certain times of the day and in certain circumstances need less than Level 4. Ascertainment is not supposed to introduce a rigidity into the system but rather what it is supposed to do is to provide a guidance to people who are ensuring the staffing of schools to guarantee that as far as possible resources are available to deliver equity to all of those children who are disadvantaged in those ways.

Mr FELDMAN: Bearing in mind that answer, Minister, will the delivery of the review mentioned earlier by Professors Power and Shead have a significant effect on teacher and teacher aide numbers and the hours of service delivery to special schools?

Mr WELLS: I have not seen the review, and any review is only that: a review. It can contain recommendations but subsequent decisions have to be taken by Government and by Cabinet and by Parliament. So I cannot pre-empt any of that, obviously, but I will look forward to receiving it and we will take it on board.

Mr FELDMAN: I know the member for Merrimac covered this area to a degree—and you said that you will not be able to say much about this until day eight—but bearing that in mind, the increase that is pre-empted in the figures in the MPS, the 23 extra teachers on the 1999 actuals to the 2001-01 estimate and the 11 teacher aide positions, is there any indication of where this small increase may or may not go or where it is going to be directed across-the-board?

Mr WELLS: You are talking about the growth figures in special education, are you?

Mr FELDMAN: Yes, special education.

Mr WELLS: Have you got any indication of where those growth figures are likely to fall?

Mr BLATCH: We do not know at this stage, Minister. The data collection has not been completed. It is due to be collected in schools in the next few weeks.

Mr WELLS: We will let you know.

Mr FELDMAN: Do we know when that will be available?

Mr WELLS: We will let you know when it comes through.

Mr FELDMAN: Okay. We talked about the New Basics program before. The schools that were mentioned, were they specifically targeted for the New Basics program or was there a rationale behind the selection criteria for the schools? Was it just an ad hoc type of procedure?

Mr WELLS: We sought expressions of interest and these were among those who put their hand up first.

Mr WELLS: Gabrielle, do you want to say anything about that?

Dr MATTERS: Yes, Minister. It is true that a lot of schools put up their hands in interest. In fact, 130 schools applied to participate in the project and 38 were selected. The criteria emphasised the following: a history of innovative practices, especially on pedagogical reform—pedagogy, as you know, is the art of teaching—a high level of community support for curriculum innovation, teacher access to the Internet and a demonstrated willingness to share experience with other schools. We also wanted to make sure that the project remained focused and manageable. So that is why there were 38 schools within 20 clusters. The schools were also chosen to reflect the diversity in State schools, primary, secondary and special, across Queensland. Other factors that were considered were school size, geographical location—urban, rural and so on—and the sector of schooling.

Mr FELDMAN: Thank you for that. While we are still on New Basics, the training for the teachers in relation to the program, has it been undertaken? Is that undertaken in their own time or within time provided by the school?

Mr WELLS: It can be a combination of those things. It can be done on pupil-free days or it can be done in their own time. Many of the teachers who are involved in the New Basics trial are extremely excited about it and many people, in terms of this really innovative new curriculum, have given a lot of their own time in order to get it up and running.

Mr FELDMAN: I did notice, Minister, in the statements in the press from the Teachers Union that that was one of the things that they were trying to ensure—that in relation to new programs a lot of that was undertaken in school hours rather than in their own time, a lot of which has been done and is of benefit to Education Queensland for them to do it. So I was inquiring just to find out whether there is to be more time provided within school hours for the training of the teachers rather than in their own time.

Mr WELLS: Let me take the opportunity to pay a tribute to the teachers. None of them start work at 9 o'clock in the morning and finish at 3 o'clock in the afternoon and an enormously large number of them work into the late hours of the night preparing their lessons and so forth. There are teachers who are in front of classrooms for six hours of the day and their lesson preparation has to take

place at other times. So does their marking of papers and so forth. While the amount of free time that they have is that which is determined in the enterprise bargain agreement, at the same time we should note that people go into the teaching profession because they are dedicated people who are committed to the education of young people. I do not know any teachers who are but unstinting in giving their own time at weekends for sporting activities or after hours for lesson preparation. Some of them under the previous Government's regime had to stay up until 1 o'clock in the morning fixing the computers that that Government put in without providing any personnel or technical assistance to fix them. So full credit to the teachers in respect of the New Basics and in respect of other areas as well.

Mr FELDMAN: I will take that on board, Minister. That was one of the things in one of the letters that I got from some concerned teachers—the fact that they are dedicated, that they do all of that work in their own time. In fact, Minister, they made very similar comments to what you said then. They were called upon to do those things a lot of times outside those hours on top of their other work that they must do to prepare for lessons, etc. I was just trying to ensure that, with new and innovative programs, they were going to be given some time within the school curriculum to actually learn them.

Mr WELLS: Next time I meet with the Teachers Union, I will tell them that there is a bipartisan position on what good chaps they are.

Mr FELDMAN: Not a problem.

The CHAIRMAN: That was the one-minute warning bell. Does the member for Caboolture have any further quick questions, or will we move on?

Mr FELDMAN: We will move on.

The CHAIRMAN: Okay. Thank you.

Mr WELLS: I will just add to that, and that is that the professional development programs have a budget of $800,000 to assist them.

The CHAIRMAN: Thank you, Minister. Minister, I have one of those wonderful new schools happening out in my area. Planning is well under way for the Forest Lake high school. One of the concerns with that, though, is that some of the parents seem to feel that, because the Forest Lake State School grew very quickly, that the high school may follow a similar path. The allocation for this is referred to page on 1-18 of the MPS. Can you please explain to us what steps are being taken to ensure that the new school will not get too big too quickly?

Mr WELLS: I think that the Forest Lake high school will grow quickly. I think that it is going to prove very popular, and the early indications that we have already are that this is going to happen. There is an optimum size for high schools. It is good to have high schools of sufficient size to enable there to be a choice in curriculum. If you get a certain critical mass of students and, therefore, teachers, then you provide curriculum options that would not otherwise be available. But on the other hand, if it gets too big, it can become unwieldy.

That is not necessarily a problem, because we have schools that are really very large indeed—over 2,000—where you do not have problems of alienation or that kind of issue. But there probably is an optimal size. For Forest Lake I would say that it would be about 1,500. I will ask the Assistant Director-General, Debbie Best, who is in charge of all of the district directors in that part of the State, to respond.

Mrs BEST: Education Queensland operates a system of State schools that relate to one another as well as to their local communities. Each school in the system has a particular affinity with its local area. Together, all State schools comprise a single seamless system. Forest Lake State High School will become a new school within that systemic framework and it will have a defined catchment area. Originally drafted by departmental planners, the catchment area has with minor modifications now been endorsed by the Forest Lake State High School reference committee, which has representation from all of the local area primary schools. Education Queensland has prepared enrolment projections for Forest Lake State High School based on the agreed catchment area. These 10-year forecasts have been developed by professionally qualified planners in association with the Department of Communication and Information, Local Government and Planning and Sport, local government authorities and the Forest Lake developer, Delfin.

Enrolment projections indicate that Forest Lake State High School will grow to approximately 1,400 secondary school students by 2010. As such, it will be a medium sized urban high school. During the community consultation process, it became evident that elements of the community were concerned that the school not grow beyond a maximum of 1,500 students. To ensure that growth rates will not exceed planned levels, Forest Lake State High School will open with an enrolment

management strategy. This will afford priority to students living within the defined catchment area. In managing the application of the policy, the principal, Mrs Heather Varcin, will ensure that sufficient spaces are retained at all times to accommodate future families moving into the catchment area.

In the school's developmental years when enrolment growth is at its greatest there may be little opportunity to accommodate students from outside the defined catchment. This will, however, change over time. As with all State schools, accommodation planning will give appropriate consideration to both the forecast peak enrolment level and the anticipated long-term stable enrolment level and use these inputs in determining the nature of the accommodation to be provided. This would be expected to influence the permanent capacity of the school.

Both the steering committee and reference committee have supported strict application of the enrolment management strategy. Whilst all care is taken in preparing enrolment forecasts, the accuracy of information provided can be impacted upon by the internal and external factors. If Forest Lake State High School is successful, for example, in increasing retention rates, then predicted enrolments might rise slightly. But if housing approval rates around Forest Lake continue, as they currently are, to fall below predicted levels, overall enrolments may be less than forecast.

The CHAIRMAN: Minister, page 1-13 of the MPS makes reference to the Calamvale P–12 school. Again, that is in my area. That is no coincidence; there is a lot of growth out there. It is wonderful to have these new schools emerging. There are two issues in relation to Calamvale that I want to raise today. Firstly, will the school definitely open in 2002? Secondly, in planning a large school like Calamvale what steps does Education Queensland take to ensure that all adjacent land-holders are properly consulted and their concerns taken into account in the development of the school?

Mr WELLS: The Calamvale P-12 school will be a great school. I acknowledge the role that you played in the consultation which preceded it. Yes, the plan is for 2002. I do not see any reason for it deviating from the plan at this stage. These things, of course, are subject to demographic triggers and subject to the exigencies of such things as the weather. But that is the plan at this stage. I note particularly the council's cooperation in respect of the community sport and recreational centre that is adjoining the school. That is going to get the school off to a flying start. I think that the P-12 concept, which that community has embraced and which, if I may say so, you have nurtured, is going to have the effect of delivering even better educational outcomes for the children of that area. I will ask our director of facilities to speak.

Mr R. WILLIAMS: Certainly, the Calamvale P-12 school is planned to open for the beginning of the 2002 school year. The achievement of this opening day will involve the preparation of the site and construction of the requisite school buildings and associated site infrastructure as well as enabling access and other works. Progress with the school design is advancing at present and is certainly on track for a 2002 opening. The school's design itself will be a creative response to emerging education and social challenges and will be tailored to suit the educational philosophy embraced by the school administration and community. This philosophy recognises the importance of the middle years of schooling and will result in the school having distinct junior, middle and upper subschools as well as shared core spaces. As well as the design and construction of an innovative new school, there is a broader community precinct associated with this project.

The Brisbane City Council has a community sport and recreational facility which adjoins the school, as the Minister has noted. Certainly, council has participated in the design of the overall precinct. The concept planning and subsequent site master plan include redevelopment of the community sport and recreation area as an integral part of the solution.

It is pleasing to see the different State agencies and the council being able to agree on a design solution and to work together in such a cooperative manner. Extensive discussions have taken place with both the Brisbane City Council and the Main Roads Department. This is a significant project with complex interrelationships. It is crucial that the completed project gives the Calamvale community a school and associated infrastructure that they are proud of and which will suit the needs of the community well into the future. While 2002 seems reasonably distant, there still remains myriad detail to be completed and time is of the essence in making sure that the project is delivered on time. There has been extensive consultation in the local community through a number of groups that have been put together. That has come together in a very positive and meaningful way.

The CHAIRMAN: Page 1-18 of the MPS notes that five alternative schooling centres will be trialled. What are the features of the Government's commitment to alternative schooling provision?

Mr WELLS: I am very confident that the trial will prove quite effective. There are in some schools a very small number of students whose behaviour is so disruptive that it has the effect of not only preventing them from getting an education but also preventing others in the classroom getting an education. Therefore, we have set up alternative education centres in five centres around Queensland. Typically, these will be staffed by two teachers who have skills in behaviour management. Typically, they will have no more than 12—perhaps less than 12—students.

The object of the centres will be twofold: first, to assist the students whose behaviour is disruptive to conform their behaviour to standards that will enable them and others to get an education, or alternatively that will enable them to transition into the work force; secondly, to give the students in the class that was previously being disrupted the opportunity to learn what they want to learn in peace. There is between $1.3m and $1.4m set aside for the alternative education centres in this year's budget. The alternative education centres will be at the Woodridge State High School; the Silkstone State School, in the Ipswich cluster; in Murrumba, at the Deception Bay State School—perhaps the Deception Bay North State School; in the Cairns cluster, at Balaclava State School; and also one in the Bayside cluster. Of course, these will present opportunities for such students in schools that surround that area.

One of the problems that we have with students whose behaviour in class is so dysfunctional is very often that they simply do not understand what is going on in the rest of the class. As well as an opportunity for behaviour management, and for anger management in very many cases, this is also an opportunity for remedial education for those children. Simply providing those kids with the understanding that would enable them to participate is going to remove the temptation to disruption. The disruption is very often there as an alternative to participation which might be based on understanding. Education has a chance to soothe the savage beast.

Sitting suspended from 4.15 p.m. to 4.33 p.m.

The CHAIRMAN: We will now resume the hearing. I call the member for Chermside.

Mr SULLIVAN: On page 1-12, the last dot point, Partners for Success, refers to a strategy for achieving equal educational outcomes for Aboriginal and Torres Strait Islander students. Could you outline what Queensland Education is doing and how it is working with indigenous communities to improve the educational standards of Aboriginal and Torres Strait Islander students?

Mr WELLS: The Partners for Success strategy is a program which is designed to get better educational outcomes for Aboriginal and Torres Strait Islander students. It involves motivating the social capital which is inherent in indigenous communities. The way we proceed with this is, instead of following the traditional pattern of placing standardised facilities in an indigenous community and saying, "Here it is", and leaving it there as if it is some sort of standardised, mass-produced infusion from outside, we sit down with the Aboriginal or Torres Strait Islander community and say, "What sort of outcomes do you want to achieve for your children and what do you need us to do in order to help you achieve those outcomes? What are you prepared to do to help to achieve those outcomes?"

We then talk it through over a period and try to find out what can be offered by each side from the point of view of Education Queensland, what is going to be culturally appropriate in that community from the point of view of the community, what they can do to ensure attendance and to ensure that the students while they are there are comfortable and able to undertake their lessons. We then work to the establishment of the compact, which might be a written agreement between the two parties, and with that compact we hope that we will achieve better educational outcomes. There is a tremendous amount which can be done in that way, and to this end I have had officers working in that area. Shane Williams is already at the table. I will ask Shane if he would speak further to the program.

Mr S. WILLIAMS: Just to build on the notion of the compacts, Education Queensland has committed $940,000 in the 2000-01 financial year to establish the infrastructure and processes to support the development of partnership agreements between indigenous communities under the auspices of the Partners for Success strategy. These agreements will establish a framework for ensuring that over time the educational standards, which is the prime emphasis of the strategy, will be increased and will be equitable to all students in State Government schools. Agreements will establish the roles and

responsibility of school staff, families and communities in improving outcomes and ensuring that students are equipped to participate in emerging economies.

A State partnership is being facilitated by a charter task force, which will produce a charter for improving educational outcomes for indigenous students to be consulted with indigenous communities later this year. We currently have 35 schools enrolled in the partnership process at this point. Partnerships will ensure a more effective exchange of information between schools and communities.

Mr SULLIVAN: I refer to page 1-3 of the Ministerial Portfolio Statements, where it says "services to improve literacy and numeracy so that every student has the opportunity to complete school with the fundamental skills necessary to operate successfully in an adult society" and to page 1-11, where it talks about literacy and numeracy providing additional support to the students in need. The group I would like to focus on in my question is boys' educational outcomes. Having taught boys for 20 years and having four sons who, thankfully, take after their mother, I do have a concern that, in relation to educational outcomes, boys have a particular need that needs to be addressed and has only recently been perceived as needing to be addressed.

Mr WELLS: Your sons were lucky; they got their mother's brains and her looks as well.

Mr SULLIVAN: You know them well.

Mr WELLS: I would like to say something generally about literacy and then I will talk about the boys' initiative, which I think is very important. We had very good news for literacy in the last year. Between 1998 and 1999 there was an improvement of 4% in the Year 3 literacy results. That improvement, I am advised by my department, is not a statistical glitch. An improvement of that size, they say, could not be a statistical glitch. The advice I got is that there is one chance in an billion, that is one chance in a million million, that it was a mere function of statistics; rather, it must be educationally relevant caused by something.

The big change that occurred between 1998 and 1999 was that we transferred $17.5m, which was in the previous Government's Leading Schools magic pudding, into literacy, into teacher aides who provided one on one for those students who were identified as having literacy/numeracy difficulties. The teacher aides would read to the children and the children would read to the teacher aides.

Of those students who were identified, most of them with literacy problems were boys, because that is where the literacy problem is. Between 1998 and 1999, that 4% improvement occurred. Harking back to your previous question, the improvement in the Aboriginal and Torres Strait Islander children was 10%. That is phenomenal. That is a great increase in literacy standards at Year 3 achieved in just one year. That is because we very carefully targeted the money to those areas where there was a literacy problem. Without discriminating in favour of anybody and simply directing the literacy money in respect of the needs, we have actually achieved this phenomenal outcome. In addition to this, there is a $100,000 program which is designed to establish a boy's strategy to try to address the problems we have, particularly with the underperformance of boys, who are seen clearly in the bottom quartiles of the OP result in a predominant way and who, in the various levels of school prior to that, are performing suboptimally in terms of literacy. I will ask Shane Williams if he will wait until your next question to see if we can possibly fit an answer in with regard to that.

Mr SULLIVAN: Minister, I would like to, but unfortunately there are only three minutes before we have to hand over to non-Government members and there is another serious issue I want to raise. Behaviour management funding addresses the self-harming behaviour of students. While it is both boys and girls, there are different types of self-harm, all of which have serious consequences. What is being done with Education Queensland specifically and/or with other agencies to address self-harming behaviour?

Mr WELLS: I launched a strategy this year which was primarily targeted towards girls, but not entirely. Most of the people who suffer from eating disorders are in fact girls. Of course, I refer to the Risky Business initiative, which I was very pleased to launch. There are a variety of self-harming behaviours. There is a whole-of-Government Youth Suicide Response Team which is working on developing a strategy to deal with these issues. I ask Mr Williams to comment further.

Mr S. WILLIAMS: I would just like to build on the Queensland Government Youth Suicide Prevention Strategy that we are currently very much involved in. In May this year we commenced training in some suicide prevention training through the Australian Institute of Suicide Research and Prevention. Some 20 senior guidance officers throughout the State have completed the Living for Work trainer course. This enables them to undertake

a two-day applied suicide intervention skills training program with staff across the State. Education Queensland also plays a major role in many self-harming networks set up around the State as a result of the State strategy on suicide.

There is an alarming rate of eating disorders, as the Minister has mentioned, and exercise and other problems relating to body image among children and young people. We have also developed resources and provided professional development for school staff in this area. This year we launched a CD-ROM called Risky Business which contains professional development curriculum, stimulus material and a resource list to assist staff and students to promote positive body image and value the full range of natural body shapes and sizes.

The CHAIRMAN: Thank you. The time for Government questions has expired. I call the member for Merrimac.

Mr QUINN: Minister, the Premier has stated that performance bonuses for Government CEOs were to be paid from departmental budgets. Given that such expenditure would be included under employee expenses in the department's Operating Expenses on page 1-45 of the MPS, what is the total salary package for your director-general? What is his performance bonus, if any, on top of that?

Mr WELLS: I suggest you ask that question of the Premier at his department's Estimates. That is a matter for his portfolio.

Mr QUINN: The expenditure is included within Education's budget and it is a legitimate question to ask.

Mr WELLS: Yes, but the answer to that question would be provided by the Minister who is responsible for the performance agreement. That Minister is the Premier. It is a matter for the Premier.

Mr QUINN: So you are not responsible for that expenditure even though it is included in this budget?

Mr WELLS: The conditions of directors-general are a matter for the Premier. I urge you to ask the Premier.

Mr QUINN: With respect to the equity return, has Education Queensland been fully compensated in its output revenue by the amount of equity return levied against the department for 2000-01? If not, what is the difference between the equity return paid out as operating expenses and the compensation received as output revenue within the operating revenues?

Mr WELLS: I ask Mr Turner to answer that.

Mr TURNER: The amount provided in the department's output revenue is sufficient to equate to the actual equity return to be paid, although that will be the subject of review during the period because of the nature of the changes that will occur during the year as the equity injection is paid during the year, etc. But the amount is sufficient.

Mr WELLS: Since we took less than three minutes to answer that question, Steve Miller has something which would be useful to add by way of additional information in respect of a previous question you asked. I ask Mr Miller to take the opportunity to refer to that issue.

Mr MILLER: Mr Quinn, I refer to a previous question in respect of, as I recall, the increase of 4,000 students in the primary area and 132 teachers and how that equated in terms of class size. I wanted to clarify the response there. There is not a simple one-to-one correspondence between new teacher numbers and additional students enrolled. In our primary schools, there are a great proportion of classes—some 77%, in fact—which are under the class size indicator and many of the additional students will fit into these classes. As a result, we do not anticipate any additional oversized classes with the growth.

Mr QUINN: Mr Turner, have you finished with equity return?

Mr TURNER: I have one other thing to add. It will be the subject of adjustment, as I said, for the amount of equity injection and also the average amount of the assets at the start and end of each quarter. So there will be an adjustment on an ongoing basis.

Mr QUINN: I refer to the staffing table on page 1-7 of the MPS. It shows the estimated actual for 1999-2000 at 49,566. A similar table in last year's Budget papers shows the 1998-99 actual of 48,505. The actual increase in staffing over that period is 1,061 whereas last year's Budget carried finances for an increase of 247 extra staff. The question is: why has the number of additional staff employed increased above what you budgeted for last year?

Mr WELLS: If I understand the question, you are asking why there were more staff than what we budgeted for last year.

Mr QUINN: Yes.

Mr WELLS: Yes, there was an overrun in teacher numbers. That overrun was due in part to the system which you introduced, the system of districts. A consequence of the system of districts rather than regions is that

there is less control from the centre with respect to teacher numbers. That did occur. Steps were taken subsequently. You referred to this matter in Parliament. You asked questions about it in Parliament. It is no secret that there was a teacher overrun at that stage, but at the end of the day we managed to ensure that matters came back to something more appropriate. Let me be perfectly frank with you. You said that there was a teacher overrun. At the time I said, "Yes, you are right. There is. We will address it." We addressed it, and here we are.

Mr QUINN: How much did this additional overrun cost the department in terms of employee expenses?

Mr WELLS: Over a period of time, $13.8m. One of the consequences of that total sum of money was that we were staffed above the formula for a period of time. That did no harm whatsoever to the educational outcomes of the students. I will ask Susan Rankin to speak further on that matter.

Ms RANKIN: As the Minister has indicated, the actual sum with respect to salaries over the budget estimate was $13.802m in the normal teaching area. In addition to that we received an additional $6.1m for extra staff in the students with disabilities area. That was provided by Treasury as a consequence of the decision to move the staffing arrangements to day 8. Of course, on top of those numbers you can add the on-costs that are associated with those.

Mr QUINN: Approximately how much would the on-costs be?

Mr WELLS: We will come back to you later this afternoon with that figure.

Mr QUINN: I refer you now to the financial statement on page 1-45 under "Operating Expenses", the subheading "Employee Expenses". It shows a difference between the budgeted figure for 1999-2000 and the estimated actual of some $38m in terms of employee operating expenses. That is covered by note 4. I am just trying to reconcile the figure you have just given me—$13.8m in terms of the teacher salary overrun—with the $38m which is mentioned in the Operating Statement.

Mr WELLS: I will ask Susan to provide that clarification.

Ms RANKIN: There are a number of items in that category. Included in those items is the $13.8m I referred to before, which I am led to believe—now I have confirmed—does include the normal employee on-costs. In addition to that we received superannuation supplementation of $6.349m from Treasury. That was omitted in the original cast of the budget from Treasury and they subsequently corrected that omission in the mid-year Budget review.

As I indicated before, we received an additional $6.1m for staffing for the students with disabilities area. We had a payroll tax adjustment on our superannuation contribution of $6m. We were supplemented for the change with respect to the enterprise bargaining arrangement for cleaners, which transpired in the period of the financial year. That was some $4.929m. There were some other net adjustments in there of $700,000. The total of those is $37.976m.

Mr QUINN: So you are saying that this overrun in the staffing numbers was fully funded by Treasury?

Mr WELLS: No.

Mr QUINN: Then how was the overrun in the teachers' salaries—

Mr WELLS: Bob, this is terribly old stuff. A long time ago you raised this issue and I responded in something like this way. In a budget the size of Education Queensland's, when you talk about a deviation in the projections of something like a quarter of 1% what you get is a signpost to administrators as to the need to take action to trim the sails in one direction or another. Back when this was occurring, that is what occurred.

In your time and in mine, and in the time of everybody who preceded either of us, there has never been a situation where from month to month through a year teacher numbers, or indeed any other factor in the budget, ran exactly on cue as they were expected to do at the end of the year. It was always necessary for the capable managers that we have in Education Queensland to trim the sails in one direction or another. This is not news to anybody. It is the way it has always been in departments as large as this. Remember that we are talking about a quarter of 1% and we are talking about a budget that came in on target.

Mr QUINN: I refer to page 1-42 of the MPS, which is the Capital Acquisition Statement. More importantly, earlier this week a list headed "Art Built In Project List" was tabled by the Arts Minister. It revealed a budget of $148,000 for artwork associated with the refurbishment of the Level 12 conference facilities at Education House. Given that Government policy regarding such expenditure is based on 2% of the project cost, is your department spending in the order of $7.4m to refurbish these conference facilities? If not,

how do you explain this expenditure of $148,000? You can take it on notice.

Mr WELLS: No, no. I will not take it on notice. The refurbishment, let me clarify, is a refurbishment which is going to recoup its value within 10 years. It is something which will save the taxpayers money. Let me make that very clear at the outset. With respect to further details about that $7.4m program, all of which is going to come back to the taxpayers of Queensland in saved costs, I will ask Susan to speak further.

Ms RANKIN: As the Minister indicated, we did have approval from the Premier to undertake a complete refurbishment of 11 floors of Education House, so the project referred to some $7.4m for the 11 floors. The funding source for that is some funds from Treasury and some funds from Public Works and Housing. As the Minister indicated, during the course of that project we are to relinquish three and a half floors of Education House. The rental savings of the relinquishment of that floor space will, within the period of the business case, which is 10 years, render it cost neutral and eventually provide savings to the whole-of-Government.

Mr WELLS: Was there some particular aspect of the art that you would like to comment on?

Mr QUINN: I am just querying the cost, because the paper tabled by the Minister lists "level 12 conference facilities". I was querying what the amount was, given that $7.4m for one floor of Education House is a touch over the top. The explanation is fine. It is obviously a typo or clerical error in the list tabled by the Minister if in fact it was for a number of floors within Education House.

Mr WELLS: In honour of your avid work in the cause of art—

Mr QUINN: Please don't name anything after me.

Mr WELLS: I will. I will name this conference room the "Bob Quinn Memorial Conference Room".

Mr QUINN: I hope it is not over the top, and I am not ready to die yet, if you don't mind.

Mr WELLS: None of us can be sure—especially you, Bob.

Mr QUINN: I take you to page 1-8 of the MPS. I refer to your statement earlier this year, in April I think it was, regarding an extra year of schooling and, in particular, your commitment that a task force would examine how to fit it into the existing school structure and how to fund it. Can you tell us the composition of the task force, its terms of reference, its budget and the anticipated timing of its report?

Mr WELLS: We are talking about an interdepartmental committee with the relevant Ministers—the Premier, the Treasurer and me—and our departments. The working party has to look at a whole range of issues. The first of those is the rigour of the research we have at the moment and at our disposal which indicates that an additional year of schooling would be beneficial. The Government has some material that indicates that it would. There is also some material that indicates that it would not. Consequently, that is the first issue that has to be looked at. A decision has to be made in this respect.

A next decision that would have to be taken would be the decision about how this would articulate with other services provided to children prior to their schooling. Obviously the mesh of these various services is going to be very important. The third issue that would have to be looked at is funding. Consequently, it is an extremely complex issue. The work is ongoing, and it will take some considerable period, and I don't expect that we will be embarking on initiatives in this financial year. As you will probably notice, they are not funded in this financial year. Nevertheless, the issue is alive and it is under consideration.

Brad Swan is the officer I have put in charge of this particular area. Brad, would you like to say a little more?

Mr SWAN: Brad Swan, Director of the Strategic Policy Branch. Queensland State Education recognises the importance of the early years of schooling to lay the foundations for lifelong learning, and throughout the consultations on 2010 we heard a lot about the importance of pre-Year 1 education. As the Minister said, a cross-Government working party has begun to investigate how we can improve pre-Year 1 education and the links with other early childhood services. The working party, in line with Queensland State Education 2010, recognises the need for reform to be well grounded in the quality researches that are available on the issue of pre-Year 1 year of schooling and a thorough investigation of the complex issues surrounding early childhood education and the linking with other early childhood services and the implications for that. The working party will ensure that Government is provided with the best information possible on which future decisions may be able to be based.

Mr QUINN: What is the breakdown of the department's total expenditure in numeracy and literacy programs this year?

Mr WELLS: From memory, we have $114m. $17.5m of that comes from your Leading Schools money. That is the major increase which has occurred since your time. As for the rest of it, it remains very largely as you left it. On the other hand, we have recently had a review of literacy education undertaken by former Deputy Director-General, Allan Luke, and that review has been looking at the best ways of targeting the literacy money that we do have. The review was undertaken in the context of significant improvements in literacy. The 4% improvements in literacy that I spoke of previously just have to be connected with that $17.5m increase in the funding levels that previously existed.

If our Federal parliamentary colleague David Kemp continues to demand that we have interstate comparisons/statistics which draw up lead tables, then it is likely to be the case that we continue in a situation where our children are approximately a year younger than children in some other jurisdictions and have one year's less schooling than children at the time that they take their test. So the correct way of looking at literacy advances is the year-on-year figures within Queensland rather than these interstate comparisons, which just have to be skewed by the different ages of the children. I will ask Jo Diessel if she would like to say a few more words—

The CHAIRMAN: Sorry, Minister. Time has expired.

Mr WELLS: I tried, Jo, I tried.

The CHAIRMAN: The time for non-Government questions has expired, so we will now move on to Government questions. We have discussed behaviour management strategies to some extent today. Page 1-18 of the MPS refers to the alternative schooling sites that we have discussed. I just want to ask a question specifically about the area I am responsible for, that is, the outer southern suburbs of Brisbane that fall into my electorate. A group of concerned staff, including guidance officers, principals and teachers in that area, got together with me and put ideas together for a submission that was passed on to you a little while back. I want to take this opportunity to ask specifically: what sorts of strategies are in place to respond to some of the community concerns about behaviour management issues in that specific part of Brisbane?

Mr WELLS: I will ask Shane Williams if he would give you a detailed response to that. Behaviour management is an area in which it is important to make progress. We have a two-pronged attack on behaviour problems in schools, generally speaking. The first aspect of it is the professional development package that we have for teachers providing them with the skills and the latest information/best workable solutions to the problem of disruptive behaviour in classrooms. The second aspect is the alternative education centres. Shane, would you like to speak further specifically with respect to Archerfield?

Mr S. WILLIAMS: Just to build on the Minister's comments, the Archerfield area contains two Education Queensland districts: Corinda and Coopers Plains. Under the reallocation of resources following a 1999 review of the behaviour management initiative, Corinda district has been allocated 12 behaviour management support staff and Coopers Plains district 14, which ensures that a high level of support is maintained. These 26 staff each received approximately $1,400 in operational funds. Additionally, Corinda and Coopers Plains districts received funds in 1999 and 2000 to provide these programs, and Corinda received $74,291 and Coopers Plains received $91,477.

Both districts have behaviour management committees chaired by a local school principal. The role of each committee is to manage the mix of behaviour management support staff and make decisions about the types and range of activities to be provided and how the funding will be allocated. This provides for flexibility and responsiveness to programs to suit local needs.

The range of support within the Archerfield area includes the Tennyson Special School. That provides support for students from Years 1 to 7 with high-level needs in behaviour. The program has an interagency focus because of the need to network with parents and provide support for students and teachers when they return to school. The school also provides an alternative program for students on 6 to 20-day suspension or at risk of suspension and/or exclusion. Staff at Tennyson have participated in training within Queensland Health in developing also the parenting programs.

At Inala, the behaviour management team provides leadership in interagency work, supporting students through the Inala Child Friendly Project. The team provides case management for individual students and consultancy and practical support for classroom teachers. The Management of Young Children Program, which is an early intervention parenting program, is provided at two schools in the Inala community. In the Coopers Plains district, all secondary schools

have a behaviour management support teacher based in that school.

Mr FENLON: Minister, in relation to international education, I draw your attention to the statements on 1-4 and 1-5 of the MPS, and I ask: could you inform the Committee as to how much taxpayer money is being spent in such programs? Can you inform us of what present and predicted performance expectations there are? What are the real benefits of this for our own students?

Mr WELLS: There are enormous benefits for our own students. The presence of students from overseas in our schools broadens the life experience of our children, in the same way as does travel, and brings them face to face with other cultures and other ways of doing things.

With respect to the earlier part of your question, the amount of money provided by the taxpayer—these are in fact self-funding operations. Education Queensland International is a self-funding operation. What we have done recently is take steps to make the operation even more effective. What we have sought to do is to increase the extent to which we are able to articulate students from school courses into university courses and therefore make it more attractive for people from overseas to send their children to our schools. The quality of the educational programs to which we send them is being assured. We are being much more selective about where we send them so that we can match the student to the educational program. I will ask Daryl Hanly, the director in charge of that particular area, if he would like to speak further to this.

Mr HANLY: In relation to the cost to taxpayers, as the Minister indicated, Education Queensland International is a commercial branch of Education Queensland with funds generated from the various programs covering all branch operating costs. This includes salaries, corporate costs, travel, payments to schools, registrations, marketing and costs for additional ESL teachers and support staff for students.

There is an exception to this and that is for staff who undertake activities on our behalf which do not form part of the commercial activities of the branch. This includes such issues as maintaining and managing the State CRICOS register on behalf of the Minister. From an annual revenue turnover of over $4m, these community service obligations costs equate to less than $200,000. The fees that students pay for international student programs are, in the main, paid to schools and to the department to cover the grants and salaries components normally paid from taxpayer funding such that the taxpayer does not subsidise the education of students from overseas. It is important to note and to stress that the cost of education for international students does not come from Government grants or taxpayer funding. Education Queensland International aims to operate all programs to cover costs and return a profit to the department and this has been successful for the past six years.

Mr FENLON: Following the same topic, can you tell us what offshore programs are and what developments are occurring in this area?

Mr WELLS: Offshore programs are programs where Education Queensland provides education to people in their own location. We know about the virtual school, for example. The virtual school is an innovation that we are using internally with a view to ensuring that more students are able to take subjects of their choice. Say, for example, if in a particular area—typically a rural area—you have a number of students interested in a particular subject, for example, Japanese or economics, but there is not enough to compose a class, then nevertheless they can continue with that by using the virtual school. The virtual school is a real classroom with a real teacher in that real classroom in real time talking to real students but the real students are spread all over the place communicating by multimedia. The virtual school can be exported in that way, but more familiar types of educational programs can be exported as well. I will ask Daryl to speak further to that.

Mr HANLY: We do provide consultancy services and curriculum materials to schools interested in teaching the Queensland curriculum in other countries. One such offshore program is currently operating in the Shandong Province in China. At least 50 students each year undertake studies in English with Queensland registered teachers in four Queensland curriculum subjects—English, maths, science and geography. The students who are successful in those studies and who attain visas then come to Queensland high schools for their senior schooling studies. The Shandong Province program feeds students into Kawana Waters State High School and Centenary Heights State High School. Each school has approximately 25 Year 11 and 25 Year 12 students enrolled from this program.

Currently, two further offshore programs are being developed. One is in Nantong in Jiangsu Province and this is expecting to

produce about 75 students each year initially, commencing in 2002. Another program commencing next year is in Anshan, which is in Leoning Province and this will produce about 30 students. Further programs are being negotiated in Shanghai.

These programs are excellent in that they provide a steady stream of students into our schools. Because of the style of program, the students who arrive on our shores are already capable in the English language in the study context. The program is particularly strong in developing links and friendships between schools, students, staff and communities. It is worthy of note that these programs were devised by Education Queensland International and due to their success the model is now being copied by many other States and other private providers.

The CHAIRMAN: Still pursuing this area of international education—and that is referenced at pages 1-4 and 1-5 of the MPS—Education Queensland International is but one part of the large export education industry growing in Queensland and throughout the world. How is Education Queensland International developing alliances with other Queensland bodies to ensure success for Queensland?

Mr HANLY: Education Queensland International has, during the year 2000, established strategic links with all nine Queensland universities negotiating what we have called Educational Pathway Programs for international students. This will assist in attracting students to Queensland and will have a significant effect on keeping students in Queensland after their high school education. The economic and cultural benefits to Queensland will be significant.

Education Queensland International also has strong links established with the Department of State Development and works closely with officers in the offshore Queensland trade and investment offices to establish key links and to generate business.

Education Queensland International has also had a significant role in the establishment of the cross-sector export education consultancy developing a united, cohesive approach to the export education industry for Queensland including private and State schools, TAFE institutes, universities and private providers. It is intended to further establish such links with the TAFE institutes for the delivery of vocational education and training programs in the future. This approach has been strongly supported by the outcomes of the consultancy work undertaken by PriceWaterhouseCoopers which is a whole-of-Education sector project initiated and managed by Education Queensland.

Mr SULLIVAN: On page 1-4 again, the first dot point talking about the focus on export education, I want to ask a question specifically on the marketing of higher education internationally. I note that Queensland's performance appears to lag behind that of a number of the other States. What is the Government doing to improve Queensland's performance in this area?

Mr WELLS: Education Queensland has undertaken a very significant step with a view to improving our export education. We have employed a consultant who is going to advise us as to what we need to do in the area in order to get to the very top of this particular heap because we believe that the quality of education that we can deliver internationally is higher than anywhere else. Our universities are extremely diverse in terms of what they provide and in terms of their location. We believe that we can market Queensland better than any other State can market itself. We are, after all, the only place in a tropical area where English is spoken. That, in itself, is an extremely enormous advantage as far as marketing Queensland is concerned.

In November last year a number of departments—Premier's; Education; Employment, Training and Industrial Relations, and State Development—agreed to cooperate in commissioning a major piece of research. This piece of research, which will become available in the comparatively near future, provides an analysis of 12 key markets. We think that we can do very much better in Asia.

I have been in touch with people from China. There were recently high-level delegations from Shanghai and from Jiangsu provinces here. They were extremely positive in terms of what they thought they could achieve. They were very keen to ensure that their courses articulated with ours so that they could get the best benefit from Queensland education. The fact is that we provide education at as high a level as anywhere in the English speaking world here in Queensland, but we provide it for a fraction of the cost. As far as Asia is concerned, we provide it on a very similar time scale in that when it is daytime in Australia, it is also daytime in Asia. This is very important to people who are sending their children overseas. At the same time, there are untapped markets in Europe and elsewhere in the world—South America—where much more work can be done. I have not left very much

more time. Brian Rout, would you like to add something to that?

Mr ROUT: That is okay, Minister. I think that the time is up.

Mr SULLIVAN: I will just ask quickly a supplementary question. What specific steps are Education Queensland taking in that regard?

Mr ROUT: This particular project has a whole-of-industry focus, which I think is a crucial part, because it takes in the schools, both public and private; it takes in ELICOS—the special purpose English language colleges—it takes in vocational education and training, both the public providers and the private providers; and it also takes in the university sector. So what we hope to get from the project is an analysis of our current and emerging position in a range of potential and existing markets, factors which affect our competitors in those markets, a comprehensive range of stakeholder consultations and the development of a range of strategic actions necessary to achieve a significantly improved performance.

Basically, the consultants are telling us that Queensland can be extremely competitive. They are telling us that there are a lot of markets out there. But they are also telling us that at the moment there is not a lot of coordination or collaboration between the various players. It is very much a silo effect—people operating on their own—and tremendous gains can be achieved through collaborative and cooperative processes.

The final report should be available to the Queensland Tertiary Education Foundation in September and it will then be forwarded to Cabinet.

The CHAIRMAN: Thank you, Mr Rout. The time for Government questions has expired. I call the member for Redlands.

Mr HEGARTY: Minister, I have one specific question in relation to a school in my electorate that I would like you to clear up for me, if you would. You wrote to me three or four days ago in reply to a letter that I sent to you in April regarding the Mount Cotton State School's future. You will be aware that that school is an old, historic school and just recently it suffered some fire damage in relation to one of its classroom blocks or, more specifically, the block containing administration, library, a lunch room for the teachers and a tuckshop beneath. The estimated damage possibly—it has not been confirmed to me, anyway—is in the vicinity of $300,000. The letter that you sent in reply to me is such that nothing is happening within the department; it was just the usual legalese—"We are keeping a good eye on things." Specifically, you are saying here that "these preliminary options may be continuing", in other words, the consideration of relocating it, and "there is no decision"—

The CHAIRMAN: The one minute is up for the question. Can we get to the question?

Mr HEGARTY: This is all part of the question.

The CHAIRMAN: There is just one minute. Time is up. We need a quick question.

Mr HEGARTY: You have not got anything in place regarding a decision-making process and no recommendations have been made to you. I ask: can you do something to implement that process so a recommendation can be made in the interests of the school community?

Mr WELLS: Yes. Can I suggest that we involve you in that decision-making process? Can I suggest that I put together a meeting between you and Richard Williams after this hearing and you can sit down and work out jointly what would be a good program for the school?

Mr HEGARTY: Thank you, Minister.

The CHAIRMAN: I call the member for Caboolture.

Mr FELDMAN: Minister, you will forgive me for labouring on special needs and special education in the Caboolture area. Caboolture is quite dear to my heart, as you know.

Mr WELLS: It is always good to see One Nation labouring.

Mr FELDMAN: I will throw back to that shortly, Minister. But before I do that, I want to refer to an earlier assurance that you made that staffing and other resources for students at Montrose Special School will be maintained at exactly the same level after they move to their new location. How long will that guarantee stay in place?

Mr WELLS: These things are done according to formulae and when numbers change, the formulae changes. When circumstances change, the outcomes change. So if the ascertainment levels of the students in that particular area went down, then so would the resources go down. If the ascertainment levels went up, then the resources would go up. But what I said to the Committee stands and that is that nothing changes as far as the resourcing of Montrose Special School goes, simply by virtue of their removal from one site to another.

Mr FELDMAN: Thank you, Minister. In relation to the commitment to special education in Caboolture, the special education unit at the Caboolture East State School has over 44 students with hearing impairment. There was a commitment in 1998 that the provision of a permanent building at that school for special education would be in the program for the 1999-2000 year. Somehow it slipped out of the capital works program there, and it has never been resurrected. What assurances could you give that school that this urgent need there will be addressed?

Mr WELLS: At the moment, the number of buildings—the building stock of that school—is more than the amount that would be indicated by the number of students that are there. So I think that what needs to be done—I am aware of the problem at that particular school; I was in your electorate not very long ago and I am extremely aware of the problem at that particular school—is that a local management solution to that problem be put in place, at least in part. I will ask my department to be in touch with the local school about effecting that. These things are often best done with a considerable amount of advice from Education Queensland. I will make sure that that occurs, and I will make sure that you are corresponded with in respect to it.

Mr FELDMAN: Thank you, Minister. That is one thing that I must say, Minister: I appreciate your involvement. You actually do come up and get involved in those schools when problems are highlighted. It would be remiss of me not to mention that fact.

Mr WELLS: Thank you very much.

Mr FELDMAN: I will acknowledge at the outset the amounts of funding that have come into Caboolture, especially in relation to the educational needs of that particular electorate. Bearing in mind the Secondary Schools Renewal Program, and the fact that the Caboolture State High School is 41 years old, it has somehow, too, fallen off the Secondary Schools Renewal Program. I know that you have been there, too, and you are well aware of the problems that are facing that school. They actually have two buildings that flood, the science block is quite inadequate now with the facilities that are needed in science, and parking is quite a problem—the staff parking—and off-road bus parking really needs to be addressed there. Again I look to you to find out when you might be able to look at Caboolture State High School with respect to their problems.

Mr WELLS: Have they fixed those slippery stairs there yet?

Mr FELDMAN: No, they have not. That was to be addressed in the capital outlays last year.

Mr WELLS: No, not last year. When I went there I said, "You've got to have these things fixed." I will follow up on that. Work is going on at the moment to determine the source of the flooding. Other departments of Government, including local government, own the land from which the flooding comes. There has to be an intergovernmental solution to this problem. The flooding has to be stopped. Anyway, my department is working on that very important problem. I will speak to them afterwards to ensure that that work with respect to the flooding is pursued.

With respect to the role of the Caboolture State High School in the secondary renewal program, it can be a candidate for a program. The fact that Caboolture was not in the early phases of the program indicates that it was not selected on the basis of the criteria that I made available to every member of Parliament. The applications that have been put in are of an extremely high quality. But when you are establishing a queue for Secondary Schools Renewal, obviously you would want to choose those that are putting forward the best plan. The criteria that have been applied so far have put eight other schools in phase 1. I will ask Tom Mould to continue. If your school community still has a problem with why it was not selected, we will arrange a briefing for them to ensure that they understand what they need to put into their application in order to get selected.

Mr MOULD: The Caboolture State High School has put in a brief. They were invited to put one in as part of the last phase of Secondary Schools Renewal. That brief is currently being considered as part of the final phase of the first stage of Secondary Schools Renewal. As I said earlier on this evening, we will be advising those schools next week of the success or otherwise of their particular application. Regardless of whether Caboolture becomes part of Secondary Schools Renewal or Secondary Schools Renewal Refurbishment, significant work will take place at the Caboolture State High School, dependent upon which program they go into. But in any case, significant work will take place.

Mr FELDMAN: Thank you. The Caboolture State High School is probably unique in some respects because it is one of the few high schools of which I am aware that runs an agricultural program. Part of the work that needs to be done at Caboolture includes the provision of some facilities at that

agriculture centre. They really need those facilities to be able to conduct education conducive to that program.

Mr WELLS: I would have thought that paddock to the right of the school as you face it would be a really good opportunity for Secondary Schools Renewal. It is a matter for the school community whether they want to take that opportunity and the extent to which they want to highlight it in their business plan. But as I said earlier, Secondary Schools Renewal is about giving school communities the opportunity to play to their strengths and to the strengths of their students. That is something in the local environment of the school which could easily be taken advantage of.

Mr MOULD: Caboolture has included that as part of their education brief. They do have a desire to extend significantly their studies in the agricultural area as well as to extend significantly the refurbishment of some of the older buildings in the school, of which I am sure you are aware. But that is a major component of the educational future that that community has seen for itself.

Mr FELDMAN: In relation to schools that need help, it would be remiss of me not to bring to your attention the Morayfield East State School. I know you were there the week before last. Again, this is a school in a high growth area. You have to bear in mind that the Caboolture area is still the second highest growth area in this State. Morayfield East is looking at a number of demountables that have been dropped in there as a makeshift solution to some of their classroom and staffing problems. I think they are really looking at how they can achieve the best outcome and learning possibilities for the school, and actually having permanent buildings on site that are more conducive to better learning.

Mr WELLS: As you know, I asked the department to have another look at what they were proposing as far as the Morayfield East State School is concerned. They are now looking at additional options. I have a briefing note to say that they are looking at additional options. I have not corresponded with you further on the subject by virtue of the fact that that examination is not complete. There is money available in the capital works program for the Morayfield East State School. The point is expending that most effectively.

Probably the solution will be somewhere between the wish list and what was originally proposed to them. But I think the solution will have to be a combination of a facilities solution and a management solution. It is quite clear when you look at that school and its grounds that something needs to be done for it. At the same time, the enrolments and the demography in that school are not expected to accelerate immediately. Notwithstanding the fact that nearby there is a development, there is no expectation of any immediate acceleration. If anything, over a year or so there may be a decline. This would give us the opportunity to address the problems that have been raised by the school community. I assure you that we are on the case. The fact that I have not corresponded with you on this subject is an indication only of the fact that I have asked the department to look at additional options for the school.

Mr FELDMAN: I am well aware that the school itself falls within the electorate of the member for Kallangur. I did not find out how many parents lived in my electorate until they were made aware of the fact that they were lobbying for those things. I think I have 300-odd letters in my folder in my office now to correspond to.

Mr WELLS: I thought it was because your cousin told you about it?

Mr FELDMAN: She is on the P & C committee, but I came in as a last resort there.

Mr WELLS: This is the advantage of local knowledge.

Mr FELDMAN: I turn to the issue of the telecommunications equipment at the Tullawong State School. Their needs have outstripped their phone and telecommunications equipment. They cannot get any further extensions on their communications outlet. They are looking to have an effective communications system within the school. For safety reasons, that is something that is essential. I was wondering whether you could allay their fears and concerns in relation to that?

Mr WELLS: In part, this is a plant maintenance issue for the school to address.

Mr FELDMAN: For themselves? The provision of phones is not something that is done through Education Queensland?

Mr WELLS: Are you talking about the phones or the security system generally?

Mr FELDMAN: No, I am talking about the telephone system.

Mr R. WILLIAMS: The problem has been addressed and $25,000 has been identified to improve the phone system in the school. We are in the process of going to tender on that.

Mr FELDMAN: Thank you. That is the

most positive answer I have received. You always aim to please.

Mr WELLS: Sorry about the confusion. I was negative at first because I thought that you were addressing the breakdown in the security system at that school, which is just a maintenance issue that they have to address. With respect to the telephone system, it is much better.

Mr QUINN: How much has been allocated in this budget for IT programs, infrastructure and equipment this year?

Mr WELLS: I thought that you were going to ask me about Merrimac State School.

Mr QUINN: Later. Parochial issues always come last.

Mr WELLS: This is the tradition. I will ask Susan if she would respond on this one.

Ms RANKIN: Could I ask Mr Quinn if he would just refer me to a page in the MPS and also if he might refine his question a little in terms of exactly the scope of the question?

Mr QUINN: I was looking at the capital program, page 1-42, the items information technology infrastructure and plant and equipment in the capital program itself.

Mr WELLS: You know we have all the schools connected now?

Mr QUINN: Good. It was a good program, was it not?

Mr WELLS: It was a very good program. I give you due credit for your initiation of it. There was only one thing that exceeded—

Mr QUINN: Do not go overboard here.

Mr WELLS: There is no chance of that. I do not think even you would even if I—

Mr QUINN: This is not coming out of my three minutes, is it?

Mr WELLS: I am terribly sorry. The only thing that exceeds the quality of the initiation of that program was the quality with which it was completed under my administration. We got all the schools connected up. Our intention to achieve one computer for every 7.5 students was achieved a year ahead of time. We believe that, as a result of that progress, we will continue to make progress to a level of one computer for every five students. So the computer program is very well on track. Susan, would you like to take one minute?

Ms RANKIN: As Mr Quinn has referred to the capital statement, in particular to the line information technology infrastructure, we have indicated that there is a budget estimate of $6.5m in capital set aside for the completion of the rollout of the local area network program. In addition to that, within the recurrent budget estimates for this year, there are sums of money set aside for the continuation of the Connect-Ed project, which is in total $13m. Also as part of the network learning community special initiative that was announced last year by the Minister with the $40m over four years, a further $5m has been included in this year's recurrent budget. That sum of money is divided between IT infrastructure support in schools by way of technical support for the actual equipment and professional development and training money.

Mr QUINN: So the total is?

Ms RANKIN: The total of funds in respect of specific initiatives would be the $13m for Connect-Ed, the $6.5m capital and the $5m that is the special funding for the network learning communities. So that is $18m in recurrent and $6.5m in capital.

The CHAIRMAN: The time for non-Government questions has expired. I call the member for Chermside.

Mr SULLIVAN: I get to ask the last batch of questions. I refer to page 1-13 of the MPS, the third dot point, which refers to the Learning and Development Foundation which looks at providing learning and development opportunities for all staff. How does Education Queensland hope to provide services for all employees under that foundation?

Mr WELLS: The Learning and Development Foundation is, as I told Parliament recently, a centre within the department which is going to guarantee a certain minimum amount to each employee. We have not dealt with that as far as teachers are concerned. I have not made the announcements with respect to teachers. I have made it as far as Education Queensland staff are concerned. I will ask Susan to speak further about that.

Ms RANKIN: As the Minister indicated, the foundation has been established as the first phase of the initiative Queensland State Education 2010. We were looking to develop it as a learning organisation so that the professional development of staff is an integral part of the management, leadership and the networks within the organisation. The foundation itself will provide all employees with a strategic approach to learning and development. Opportunities will be provided for staff to further their professional growth and to, thus, maintain a highly skilled work force which, as a consequence, will enhance the educational outcomes for students in State schools.

Through the foundation, learning and development activities and opportunities will be brokered and facilitated for all staff members. A consistent approach to learning and development across the State will be evident as part of the strategic priorities set for this unit. Three distinct yet integrated teams have been established to support this and to support the needs of all employees. We have a technology team and an office team to support those individual groups. These three teams are going to specifically focus on schools and public servants and then there will be a separate team for the staff college. The schools team will be responsible for the learning and development activities and opportunities underpinning the professional standards for leaders and teachers, which themselves go to support the QSE-2010 initiative.

The Public Service team is responsible for addressing learning and development activities and opportunities underpinned by professional standards for executives and the national Public Service training package and also to support the priorities of 2010. The staff college, which is a very innovative idea, will provide just in time creative or innovative solutions supporting those priorities as well. In putting together the foundation, we looked to explore strategies for providing online delivery for learning development through the foundation on line. Those opportunities will maximise localised learning and promotion of self-sufficiency in terms of learning development.

Mr SULLIVAN: I have a two-part question. Again, in the same reference to the foundation and the professional development, what professional development opportunities will Foundation On Line provide for Education Queensland staff and specifically how will the foundation support professional development for teachers in integrating the use of computers in the classroom?

Mr WELLS: Basically it will provide the same opportunities for professional development to those teachers in remote locations or who, for other reasons, are not able to get to a centre where the professional development is being offered. Susan, would you like to speak further to that?

Ms RANKIN: As I started to indicate, the Foundation On Line part of the initiative is a very innovative one from our point of view. We are the lead agency in Education Queensland in developing the online infrastructure to support the delivery of learning and development opportunities. This project has been established as a vehicle to deliver reliable access to a wide range of innovative learning and development online solutions that will enhance the personal competencies of our staff.

To test the concept and to explore the range of software delivery options, the Foundation On Line pilot involving the development of 12 online units will be delivered on line from October this year through to mid November in 2000, with the enrolment restricted to our staff to test it. The Learning and Development Foundation will pilot units, and they will be accessible through the Foundation On Line web site. Selected staff will be given the opportunity to either further access the Internet or the intranet to provide learning and development activities, and the operation of that will occur between 6 a.m. and 12 p.m. seven days a week.

The Foundation On Line pilot infrastructure will enable a range of innovative online learning units with secure and reliable access from the home, the school or other geographic locations. The online project is at the cutting edge of developing online capability to deliver learning development needs for all of our staff and, therefore, enhances our capacity to contribute to creating Queensland as the Smart State. The trial will then be used to inform the development of Foundation On Line, which we hope will be fully operational in the year 2001. Minister, should I continue with respect to the use of integrating technology into classrooms?

Mr WELLS: I think that is a good idea.

Ms RANKIN: In terms of the schooling 2001 project, we actually delivered to all teachers the Level 1 competencies, and the aim there was to achieve that by the end of 2000. The data gathered with respect to teachers and how they gained their certification indicated to us that the competencies that they obtained were assessed basically by using the knowledge and skill of their peers within their own schools and, therefore, being able to transfer that understanding to their own work content. Research has also shown that teachers respond positively to professional learning when it is hands on and they can experience that learning in the classroom. There has been evidence of that in terms of the practicums that we conduct at the Woodcrest College.

Mr SULLIVAN: My final question refers again to page 1-11 of the MPS and relates to boys and literacy. While Shane Williams makes his way forward, it is interesting to note that we have not made any references to

section 2 of the MPS. I think that that reflects the fact that the statutory authorities plus non-Government schooling must all be going pretty well if we have no questions for them. Congratulations to all of those groups. Minister, can I take advantage of your earlier offer and come back to my question referring to literacy, specifically for boys who are behind the average. I believe there is more information you may have on specific steps to address the discrepancy between the mean scores and the boys' scores.

Mr WELLS: Before I ask Shane Williams to speak, I begin by saying that it is very clear that we are dealing with a cultural phenomenon. This is not a biological phenomenon. This is not a finding of science; it is a finding of logic. If you look at the differences between the Years 3, 5 and 7 tests, you will see that in Year 3 the difference between the boys and girls in respect of literacy is comparatively small. It grows over the years from Years 5 to 7 until Year 12 where there is a big concentration of boys in science and comparatively few of them doing history, literature and those sorts of subjects.

With respect to girls, the gap between boys and girls in performance in numeracy is nonexistent at Year 3. You find that the gap starts to appear in Years 5 and 7. The boys are doing a little better than the girls. By Year 7, the boys are doing decisively better than the girls in respect of numeracy, although the gap is not as great as it is in literacy. It really strikes you in literacy. Biological difference does not suddenly appear after several years of school socialisation. What we are dealing with is a cultural difference. That cultural difference can be addressed by education. We cannot afford to have boys failing to pick up literacy skills. If we do, we will have a work force and a community which is totally skewed. I ask Mr Williams to add to what I am saying.

Mr S. WILLIAMS: To build on what the Minister has said, the department has introduced a range of strategies over the past year to improve literacy outcomes for boys. These include a boys education strategy that the Minister has specifically introduced. As well as this, we have a major project with James Cook University. We have an action research project in diverse school communities and a system-wide literacy review, one of the key foci of which is the improvement of boys literacy outcomes. As part of the boys education strategy in particular, managers responsible for literacy learning will provide leadership and advice to the Boys and Schooling Reference Group that I am responsible for. The issue will also be a key component of the communication and professional development of the boys education strategy.

We have also successfully negotiated with the Australian Research Council and the strategic partners of industry research and training to receive a grant for the next three years to research issues behind boys comparatively lower educational outcomes, particularly in the area of literacy. There are also an increased number of schools which are trialling and evaluating strategies to improve educational outcomes for boys, again in the particular area of literacy. We have developed a system-wide strategy to be implemented in 2000 for boys educational outcomes. This involves leadership, coordination and research elements with input into a Boys and Schooling Reference Group. The outcomes will be a CD-based information package which will be sent to all schools and communities, a web site and workshops.

Mr FENLON: Minister, I draw your attention to page 1-4 of the MPS, particularly reference to the goods and services tax. What has been the impact of the GST on Education Queensland and specifically on schools?

Mr WELLS: The impact of the GST on schools and education has been very significant. We are in an unusual situation in that we are providing a service, but that service is dispersed over about 1,400 different centres. Consequently, it is not as if there is just one central place in which we can do the calculations that we have to do with respect to the GST. The GST is an odious tax and a tax on education. It is something which has set us back considerably. I will ask my colleague Mr Keily to say a little to the Committee about it.

Mr KEILY: Education Queensland sought two main objectives in preparing schools for the GST: first, it was agreed that the administrative load for schools should be minimised by providing a system that would account for the GST in an automated way; second, school-based staff would have to be provided with an opportunity to gain knowledge and skills in managing the GST. These objectives provided significant challenges to the department. Prior to the implementation of the GST, the department had three non-GST compliant accounting systems. SAP is the standard Government system used in central and district offices. By virtue of its VAT capability, SAP required configuration changes rather than a major enhancement. This occurred without any difficulty.

Schools had been using one of two systems. SMS Finance was used in

approximately 870 larger schools and eXcash, an Excel spreadsheet cash recording system, was used in approximately 450 smaller schools. Following consultation with those smaller schools, a decision was made to make SMS Finance GST compliant and to replace eXcash with SMS Finance in small schools. This strategy provided the benefits associated with supporting only one system and avoided significant costs in transferring eXcash to a new system platform. SMS Finance required a large development effort to ensure that it was GST compliant. Additionally, a significant number of small schools required new hardware to be able to run SMS Finance. Small schools running eXcash also required two conversions: firstly, to the non-GST compliant version of SMS Finance; and, secondly, to the GST compliant version.

The second challenge facing Education Queensland was to skill staff in more than 1,300 locations, mainly remote and isolated. Delivering training to staff in all these sites and ensuring that staff in all locations understood the new taxation system presented a challenge, especially given that critical decisions by the Australian Taxation Office in relation to Education appropriations and grants were not forthcoming. A four-point plan was developed that involved a video to all schools that covered the basic GST concepts and a detailed GST reference document and computer-based presentation on the GST in schools.

Mr FENLON: Minister, I refer to page 1-29 of the MPS regarding non-State schooling. I ask: what strategies do you have in place to support consultation with the non-State schooling sector?

Mr WELLS: I have set up a flexible body called the Non-State Schools Authorities Council. There are three members of the Catholic Education Commission and three representatives of the independent schools on that body. They have met about six or seven times and provide me with advice. This is not as an alternative to direct meetings from either of those bodies or both of them together. I am happy to meet with them at any time, and indeed very frequently do so. The Minister for Education is not only the Minister for State Education but the Minister for Education for all schools in Queensland. My door is always open to the representatives of those bodies. This has provided a forum in which representatives of those systems are able to meet and make some coordinated advice to me. It has proved to be an extremely useful thing.

In a diverse society such as we have in Queensland, it is important that we have a variety of systems. The State Government has the chief responsibility—indeed, the sole statutory responsibility—for the administration of the State education system. It may be that, for reasons of faith or culture or family tradition, people may choose to send their children to a private school. It is entirely desirable that in those circumstances the system should exist to enable them to do so. It is entirely appropriate that those systems should be funded and that those systems should have adequate access to the Minister for Education. For that reason, my door is open to them at all times.

The systems are not actually in competition with one another. The three systems we have are complementary in their function. They work on many things together, for example the Queensland School Curriculum Council and the Board of Senior Secondary School Studies. They work together in a significant way. Apart from working together, they have joint aspirations. The one thing we share is an aspiration to have an education system which brings about the best educational outcomes for each and every child. So the systems are not in competition. They are there to work together. I only regret the enrolment benchmark adjustment of the Federal Government—a system of funding which creates artificial divisions between the systems that are not indeed in competition with one another.

Mr QUINN: Minister, in her previous answer the Assistant Director-General, Susan Rankin, mentioned that there were allocations of $13m for Connect-Ed, $6.5m for capital and $5m for professional development. Is there any money allocated for computer maintenance grants or grants for new equipment in IT?

Mr WELLS: I will hand that to Susan in a moment. I emphasise, though, that what we have here is arrival a year early at our objective of one computer for every 7.5 students. That is pretty good. I also flag something else. I might not get another opportunity to do it, so I will raise it now. In reality, the key indicator is not how many students per computer or how many computers per student. The key indicator is: to what extent during a school day can a kid who wants to get on to a computer do so? That presents a challenge for school communities. It is in part a timetabling arrangement. There are some school communities that have adopted innovative timetabling arrangements which have the effect of making students' access to the

computers even broader than the student to computer ratio would seem to suggest. Susan, would you like to speak further to that?

Ms RANKIN: To specifically answer the question, there is $10.375m in the budget by way of grants to schools for computer maintenance.

Mr QUINN: But nothing for new computers this year?

Ms RANKIN: There is nothing specifically allocated for additional new computers for this year in the general budget. That is notwithstanding, of course, what schools choose to spend their plant and equipment funds on.

Mr QUINN: You mentioned a sum of $13m for the Connect-Ed program. Footnote 19 on page 1-43 of the MPS states that the reduction in information technology infrastructure is due in part to the cessation of the Schooling 2001 and Connect-Ed projects. I think the statement is saying that Connect-Ed is finished and therefore no money is reflected in the Budget papers. Am I right?

Ms RANKIN: What the Budget papers indicate is that, as you would probably recall, the special initiative to do with Connect-Ed was due to cease in last year's budget. In fact, the Minister was successful in getting the Government to commit a further $9m in this year's budget towards the Connect-Ed initiative, to which we had planned to put departmental funds of the order of $4m to bring it up to a total of $13m. Those funds are there for the continuation of Connect-Ed. They are not reflected in terms of the total, but the additional funds from Treasury are reflected on page 1-3 of the MPS under the heading of "Networked learning communities". We refer there to the continued support for the computer network and the local area networks at a sum of $15m. That $15m is $9m for Connect-Ed and $6m for this year's rollout of the local area networks program.

Mr WELLS: The Connect-Ed program was, as you know, for a period of years to achieve a certain objective. That period of years has finished and that objective is achieved. Nevertheless, we have continued with that work. It is still being funded, even though we have all the schools connected up. The additional money is there and we believe as a result of that we will take it even further.

Ms RANKIN: Just to clarify even further for you, note 19 in fact refers to the capital component. That note is in fact a reference to the capital variation, not the recurrent.

Mr QUINN: So the $13m is reflected in the Operating Statement?

Ms RANKIN: Yes.

Mr WELLS: Merrimac State School?

Mr QUINN: Parochial issues always come last. Minister, how much did the department spend on maintenance in schools last year and how much does the department plan to spend on maintenance in schools this year?

Mr WELLS: Part of the department's expenditure was part of the general grant. There is a certain amount in the general grant which schools can spend on their maintenance. The general grant itself was $99.5m, from memory. The school maintenance amount specifically was $53.8m last year. That excludes the amount that was in the school general grant.

Mr QUINN: What about this year?

Mr WELLS: The amount this year will be $46.2m, excluding the amount that schools may choose to use from the general grant. That also excludes the amounts that the Department of Public Works may apply.

Mr QUINN: Thank you. I go back to the capital statement on page 1-42. Under "Property Plant and equipment" there is an amount budgeted this year of some $16m. When you add it to the expensed component of the P & E budget, there is another $10m in the line above it. Why has there been such a dramatic decrease in expenditure on plant and equipment from some $70m last year to an all-up total of about $26m, if you add those two numbers together?

Ms RANKIN: The answer to that is contained in the notes. It refers in particular to the change in accounting policy with respect to raising the threshold limit for the recognition of assets, from $1,000 previously to now $5,000. So previously we would have been recognising in the Capital Acquisition Statement under the category of plant and equipment all of those assets which were of $1,000 and above in value. That threshold has now gone up to $5,000. Hence, you can see from the decrease in that number that we would be planning, and have planned, largely to expense those items in the operating statement. So we have a very large number of items that were in the category of $5,000 and under, and they will now appear on the operating statement as expenses.

Mr QUINN: Am I right about the two figures mentioned in the two lines above that P & E line? They relate to "less expensed component of Capital Works Program" and "less expensing of plant and equipment". Is

that what you are talking about? Is that where those numbers are reflected?

Ms RANKIN: No. That actually refers to the component within the Capital Works Program itself which we expense as opposed to create an asset with. So when we have a building program there is a portion of that building program, in terms of accounting treatment, which is expensed. Those are things which we say do not actually create an asset for the purposes of our balance sheet. So the $36.41m that is listed there refers specifically to the amount of money out of the capital works building program that we are treating as expensed as opposed to capitalising.

Mr WELLS: Can I add something to the previous answer that I gave you with respect to maintenance? I did mention it, but let me spell it out. While it does provide for new buildings and does invite schools to come up with a vision and plan the capital that will generate the education outcomes they desire, the Secondary Schools Renewal Program also invites schools to use that money for refurbishment. So there is a large refurbishment or maintenance component in the Secondary Schools Renewal money as well. So before you start doing subtraction sums, you need to remember that part of the money that was previously in the Building Better Schools Program that was going to maintenance is now in the Secondary Schools Renewal Program and going to maintenance.

Mr QUINN: Speaking of the Secondary Schools Renewal Program, how much of the allocated $15m for that program last year was expended? Why have you allocated $25m for the program this year when the program brief stated that $30m would be allocated?

Mr WELLS: I will ask Susan to answer and then I may say something else.

Ms RANKIN: In terms of the expenditure, we are only estimating spending approximately $655,000 for 1999-2000 against that program line. I believe the Minister has explained on previous occasions that the nature of the undertaking was such that he committed to a three-year program, which is the $114m over three years. This year was very much going to be treated as the planning year, and for all of the reasons that can be explained by the people who were actually managing the program in terms of the work that needed to be done.

Mr WELLS: You mean last year was going to be—

Ms RANKIN: Last year was going to be treated as the planning year, sorry. The expenditure there was really only in terms of planning. In respect of your question about the $37.8m which the Minister talked about today versus the $25m, the $25m you are referring to, Mr Quinn, would be the number out of Budget Paper No. 5. Budget Paper No. 5 reflects only those capital dollars which are associated with the particular line item; in this case, Secondary Schools Renewal. On top of the capital items, there are always those components of the program which are treated as expense and also provisions. Neither the expense component nor the provision is included in Budget Paper No. 5. So when you add those two components to the $25m capital in BP5, you actually have the sum of $37.857m, which is the figure the Minister has mentioned today, which is what has been allocated within the program for expenditure this year.

Mr WELLS: I told the journalists to tell you that, but I think that they must have omitted to do it.

Mr QUINN: You never trust journalists.

Mr WELLS: Did you get that on the record up there? Tom Mould is here. He may wish to add something further.

Mr MOULD: The only thing I would add, if I may, is that, exactly as Susan said, the component in the Budget papers is about the first eight and how far we would progress them in the financial year. The rest of it is as Susan has said.

Mr QUINN: What funds have been held centrally this financial year for professional development and training of teachers and teacher aides, and how does this compare with the actual amount spent last year?

Mr WELLS: Who has the answer to that kind of detail?

Ms RANKIN: I do.

Mr WELLS: Are you ready to give it?

Ms RANKIN: I can give some of it.

Mr WELLS: We will look it up and come back to you later on in the session.

Mr QUINN: There is a follow-up question about professional development for leaders and others as well.

Mr WELLS: Yes.

Mr QUINN: Minister, how much money has been allocated for Gifted and Talented Education, and within that amount, how much has been allocated for the Gateway Focus Schools Project this year?

Mr WELLS: $900,000 plus, and the Gateway Focus Schools Project has been

going for a period of time. I think that we can have a further look at that project. There may be ways of exporting the product of the Gateway Focus Schools Project to a broader range of schools. My concern about the Gateway Focus Schools Project is that it is a concentration on—Fiona, it is nice to see you back. I was terribly afraid I had said something tactless or something like that.

Miss SIMPSON: Never, Dean!

Mr WELLS: My concern is that it concentrates our initiatives there into too few schools. I am pleased with what has been achieved with the Gateway Focus schools. I am also, however, keen to try to ensure that Gifted and Talented Education is spread a little further abroad. Jo Diessel is here. She may wish to add something to what I am saying.

Ms DIESSEL: Jo Diessel, Director of Teaching and Learning. The current Gifted and Talented initiative has continued since 1997, and that has been some four years. Since that time, significant changes have actually occurred within the department, most notably the development of the 2010 strategy. In light of that, the previous DG had requested that we review the initiative, particularly in the context of 2010 and the Future Directions and the directions of the Learning and Development Foundations. The current strategies of the focus schools, as the Minister has indicated, have served us well. We have commenced a review. That review looks at or has scanned activities across the State on what has occurred and, as well as the research, it has looked at a redevelopment of the policy to look at what are the key features of Gifted and Talented if it was working well within a school, and a set of strategies also have been developed. They are presently being put before the director-general for consideration to actually look at a consultation this semester.

Mr QUINN: Who has conducted the review?

Ms DIESSEL: The review has initially occurred internally within the Teaching and Learning Branch with officers who have expertise in Gifted and Talented, and also some school-based people, and the consultation will involve a much wider group with schools, those people with interests in the area of Gifted and Talented as well as the educational community.

Mr QUINN: Why has funding for the Youth Action Program been frozen given that it has been recognised as a successful program and we still have a large number of schools trying to join the program?

Mr WELLS: Because that was the sum of money that we needed in order to bring on stream a large number of additional schools. After a period of time you get past the set-off costs stage, and then with the same sum of money you can bring a number of additional schools into the program.

Mr QUINN: Minister, I refer to your commitment to spend $19.5m for additional teachers as a first instalment for the extra 800 under the EB agreement.

Mr WELLS: Say that again, please.

Mr QUINN: I refer to your commitment to spend $19.5m for additional teachers as the first instalment of the extra 800 teachers over the next four years.

Mr WELLS: Yes, that was the undertaking in the enterprise bargaining agreement.

Mr QUINN: Have you any idea when Education Queensland will start employing those extra teachers?

Mr VARGHESE: As was indicated in my earlier answer, that was part of the enterprise bargaining agreement. We have established this working party on looking at class sizes, and this will be part of the consultation process, as well as awaiting the result of the Des Power review, which is currently in the process of finalisation to make a recommendation to myself and then to my Minister.

Mr QUINN: Now to parochial issues. In the answer to question on notice No. 5, where you provided a list of all the consultancies and contractors for 1999-2000, consultancy No. 25-2000, let to the University of Southern Queensland, was in relation to "supporting the implementation of school revitalisation processes in each participating Murrumba school collaboratively with the School Principals Association". The question I have is: is this a one-off contract, or will similar processes be carried out in each school district? What criteria led to Murrumba being chosen as the district for this exercise, and who made the decision to select the Murrumba district?

Mr WELLS: That one was done entirely administratively, entirely departmentally. Who is in a position to answer that? Bob McHugh.

Mr McHUGH: Bob McHugh, Assistant Director-General, Education Services. This contract was with the University of Southern Queensland, in particular Professor Frank Crowther, who has worked with Education Queensland for a number of years on the IDEAS project. The consultancy that you refer

to was that schools in the Murrumba district made decisions to use school grants money to employ Professor Crowther and others to assist them in processes of renewal and reform that they were pursuing by using the IDEAS framework. So, in essence, Mr Quinn, the funds were put forward by school communities.

Mr WELLS: The question that you asked earlier that we said we would look up for you because it was a bit obscure, Susan is in a position to give you the answer to that now.

Ms RANKIN: Just in terms of the professional development and training funds for this year's allocation which we do have, rather than the expenditure for last year, we have set aside the sum of $1.6m for central office and district office professional development and $800,000 for executive development. As well as that, there is a commitment of $2m over a calendar year for professional development and training to support IT with respect to teachers in schools.

Mr QUINN: Is that the only professional development for teachers and teacher aides in schools?

Ms RANKIN: No, those are the specific initiatives.

Mr QUINN: Last year there was a Budget allocation of some $12m for PD in terms of teachers and teacher aides. Do you have a comparable figure this year?

Ms RANKIN: No. That is what I would have to get back to you on.

Mr WELLS: We will take that one on notice.

Mr QUINN: My last question relates to the Robina State High School. Where is my sparring partner from up the back? Mr Williams, welcome. I think the Robina State High School has an enrolment forecast of something of the order of close to 2,000 next year and accommodation problems accordingly. Are there any plans to put additional accommodation on the site prior to the beginning of next school year?

The CHAIRMAN: Can I ask that that question be put to the Minister for redirection if he so desires.

Mr QUINN: Done.

Mr WELLS: Do you want to ask it?

Mr QUINN: I have.

Mr WELLS: No, you have not. You have got to ask me and then I give it to him.

The CHAIRMAN: Minister, the question has been put. Would you like to answer it or would you like to refer to Mr Williams?

Mr WELLS: Yes.

Mr QUINN: Thank you.

Mr WILLIAMS: Richard Williams, Director of Facilities and Services. The current enrolment at Robina High is about 1,760. It is certainly predicted to rise next year and we are putting in additional accommodation. In fact, we have put in additional accommodation for the start of this year. Robina will certainly be a large school for a while. The strategy we have in the area, of course, is to build a new P-12 school at Varsity Lakes and that will obviously provide relief not only to Robina State High School but it will also provide relief to the two primary schools under pressure in the area which are Robina State School and also Caningeraba State School.

Mr QUINN: In terms of the time frame for the high school part of the new Varsity Lakes college coming on stream, do we have a predicted date?

Mr WILLIAMS: We are planning to open a P-3 arrangement for the start of next year. There will be a four to six arrangement for the year after that and then we will start getting into the secondary years in 2003.

Mr QUINN: So Robina High could be under quite considerable pressure for the next three to four years prior to Varsity Lakes coming on stream?

Mr WILLIAMS: We do not think there will be huge pressure. In fact, we are beginning to see a bit of stability actually in the enrolments in Robina High, but it is something that we will monitor and respond to as we need.

Mr QUINN: Thank you.

The CHAIRMAN: There being no further questions, that concludes the examination of the Estimates for the portfolio of the Minister for Education. I thank the Minister and the portfolio officers for their attendance and preparation. We all know that a lot of work goes into the preparation of these Estimates. It is an important accountability process and your work is much appreciated. I also thank the parliamentary staff and my parliamentary colleagues for their cooperation here today. The transcript of this part of the hearing will be available on the Hansard Internet Quick Access web site within two hours from now. I gather you will be rushing off to view that tonight. Would the Minister like to make a closing statement?

Mr WELLS: Madam Chair, may I thank you and other members of the Committee for your many courtesies. I would like to thank my

departmental staff for the manner in which they have conducted themselves during the preparation for this event and during this event. I would like to thank the parliamentary staff for their efforts and their patience with us in endeavouring to take down each of our words, and may I express my appreciation to all who have otherwise involved themselves in today's hearing. Thank you very much.

The CHAIRMAN: Thank you.

The Committee adjourned at 6.26 p.m.