

ESTIMATES COMMITTEE E

Mr J. Pearce (Chair)

Ms V. L. Barry
Dr J. A. Kingston
Mrs D. A. ReillyMr J. W. Seeney
Miss F. S. Simpson
Mrs C. A. Smith**NATURAL RESOURCES AND MINES****IN ATTENDANCE**

Hon. S. Robertson, Minister for Natural Resources and Minister for Mines
Mr T. Hogan, Director-General
Mr R. Freeman, Deputy Director-General (Natural Resource Services)
Ms G. Gentle, Deputy Director-General (Integrated Resource Management)
Mr B. Coulter, Deputy Director-General (Mines)
Mr S. Spencer, Executive Director, Strategic Directions
Mr P. Dent, Executive Director, Safety and Health
Mr G. Dickie, Executive Director, Minerals and Petroleum
Mr C. Robson, General Manager, Water Planning
Mr P. Philipson, General Manager, Finance and Asset Management
Mr P. Chard, A/Manager, Business Services (Mines)
Mr P. Noonan, Chief Executive Officer, Sunwater

⁰⁰¹ The Committee commenced at 8.34 a.m.

The CHAIRMAN: Good morning, ladies and gentlemen. I declare the meeting of Estimates Committee E now open. I welcome the minister, public officials and members of the public who are in attendance here today.

The committee will examine the proposed expenditure contained in the Appropriation Bill 2001 for the areas set out in the sessional orders of 30 May 2001. The organisational units will be examined in the following order: the Department of Natural Resources and Mines, and the Department of Health. The committee has also agreed that it will suspend the hearings for the following breaks: morning tea from 10 a.m. to 10.15 a.m., lunch from 1.15 p.m. to 2.15 p.m., and afternoon tea between 3.45 p.m. and 4 p.m.

I remind members of the committee and the minister that the time limit for questions is one minute and the answers are to be no longer than three minutes. A single chime will give a 15-second warning and a double chime will sound at the expiration of these time limits. An extension of time for answers may be given with the consent of the questioner. A double chime will also sound two minutes after an extension of time has been given. The sessional orders require that at least half the time available for questions and answers in respect of each organisational unit is to be allotted to non-government members. Any time expended when the committee deliberates in private is to be equally apportioned between government and non-government members.

For the benefit of Hansard, I ask that departmental officers identify themselves before they first answer a question. In the event that those attending today are not aware, I should point out that these 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, any person admitted to the public hearing may be excluded at the discretion of the chairman or by order of the committee. The sessional orders provide that a member who is not a committee member may, with the committee's leave, ask the ministers questions. In relation to media coverage of the Estimates Committee E hearing, the committee has resolved that still photographs and silent television film coverage be permitted for the first five minutes of the major administrative units within the department.

My final request is that if you have a mobile phone or a pager, would you please make sure that it is turned off now. If you have phone calls to make, please do so outside the chamber.

I now declare the proposed expenditure for the Department of Natural Resources and Mines open for examination. The time allotted is four and a half hours. The question before the committee is—

That the proposed expenditure be agreed to.

Minister, do you wish to make an opening statement? If so, the committee asks that you limit that statement to five minutes.

Mr ROBERTSON: Thank you. I have some brief opening remarks. This is a very significant hearing not only for my portfolio but for the people of Queensland because it represents the first opportunity for the committee to consider the appropriations to the new Department of Natural Resources and Mines. The new department has been created by the amalgamation of the former Department of Natural Resources and the mines element of the former Department of Mines and Energy. This is a deliberate strategy by the government to bring the management of the state's major natural resources under the one portfolio.

The government believes that there are major advantages in a single department taking responsibility for the stewardship of our land, water, vegetation, mineral and petroleum resources. The new administrative arrangements will provide opportunities to improve the effectiveness of the government's programs in resource management by ensuring more integrated and holistic solutions across the full spectrum of resources found in any particular region. Whilst it is still early days, we are already seeing improvement through collaborative efforts in areas like research and development, data management and native title administration. I am sure that this is just the beginning of the new era that will result in greatly improved service delivery in the natural resources and mines arena.

I also take this opportunity to draw the committee's attention to some of the highlights of this year's appropriations. I am sure that all members are aware that Queensland was the first state to sign the intergovernmental agreement on the National Action Plan on Salinity and Water Quality. I note that the opposition pledged support for this initiative during the election campaign.

This budget provides the first instalment of state funds for this program—in the first year, \$3.9 million across all agencies. I should stress that this is new money and part of an \$81 million commitment over the seven-year life of the Natural Action Plan.

The government has also provided \$2.865 million over the next four years for remediation of the East Trinity property in Cairns. This property is a major influence

on the environment of the Cairns district. The budget provided to my department, particularly for acid sulfate soil management, recognises the need to deal with the sometimes poor management that has occurred on this property in the past.

In keeping with our desire to revitalise the mining industry, we have also injected \$4.7 million this year to implement new administrative arrangements dealing with native title aspects of mining tenure and to attract new exploration investment. This is just one part of my department's efforts to stimulate further development of mining exploration and development. It is a clear signal that the government recognises how vital mining is to the future of our state.

Finally, we are committing another \$14 million over the next four years to continue a number of water reform initiatives, plus a further \$10 million for the highly successful rural water use efficiency initiative. Wise water management is absolutely essential to maintain our level of wellbeing. This additional commitment will ensure that our management frameworks continue to deliver sustainable use of this precious resource. Good stewardship of our natural resources is fundamental to the prosperity of this state. Both my departmental officers and I take our obligations on this issue very seriously. This budget will continue to deliver balanced programs for the sustainable use of our natural resources. I look forward to discussing the details with the committee.

The CHAIRMAN: The first set of questions of 20 minutes will go to non-government members. I call the member for Callide.

Mr SEENEY: At the outset, I thank the minister and the officers for their attendance today. I hope we can have a fruitful exchange of information. The first issue that we would like to address includes a series of questions about SunWater and the government's water pricing policy. COAG requires water pricing to cover operating, maintenance and refurbishment costs. It also allows for the payment of a transparent community service obligation, or CSO. In reply to my question on notice No. 1, you answered that the rural water subsidy portion of the government's community service obligation payment to SunWater will be reduced from \$13.25 million in 2000-01 to \$9.1 million in 2001-02 and eventually it will be reduced to a paltry \$1.5 million per annum. Why is the government so stubbornly intent on this water pricing policy that will savagely reduce its CSO to SunWater, taking no regard of the hardship that that will cause to particular irrigation areas?

Mr ROBERTSON: Before answering the question in detail, I noticed your statement about our callous approach to water pricing. If I remember rightly, this process was commenced and supported by the former Borbidge coalition government. In fact, during the course of that government, the price paths that we are considering today were to be in place by this year.

Mr SEENEY: Price paths were to be in place, but not necessarily the price paths that your government is pursuing.

Mr ROBERTSON: That is not correct.

Mr SEENEY: That is correct.

Mr ROBERTSON: That is not correct. Under the former government, the year 2001 was the year in which the full prices were to be in place. The Beattie government took a responsible attitude, concerned as we were about the impact of the new price paths. That is why we delayed the implementation of the full cost recovery price paths and have provided five to seven years for various schemes throughout the state to adjust to the COAG requirements. We did that recognising the impact that it may have, particularly on the sugar industry and the dairy industry,

both of which, as you are well aware, are going through some tough times. We took a responsible approach to this and, as a result, we have in place five to seven year price paths, as distinct from the former coalition government which was callously introducing these prices by the year 2001.

Mr SEENEY: Minister, you would do well to explain your government's policy rather than misrepresenting the previous government's position.

Mr ROBERTSON: Let us not try to rewrite history. Let me answer your question in some detail. As a government owned corporation, SunWater must have a clear commercial focus. However, the requirements for SunWater to deliver the government's social and economic objectives limits its ability to achieve this. CSO payments are the means by which the government is addressing this issue.

CSO payments to SunWater in 2001-02 comprise a rural water subsidy that addresses the shortfall of the scheme revenues from the gazetted price paths to cover operation maintenance and administration refurbishment of water supply assets to keep them in optimum working order, which is the \$9.1 million that you referred to. The rural water subsidy component of the CSO is tied to the five to seven year rural water price paths set by government and assumes that SunWater is achieving efficient internal costs. No doubt we will be speaking about that in the future. The reason that the CSO payments reduce is a reflection of the increased prices that will be paid under the five to seven year price paths. That is a logical conclusion that can be gathered from the impact of rising water prices to meet the true cost of providing the water, at the same time as you reduce your CSO obligations as SunWater gets an increase in its income.

Mr SEENEY: I understand the mathematics of the situation, Minister. Thank you for explaining that again.

Mr ROBERTSON: My pleasure.

Mr SEENEY: Your question related to why your government was pursuing a water pricing policy that almost reduces the CSO payment to nothing: \$1.5 million per annum. There is provision under the COAG agreement for that CSO to be paid in perpetuity, as long as it is transparent. The question was about your government's water pricing policy.

⁰⁰² **Mr ROBERTSON:** The prices set by government last year are particularly sympathetic to the needs of water users in that for many schemes the target prices will be achieved over five years rather than one, and in some cases over six to seven years. Additionally, for a number of smaller high-cost projects users will not be expected to meet the ongoing cost of delivery in water and will receive ongoing subsidies totalling \$1.5 million per annum. Those schemes are already achieving cost recovery and remain at their previous level of charges.

As SunWater is a corporatised entity, they are expected to operate in a commercial fashion. That is why you will see a reducing component with respect to community service obligations as water users throughout the state will, for the first time, be paying according to the true cost of providing that scarce natural resource.

Mr SEENEY: Does the payment for the government's CSO to SunWater include any component for the maintenance of recreational facilities at the state's dams?

Mr ROBERTSON: No.

Mr SEENEY: So who is bearing the cost of the maintenance of those recreational facilities at the moment?

Mr ROBERTSON: SunWater.

Mr SEENEY: Which is being funded from the water charges paid by water users; is that correct?

Mr ROBERTSON: They spend the money according to their income.

Mr SEENEY: And their only income is from water charges?

Mr ROBERTSON: Perhaps I can offer you some further detail in relation to this.

Mr SEENEY: Please don't read a long briefing note. Could you just tell us who is paying the cost?

Mr ROBERTSON: It is my intention to fully inform the committee so that you are fully apprised of every element in relation to my department. SunWater owns and operates 25 major dams across Queensland. The use of these storages by the public for recreational purposes is recognised by SunWater as an important community value. SunWater is supportive of the use of its storages for recreational pursuits and does not intend restricting access or charging any entry fees to pay for the costs of providing recreational facilities. However, SunWater's core business is water supply, not the development of recreational tourism facilities, so access to storages is provided on the basis that the activities undertaken in the storage area do not adversely impact on the water supply functions of the storage or pose a safety risk to the public or employees of SunWater.

In recognition of the enormous regional economic benefits that derive from recreational activities, SunWater is in discussions with a number of local councils and community groups to increase local involvement. In some instances, these discussions have led to a handover of land and existing facilities to a local council where the council is prepared to take on facilities management and development as a regional initiative. In all cases, SunWater will continue to contribute to the ongoing use of storage areas from recreational uses, either by way of funds provision to the local entity or through provision of facilities in line with affordability. SunWater will be contributing to the maintenance of those facilities from revenue gained from urban supplies, industrial supplies and consultancy services which they market and receive a profit for.

Mr SEENEY: Water users are funding it?

Mr ROBERTSON: Not in total. SunWater as a commercial operation earns income, for example, from interstate and internationally. That all goes into the pool to allow for that revenue earned from sources other than Queensland water users to benefit the Queensland community.

Mr SEENEY: Still referring to the CSO paid to SunWater, in a letter to the editor dated 20 June from the member for Burdekin—but I have no doubt it was penned in your office—Mr Rodgers stated—

Mr ROBERTSON: Stop right there. I will just correct you.

Mr SEENEY: That is an aside. Mr Rodgers stated that the difference between the current SunWater costs and the efficient ongoing cost of the operation is not being borne by the farmers but is covered by the government paying to SunWater a CSO. In reply to my question on notice No. 1 you stated that the difference between SunWater's actual costs and the benchmarked efficient costs are not met through the CSO but are covered under separate arrangements with Treasury. Who is right, you or Mr Rodgers? Those statements oppose each other.

Mr ROBERTSON: I am not following your argument.

Mr SEENEY: You said in answer to question No. 1 that the difference between SunWater's actual costs and the benchmarked efficient costs are not met through

the CSO but are covered under separate arrangements with Treasury. That is a direct quote from your answer to question No. 1, that the difference between SunWater's actual costs and the benchmarked efficient costs are not met through the CSO but are covered under separate arrangements with Treasury.

Mr ROBERTSON: I might ask the CEO of SunWater to respond to that.

Mr NOONAN: As the minister explained before in relation to recreation services, there is a range of income streams for SunWater, of which irrigation water is one, and there is a range of others, as he has explained before. The difference in costs between the current costs of SunWater carrying out services to irrigation schemes and the benchmarked efficient costs is not funded as a specific CSO funding, but SunWater funds that internally from the total of its revenue sources. So it impacts on the net bottom line. If you took, for example, industrial water supplies where we have a full pricing regime, including a full return on capital, in an accounting sense that leads to a significant profit in a particular year depending on what debt you are carrying against that asset. So there is quite a margin in accounting profit in those full-cost pricing regimes which allows the corporation to fund those. The bottom line is that profit is reduced on the basis of those additional costs that you refer to.

Mr SEENEY: Can you explain the separate funding arrangements from Treasury that were referred to in the answer to question on notice No. 1? Did they appear in the budget documents?

Mr NOONAN: In reality it is a question of how government funds it by what it receives or does not receive in the sense of a dividend from the corporation. There has been no dividend to date from this corporation. If there was a higher profit from the corporation there could be a dividend coming back to government. So it is not a cash CSO payment that is visible in the budget papers. It is a question of a decreased dividend—or to date there has been no dividend—paid out of SunWater. So it is a decreased dividend arrangement.

Mr SEENEY: So the profit that SunWater is making on particular schemes that are paying over and above the cost of recovery that would have been paid to the government as a dividend is being retained to fund—

Mr NOONAN: We have a series of substantial industrial contracts. We have got past the debt stage and therefore there is a significant return from those. In total, that is supporting those other costs. Pricing is still a scheme by scheme pricing. It is not a direct cross-subsidy process. It is a question of how the corporation achieves its bottom line.

Mr SEENEY: I understand that this is probably difficult for you to do now, but could you provide a breakdown of the CSO on a scheme by scheme basis? Could you take it on notice and provide that to us?

Mr ROBERTSON: I will take it on notice.

Mr SEENEY: Can you tell us how the CSO is calculated?

Mr ROBERTSON: I will take it on notice. But just be aware that that may be entering into the realm of what could be considered commercial-in-confidence. But I will take it on notice.

Mr SEENEY: How on earth could it be commercial-in-confidence? It is a question about how the CSO is calculated on a scheme by scheme basis. Given the answer that the CEO of SunWater just gave about the funding arrangements, I thought that question was probably very relevant.

Mr ROBERTSON: I am assured that it does not offend commercial-in-confidence arrangements, and the CEO of SunWater has indicated that he would be prepared to do that. Rather than taking up the time of the committee, perhaps we can provide it?

Mr SEENEY: I realise we are pushed for time. You would appreciate that your government's water pricing policies and the whole CSO question is causing a large amount of dissatisfaction in a number of areas, particularly in the Burdekin, Emerald and places like that?

Mr ROBERTSON: The Burdekin was brought to my attention.

Mr SEENEY: Water users there are refusing to pay their bills. Why are some schemes such as the Burdekin being charged a premium over and above the COAG requirements? Is the government profiteering from these schemes or, given the answer that the CEO gave, will the government profiteer in the future from these schemes where water users are being charged over and above a level that would meet refurbishment and maintenance costs?

Mr ROBERTSON: This may take longer than three minutes. There are a couple of things happening here. Firstly, there is the creation of a commercialised entity called SunWater. We recognise that out of the creation of SunWater from the former State Water Projects there are efficiencies to be gained during this transition period as SunWater gets on its feet as a commercialised entity. As a result of that we do a number of things. The government provides a CSO and also has put performance requirements on SunWater to reduce its overheads, to the extent that we expect SunWater to achieve efficiencies of around about 15 per cent over the short term to ensure that water prices are not set at a level that may reflect inefficiencies in the way that SunWater may currently operate. As I said, over time it will certainly become leaner and more commercially focused.

Mr SEENEY: And will return a dividend to the government?

Mr ROBERTSON: What we are concentrating on at the present time over the next five to seven years through the price paths is bringing those schemes that currently pay well below the cost of providing the service that SunWater does—the cost of the water—up to what is known as the lower bound. Under COAG arrangements there are two levels which have been established, what is called the lower bound for water and the upper bound. The lower bound represents the basic cost of providing water in an irrigation scheme, for argument's sake. The upper bound represents those basic costs with a commercial return. No scheme in Queensland is being required to meet that upper bound price. There are, however, one or two schemes in Queensland—the Burdekin is one of them—that have traditionally paid prices with a component for the cost of capital. If I remember rightly in the Burdekin, that has traditionally been at the level of one per cent. The Burdekin has always paid a return on capital and that will continue and that is reflected in the COAG arrangements. They are not paying the upper bound; they are paying the lower bound plus a small component which reflects the historical pricing which has incorporated a return on capital.

⁰⁰³ **Mr SEENEY:** And that return on capital includes a return on SunWater's head office here in Brisbane?

Mr ROBERTSON: No, it does not.

Mr SEENEY: Why don't you make those cost calculations transparent?

Mr ROBERTSON: You have asked your question and I will respond to that. No scheme is paying for any administrative inefficiencies that may be apparent in

SunWater currently. That is what the CSO was about. We recognise that in the transition from a public sector department—State Water Projects—to a commercialised entity there may be some traditional inefficiencies that carry over.

Mr SEENEY: So that is what you refer to as the state water subsidy?

Mr ROBERTSON: Hang on, instead of passing them on through the prices to water users, government recognises its responsibility to fund that and at the same time to impose performance requirements on SunWater designed to reduce those apparent inefficiencies so that it does become a lean organisation with minimised administrative overheads.

You mentioned the office in Brisbane. Part of SunWater's operations is to seek commercial contracts both interstate and internationally, and they have been very successful in doing that. In fact, SunWater now runs the water supply scheme for the ACT. They have got commercial contracts in India. In order to secure that, you need the staff to actually go out and capture that. That is what you see in terms of the people who work just down the road in Mineral House. That is what they are doing.

Mr SEENEY: Why isn't there a representative of the irrigation industry on the SunWater board?

Mr ROBERTSON: From memory, there is a representative from Cotton Australia on the board. Perhaps the CEO can go through the membership of the board.

Mr NOONAN: The chairman of the board is Andrew Greenwood. I do not think he is representing Minters, but he is a partner in Minter Ellison. There is Julie Boyd, who is the mayor of Mackay; Jane Bertelsen, who works for the Brisbane City Council; Helen Doherty who works for Brown and Root, an engineering firm; Richard Haire, who is the CEO of Queensland Cotton; Phil Hennesey, who is the Queensland director of KPMG; and Henry Prokudu, who is a partner in a law firm.

Mr SEENEY: But there is no irrigator?

Mr NOONAN: No.

Mr SEENEY: The CEO of Queensland Cotton would hardly be considered to be an irrigator.

Mr ROBERTSON: The board was structured to provide advice on how you set up a commercialised entity like SunWater. So they need to bring particular skills to that membership of the board. That is why it was structured like that. Irrigators have the opportunity to participate through local customer councils. There is a requirement on SunWater to establish those customer councils. Irrigators have the ability to participate and are welcome to participate in those customer councils. That is where their input is valued the most.

Shortly after taking over this portfolio I, having met irrigator groups from a number of schemes throughout Queensland, received feedback about a level of dissatisfaction with those proposed customer councils. That is why when I returned to Brisbane I met with Peter and we sat down and talked about how we can improve the consultative processes available to irrigators through those customer councils. I am confident that, as a result of the feedback I receive from irrigators, when the customer councils are established throughout the state they will satisfy the needs of irrigators in terms of being able to provide the necessary information they need to have in order for the schemes to operate efficiently in the interests of irrigators.

Mr SEENEY: So those customer councils will be about consultation; they will not be about any sort of local management or local control or actual input from the

people who have the practical knowledge about the industry, who have been excluded from the board?

Mr ROBERTSON: That is a separate issue. The issue of local management is separate from customer councils. We are trying to establish a statewide commercial operation to deliver water efficiently in the interests of a range of industries, but at the same time we recognise that there is a need for local input into the way that SunWater operates. If you want to go down the path of local management—and I have heard calls for local management—a couple of things need to be borne in mind. When we look at how we deliver these services we often look to the experience interstate. Recently in Victoria, local management of a water project irrigation scheme basically went belly up. They stuck their hand out to the Victorian government looking for \$16 million.

Based on those kinds of experiences, we are not convinced that local management can actually deliver what is necessary in terms of providing water at the most efficient price possible based on the cost of providing that resource. However, after SunWater has been on its feet for a couple of years, schemes will have the ability to consider local management as an option in 2003. However, I think it is a bit premature to be arguing publicly for local management at this stage during these very early days. I think it is far more responsible to see how SunWater operates and see whether it in fact does deliver the efficiencies and the services we expect of SunWater. If that is not the case, then in 2003 there will be the ability to have calls for local management to be considered based on factual information and based on two to three years of operation of SunWater. Nobody—the member for Callide included—can sit here and say that local management is the best way to go. No-one has that knowledge. We will have that knowledge in a couple of years time. We will be able to have an informed consideration of management options.

The CHAIRMAN: The time for non-government members' questions has expired. This is obviously a very complex issue and one on which we need a lot of information for the public to understand. I would like to ask a couple of questions which may help the committee get a better understanding of water reform in Queensland. I refer to the government's water reform agenda on page 4 and to COAG's requirement that water services in Australia must be provided at their real cost. Can the minister outline to the committee what SunWater's new water pricing regime covers, whether irrigators are being treated fairly and what level of return the government is seeking from its water schemes?

Mr ROBERTSON: As I mentioned earlier, the government owns 27 water supply schemes throughout regional Queensland. Most of these were developed for historical reasons predominantly to kick-start regional economies and take advantage of post-war markets. In keeping with COAG requirements, SunWater was recently created as a government owned corporation to manage these schemes on a commercial basis. Historically, all of these schemes have been operated at substantially lower revenue levels than would be acceptable to a commercial operator. Irrigators have enjoyed extremely low prices to a high level of subsidy from taxpayers in general.

In reviewing the scheme revenues as part of the water reform process, careful consideration has been given to water pricing. Generally, it has been agreed that, at a minimum, prices should aim to cover the efficient operation, maintenance, administration and refurbishment of scheme assets. The five to seven year price paths have taken into account the capacity of users in each scheme to pay, and generous concessions are in place to ensure the continued viability of irrigators.

These concessions include a \$200 million capital subsidy to the irrigation industry, meaning that users are not being expected to provide any significant return on capital; \$35 million in savings to irrigators due to the five to seven year deferral of operating cost recovery; \$10 million in subsidies to struggling or inefficient schemes; \$41 million over four years through the water use efficiency initiative to help farmers access water saving technology; and soft starts for the sugar and dairy industries to recognise current export prices, and I have referred to our recognition of the difficulties with those industries in earlier questions.

On top of this, the government is requiring SunWater to implement a range of efficiency improvements to achieve the status of a best practice commercial operator. Irrigators are not being asked to pay for any of SunWater's current inefficiencies or any of the expenses that SunWater is incurring to comply with the government's new regulatory regime. Irrigators are still getting a very fair deal on their water and the government is committed to helping them with best practice water saving technology to improve their production efficiency.

Previously, there was little incentive for water conservation or water use efficiency improvements. I am confident that after the bedding-in period, which I have spoken about, irrigators will recognise the far-reaching benefits of the government's water reform package, irrigators will have more certainty, and clearly defined, tradeable and fair prices will encourage irrigators into better management systems and more cost effective enterprises.

The CHAIRMAN: You are talking about providing the most cost effective service to the customers. Could you please explain to the committee what strategies SunWater have in place to improve the operational efficiency of its water supply schemes and reduce the operating cost?

Mr ROBERTSON: Prior to the corporatisation of state water projects such as SunWater, this government undertook a comprehensive benchmarking study of Queensland's water supply schemes. These studies have been used for two purposes: firstly, to establish a price path for irrigation users in these schemes and, secondly, to establish a set of efficiency targets for SunWater. SunWater is required over four years to reduce inefficiencies at no cost to the irrigation industry. Targeted savings include a 32 per cent reduction in corporate costs and a 15 per cent reduction in overall costs. SunWater is now undertaking a number of initiatives to ensure that those targets are met.

For each scheme, SunWater is undertaking detailed condition assessment of its assets for use in the development of five-year asset plans. These plans are then used to optimise maintenance strategies which ensure that life cycle costs are minimised. SunWater is reviewing its utilisation of a range of service providers ranging from contractors to the provision of motor vehicles. Previous arrangements have been reviewed on the basis of cost and value.

Operational systems are being developed that reduce duplication and rework in day-to-day business activities. SunWater has now established a statewide database of key operational data making this vital information available widely within the company. This allows staff to focus on delivering water rather than compiling data. SunWater is reviewing its staffing requirements within both its corporate areas and within the schemes itself. Efficiency improvements in corporate systems and processes are key areas for improvement.

SunWater is reviewing its activities in Brisbane in each of the schemes to ensure that focus is on scheme business. This means that many functions

previously carried out relating to government policy will no longer be done by SunWater staff. Now that SunWater's regulatory requirements are clear, it can focus on doing only what it is required to provide, and that is to provide the service to customers and will reduce costs accordingly.

The CHAIRMAN: Recent public attention on SunWater has certainly centred around rural water pricing issues—and the member for Callide has spoken about that—and water supply scheme efficiencies. As part of SunWater's core business is to provide water industry related services, particularly in the fields of engineering, operations and maintenance, is it true that SunWater has won some major contracts to provide these services to Australian and overseas clients?

Mr ROBERTSON: Earlier, in relation to a question from the member for Callide, I mentioned that SunWater's commercial interests extend beyond just Queensland. It is fair to say that SunWater has a wealth of experience and expertise spanning some 80 years in water infrastructure development and management in Queensland. Much of the state's regional economy is based around the government's 27 major water supply schemes that are managed by SunWater. The government recognised the benefits of maintaining such a valuable pool of expertise, and these specialised skills and services are in demand externally. SunWater is in an ideal situation to meet the growing market for SunWater's expertise not only in Queensland but also throughout Australia and South-East Asia.

⁰⁰⁴ On the Queensland scene, SunWater is working with water boards, local governments and government departments, power generators and mining and industrial companies in many aspects of water supply development and ongoing facilities management. SunWater recently won an eight-year contract to operate and maintain Wivenhoe, Somerset and North Pine dams for the South East Queensland Water Corporation. The contract was won against stiff competition from around Australia and overseas. Since 1997, SunWater has been working with the Department of Aboriginal and Torres Strait Islander Planning to address water supply problems confronting the communities of the northern peninsula area.

Last year SunWater completed a new water treatment facility, a new operations building and refurbished much of the water reticulation system. As a result of this work the standard of service to households now meets local government standards. Because of its location of centres throughout Queensland, SunWater is able to offer a range of services to mining and industrial companies. Recently, SunWater commenced servicing a number of the Newlands coalmine water facilities, including pump stations and treatment plants. SunWater is also working with a number of clients to improve existing water supply infrastructure. For example, it is raising Lenthals Dam for Wide Bay Water and undertaking dam safety studies at Koombaloomba Dam in north Queensland for the Stanwell Corporation.

Outside Queensland, SunWater has also won substantial contracts. A year ago SunWater commenced operating and maintaining Scrivener Dam in Canberra. This includes a flood management and surveillance service from SunWater's Brisbane flood control centre to manage flooding in Lake Burley Griffin and downstream along the Molonglo River. Overseas, SunWater is currently contracted to the Bangladesh and Indian governments to carry out planning studies for the rehabilitation of key irrigation areas in those countries. That was something I was able to outline just last Friday to the High Commissioner of India, who has been visiting Queensland over the last few days. To complement its skills base, SunWater has a number of partnering arrangements in place with private sector

companies, including the Snowy Mountains Electricity Corporation and Sinclair Knight Merz. SunWater is also a member of the Awonga Alliance, which has been established by the Gladstone Area Water Board to raise Awonga Dam.

The CHAIRMAN: As rural water pricing reform is a key issue being addressed by the government, what measures does the department have in place to provide support to the irrigators during this reform process? I think this is an important question.

Mr ROBERTSON: One of the major elements of the Council of Australian Governments water reform framework is the introduction of trading regimes for water entitlements, which are currently being implemented by the government. Trading of entitlements will be particularly useful for irrigators concerned with the impact of the new rural water pricing arrangements, which have been in place since October last year. Through trading, irrigators will now have the flexibility to adjust their businesses. For example, those who consistently require less water than their full allocation may find it advantageous to trade part of their allocation.

In developing price paths, the economic ramifications on those industries experiencing hardship were carefully considered based on economic studies and through reference to peak industry groups. The following approaches were adopted in considering the price paths. For sugarcane based schemes, only small increases were applied for 2000-01 in recognition of the industry's quite severe market downturn. A similar soft start approach was applied to dairy-based schemes in recognition of the harsh impact of industry deregulation. In some cases involving dairy interests, six or seven year price paths were implemented to provide more time to reach full cost recovery. Cost recovery targets were based on efficient costs of delivery; that is, what it should cost SunWater to provide supply. Thus, the benefit of the difference between the actual and efficient cost was passed on to irrigators at the outset of the price path period even though it would take until about 2003-04 for SunWater to reach the benchmarked efficient level. In the interim, government is committed to funding the difference to ensure that support is provided for irrigators during the price path period.

This immediate pass through of cost savings whilst the price paths are in transition resulted in an additional effective CSO payment of over \$9 million to support irrigators. The continued government subsidies on lower bound costs for category 3 schemes and on the vast majority of the capital costs for provision of infrastructure for all schemes mean that water will remain subsidised even after 2004. The subsidy for category 3 schemes is in the order of some \$1.5 million per year, and that gets back to the question asked by the member for Callide earlier.

Customer councils have been established in 18 water supply schemes. The role of the customer councils, as outlined previously, is to allow irrigators and other customers to provide strategic input to the board of SunWater on matters such as business planning, scheduling of capital expenditure and asset refurbishment, service delivery levels and so on. However, both SunWater and the customer council must operate within the rural water price paths already set by government. The state government is also spending, as mentioned previously, some \$41 million over four years on the Rural Water Use Efficiency Initiative to assist irrigators achieve world's best practice in water management through access to latest water saving technology.

The CHAIRMAN: On the matter of tradeable water allocations, which is a focus of the government's water reform agenda, what progress is being made on establishing tradeable water allocations? How will they benefit the land-holders?

Mr ROBERTSON: Under the current Water Resources Act 1989 water attaches to land. This presents some difficulties for land-holders. Firstly, where river systems are fully allocated the only way to buy more water is to buy more land. Secondly, in most cases water represents a significant part of the value of the farming enterprise but cannot be traded or mortgaged like land. What the new arrangements will mean is that farmers should have more flexibility in terms of their on-farm water supplies. The evidence from other jurisdictions where water trading has been in place is that generally farmers have been able to make efficiency gains on the farm and then sell the water that is in excess of that which they need for their operation. This has better economical and environmental benefits. There is potential to free up a significant amount of capital which exists in the water licences. Finally, water can flow to its most highly valued uses.

To make sure that the allocations which are granted to people are sufficiently certain and reliable, the completion of a water resource plan and resource operations plan must occur before the new tradeable water allocations are established. Resource operation plans are currently being prepared in the Fitzroy and Boyne basins, and we expect to commence in the Burnett basin in the coming months. A register for water allocations, the Water Allocations Register, has been built as an add-on to the automatic titling system operated by the Queensland resource. This is being held up as a model by both farming groups and bankers associations in other jurisdictions as the most appropriate way to register and deal with water allocations. As one would expect, the first of these resource operation plans presents a challenge, but we are hoping to have draft resource operations plans, or ROPs, for the Fitzroy and Boyne basins available for public comment during the coming months. The draft then goes through the public consultation process and water allocations will be made following that process.

The CHAIRMAN: Page 17 of the MPS refers to the Rural Water Use Efficiency Initiative—we have heard that terminology used a lot here this morning—to improve irrigation water management. What is the status of this initiative? How much water will it save? How will this initiative help irrigators increase Queensland's agricultural production?

Mr ROBERTSON: Mr Chairman, you are quite correct. This is really a good news story and demonstrates this government's commitment with respect to the difficult water reform process we are going through currently. My department is delivering the Rural Water Use Efficiency Initiative in partnership with Queensland Canegrowers, the Australian Cotton Cooperative Research Centre, Queensland Fruit and Vegetable Growers and the Queensland Dairyfarmers Organisation. The state government is spending some \$41 million over four years on the Rural Water Use Efficiency Initiative to assist irrigators achieve world's best practice in water management. The initiative is on target to achieve an increase in agricultural production of some \$280 million by June 2003. So for every dollar spent by government on this initiative our farmers are achieving a return of some \$7. This is equivalent to what would be achieved by any lease applying an additional 180,000 megalitres of irrigation water. This increased production is being achieved by the high level of adoption of best management irrigation practices on farms.

In January 2001 the Premier announced the commencement of 10 research and development projects investing a total of \$2.8 million to provide specific support to the industries. These projects will identify key opportunities for improving the quality and quantity of produce for each of the four partner industries. Simultaneously, the Premier also announced the financial incentives scheme to

distribute up to \$3.5 million to Queensland irrigators in 2000-01 to assist in improving irrigation schemes and their management. There have been approximately 1,000 applications under the scheme to date and up to a further \$3.5 million will be provided to irrigators through the FIS in 2001-02.

Awards have been held by each industry to reward leading irrigators. These awards show that Queensland's leading irrigators are performing at a standard equal to the world's best. We will be providing approximately \$3.3 million in 2001-02 to further support industry adoption programs. We have also provided \$280,000 for studies to identify losses from the state's 35 water distribution schemes and projects. These studies have been recently completed. The initiative is now examining how the findings of these reports can be implemented in cooperation with SunWater. In cooperation with the CSIRO, a decision support package, Dam Easy, has recently been completed to assist irrigators in the sugar industry to evaluate the economic benefit of acquiring additional irrigation water from a range of sources, including transfers and additional on-farm storage. We will be examining how this package can be delivered to other partner industries. It is fair to say that industries have embraced the Rural Water Use Efficiency Initiative as representing a new model for achieving common goals for improved irrigation management in partnership with government.

The CHAIRMAN: The time for questions by government members has expired.

Mr SEENEY: Minister, I understand that Stanwell Corporation and SunWater are close to finalising the commercial arrangement for the installation of micro hydro-electric power generation plants on the irrigation channel at Tinaroo to shoot through to the west Barron main channel. I certainly support and congratulate those initiatives. However, I understand that this project has now run into some conflict. Can you advise the committee when these projects are likely to come to fruition? Will they result in a revision of the price paths for irrigators who paid for the cost of that scheme?

Mr ROBERTSON: You might want to detail the difficulties to which you refer.

Mr SEENEY: Are you telling me that you are not aware that there are any difficulties?

Mr ROBERTSON: No, I am just asking for further details.

Mr SEENEY: The crux of the question is this: when do you think these schemes will be operational? Will they lead to a revision of the price paths? That is the gist of the question.

Mr ROBERTSON: So there are no problems with Stanwell?

Mr SEENEY: I would be pleased for you to advise me that there are no problems and that they are likely to be installed in the very near future and that the price paths will be reviewed. That is the answer that I would like you to give me.

Mr ROBERTSON: I am wondering if you are referring to the announcement that we are about to commence the water resource planning process on the Barron River and tributaries.

Mr SEENEY: No. I am referring to the micro hydro-electric proposals on the Tinaroo and the Barron.

Mr ROBERTSON: We will have to take that one on notice, member for Callide. We will certainly get that information to you.

Mr SEENEY: Given that that type of development will happen some time in the future, will it result in a revision of the price paths that other water users are faced

with? Given that this will obviously result in an increase in the income of SunWater, is that just going to be cream on the cake for the government, or are you going to revise the prices that the rest of the water users from that particular scheme are paying? That is the guts of the question.

Mr ROBERTSON: It is not cream on the cake for the government. SunWater operates as a commercialised operation. The income it will get from that hydro-power scheme that you referred to will not cross-subsidise irrigation prices. Irrigation prices will stand on their own.

Mr SEENEY: But it will add to the profitability of that particular scheme.

Mr ROBERTSON: It may well add to the income received by SunWater. As to how SunWater deals with that additional income is a matter for SunWater. It is not a matter for government.

Mr SEENEY: So you do not envisage that the government will one day require a dividend to be paid by SunWater?

Mr ROBERTSON: I am here to talk about the estimates for the forthcoming year. There is nothing in the estimates for the forthcoming year that support the suggestion you are making; neither is there anything on my horizon or this government's horizon that would support the suggestion you are making.

Mr SEENEY: In answer to an earlier question, the CEO of SunWater said that the other financial arrangements with Treasury that you referred to in question on notice No. 1 were in fact a forgiveness, if you like, of the requirement to pay a dividend this year. How long will those other financial arrangements with Treasury, to use your term, be continued? How long will it be before you expect that there will be a requirement on SunWater to pay a dividend?

⁰⁰⁵ **The CHAIRMAN:** Before you answer that question, Minister, I ask the member for Callide to allow the minister to answer the question and wait for an indication from the minister that he has finished answering that particular part of the question before he proceeds.

Mr SEENEY: Thank you, Mr Chairman.

Mr ROBERTSON: You are probably pushing your luck a bit. I am happy to talk about what will happen in the current financial year as per the estimates. You are probably pushing your luck to talk about what is going to happen for the term of this government. But given that we are talking about price paths that are in place for five to seven years, I am not prepared to speculate that far in advance because it is not on our horizon. We have set price paths for five to seven years. Over that period we have a commitment to continue to fund community service obligations. During that period SunWater will be getting on its feet as a commercialised entity. What happens beyond that I cannot speculate, and nor can you—responsibly, anyway.

Mr SEENEY: Minister, can you quantify these separate financial arrangements with Treasury that you referred to in the answer to question on notice No. 1 and that the CEO of SunWater referred to in his answer? Can you quantify it? How much money is involved in those separate financial arrangements?

Mr ROBERTSON: I think you would have to ask Treasury that. It is an arrangement with Treasury. You would have to ask the Treasurer.

Mr SEENEY: It is an arrangement with Treasury that is made by you or by the CEO of SunWater?

Mr ROBERTSON: The simple answer is that we are not going to quantify that. That matter would be commercial-in-confidence with respect to the operations of SunWater. It is also a matter that is clearly between Treasury and SunWater.

Mr SEENEY: Minister, why do you not make the whole operation of SunWater public, rather than hide behind this commercial-in-confidence argument all the time? All that does, with respect, is cause people to have quite justifiable doubts about the whole operation. Why is anything about SunWater commercial-in-confidence? It is a government-owned corporation, for heaven's sake. It is owned by the people of Queensland. Why are they not entitled to know about all of the financial arrangements with respect to SunWater?

Mr ROBERTSON: We have just found it judicious to carry on the policies with respect to commercialised entities that were in place under the previous coalition government. It is no different from the way you operated when you were in government, and I am sure that should you ever return to government you will continue to operate in a similar fashion, because you know the rules that apply to these kinds of operations.

Dr KINGSTON: Minister, the most comprehensive study on the economics of large irrigation dams ever done in the world was conducted by the World Bank. It took many years to complete and contained a lot of input. In short, its conclusion was that, if a government or the authority that built the dam wanted to recover the capital costs and the running and operating costs, there would never be another large irrigation dam built in the world. The only way large irrigation dams can be justified is by considering the social benefits—in other words, the increase in social capital to the command area. Will you consider increase in social capital when you are making decisions about prospective dams?

Mr ROBERTSON: I think it is fair to respond this way, Dr Kingston. We as a government are committed to a process in terms of assessing the viability of any new infrastructure. That gets determined by a very detailed process, which is our water resource planning process. Some of our catchments have been in this process now for a couple of years because of the science that needs to go into it. An important part of that process is the social and economic impact assessment that gives guidance to government as to how best it can invest in capital works projects, should it desire to do so. Those concerns that you raise—I have been made aware of the World Bank's views in relation to that—are captured in our water resource planning process.

Dr KINGSTON: Minister, the scientific projections currently being published assert that Australia will experience a shortage of water for all purposes by the year 2020, even with our low population growth. What projection studies are currently being done of the adequacy of water supplies by 2020? There is one already under way by QUT and some of my staff in relation to the Mary River. It is already indicating that the Mary River, one of the safest rivers in Queensland, will be under stress by 2020.

Mr ROBERTSON: I think you have just highlighted the importance of the process that government—it is my department in particular but right across government—is committed to; that is, assessing the ongoing health and viability of our waterways right throughout the state. That is why we have this comprehensive program of water resource plans. Those plans are designed to indicate at the end of the process how much water is needed to maintain the health of the river versus how much water can be extracted for town, industry and irrigation. A lot of science goes into that. That is why they take so long to develop.

For example, the monitoring at the Condamine-Balonne to determine water flows has been going on for quite a number of years now. As you would be aware, you need to collect that data over a significant period of time to determine what trends occur. From there you make your assessments about whether you can put a weir or a dam there or whether, for the sake of the health of the river, you cannot any longer invest in additional infrastructure or invest in additional extractions. That is the process we are going through.

We also contribute significantly taxpayers' funds to a range of cooperative research centres that are also engaged in this kind of work. The culmination of all of that kind of work will provide ongoing direction to government as to how it manages what you recognise to be a very important and scarce resource for Queensland. I am not aware of the details of the QUT study, but the Mary is one of the rivers we will be commencing a water resource planning process for in the next year or so. I am sure that the work that is being done by QUT will be fed into that process.

Dr KINGSTON: Minister, with respect, as I move around amongst Rivercare and Landcare groups the comment I hear constantly is that there are monitoring systems in place but nobody is reading them. That came up at a meeting in Maryborough last week. The Balonne I will accept—I used to live in Goondiwindi and I know the process that has gone on there—but the constant cry I hear from potential water users is that adequate monitoring is not occurring, nor is adequate consultation.

Mr ROBERTSON: In relation to the specific suggestion you have made, it probably goes beyond the information that can be provided in detail through an estimates hearing such as this. I have a briefing I could read out to you on our water monitoring network. In relation to that specific matter along the Mary, I suggest that you provide some details on that and I will have it investigated.

Dr KINGSTON: I am sorry. With respect, it is general. It is not just the Mary.

Mr ROBERTSON: Okay. I will read out the briefing on that. I will indicate to you that this year some \$6.7 million has been allocated for water monitoring networks throughout Queensland. Historically the Department of Natural Resources and Mines has been involved in the ambient monitoring of surface and ground water quantity and physio-chemical water quality. In recent years sediment load and macro-invertebrates have been added to the water quality information collected and analysed.

The Water Act 2000 has a number of statutory requirements with respect to monitoring, including: review the effectiveness of water resource plans against their objectives, normally every 10 years; day-to-day compliance with resource operation plans and with resource operation licences; and the overall availability and condition of the surface and ground water resources across the state in terms of quantity and quality. This information contributes to *The state of the environment* and other natural resource-based reports.

By June 2003, under the current water planning program in excess of 20 water resource plans, 10 resource operation plans and 25 resource operation licences will be developed. Each plan and licence will need to be monitored and assessed on an annual basis to report on performance against stated objectives. One of those will be the Mary. The ongoing identification of indicators that are scientifically robust and cost effective to measure is a major challenge, particularly for measuring ecosystem health impacts—a major issue for the monitoring, evaluation and review of each plan and licence. Relationships between water management activities and

ecosystem outcomes must be clearly defined and are subject to ongoing scientific research.

The current surface water network of 370 stations continuously collects flow data, which is used for water planning and management purposes, such as estimating storage yields, water allocations, flood routing and flood harvesting. Basic physio-chemical water quality data—that is, salinity, acidity, temperature, turbidity and dissolved oxygen—is collected at 175 of these stations three times a year. Ground water levels are collected at some 4,700 bores across the state in alluvial, fractured, rock and artesian areas. Basic physio-chemical water quality data—that is, salinity and acidity—is collected at 360 of these bores once a year. I am happy to go on if you want to move for an extension, Dr Kingston.

Dr KINGSTON: I think I have made my point and you have made yours, Minister. I will relax.

Mr ROBERTSON: By the way, SunWater also collects data for its operation.

Can I just say as a bit of friendly advice, Dr Kingston: if you require further information, particularly in relation to the data, please try to construct a proper letter. Stop faxing me your scrawl and suggesting that that represents correspondence from a member of parliament. I will advise you now: any further scrawl faxed through to me will not be responded to by me or my department. You have a responsibility as a member of parliament to represent your constituents properly and you do so in a polite manner. That requires a properly addressed letter, and I will always respond accordingly.

Dr KINGSTON: Minister, I object to your statement and I would ask you to withdraw it. You get scrawled letters from me because I do not have enough secretarial staff to type letters and I do not have enough time to type letters.

Mr ROBERTSON: That is absolute nonsense. You have just increased your staff allocation by one. There is no need to send any minister—

The CHAIRMAN: Order, Minister!

Mr ROBERTSON:—a scrawl like you do, which is incomprehensible.

The CHAIRMAN: I call the minister to order! I would ask that both the minister and the member keep the question and answers relevant to the reason we are here today. We should be referring to the budget and the expenditure of money within the department. The time for non-government members' questions has expired. I call the member for Mudgeeraba.

Mrs REILLY: Can you advise the committee whether the government is close to finalising the proposed water cap for the Queensland section of the Murray-Darling Basin?

Mr ROBERTSON: The government is on schedule to meet its commitment to finalise the cap on water diversions from each of the Queensland Murray-Darling Basin catchments by around the middle of the year. We are getting pretty close. This commitment was confirmed at the last Murray-Darling Basin ministerial council meeting involving all other basin states and the Commonwealth in March this year. A cap on diversions will be finalised for the Condamine-Balonne, the Border Rivers, Moonie, Warrego, Paroo, Bulloo and Nebine River systems. The cap is also expected to include long-term end-of-system flow outcomes for each catchment.

Comprehensive resources assessments have been undertaken for each of these sub-basins as part of the water resource planning exercises that have been under way for the past five years. Hydrological, ecological, economic and other

assessments have been conducted in consultation with water users and other stakeholders over this time. The implementation of these plans would generally allow for improved stream management, ecological outcomes, the better specification of existing water licences and the establishment of transferable water allocations in specified areas and associated trading rules.

As part of its participation in the Murray-Darling Basin agreement with other basin jurisdictions and the implementation of the basin cap arrangements, Queensland, along with other state and territory jurisdictions, will formally report to the Murray-Darling Basin ministerial committee on compliance with its capped position on an annual basis. I hope to be in a position to take something to cabinet in the not-too-distant future. I should emphasise that what we will be doing in the next month or so is looking at establishing the cap; that is, how much water can be drawn out of the system. We then commence upon an even more difficult process of how we allocate that water, which will be identified for use for a range of purposes. That, we imagine, could take well over a year, but our commitment under the intergovernmental agreement—or through, I should say, the Murray-Darling Basin ministerial council—remains.

Mrs REILLY: I refer to page 16 of the MPS where there is a reference to addressing sustainability issues in the Great Artesian Basin. I wonder what the government's commitment is to funding this work?

Mr ROBERTSON: I thank you for that question. The government is committed to funding programs aimed at achieving the sustainability of water use in the basin. The aim of the Great Artesian Basin initiative is to rehabilitate hundreds of outdated corroding bores and replace some 22,000 kilometres of bore drains throughout the basin. To date, 404 bores have been capped and 69 pipe reticulation schemes have been installed. This has resulted in significant water savings and partial pressure recovery in some key sections of the basin.

A firm commitment of some \$3 million has been made in the 2001-02 state budget from departmental base funding for these programs. This includes \$1 million, which the department requires each year in order to fulfil its resource management responsibilities in regard to the basin. It also includes \$2 million for projects under the Great Artesian Basin sustainability initiative.

I acknowledge that this will not fully match the available Commonwealth funding because of competing government priorities this year, but funding for the initiative will be further considered in future budget processes. The government is aware that it is expected to match Queensland's share of the available Commonwealth funding over the five-year life of the sustainability initiative; that is, from 1999-2000 to 2003-04. This share is currently estimated to be \$16.4 million, although it may increase as the Commonwealth makes periodic cost price adjustments to the funding of the initiative.

The government believes that it would be far more equitable if the Commonwealth government was prepared to recognise the state's contribution to sustainability that it makes in fulfilling its resource management responsibilities. We get recognition for only that \$2 million by the feds. They do not recognise that additional \$1 million that my department spends year in, year out, in that area. If they did, that would mean an additional \$1 million would be making it on to the ground to cap more bores and pipe more reticulation schemes.

Mrs REILLY: You may have partly answered this question, but there has been some recent criticism. In the light of the criticism about state government funding for

bore rehabilitation in the Great Artesian Basin, do you consider that there is a case for current funding arrangements to be reviewed to ensure that the bulk of funding is used for these on-the-ground projects rather than in bureaucratic management?

Mr ROBERTSON: I think there certainly is a case to have a good look at funding arrangements. It has become apparent that the time has come to review and rationalise the arrangements established some years ago to enable the government to consult with industry, the communities of the basin, environmental interests and other stakeholders. This is particularly so in light of the number of similar arrangements involving the same stakeholders that have been established under other programs. For example, we currently provide funding support to a wide range of advisory committees within western Queensland, including the Great Artesian Basin Advisory Committee, the Great Artesian Basin Consultative Committee, the Lake Eyre Basin Ministerial Forum, the Lake Eyre Basin Coordinating Group, the desert uplands build-up and development strategy, the south-west strategy and the Central Highlands regional resource use planning process.

As I said earlier, a lot of these initiatives actually involve the very same people. I have already spoken about the failure of the federal government to recognise that additional \$1 million that we actually provide that particular area year in, year out. So we are already missing out on \$1 million extra money from the feds. I think that there is potential for some savings to be made across a range of those committees. Whilst they were set up for good reasons some years ago, it is time for a look at them to ensure that the scarce dollars are actually making it onto the ground and being spent where they are actually going to make a difference.

One of the concerns that I have is that some of these groups can actually become, if you like, mini bureaucracies. They tend to take on a bit of a life of their own. I recall receiving a bit of comment from the Great Artesian Basin Advisory Council not that long ago about the state not providing sufficient funds. I had a bit of a look around as to where I could perhaps find some extra money for the Great Artesian Basin Advisory Committee and I came up with some really interesting things that I am obviously going to pursue in the forthcoming year.

I was interested to find out that the Great Artesian Basin Advisory Council actually has an office in Brisbane. Based on the fact that all of their work is actually out in far-west Queensland in the Great Artesian Basin, they find the need to have an office in Brisbane. I was further advised by my department that when they were looking at this office accommodation, my department, generous as it is, actually offered them free accommodation and administrative support at the Landcentre in Woolloongabba. I am informed that the response was that, no, no, no, they actually need some sort of shopfront to conduct their business. As I have found out, their shopfront is on the sixth floor of BP House with some rather stunning views over the Brisbane River. I am informed that the rent paid for that particular office—

Mrs REILLY: Can you tell me when that was established?

Mr ROBERTSON: Just earlier this year. I think that it was Warren Truss who actually opened that. It is a shame that I have run out of time.

The CHAIRMAN: I call the member for Aspley.

Ms BARRY: Are you concerned that the Commonwealth government carries over more than \$100 million in Natural Heritage Trust funding each year rather than allocating this funding to vital environmental projects in Queensland?

Mr ROBERTSON: I am, but before I go on to that, can I just finish the previous answer? I made the point that they are actually on the sixth floor of BP House, with rather stunning views of the Brisbane River, carrying out the consultative work necessary for the Great Artesian Basin. I am informed that the rent on that is some \$16,000 a year. So if they had accepted the offer of my department, they would currently have \$16,000 a year more to spend on capping bores.

This is the kind of, perhaps, mini bureaucracies that I am interested in having a look at to ensure that every dollar that is available gets onto the ground. So we might be hearing a bit more about that in the months ahead. Nevertheless, I join with John Secombe, the Chair of the Great Artesian Basin Advisory Committee, in trying to find every last dollar to ensure that this wonderful initiative gets the maximum possible impact out in far-west Queensland.

In relation to the feds, yes, over \$100 million of Natural Heritage funds have curiously not made it to the states. They underspent by \$100 million their National Heritage Trust funds. Bear this in mind: I was just informed this morning that under the Natural Heritage Trust funding on a per capita basis, Queensland is one of the worst states in terms of getting Commonwealth money on a per capita basis from the feds. That says to me a lot about what the federal government is or, in this case, not doing for natural resources, particularly for Queensland.

They underspent by \$100 million. That has been verified by their own Department of Finance. So there was \$100 million extra available to the states that they have just rolled over—meanwhile, knocking back applications from Queensland; meanwhile, not providing Queensland with its fair share on a per capita basis under this very important scheme. In fact, Queensland has received only 14 per cent of total Natural Heritage Trust funding. This is significantly less than our population share, which we know is around 19 per cent to 20 per cent.

I would hope that, as we approach NHT 2, as it is called, ministers like Warren Truss will actually do the right thing by Queensland for a change and get in his own cabinet room and argue for a fair share for Queensland rather than going down the path of splashing money around and saying that the states will pick it up on a dollar-for-dollar basis. That is unfair to states like Queensland because of the spread of our population throughout regional Queensland. Truss should actually do the right thing by Queensland for a change—stand up for Queensland in the cabinet room where it really counts and not allow himself to be railroaded by the South Australian hill. That is where you will find most of the money going. Could I be cynical enough to suggest that that is because there is an election in the air?

Ms BARRY: Scientists from the Department of Natural Resource and Mines have recently claimed that the Brisbane River riparian assessment using helicopter-based 3-D laser systems is a world first. Could you explain to the committee what is unique about this approach?

Mr ROBERTSON: This is part of the Premier's vision for a Smart State. Natural Resources and Mines scientists have been developing applications based on air-borne laser systems for the past three years. These laser systems were initially developed by the US military and installed in army tanks to provide a three-dimensional picture of the terrain ahead. Perhaps we could use some of them down in Canberra.

In more recent years the technology has been modified so that it can be mounted in aircraft providing a 3-D view of the world below—which would be

unique for Canberra. This has provided a great opportunity for a more cost-effective and accurate assessment of our natural resources.

The laser scanning system collects 5,000 survey points per second of the ground and vegetation below. Using a helicopter and following slowly at low altitude means that approximately 150 metres of ground and vegetation on either side of the water body can be surveyed in great detail.

The Brisbane River project appears to be the first riparian assessment using this technology in the world. Results from the project so far have been outstanding. The products include highly accurate digital terrain models of the river bank accurate to within 30 centimetres—or, for the member for Callide, a foot—and very detailed vegetation maps accurate to about one metre. Each tree or clump of trees have been delineated and species identified. This information is extremely useful for monitoring changes to the vegetation; that is, expansion of weeds such as lantana, clearing of native vegetation and fire for flood damage, and has great potential for monitoring the erosion of the banks. It is very likely that the methodology developed in this project will impact on how resource management assessments of key rivers will be conducted in the future.

The CHAIRMAN: I call the member for Burleigh.

Mrs SMITH: On page 17 of the MPS I note that the department is reviewing the Land Act to investigate the possibility of diversification on leasehold land. Can the minister inform the committee of any progress that has been made on this issue?

Mr ROBERTSON: It became apparent to me when I took over this portfolio and started to travel around that there was a real call by farmers who had leasehold properties to look at diversifying the activities that occurred on their properties. We have operated traditionally a very rigid system. So if you get a lease for grazing purposes, that is all you can do with it. If you get a lease for some other purpose, that is all you can do with it. As things have changed for rural Queensland, it is time we had a look at where we can provide farmers with opportunities to diversify their operations on leasehold land. We do not want them to go down the path of developing their properties for purposes other than what they were specifically there to do. That would set a dangerous precedent in a whole range of areas. But where we can provide flexibility to allow them to diversify and they do not take away from the principal purpose of that leasehold, I think that should be encouraged.

I asked my department to provide me with a policy options paper. That has now been finalised. It would appear as a result of the review that I requested that opportunities do exist. We need to tread carefully on this. Because we are so committed to sustainable natural resource management, we want to provide that diversification of land usage to land-holders, but on the basis that they construct property plans. Therefore, they go down the same path that we are going down of sustainable natural resource management. The carrot for that is that they are provided with additional possibilities on how to utilise their land, whether it be for small tourism operations or a small aquaculture investment.

In fact, I stumbled on this reading correspondence from a leaseholder up in north-west Queensland who wanted to develop a small aquaculture business for redclaw. That was what forced me to ask the question: why can't he do it? As a result of that we are now able to deliver greater flexibility for land-holders, those who have leases in rural and regional Queensland. As I said, we will tread carefully with this. This is not open slather by any stretch of the imagination, but hopefully it

will provide some flexibility and another source of income that will no doubt be useful during the hard years that many land-holders get into from time to time.

The CHAIRMAN: The hearing is now suspended for morning tea. We will resume at 10.15 a.m.

Sitting suspended at 10.02 a.m. to 10.17 a.m.

The CHAIRMAN: The hearing of Estimates Committee E is now resumed. I call the member for Callide.

Mr SEENEY: Minister, during the estimates committee hearing last week, the Treasurer indicated that Queensland received \$86.4 million in national competition policy payments for 2000-01. He also indicated that \$12.9 million was not received as a result of an adverse assessment of water reform and the community service obligation framework for public transport. Can you detail why the adverse assessment was made with regard to water reform?

Mr ROBERTSON: I will have to get some details shortly, but my understanding is that that related to a couple of projects. One that comes to mind is the Townsville-Thuringowa Water Board. I think the other one was in Rockhampton. Basically—again, if I remember rightly—it was a case of those local governments not implementing the two-part tariff that is required of them under the water reforms that we have been talking about this morning. My understanding is that that process is continuing. From memory, the Rockhampton council has finally made the decision, so it will be going down that path. I am not too sure about Townsville off the top of my head. I have a feeling that the work has progressed in relation to Townsville.

It just underlies the difficulties inherent in this process as we go down the path of water reform. It is nothing to do with the state in that we have not failed to do something that has resulted in that. It is matters to do with those two councils. If you wished further details on that, I suggest that you perhaps use the estimates for the Department of Local Government and Planning to advance the matter further. That is my understanding of why those payments have been withheld.

Mr SEENEY: That cost us almost \$13 million in national competition payments, those two issues. There was nothing in the broader water reform process that your department administers that cost us—

Mr ROBERTSON: No.

Mr SEENEY: Okay. Of that \$86.4 million that was received by the state government in national competition policy payments, was any of that money specifically forwarded to your department to assist with the implementation of the water reform process? For instance, to fund socioeconomic studies, to pay compensation or to allow adjustment?

Mr ROBERTSON: I am advised that that money just goes into the general pool of consolidated revenue and gets disbursed according to how the Treasurer frames his budget.

Mr SEENEY: You are telling me then that your government inflicts the pain of water reform on water users, rightly or wrongly, and offers no assistance or recourse and then takes the profits, if you like, from the NCP process and spends them on Lang Park, foot bridges and whatever rather than on adjustment, compensation and socioeconomic studies that should be part of the water reform process?

Mr ROBERTSON: It probably goes into capital works programs in your electorate of Callide as well. For example, in the budget papers you will find an

amount of some \$14 million for water reform implementation. That is expenditure by this department in relation to water reform. That money has obviously got to come from somewhere.

Mr SEENEY: How much of that, if any, goes towards alleviating the pain and the angst that the water reform process has caused to some people? How much money does your department spend on compensation adjustment programs and even socioeconomic studies?

Mr ROBERTSON: I will clarify: the \$86 million that you are talking about is made up of a number of components.

Mr SEENEY: That is right. I acknowledge that.

Mr ROBERTSON: Electricity, gas and water.

Mr SEENEY: I acknowledge that it is not all because of water reform. I am trying to get at what happens to the money that the state gets from the national competition council payments. I suggest to you that the government has a moral obligation to spend that money to alleviate the angst that is caused by the processes. In the case of the department that you administer, the government has a moral obligation to use that national competition payment money on such things as adjustment programs, compensation, socioeconomic studies and assistance.

Mr ROBERTSON: Water use efficiency measures would be included in that. We have the Rural Water Use Efficiency Program, \$41 million over four years. In relation to socioeconomic studies, that is a responsibility of the Department of State Development. In relation to subsidies for local governments with respect to upgrading their water schemes, you would have to ask the Minister for Local Government that question.

I understand your question and I think it is a valid one, but the problem is that when it comes to water it is not just my department. I can list for you a range of initiatives, as I have just done, but you would also have to go to DSD, Local Government, the EPA and DPI and collate all the information about the programs that government run in relation to water before you do your exercise of how much money is collected versus how much money is spent. I can only outline to you what we are spending in the forthcoming financial year.

Mr SEENEY: I accept your argument, although I think it is a desperate one in that the majority of the water users are administered by your department and certainly the totality of the rural water users, the irrigators, are administered by your department. Can you detail how much money, whether it came from national competition council payments or other sources, has been spent on adjustment programs and compensation for people who have been adversely affected by the water reform process? I am suggesting to you that that should be a legitimate use of the money that your government receives from the federal government in the form of national competition payments.

Mr ROBERTSON: I will give you two: \$10 million in rural water use efficiency measures and \$9 million in CSO payments to Sunwater for the price paths. The is two straight up. How much money are we trying to find?

Mr SEENEY: I am asking what you have spent.

Mr ROBERTSON: I have given you two examples. The rest you will find in the budget statements. Another one handed to me is the work going on in relation to water resource planning processes throughout the state, particularly in the Murray-Darling.

Mr SEENEY: So there is nothing for adjustment programs or compensation for people who will have their entitlements impacted on?

Mr ROBERTSON: Which people are having their entitlements impacted on?

Mr SEENEY: I am saying that there is no provision to pay compensation to irrigators who will suffer a reduction in their water entitlement and there is no specific adjustment programs for them or any other people who are adversely affected by the water reform process?

Mr ROBERTSON: Who is having their allocation reduced? Who is having their water allocation reduced in Queensland?

Mr SEENEY: Are you giving me a guarantee that no irrigator will have their water allocations reduced? I would be happy to receive such an assurance from you.

Mr ROBERTSON: You have asked a question. If you can give me an indication of where in Queensland a land-holder—an irrigator—is having their allocation reduced, I will be able to provide you with the answer. You cannot, can you, because it is not happening, is it?

Mr SEENEY: It has not happened yet. I suggest to you that there are sufficient grounds for a number of those people to be very worried about the prospect of it happening.

Mr ROBERTSON: You are a suspicious person.

Mr SEENEY: I am seeking from you an assurance that they will be properly compensated with the money that you receive from the federal government in terms of national competition payments. However, I would be more than delighted to receive from you an assurance that no irrigator will have their water entitlements impacted upon by the water reform process. I would welcome such an assurance from you and I would rejoice in such an assurance?

Mr ROBERTSON: The process of the estimates for 2001-02 is not about speculation; it is about hard expenditure. If you provide me with information in relation to the program statement where you can find a land-holder will have their water allocation reduced, I will be happy to provide you with an answer. I am not here to speculate, nor am I here to feed the mischief that you might want to peddle out there.

Mr SEENEY: We will continue to monitor that issue very closely, I am sure. Last year's MPS reported that only two of the forecast nine WAMPs or water management plans had been submitted for approval in 1999-2000, but that 14 would be completed in 2000-01. Perhaps it is coincidence but that measure appears to have been altered in this year's MPS so that the forecasted target of 14 is missing. How many water management plans did you complete? Why did you not complete the targeted 14 and how many do you expect to complete this year?

Mr ROBERTSON: Before getting onto that, I will finish the last question because I have some information for you so that you may not be able to peddle your bit of mischief out there. The only place where there is some suggestion that irrigators might reduce their allocations is in St George. We have stood in the market place now for a number of years with a sum of \$6 million should those irrigators wish to avail themselves of that. That is the only place that is happening. We are actually out there—

Mr SEENEY: You stood in the marketplace to buy the allocation?

Mr ROBERTSON: Yes, that is right. That is the only place in Queensland that it has happened. There is no suggestion that anything we have done over the past year or in the forthcoming year supports what you are suggesting. That is proof positive. That is a hard item.

Mr SEENEY: As I said, you and I will both continue to monitor that issue.

Mr ROBERTSON: I am sure that we will. With respect to the water resource plans, where we are up to is that draft water resource plans for three basins, namely Condamine-Balonne, Warrego-Paroo-Bulloo-Nebine and Moonie, which were publicly released in mid-2000, will be finalised in the first half of this financial year. The release of the draft water resource plans for the Barron and Pioneer basins will be out shortly, within the next couple of months. In fact, it is intended to be released in August. Development of draft plans for the border rivers, Logan, Calliope and Mitchell basins are well advanced. These plans will be publicly released this financial year. The border rivers plan is scheduled to proceed to finalisation early in 2002.

Early in the financial year, development of draft water resource plans for the Burdekin, Mary including the Burrum and Sunshine Coast catchments, and Georgina-Diamantina basin will be formally commenced with the publication of the minister's intention, that is mine, to prepare the draft plans. The draft plan for the Georgina-Diamantina basin will progress to enable public release in early 2002. Following the completion of current technical assessments of the ground-water systems of the Bundaberg, Pioneer and Burdekin basins, the process will commence to incorporate those ground-water systems into their respective water resource plans. Where required, following the finalisation of water resource plans, the development of resource operation plans will then proceed. The development of WAMPs for the Fitzroy, Boyne, Burnett, Condamine-Balonne and the border rivers, Barron and Pioneer basins are a priority for this financial year. That is going to cost us some \$4.6 million.

Mr SEENEY: I am sure you will agree that you have a big job ahead.

Mr ROBERTSON: Thank you.

Mr SEENEY: But the output statement for integrated natural resource planning on page 14 of the MPS reveals that the spending has been cut in actual terms this year by more than \$12.4 million. It has been cut from an actual spending of \$86 million to a budgeted spending this year of \$73 million.

Mr ROBERTSON: Can you just give me the reference again.

Mr SEENEY: It is on page 14 of the MPS under the output operating statement. The notes to the output statement put that down to the federal government's payment of additional NHT money last year and falling NHT funding this year, which you referred to. On page 13, though, it shows that the state's contribution was above budget last year but that that spending will drop this year to \$41 million. Given the backlog that has developed in the last two years in completing water resource plans, which you referred to in answer to the previous question—and it is quite obvious—and the enormous amount of planning that still has to be done in relation to vegetation and water management and the move towards the implementation of those plans this year, shouldn't your government be increasing its funding commitment in this output rather than reducing it?

Mr ROBERTSON: As you mentioned, natural resource planning outlays are expected to fall by \$12.5 million. As you mentioned, this results mainly from an anticipated reduction in outlays on Natural Heritage Trust related activities.

Commonwealth government funding for these activities is expected to fall by \$8.7 million, with the balance of the decline in outlays, \$3.8 million, mainly related to the state contribution towards these activities.

In relation to the comments that you made, you will appreciate that the process of water resource planning, vegetation management planning and all of the other planning that we go on with in this department is incredibly complex. Importantly, it involves significant input and involvement by local communities. As a result of that, a lot of the time frames that are put in place by the department are based on an acknowledgment of the capacity of the community to be properly involved in our planning processes. Whilst the department may itself, in terms of the army of scientists, engineers and other people we have, be able to complete these processes in a quicker manner and therefore bring forward planning, we would risk leaving the community behind. There is actually a bit of a revolution in terms of how natural resource management—

Mr SEENEY: The question was about the state contribution.

Mr ROBERTSON: Natural resource management is—

Mr SEENEY: You really are preaching to the converted. The question was about the state contribution. You have got a backlog of work to do. Why has the amount of money allocated fallen? That is the question. It is pretty simple.

Mr ROBERTSON: I think what you are referring to in that item is not government money but money that we get through other contributions, principally from the feds. So the core funding—

Mr SEENEY: No. I refer you to the bottom of page 13, which says 'state contributions' very clearly.

Mr ROBERTSON: Just hang on. I will get Rob Freeman to provide the detailed answer in relation to that.

Mr FREEMAN: If you look at the table on page 14, which I think is the one that you are referring to—the integrated natural resource planning area—the output revenue is essentially much the same as last year. That is the government's contribution. The area where it is falling is in the grants and other contributions, line 3, noting the comment down the bottom at note 2, which is the reduction in Commonwealth funding, and then the offsetting government arrangement in there. So the government's contribution to this output has remained roughly the same as last year's allocation, although last year's expenditure outstripped it by some \$4 million.

Mr SEENEY: I was referring to the actual expenditure. I was trying to make the point that you have a backlog of work to do and you certainly have not allocated any more money to handle that backlog. In fact, I would argue that it has been reduced. Can we go on?

The CHAIRMAN: The time has expired. I now call the member for Burleigh.

Mrs SMITH: I refer to the department's management of Queensland land resources, which includes maintenance of the Foreign Ownership of Land Register, and I ask: can the minister provide details about how much Queensland land is foreign owned and what are the top 10 nationalities that own that land?

Mr ROBERTSON: Foreign ownership of land is an issue that often sparks vigorous community debate. For example, at times over the past decade there has been much debate about how much of the Gold Coast is owned by Japanese interests. The Queensland Resource Registry in my department manages the

Foreign Ownership of Land Register. This computerised register was established in 1989 and contains details of all land acquired by foreigners who are required under the Foreign Ownership of Land Register Act to notify the Registrar of Titles of their ownership. The Automated Titles System now removes a foreign ownership record when a foreign owner disposes of their land. The register is updated with the new title references when foreign-owned land is subdivided and new indefeasible titles are created. Public searching of the Foreign Ownership of Land Register may be conducted through my department's service centres. These searches may be for a particular parcel of land or for land owned by an individual or a company. A series of reports can be generated for the foreign ownership data held by my department to provide details for specific local government areas, including listings of foreign ownership by particular nationalities, with details of land area, number of land parcels, land use and value.

Now to some facts about foreign ownership of land in Queensland. As at 30 June my department's validated registry statistics show that foreign-owned interests in land total an area of some 1.454 million hectares. That is only about 0.84 per cent of the state's total land area. There are currently owners from 122 foreign countries recorded in the register. In terms of accumulated land area, the top 10 foreign nationalities owning land in Queensland at 30 June 2001 are the USA, followed by the Netherlands, the UK, Japan, Canada, France, Germany, Hong Kong, Brazil and New Zealand. In terms of the number of parcels of land, the top 10 foreign nationalities owning land in Queensland as at 30 June are Japan, the UK, New Zealand, the USA, Singapore, Germany, Hong Kong, Malaysia, the Netherlands and Italy. That is very little. Attached to that—and I am happy to provide the member with the actual details of the number of hectares and lots—what you will find is that these figures add up to very little when you consider that currently there are approximately 1.896 million parcels of land recorded in Queensland's Automated Titles System and only 27,810 of them are owned by foreigners.

Ms BARRY: Page 17 of the MPS refers to shortcomings in the existing body corporate and community management legislation. What is the government doing to address these shortcomings, particularly in regard to improving the regulation of body corporate managers?

Mr ROBERTSON: The Body Corporate and Community Management Act was introduced in 1997 to provide flexibility in establishing and managing community titles schemes. In general, the act, though complex, is operating well. However, the government agreed to review its operation after it had been in place for a year. My government wanted to ensure that the act was achieving the correct balance between providing a flexible framework for community title schemes and protecting the rights of individuals. The act was reviewed by an independent committee formed by my department. The committee considered a large number of submissions and recommended a number of changes to address shortcomings in the act. Drafting of amendments to the act arising from the review has commenced. My aim is to have a bill available for public comment later this year.

Since the review was completed, public concern has developed regarding the role and performance of body corporate managers. One company that provided services to a number of bodies corporate has become insolvent, causing many of the bodies corporate to lose money held for building maintenance. As well, numerous allegations have been made of unethical conduct by some body corporate managers. Consequently, there have been calls for body corporate managers to be regulated. I met with a range of those groups shortly after becoming

Minister for Natural Resources and Minister for Mines and took on board their concerns. That is why I am working with my colleague the Minister for Fair Trading to examine options that may be available to regulate body corporate managers. The aim is to develop a proposal that provides a balance between the cost to the system and an appropriate level of consumer protection. It is our aim to bring a proposal to the government before the end of this year. That also explains why some comments have been made about the time it has been taking to progress the review of the act. I must plead guilty to that. Coming into this portfolio as I did in February, listening to the concerns of these consumer groups and taking on board these concerns has delayed the process that was otherwise in place by my predecessor.

Ms BARRY: Page 17 of the MPS refers to the improvement of facilities on the stock route network. How does the government intend to improve the network and how will it progress work on the Goondiwindi stock route bypass?

Mr ROBERTSON: I thank the member for this question, as someone who has been concerned for some time about the state of stock routes throughout Queensland. The government through my Department of Natural Resources and Mines provides funding for the construction of new stock route watering facilities, the upgrading and enhancement of existing stock route watering facilities as well as funding for other stock route infrastructure such as facility fencing, holding yards and stock bridges. The work is important as Queensland faces the possibility of looming drought conditions. Achievements to date include the construction of 19 new stock route watering facilities at a cost of \$285,000, the upgrading and enhancement of 123 existing stock route watering facilities at a cost of \$1.83 million, the construction or repair of facility fencing and holding paddocks at a cost of \$55,000, as well as a \$20,000 contribution towards the redecking of the Salisbury stock bridge on the Queensland-New South Wales border. The new watering facilities have been placed on major routes to fill dry stages between existing water facilities. It would seem to me that the expenditure in relation to this initiative is particularly important given the climatic conditions that are clearly developing out in western Queensland as we speak.

The existing watering facilities have been upgraded to replace worn or broken equipment and have been enhanced by either increasing water storage capacity, increasing delivery to the troughing and/or increasing the size or capacity of the troughing in order to meet the demands of the larger mob sizes now using the network. Local government has carried out the construction of new stock route facilities and the enhancement and upgrading of existing stock route facilities except for the drilling and refurbishment of bores which is undertaken by my department. In addition, approximately 1,700 stock route signs to assist in the safe management of the stock route network have been supplied to 31 local governments at a cost of nearly \$62,000. For the 2001-02 financial year an additional \$450,000 will be allocated to local government for the construction of 15 new stock route watering facilities and the upgrading of another 30 facilities.

The government is aware that a stock route bypass is required to resolve problems relating to urban expansion as well as public and road safety within the town of Goondiwindi. During 2001-02, \$460,000 will be allocated to assist the Waggamba shire and the Goondiwindi town councils to relocate the stock route around Goondiwindi as a means of resolving these issues. I look forward to inspecting that when I get out to Goondiwindi early next week.

Mrs REILLY: I draw the minister's attention to feral animals and in particular wild dogs, which I have a great concern about. They are of concern in some

sections of the Mudgeeraba electorate and, having grown up on a poultry farm, I have a personal concern about wild dogs,. I am sure that other members of the committee have similar concerns. We all know of the devastating effects that wild dogs have on Queensland's agricultural industry. But they are also becoming a problem in urban areas. What is the government doing to manage wild dogs in both rural and urban areas?

Mr ROBERTSON: I thank the member for the question. It provides an opportunity for me to explain and perhaps address some of the misunderstandings that exist throughout Queensland with respect to how we do manage wild dogs in both urban and rural environments. Dingoes, dingo hybrids and wild dogs are all declared pest animals under the Rural Lands Protection Act 1985. Under this act, each land-holder is responsible for controlling declared pest animals on their land. Local government is responsible for managing pest animals within their own boundaries.

Wild dog problems arise because of limited knowledge and experience of wild dog management by residents in these areas and divided community opinion on the need and methods for control. Some of the problems can be attributed to the breeding cycle of the animal and their behaviour at such times and to human activities such as feeding of these animals. As the problem in the urban and rural residential areas involves many land-holders, often with differing views, my department encourages a whole-of-community approach rather than addressing the problems of individual land-holders.

For some time now my department has facilitated community and local government consultation and awareness programs in a number of areas of concern in order to obtain their agreement and commitment to locally determined management plans. The planning process is under way involving local and state government agencies, the community and environmental groups to develop workable wild dog management plans in several urban and rural residential areas. These management plans will enable councils and local communities to work together towards both short and long-term solutions to their problems. It is hoped that lessons learned at these locations will provide direction for other councils and communities experiencing similar problems.

Departmental officers will continue to facilitate the development and implementation of these plans, providing technical advice required by the communities and their councils in order to address their particular problems. The department is committed to the fundamental principles underpinning the Rural Lands Protection Act, such as individual land-holders being responsible for their land. Current departmental activity in the area of wild dog management is directed at effectively supporting land-holders to do just that.

Coordinated baiting campaigns continue to be undertaken in pastoral areas. In some areas greater cooperation between adjoining land-holders could improve the effectiveness of wild dog control campaigns. My department has commenced a project funded by the Commonwealth to investigate attractants for use with a canine predator control method currently used in the US for coyotes and continues to monitor, evaluate and appropriately advocate opportunities and innovations for better wild dog control.

We are also just finalising a new Queensland wild dog management strategy in consultation with the EPA, the grazing industry, the Queensland Wildlife Preservation Society and the RSPCA. This strategy outlines agreed actions whereby all stakeholders can manage the negative environmental, agricultural and

human aspects of wild dogs for the benefit of all Queenslanders. The strategy also recognises the positive impacts of wild dogs such as the regulation of native and pest animal numbers. The draft strategy is being presented to the Rural Lands Protection Board this week and will be released for public consultation in a few weeks.

Mrs REILLY: What about the wild dog barrier fence that is used to protect the southern inland from wild dogs? Is the government committed to continuing to fund operations and maintenance of this fence?

Mr ROBERTSON: The maintenance of the wild dog barrier fence in dog-proof condition is one of the activities undertaken by my department in partnership with local governments. This is part of the overall strategy for management of wild dogs in that part of southern inland Queensland that is protected by the fence. This government is contributing \$700,000 this year to the maintenance of the fence and is prepared to commit an extra \$150,000 to maintenance operations provided the additional funding is matched by benefiting local governments.

Currently local governments are prepared to contribute a one-off extra payment of \$70,000 in addition to any increased local government preset payments. This means that the wild dog barrier fence will have an approximate total budget of \$1.4 million for 2001-02 depending on the levels of local government precept. The precept is calculated on a five-year average of stock numbers protected by the fence multiplied by 10.19c per beast multiplied by the increase in CPI in the previous year. Affected local governments have also resolved to form a committee with representatives of my department to review maintenance operations and to plan for future funding and management. This government would be undermining the initiative of these councils if we were to announce any policy positions before that review was completed.

Many initiatives have already been undertaken to increase the efficiency of the wild dog barrier fence operations and to improve mechanisation in remote area working conditions. A recent cost-benefit study has shown that the fence currently provides a significant benefit but that this benefit is very sensitive to increases in predation rates inside the protected area. The fence provides only a barrier against dog movements. So it is imperative that all land-holders, including the state, implement effective, integrated wild dog control inside the protected areas so that the full benefit of the fence may be realised.

Ms BARRY: The MPS refers to the department's scientific research activities. Can you advise of any research being undertaken into long-term climate forecasting?

Mr ROBERTSON: I note that Dr Kingston will also be interested in this answer based on his question earlier in this session. My department has long recognised that the management of our natural resources is strongly influenced by a highly variable climate or, more precisely, the uncertainty associated with future climate. The Department of Natural Resources and Mines is attempting to address the issue of climate uncertainty through the development of long-lead climate forecasting systems within the Queensland Centre for Climate Applications, a joint initiative with the Department of Primary Industries.

Natural Resources and Mines scientists located within the Queensland Centre for Climate Applications at Indooroopilly are approaching the problem of developing accurate long lead, that is three to 12 months climate forecast, using two approaches. Firstly, they are evaluating the potential for general circulation models

run on the department's supercomputer to provide high resolution, long-lead forecasts. This work is being conducted in collaboration with the CSIRO and the International Research Institute for Climate Prediction in New York. Departmental officers are in the early stages of compiling the results from this research.

Secondly, the Queensland Centre for Climate Applications has identified that there has been a strong link between the Pacific Ocean sea temperatures and Queensland's summer rainfall over the last 100 years. This information has been built up into an operational system for forecasting summer rainfall up to six months or more in advance. This experimental system has a potential to provide more accurate forecasts for summer—much earlier than is currently the case with current systems.

These long-lead forecasting systems, once fully evaluated, have the potential to contribute greatly to the management of our natural resource base and the Queensland economy through industries impacted by climate variability such as water resources, mining, tourism, cropping, grazing, emergency services and transport. The work within my department that I have just detailed complements and augments research within the DPI component of the QCCA.

Ms BARRY: Can the minister advise the committee on any progress with the vegetation management planning process referred to on page 12 of the MPS?

Mr ROBERTSON: When the government introduced its new vegetation management framework last year it made a commitment to the Queensland community that it would continue to be directly involved in decision making on this sensitive issue. An essential component of the ongoing program is regional vegetation management planning. The government has recognised that local people must be directly involved in the drafting for practical and locally relevant guidelines for vegetation management and sustainable land clearing—the point that I was trying to make to the member for Callide earlier on. The new Vegetation Management Act 1999 requires regional vegetation management to be prepared with extensive public consultation. To support this initiative, \$3.92 million in new funding has been allocated over three years as part of an enhanced delivery of vegetation management services to the community.

Following consultation with key stakeholder groups, it has been decided that 20 regional vegetation management plans will be prepared to cover the entire state. Drafting of each of these plans will be the responsibility of a regional vegetation planning committee. In some areas local working groups will support these committees. To date, 27 committees and working groups have been formed, with a combined membership of some 400 people. Despite the fact that participation of the groups is voluntary, there has been considerable community interest in the task at hand. So filling positions on those committees has not been a difficult task. My department will provide each of the groups with executive and technical support and will be ensuring that members' out-of-pocket expenses will be covered. They will also be able to call upon the expertise of other government departments, notably the EPA.

The groups will also be provided with access to existing scientific information on vegetation management relevant to the region. This will include existing knowledge on biodiversity and land degradation and new information that is generated during the drafting period. The geographic information systems capacity of the department has been substantially upgraded to support the new vegetation management program. Regional vegetation management groups will be able to take advantage of the products of this new and powerful tool. That means that the maps that we use

to track vegetation clearing and to determine areas which are of significance and of concern are becoming more and more accurate. That provides greater certainty for land-holders in terms of what can or should not be cleared and it provides environmental groups with greater knowledge as well.

At the end of the day we have set up a system where there is greater certainty for all stakeholders in the vegetation management debate that what they are discussing and the information they are provided with is as accurate as possible. That has been a bit of a problem in years gone by, that is, the accuracy of the information. That has caused some conflict out on the ground. So this new information, I believe, will benefit all of us—the department, environmental groups and land-holders—about where clearing may or should occur and where important areas need to be protected.

The CHAIRMAN: The land clearing issue has always been one that attracts a lot of attention for members such as me who have large rural areas. Are you aware of any sudden increase in the applications for land clearing permits in Queensland and, if so, what reasons are the applicants giving the department itself for the actual application for land clearing permits?

Mr ROBERTSON: It is a bit of a shame, I think, that no representative from the Liberal Party is with us today. They have made a number of interesting statements about vegetation management over the last couple of months, determined as they are to separate themselves or take the yoke off their necks that was put around them by the National Party. But when it comes to the crunch, when they really get the opportunity to talk about vegetation management, they are nowhere to be seen. No doubt the member for Callide is as disappointed as I am about their failure to attend these estimates. If they did attend, they would actually learn that the single greatest reason why we see significant increases in tree clearing is their federal colleague Senator Hill.

Every time Senator Hill opens up his mouth we see a significant increase in permits going through our offices such as out in Roma. Rather than working with land-holders like we do—and that is why we invest so heavily in on-the-ground consultation—he just comes in with his Environmental Protection and Biodiversity Conservation Act and forces land-holders without any support to change the way they operate according to these new federal laws. Every time Hill opens his mouth people get understandably incredibly concerned.

We have been managing face-to-face with land-holders, working with them with property management plans, setting aside areas that are of significance and are of concern. That is a process that is completely foreign to the Liberal Party both here in Queensland and federally. That is why we see increases in applications. If the Feds are really fair dinkum about tree clearing and vegetation management, they should be taking up the request by Premier Beattie for compensation.

We have made it clear that, whilst we have applied restrictions on clearing on leasehold land, if we are to move into the area of freehold land we need to do it with the certainty that land-holders can be compensated. If you are going to set areas aside and no longer allow them to be productive to enable them to earn an income, then rightfully they have a legitimate claim for some form of compensation. That is why for over two years now we have been requesting the Feds to partner us. We already spend \$103 million a year on vegetation management. We are looking for around \$100 million from the Feds—virtually dollar for dollar—so that we can progress this matter even further. Until we can do that it would be irresponsible for

us to progress this matter further. As I said, it is unfortunate that the Liberal Party is not here to hear this today.

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

Mr SEENEY: On 4 July the Land Court directed the DNR to issue amalgamated water harvesting licences to the Anchorage farming company. As you are no doubt aware, DNR had previously refused those licences on the grounds that the technical studies they had done found that the available water resource was overcommitted, and those technical studies were the basis of the Condamine-Balonne WAMP. You would also realise that, as part of that hearing, considerable flaws were exposed in the DNR's modelling and technical studies to the extent that they were basically discredited.

What implications does this have for cabinet's consideration of your recommendation regarding Queensland's Murray-Darling Basin water diversion cap, which I understand is due to go to cabinet soon? According to page 12 of the MPS, it will be finalised by mid to late 2002. What implications does it have for other WAMPs throughout the state, given that the technical studies that the DNR has based those WAMPs on have been found to be certainly questionable?

⁰¹⁰ **Mr ROBERTSON:** I am aware of the case to which you refer and, in fact, just last week held meetings in Toowoomba with the various community groups along the Condamine-Balonne as part of the ongoing commitment I have to consultation for the Condamine-Balonne and Border Rivers water resource plans. I have received a basic briefing, because it is still early days, on the outcome of the court case to which you refer. A full assessment of the outcomes of that case has yet to be completed, although I have requested that the department provide me with detailed information. I understand that there are virtually a couple of thousand pages of transcript to go through. Obviously, this only happened less than a fortnight ago and that work has yet to be completed. As I said, I am aware of it. I want to look at that report as to whether there are, if any, implications on the process that we are committed to.

Mr SEENEY: Given that there are a large number of irrigation developments across the state that have been either frozen, for want of a better term, or in limbo awaiting completion of the resource planning process on a number of catchments, given that the Land Court has certainly questioned or discredited the science that you have conducted in the Condamine-Balonne on which you have based those WAMP studies and given the backlog of water resource plans that have accrued over the last two years in large part because of the effort your department has made in finalising the Condamine-Balonne and Border Rivers WAMP, isn't it reasonable to suggest that if your government has any chance of meeting its targets with regard to water resource plans there should be a marked increase in the financial contribution to integrated natural resource planning output in this budget, particularly the water resource planning component, rather than the cutbacks I referred to earlier? Is it not the case once again that your government has not backed up its rhetoric with an allocation of money to allow your departmental officers to do the job?

Mr ROBERTSON: I think you are being a bit cavalier with your language when you say that the science has been discredited.

Mr SEENEY: It has been questioned. I will go with questioned.

Mr ROBERTSON: I will accept your second definition rather than your first, because the last thing any of us wants is somebody going around the state saying that the work that has gone on for some years has been discredited. My understanding is that that is not the case. Nevertheless, I will be looking forward to receiving the analysis of that particular court case in the near future from my department. The second part of your question related to the fact, based on that court case, as to why we have not allocated more money. I think your timing is out a bit, because the court case occurred after the budget was brought down. Therefore, we are dealing with a set of figures that were set some two or three months ago. You are comparing them against a court case which was resolved only a bit over a week ago. So I think you are being a bit cheeky in trying to tie those two matters together.

Mr SEENEY: That was only one element of my question, Minister. I am suggesting to you that it is one element that would indicate that your departmental officers need a major increase in the financial resources that are available to them if they are going to have any chance at all of matching the rhetoric that you, the Premier and other members of the government quite regularly indulge in when it comes to matters such as water resource planning, vegetation management implementation and all of those things in the field that have to be done. What I have tried to do this morning is to illustrate step by step the huge job that is in front of your department in reality out there in the field, because I understand the job that has to be done. I am questioning whether or not sufficient resources have been allocated in this budget to allow your departmental officers to do the job, given that there is a backlog, given that the water resource planning targets were not met last year, given that the science is being questioned—and there will have to be a response to that—and given that the vegetation management permit process targets have not been met. I am questioning whether or not your departmental officers have the resources to match your rhetoric and the Premier's rhetoric.

Mr ROBERTSON: The simple answer is yes. We have allocated \$103 million for vegetation management. You asked me if there is enough money for vegetation management. Yes, there is \$103 million this year. Any hold-up would be due to the failure of the federal government to come in and partner us with funding. We are doing the work—

Mr SEENEY: I asked about the water resource plans.

Mr ROBERTSON: I will get on to water resources. The state has allocated \$103 million. That is enough to meet our obligations under vegetation management. Sorry, I should correct myself. It should have been over four years.

Mr SEENEY: It is about \$8 million this year from memory, isn't it? I do not have to look it up.

Mr ROBERTSON: No.

Mr SEENEY: Yes, it is.

Mr ROBERTSON: The money is sufficient.

Mr SEENEY: Do you want me to find it for you? The allocation this year is about \$8 million.

Mr ROBERTSON: The allocation is sufficient, as it is with water. That is why \$10 million out of the \$41 million has been set aside for rural water use efficiency. There is \$14 million for water resource planning. Water is like vegetation. I said in the parliament a couple of weeks ago that it is all right if your state, or area, is called Gwydir, because the federal government comes along and tips in a whole heap of

money with respect to compensation for water. But if your state's name is Queensland, you do not get a cent from the federal government.

Mr SEENEY: \$86 million in national competition payments.

Mr ROBERTSON: No. That has nothing to do with what I am talking about, and you know it. It just so happens that this place called Gwydir, which is a very marginal seat held by the Deputy Prime Minister, all of a sudden gets this huge injection of money from the federal government for water reform. But no such offer has been made by the federal government to Queensland. In fact, Senator Boswell writes off the notion of any federal money coming to Queensland for rural water reform because he believes it is a state issue. He changed his mind a bit when he was out at St George and Goondiwindi the other week. It is a bit different when you are face to face with your own constituents. However, this is the kind of nonsense we have to put up with from the federal government all the time. I would suggest that in the next six months we will be seeing a lot more of this quite inappropriate pork-barrelling to stave off the threat of One Nation taking over National Party seats.

Until the federal government gets back on some sort of rational keel with respect to natural resource management, I suspect that we are not going to get too much sense out of it for at least the next six months. So the problem is not the money that the state government is allocating to natural resource management across the whole portfolio, the problem is that we have a federal government that is basically moving around like a whirling dervish throwing money wherever it deems appropriate according to its electoral agenda.

Mr SEENEY: Minister, just to pursue the vegetation management issue, in reply to my question on notice No. 108 on 2 May in the parliament you indicated that the government will spend \$28.5 million in 2000-01 implementing that legislation, of which nearly \$20 million is ongoing or existing funding. What are the programs that that \$20 million previously funded that will now necessarily have to be discontinued to fund the implementation of the Vegetation Management Act, given that you have allocated only \$8 million of new money this financial year for that? Can you confirm that there is no money in the budget to compensate land-holders for the loss of property rights under these laws?

Mr ROBERTSON: The government's ongoing commitment to sustainable vegetation management is demonstrated by the resources provided in this year's budget to continue enhanced services put in place over the last two years. These services include delivery of assessment services under the Vegetation Management Act and specialist technical advice, extension and support for the development of regional vegetation management plans. A total of \$6 million in enhancement funding has been specifically identified in the state budget for vegetation management, and that is on top of normal funding. The Department of Natural Resources and Mines will be using this funding for planning, extension, assessment and compliance services. A further \$3 million has been allocated to vegetation management support services from the EPA.

Again, I get back to an earlier answer. When you talk about natural resource management, whether it be vegetation, water or whatever, you have to look across a range of portfolios, because we allocate total funding across a range of departments according to which department is responsible for which type of service under a broader category of vegetation management, water reform or what have you. So this funding contributes to a committed total across government expenditure of \$111 million over four years on vegetation management. This figure includes significant ongoing funding to support assessment services on leasehold and other

state lands, nature conservation, extension services, resource and vegetation mapping, greenhouse assessments, land cover monitoring and research.

The Department of Natural Resources and Mines is now assessing applications for clearing at a rate of approximately 700 per annum. So staff have been appointed and trained to undertake these assessments against strict criteria and within statutory time frames set down in the legislation. Of course, part of that process involves field inspections and discussions with applicants. So that is where we are at with respect to the budget.

Mr SEENEY: Minister, what is the government's position with regard to a cap on land clearing? There seems to be some contradiction between statements that you have made and statements that Senator Bolkus has made. Who is right?

Mr ROBERTSON: You will have to point out those statements.

Mr SEENEY: Okay. On 1 March you issued a media release entitled 'Commonwealth Imposed Land Clearing Caps Not the Answer' in which you stated that there are better ways to achieve national vegetation management objectives than through Commonwealth imposed caps on land clearing and that the big-stick approach just will not work. By the way, I agree entirely with both of those statements. However, on 14 March the *Courier-Mail* reported that according to your federal colleague and shadow minister for environment, Senator Nick Bolkus, the Beattie government had accepted the federal Labor Party's policy to introduce a cap on clearing. The question is: who is right? Who has the policy right—you or Senator Bolkus?

Mr ROBERTSON: I think you should try to get a different source for your material than the *Courier-Mail*. As we know, whilst being a fine journal, the *Courier-Mail* often paraphrases quite detailed and complex statements. I am sure that is probably the case in the instance you quoted. I do not believe there is any difference of opinion or approach between state Labor and federal Labor. We are both committed to achieving the same outcomes.

Mr SEENEY: So you stand by your media release from 1 March?

Mr ROBERTSON: I always stand by my media releases.

Mr SEENEY: Very good. I am pleased to hear that, because that was one of the few that I agreed with.

Mr ROBERTSON: I do not know if that is good news or bad, Jeff.

Mr SEENEY: Can you give us an assurance, if any, that you have sought from Senator Bolkus or any of your federal counterparts that compensation would be payable if they introduced a cap on clearing, if they overrode that position?

Mr ROBERTSON: I think I can answer this question along these lines: I will show you mine if you show me yours. I do not think I would be relating any conversation I might have with my federal Labor Party colleagues, just as you would not provide me with detailed information about discussions you may have with your coalition colleagues, unless of course you are appearing on *Four Corners*.

Mr SEENEY: You have made a huge issue out of the fact that the current federal government has not seen your regimes in a suitable light to pay compensation. Can you tell the land-holders of Queensland if any arrangements have been made or any agreements entered into with an incoming federal Labor government?

Mr ROBERTSON: You would have to ask the federal parliamentary Labor Party that question. It is not so much that the federal government has rejected our

claims; it actually agrees with us but will not pay up. I do not know what the National Party is doing down there. It seems to me that it is not doing its job properly, but there you go.

Mr SEENEY: I wish we had the time to debate that particular statement.

Mr ROBERTSON: You were quite open about it on *Four Corners*, if I remember it correctly.

Mr SEENEY: In relation to tree-clearing permits, last year's MPS on page 2-15 included a performance measure for the percentage of tree-clearing permits on leasehold land assessed within two months of receipt, with a target of 100 per cent. That performance target appears to have been altered in this year's budget documents to 90 per cent. Why was last year's target amended without explanation and why wasn't it achieved? Why haven't more resources been allocated to allow the appropriate implementation of this legislation?

Mr ROBERTSON: Principally because we are dealing with more applications for land clearing, and I get back to my previous answer. It is very difficult to set a proper program and achieve targets at a state level when you have inconsistencies coming through from the federal government that lead to significant increases in applications.

As I said earlier, every time Senator Hill takes the big stick to Queensland your constituency understandably get incredibly concerned and spooked, and they rush down to NR&M offices to fill out applications for tree clearing. The secret to achieving the outcomes in these statements is for Senator Hill to shut up for a change and actually do some real work, rather than try to court the greenies through statements made from Canberra, and actually start working with land-holders in Queensland. Once he starts acting responsibly like that, I reckon we will be able to improve on those statistics that you have referred to.

Mr SEENEY: Minister, in reply to question on notice No. 3 you indicated that the state government would contribute \$81 million over the seven-year life of the National Action Plan for Salinity and Water Quality, but only \$32 million has been allocated over the next four years. What assurance do we have that that commitment will be kept, that the remainder of the money will be provided in future budgets and that we will not see your government short-changing this important initiative with convoluted arguments, as it has with the Great Artesian Basin sustainability initiative? I refer to the convoluted argument that you entered into before in reply to a Dorothy Dixier from one of the government members with respect to the Great Artesian Basin sustainability initiative.

Mr ROBERTSON: I could revisit that if you like.

Mr SEENEY: Thank you. I heard it the first time, even though I did not accept it or agree with it. Why do you milk these projects for publicity by announcing these big figures up front, have a small actual contribution in this year's budget and put the rest of the program at risk to the type of convoluted logic we heard earlier in relation to the Great Artesian Basin sustainability initiative?

Mr ROBERTSON: We are just following the lead of the Commonwealth. It is the one that set the seven-year National Action Plan for Salinity and Water Quality. The seven-year plan is not our idea. Nevertheless, as you know, we were the first state to sign up to it. If there is any concern about the length of this plan, then you should perhaps speak to the Feds.

As you will understand, any program like this has a start-up phase, a maturing phase and a wind-down phase. This year we are very much in the start-up phase.

Of the \$81 million that has been committed, we have allocated \$3.9 million this year. If you did the mathematics and divided 81 by seven, you would say, 'We should have been spending \$11 million-plus this year.' But that does not reflect how departments tool up during the commencement phase of these programs. These were all signed off by agreement with the Feds. That is how you commit yourself to these proposals.

Mr SEENEY: So was the artesian basin. The artesian basin was signed off on, too.

Mr ROBERTSON: As I pointed out to you, we actually spent another million dollars on top of the \$2.1 million that is actually in the budget. We actually spent another million dollars in relation to that particular initiative. As I said, I think there are opportunities for further savings which will deliver even more money. So there is \$3.9 million this year. That does not suggest that next year it is going to be \$3.9 million and we are not going to meet our target for \$81 million over seven years. It would be silly to suggest that.

The \$3.9 million is all about engaging the community, if you like—getting the regional groups in place. The people who will actually be spending most of this money—it is not government—are the community-based groups that will be established by agreement between the Feds and the state. This was the revolution in natural resource management that I was talking about before. We are moving away from a monolithic department to a more streamlined department but, if you like, dumping more money out into the community to engage the community and have the community take greater responsibility—funded, of course, for natural resource management. That is why this year the expenditure is targeted towards establishing those community-based groups, as required by the federal government in relation to the rules it established under the National Action Plan for Salinity and Water Quality.

Just to summarise the position, this year there is \$3.9 million. Next year we envisage an \$8 million expenditure, in the year after that \$10 million and in the year after that \$10 million. As the program develops and the work that is required to address salinity and water quality is actually identified by community groups, you will see the majority of the funding under this program spent.

Dr KINGSTON: I wish to continue on the topic of vegetation management. I am actually on one of the regional committees—

Mr ROBERTSON: I am aware.

Dr KINGSTON: The mapping facilities you have in place in regional offices are excellent. The public is finding that there are not enough skilled officers in the regional offices to service the current requests for maps. The staff themselves are saying that they are putting out maps about which they are not happy with the quality. I think you are short of well-trained resource managers. Do you have plans to increase their number? You have two for the whole of south-east Queensland to answer the contentious questions.

Mr ROBERTSON: I will have my director-general provide you with an answer in relation to that.

Mr HOGAN: As the minister said earlier, we are spending \$111 million over four years on total vegetation management. Of that, a considerable proportion is spent on technical assessment. Of the \$111 million, \$62.18 million is spent on technical assessment, \$42.5 million is spent on vegetation mapping and \$6 million is spent on regional community consultation. There is also additional money being

spent through the Resource Sciences Centre at Indooroopilly. Scientists in DPI and scientists through the Commonwealth are engaged in the regional planning process and so on. It is true that we started off perhaps on a fairly low base, but we are increasing our resources quite considerably as the regional vegetation planning process winds out through each of the communities the minister spoke about earlier. The funding available will in fact be used to engage the right kinds of scientists, not just in the state governments but also in universities and beyond over time.

Dr KINGSTON: About five years ago COAG commissioned a very skilled consultant named Greg Hayes to address the national problem of salinity. In essence, Greg's answer was that salinity was a market problem. In other words, the salinity problem would never be satisfactorily corrected or even halted until farmers were making an adequate income to address salinity problems on their own farms. That report was accepted by COAG. In the face of such a report, how do you intend to facilitate farmers attacking local salinity problems?

Mr ROBERTSON: On their own properties?

Dr KINGSTON: It is admitted that you have to attack salinity problems on a regional basis, so that means a catchment of farmers.

Mr ROBERTSON: I just want to be a bit cautious. I do not doubt what you are saying, but you are paraphrasing what would no doubt have been an incredibly detailed report and distilling it into one sentence. I would tend to be a bit cautious about that.

Dr KINGSTON: Can I reassure you the author condensed it for me.

Mr ROBERTSON: Be that as it may, I think the best way I can answer this is to talk about who will actually be delivering the services under the National Action Plan for Salinity and Water Quality. It is about engaging the community. Already the department has been out, right throughout the state and in the priority areas, bringing land-holders in to educate them about the issue of salinity—to, if you like, put it foremost in the minds of land-holders that this is an emerging issue.

Dr KINGSTON: Minister, with respect, maybe my electorate is unusual but you do not have to educate them. They are as worried as hell and they want to do something, but they need help and they need funds. The NHT funding, for instance, does not apply to irrigated land. It is only dryland. Salinity is more likely to occur on irrigated land.

Mr ROBERTSON: We could probably have a bit of a debate about that, but this is one of the problems we are facing. I hate to have to come back and talk about the Feds again, but we are constrained under the national action plan to the priority areas that have been identified by the Feds. Therefore, more coastal areas are missing out under the national action plan because the concentration is on dryland salinity. So we do have an issue that we hope can be addressed under NHT2, but that is still somewhat in the melting pot. That is perhaps one way to address the concerns of your constituents. I will ask my director-general to perhaps provide a bit more information in relation to that.

Mr HOGAN: There are two other points we should bear in mind. It is not just DNR&M that is doing this work. DPI is doing similar research on production methods as part of the national action plan and beyond. That will be wound into the program. My department is also developing new expertise in economic modelling and socio-economic impact studies about how we do better with the resources we have. That program will wind up over the next year to 18 months. There are other

things outside our department that are impacting on this, as well as things we are doing newly inside the department.

Mr ROBERTSON: I am well aware of salinity problems in coastal areas. We tried to get the areas extended to incorporate the Burdekin but got knocked back by the Feds. I have a real concern about what is happening up in Mackay. I am not necessarily familiar with the problems down your way, although I suspect that some of the issues along the Mary can perhaps be addressed under the water resource planning process, because that will touch on some of the issues to do with salinity, particularly with the monitoring that will go on. I take on board your concern and I share your concern. I hope we can get some sense out of the Feds with respect to NHT2.

The CHAIRMAN: The time for questions from non-government members has expired. I call the member for Mudgeeraba.

Mrs REILLY: I return to my theme about pests and problems. What is the government's commitment in this budget to combating pest plants and animals across Queensland?

Mr ROBERTSON: Basically, the total budget expenditure on weed and pest animal programs from recurrent-based funds and specials alone for 2001-02 will again be in excess of \$10 million, of which more than \$6 million has been allocated to weed management. In addition to Treasury funds, the department is responsible for precepts and local governments and the expenditure of research and other funds provided by industry, the Commonwealth government and other organisations. Precept funds in excess of \$3 million were allocated to the operations of the Darling Downs-Moreton Rabbit Board, 50 per cent of the cost of maintaining the wild dog barrier fence and plague pest contingency fund and part of the cost of providing a comprehensive range of research and extension services to the benefit of local government and the broader community. Arrangements are in place for the department to access additional funds from Treasury should plague locusts again cause any major concerns.

The department's pest prevention and containment activities for 2001-02 will be allocated up to \$4 million, including the continuation of the Strategic Weed Eradication and Education Program, SWEEP, and \$700,000 towards the cost of maintaining the wild dog barrier fence. The department will again spend in excess of \$7.5 million on programs aimed at improved local government, community and land management capacity for dealing with weeds and pest animals. These programs include the development and review of the local government area pest management plans, catchment and regional planning processes, the full range of extension and awareness activities, and ongoing research and improved technologies and biological options for managing weeds and pest animals throughout Queensland.

The department's weed and pest animal research budget alone is expected to be far in excess of \$4.5 million and will continue to provide for the operation of research facilities at Sherwood, Charters Towers, Toowoomba and Inglewood. Overseas exploration for potential biological control agents for major weeds will continue. Funding will also be allocated to the finalisation and implementation of the Queensland weeds strategy, the Queensland pest animal strategy and new pest management legislation. All of these allocations are exclusive of any funding being sought from the National Weeds Program of NHT through Queensland's 10 submissions to the Commonwealth government for the implementation of the weeds of national significance strategies.

⁰¹² **Mrs REILLY:** You referred there to the research budget. Because science obviously plays such an important role in the department's work, to establish programs to control weeds and pests and other declared animals, I wonder if you could outline some examples of how scientific research undertaken by the department has resulted in some effective programs to combat weeds and pests?

Mr ROBERTSON: I think the work that my department does in its R&D facilities is absolutely amazing. Research undertaken by NR&M scientists over the past few years has resulted in major improvements in the management of several weeds and pest animals in Queensland. For example, the registration of zinc phosphate to grain bait as a result of research at the Alan Fletcher Research Station has given grain farmers an effective tool to control mice. Mice monitoring methods developed by scientists from the Robert Wicks Pest Animal Research Centre in Toowoomba, together with an improved mouse plague forecasting model, allows Darling Downs farmers to predict plagues and undertake preventive and control measures. Rabbit numbers in Queensland have been greatly reduced by the introduction of calicivirus and Spanish rabbit flea. Warren ripping is an effective method for destroying remaining large rabbit populations and is currently being demonstrated on Bulloo Downs by scientists from the Robert Wicks Pest Animal Research Centre. Scientists based at the Tropical Weeds Research Centre in Charters Towers have developed effective pig traps, now used in the community-based wild pig trapping program in the Wet Tropics.

As a result of research at the Alan Fletcher Research Station and the Tropical Weeds Research Centre, new chemicals have been registered for the control of hymenachne and madeira vine. Research at the Tropical Weeds Research Centre has demonstrated that fire is an effective control for mesquite in north Queensland and new biological control agents have been released against lantana, prickly acacia and parthenium. The growth of rubber vine in north Queensland has been significantly reduced by the introduced rust, with reduced fruit production, seedling survival and the size of plants. Grass growth has greatly increased and landholders can now use fire to control rubber vine. Finally, the control of parthenium weed by a complex of five introduced insects has reduced the weed significantly, with savings to the grazing industry of \$2 million to \$4 million a year.

The reason I outlined all of that is that if you are looking at the Premier's Smart State strategy, I believe strongly that the work conducted by the R&D facilities that come under the province of my department produce work that is of international significance. We have our scientists stationed overseas—in fact, they visit overseas quite a lot—disseminating this kind of information, particularly into developing countries. So the work that we do is not just relevant to Queensland but it is relevant internationally as well. It fits very nicely, I believe, into the Premier's Smart State strategy.

Mrs REILLY: I am glad you mentioned lantana. It is a major problem in my electorate, particularly on Springbrook mountain where it is a bit hard to see the national park for the purple flower of our much-bemoaned lantana. I wonder if you can advise on the progress and future intentions for the release of biocontrol agents to attack lantana and parthenium?

Mr ROBERTSON: Lantana, which is recognised as a weed of national significance, is a major weed in grazing, forestry and conservation areas along the coast and subcoastal regions like Mudgeeraba and up into the mountains there. Twenty-nine insect species have been introduced, although only 17 have established, and four are causing substantial damage. So what the department has

been doing is researching biological controls through the introduction of new insects. Some have not worked but we are down to four that we recognise can cause significant damage to the lantana bush.

The current project continues to seek new agents from Mexico and South America for importation and safety testing. There are several potential candidates being considered for importation including two stem-boring beetles, a bug mite and a stem-galling beetle. Mass rearing of a sap-sucking bug is continuing for field release.

Mr SEENEY: You practised that, didn't you.

Mrs REILLY: But can you say it fast three times.

Mr ROBERTSON: The insect has been established at seven sites, including two in north Queensland. At two sites the insect has spread over 100 metres and is causing substantial damage to the plants.

Interest in the biocontrol of lantana is still high with over 50 inquiries received at the Alan Fletcher Research Station since February regarding the acquisition of the agents. Many departmental field officers throughout Queensland have also received numerous calls over this period. Land-holders are being advised that successful agents will move around of their own accord and, therefore, to not worry about acquiring those agents which are determined to be successful.

Research on a rust fungus from Brazil has been completed for obtaining the permits to import and release it. From investigations already carried out, this rust is known to be a damaging leaf parasite of the common pink variety, which you have referred to, of lantana and is highly specific to this variety. The pathogen has now been imported and is in quarantine at the Alan Fletcher Research Station where it is being reared through one generation to ensure that it is free from parasitic micro-organisms after which it is being transferred to the greenhouse for bulking up and field release.

Parthenium is another weed of national significance. It is primarily in central Queensland, but it is a potential weed of other large regions. I know that it is causing a lot of concern out in regional Queensland. It is a weed of grazing and cropping and it has a major human health impact through causing allergic reactions. The good news is that a strong laboratory culture of the parthenium summer rust has been maintained at the Alan Fletcher Research Station from which infected plants for release into the field can be produced. Several shipments into field areas have already been made this past summer season. Land-holders and interested groups are being urged to collect the rust by collecting infected plants in their local areas. In April inspections of summer rust release sites between Injune and Charters Towers found rust in 21 of the 25 sites, and the rust is spreading from these sites. A land-holder group at Injune has successfully established a culture of summer rust and has commenced field releases in that local area. Overall, the rust is now established at sites over a wide area from which it can continue to spread, given suitable climatic conditions. The distribution and impact of the rust will be monitored by my department.

Mass rearing of a stem-boring caterpillar has continued since 1998, but will finish next year. The establishment and impact of the caterpillar will continue to be monitored. The land-holder group at Injune has successfully established a colony of this insect and has commenced field releases of the insect in the local area. That is just some of the work that the department is doing in terms of trying to get new biocontrols for pest and weed management.

Mrs REILLY: The lantana flowers must look purple on Springbrook mountain because it is a bit colder up there at this time of the year. Given that these are weeds of national significance, what progress is Queensland making in securing Commonwealth funds to help implement the program?

Mr ROBERTSON: I know that it was suggested by some present that we may not meet our commitments to have our applications in for the weeds of national significance program. The news is good. Despite the intervention by the member for Callide, we nevertheless made the cut-off dates required by the federal government under the program and, as a result, have got our applications in. We have taken a key leadership role in the development of a strategic planning process for the weeds of national significance over the past two years.

On 1 June 1999, Commonwealth, state and territory ministers announced 20 weeds of national significance—or WONS—following an assessment of over 70 nominated species. A national strategic plan was then developed for each weed. Queensland led the development of strategies for nine species—cabomba, hymenachne, lantana, mesquite, parkinsonia, parthenium weed, pond apple, prickly acacia and rubber vine. Despite refusal by the Commonwealth to support this process for developing WONS strategies through the Natural Heritage Trust, my department has continued to deliver on this national project. The first WONS strategies were approved in July 2000. The final strategies are currently in the approval process with the Commonwealth.

Following the development of the national strategies, the Commonwealth government called for funding applications to the NHT national weeds program to start the implementation on priority activities as set out in the strategies. A Queensland-initiated paper by the Sustainable Land and Water Resource Management Committee led to the Commonwealth government agencies agreeing on common guidelines finally by January 2001. This is another example of my department taking a national leadership role.

We have gone on to coordinate the development of species-based national applications for funding under the national weeds program, working closely with a variety of stakeholders throughout Australia, including local government, community groups, non-government organisations and state agencies. By the closing date of 31 May this year Queensland submitted 10 funding applications to the Queensland government. The total expenditure foreshadowed in the project plans is \$27.8 million, with just over \$11.5 million requested from the Commonwealth. The state's contribution total is \$3.4 million. Queensland has led the process by establishing models for strategy development and by developing strategic plans and funding applications under the weeds of national significance program.

Mrs SMITH: There is reference on page 18 of the MPS to reliable water services for indigenous communities. Can the minister provide details of his department's activities in this area, including which additional communities can expect service improvements in this coming year?

Mr ROBERTSON: We have continued to place a high priority on supporting quality water services for Torres Strait Islander communities, with a total commitment of some almost \$3.1 million in this year's budget. The funds will be used to operate and maintain major water infrastructure provided by the Department of Aboriginal and Torres Strait Islander Policy and the Torres Strait Regional Authority.

The department's community water services group, based in Cairns and on Thursday Island, provides support and advice to Islander community councils to maintain their water supply and waste water systems. These staff are providing training in operational support for 27 Islander water and sewerage officers employed throughout the Island Coordinating Council. Departmental staff have forged strong links with the island communities and with the Island Coordinating Council and have a strong commitment to improving community health as well as quality of life.

Consultants have reviewed the arrangements for water service provision in the Torres Strait. The Island Coordinating Council and the Torres Strait Regional Authority both supported the consultant's recommendation for the further development of current arrangements to include a regional water services board or similar entity to provide water services in an integrated manner and further develop self-reliance. In the interim a water service management committee, including regional and government agency stakeholders, is chaired by my department to oversee the delivery of the water services. It is proposed that these arrangements will continue for a transitional period until longer-term management arrangements are established.

The Department of Aboriginal and Torres Islander Policy is taking a lead role in the further consideration of this issue. The department is already providing services to all the Islander communities, but for the 2001-02 financial year additional support will be provided to four communities that now have reticulated sewage and sewage treatment plants, namely Boigu, Mer, Yam and Saibai Islands.

Whilst outside of the Torres Strait, I nevertheless had the opportunity, along with my colleague Judy Spence, to actually open the water supply project up on Palm Island. It was only a couple of years ago that the whole of Palm Island actually had to be evacuated to Townsville because of drought conditions and the absence of a reliable, fresh water supply. The dam is now built and a reticulated system in place. Palm Island, as I said, whilst outside the Torres Strait nevertheless is a good example of the benefits that have accrued to Aboriginal and Islander communities under these programs.

Mrs SMITH: I note the government will provide \$1 million in this current financial year to upgrade the Mary River barrage fishway near Maryborough. I understand that fish monitoring is being undertaken to monitor the effectiveness of several new fishways on the weirs in Queensland. What indications are there that these fishways are successful so as to justify future funding of the fishway program?

Mr ROBERTSON: I have become a real devotee of this, and with my answer you will find out why this is such an interesting subject. Successful new fishways have been installed on nine weirs and barrages under SunWater's control over the past five years. The new fishways are of two types: fish lochs for high structures and vertical-slot fish ladders for lower structures. Apparently our native fish are generally weak swimmers, which is something that I was not aware of.

Dr KINGSTON: With all respect, they did not have a strong sexual urge to go up the river.

Mr ROBERTSON: I thank the member for Maryborough for that.

Dr KINGSTON: It is biologically correct, I am sorry.

Mr ROBERTSON: Our native fish, which are obviously deficient in a range of areas, can negotiate both of these fishway types without having to swim strongly for prolonged periods. The new fishways have been funded under my department's

program of fishway improvements, with SunWater providing the design and construction of management for these installations. In 2000-01 funding of some \$4 million was provided, enabling the completion of new or upgraded fishways at the Moura and the Neville Hewitt Weirs on the Dawson River and at Tinana Barrage on a tributary of the Mary River.

Monitoring by Queensland Fisheries Service is at an early stage, but the results indicate that the new fish loch at Neville Hewitt Weir and the modified fish ladder, which I have yet to have the pleasure of inspecting, at Tinana Barrage are working well. About 150 fish per day, representing 20 species, have been recorded using the fishway at Neville Hewitt Weir over a monitoring period of 20 days. About 620 fish per day, representing 30 species, have been recorded using the Tinana Barrage fishway over an eight day monitoring period.

⁰¹³ My concern is that at the Moura Weir lower numbers of fish have been using that fishway. However, fish numbers immediately downstream that have indicated a desire to migrate have appeared low during the sampling period. I do not know what we can do to encourage those fish to migrate, but it seems to me that it would be a good thing to do under this program.

The CHAIRMAN: Minister, we will move onto the Department of Mines. You might like a minute to change over some of the staff.

Sitting suspended from 11.45 a.m. to 11.47 a.m.

The CHAIRMAN: I call the member for Callide.

Mr SEENEY: Minister, once again I thank you and your departmental officers for the time you have given to this part of the hearing today. My first question relates to the coal royalty regime referred to by the Treasurer in his budget speech. On budget day, the Treasurer, and page 2 of the MPS makes reference to it, referred to your government's proposal to review the coal royalty regime this year apparently without increasing the actual royalty rate. Can you explain how the government intends to do this?

Mr ROBERTSON: This matter is subject to further discussion with the Queensland Mining Council and individual companies. At the present time, royalty on coal is based on seven per cent of the coal's free on rail value. Royalty represents payment due to the owners of the resource, namely the state, by entities wishing to export such resources for commercial gain. It is the government's responsibility to ensure that the royalty represents a reasonable return to the people of Queensland.

The coal industry is currently enjoying a resurgence in growth and profitability. This reflects the lower exchange rate, higher world prices and strengthening demand for Queensland's coal which has increased the value of this non-renewable resource. The government is discussing with industry a proposal to change the determination of coal value for royalty purposes to one based on gross realised value without deduction for transportation and other costs. Subject to the results of the consultation, if the proposed change in the valuation base is implemented it will probably take effect from October this year.

As I said, it is still subject to discussion with the QMC. They have been notified of the details of the proposal. No meetings have occurred yet. I am expecting the first meetings to occur either later this month or early next month.

Mr SEENEY: You pointed out, and it seems to be the justification that is used every time this issue is raised, the fact that the coal industry is enjoying better times this year, to paraphrase what you said. That seems to be reason enough for your

government to increase the royalty. Did you, on behalf of the industry, point out the fact that for a number of years the coal industry has suffered depressed prices and certainly is not flush with funds, to use a term, to withstand this sort of royalty grab?

Mr ROBERTSON: All ministers who care about the development of Queensland follow matters in our coal and mineral industry very closely. We know where they have come from and we have a fair idea where they are heading.

Mr SEENEY: But surely as the minister responsible for representing the interests of the mining industry you were part of the pre-budget discussion that brought about this suggestion? Did you support the case of the coalmining industry as they were not flush with funds, as seems to be the assumption that is used to justify this royalty grab?

Mr ROBERTSON: You are asking me to relay conversations that I may have had in the cabinet room or before the CBRC. I am not about to do that and you know that I am bound by cabinet confidentiality. I cannot assist you in relation to that.

Mr SEENEY: What effect do you think the increase in royalties will have on existing coalmines and on proposals to develop new coalmines?

Mr ROBERTSON: That is why we are having consultations with the Queensland Mining Council, to receive their feedback in relation to this proposal.

Mr SEENEY: So it is by no means set in stone? Are you telling me it is open for discussion and that it is by no means set in stone, yet the budget figures have been drawn up assuming a royalty revenue stream?

Mr ROBERTSON: Royalties bump around all the time. You set your budgets according to what you think you might earn. A lot of things can occur in the meantime. There can be currency fluctuations, new mines opening, new contracts signed. You can only ever estimate, based on past knowledge, what your income will be from royalties. In relation to the first part of your question, I would refer you back to the Treasurer's budget speech about what the intention is, that is, to consult with industry.

Mr SEENEY: In reply to my question on notice No. 5, you indicated that the government anticipated an increase in other minerals royalty from \$95.6 million in 2000-01 to \$112.8 million in 2001 -02. How is that increase to be achieved?

Mr ROBERTSON: Again, for a range of factors based on prices, based on currency movements, based on levels of demand, based on increased production. There are new mines coming online such as Phosphate Hill and Century. As those mines increase their production as they develop, that gives you, through the royalty mechanisms, a greater revenue stream.

Mr SEENEY: So there will be no change in the royalty regime, in the level of royalties struck by the government? Those increases are budgeted to come about because of other factors? Can you confirm that that is the case?

Mr ROBERTSON: That is right.

Mr SEENEY: That was the gist of your answer.

Mr ROBERTSON: The only proposed change was that which was announced in the budget, but that is subject to consultation as was outlined in the Treasurer's speech.

Mr SEENEY: The only proposed change to royalties per se is the proposed change to coal royalties?

Mr ROBERTSON: Yes, which is subject to discussion and negotiation and consultation with the mining industry.

Mr SEENEY: Are you sure about that?

Mr ROBERTSON: I can say it again if you like.

Mr SEENEY: In reply to my question on notice No. 5, you indicated that the government anticipated an increase in hydrocarbon royalties from \$429.5 million in 2000-01 to \$531.2 million in 2001-02. How much of this \$101 million increase will be contributed by the improvement in coal prices and how much will be contributed by your new royalty regime? How much do you expect to gain by changing the royalty regime?

Mr ROBERTSON: Can you ask that question again?

Mr SEENEY: You are projecting a \$101 million increase, and I presume most of that is contributed by the increase or the change in the royalties for coal. How much of that \$101 million will be gained by the changes that you are proposing to the royalty regime and how much will be because of those other factors that you spoke about? How much do you expect to gain by changing the royalty regime? That is the simplistic way of asking the question.

Mr ROBERTSON: That is difficult to fix a figure on, because of all the variable factors that I outlined before. It is all subject to discussions with the QMC, et cetera. I would suggest that perhaps we wait for the outcome of discussions with the QMC and others and find out—

Mr SEENEY: With respect, it is a pretty basic question. This was of such importance that it was included by the Treasurer in his budget speech. Surely there has been a projection about how much more money can be obtained by the government by changing the royalty regime. Surely there has been some sort projection done about that. I think that is a fair enough question in terms of the importance that this issue has had in the whole budget process.

Mr ROBERTSON: What you need to understand is that Queensland's royalty system essentially has an ad valorem base, which means that the royalty for various minerals is affected by the total value of the mineral on which various rates of royalties are applied. The main factors that impact on the value include levels of production, including new mine development and ultimately sales, the outlook for commodity prices and the exchange rate. As most minerals—that is, coal, oil, base and precious minerals—are determined in US dollars, the total level of royalty is sensitive to changes in the exchange rate as well.

Mr SEENEY: I do understand all of that.

Mr ROBERTSON: I appreciate the information that you are seeking from me. At this point in time, we will be engaged in discussions with the QMC and others in relation to changing the way that royalties are determined. Dependent on the outcome of those discussions, that will provide more accurate details on what additional royalties, if any, are raised.

Mr SEENEY: So there was no projected figure?

Mr ROBERTSON: I am not going to put those discussions on behalf of the state or on behalf of the mining industry at some risk here today, because those discussions have not taken place yet. The mining industry has been notified of what the proposal is. I am, in fact, looking forward to information from the mining industry as to what it thinks that will raise. We have a figure in mind. The mining industry has done some preliminary costings and it has come up with a different figure. We will

be meeting with them, sitting down and discussing, trying to get more accurate figures out there as a result of those discussions. I am not trying to avoid answering your questions, but I believe it is in the interests of the state and the interests of the discussions that we will have with the mining council not to provide estimates about what has been assessed as a possible increase in revenue as a result of changing the royalty rate.

Mr SEENEY: If I might say, Minister, that is a very curious approach given that we are examining the budget estimates that project the royalty income for the year ahead.

Mr ROBERTSON: No, no—

Mr SEENEY: What I am taking from your answer—

Mr ROBERTSON: What we are analysing is budget estimates of expenditure. If you want to be totally accurate, we are analysing expenditure.

Mr SEENEY: And that expenditure is dependent on the income that the state will receive.

Mr ROBERTSON: I don't want you misleading people again.

Mr SEENEY: What I am taking from your answer is that there was a decision made to get whatever you could from the coal industry without identifying a figure; you have not included a figure in the budget documents that you intend to get from the coal industry—to squeeze out of the coal industry—because you perceive a rise in profitability in that industry, albeit a short-term rise following a period of pretty difficult times. Is that a fair summation of the government's position? You looked at the coal industry and said, 'They're doing pretty well. We'll see what extra royalties we can squeeze out of them', but you are not prepared to tell us what you project that figure will be?

⁰¹⁴ **Mr ROBERTSON:** Because it is subject to discussions with the QMC.

Mr SEENEY: So you will get whatever you can negotiate? You intend to get out of the coal industry whatever you can negotiate?

Mr ROBERTSON: No, we are committed to discussions with the QMC. I am not prepared to pre-empt or prejudice those discussions. I do not believe it would be in the interests of the mining industry to do that. But in due course, once those negotiations are complete, we will be in a position to provide further details. We have parliamentary sittings right up to the end of the year. Once those figures are finalised, the member for Callide will be in a position to ask me and I will be in a position to answer him in detail.

Mr SEENEY: I will look forward to an answer in detail.

Mr ROBERTSON: I will look forward to your question.

Mr SEENEY: On 30 June the Premier was reported to have called on mining companies to 'get off their backsides and seek business opportunities in Latin America' at the same time as announcing a \$650,000 Latin American mining strategy with Mexican mining executives. Given the depressed state of Queensland's mineral exploration industry, do you believe that the Premier's comments were wise and do you support the sentiments he expressed?

Mr ROBERTSON: I think what the Premier was referring to was not necessarily Queensland miners but the mining industry, particularly those participants in downstreaming. Where the government sees opportunities in the region, as the Premier was referring to, is in the provision of mining services—engineering

services and those kinds of services—not necessarily mines per se. I think that matter has been clarified somewhat by the Premier's office.

Mr SEENEY: Given that you provided only \$250,000 to the Black Coal Cooperative Research Centre—

Mr ROBERTSON: Only?

Mr SEENEY: It was only \$250,000 compared to \$650,000 to the Mexican mining strategy. You trumpeted the benefits of that allocation of \$250,000 very widely. Do you agree with the Premier's allocation of that \$650,000 to the Mexican mining strategy or were there other programs in your pre-budget submission that could have been funded with that \$650,000?

Mr ROBERTSON: I think you are confused. I think you need to ask the Minister for State Development or indeed the Premier himself as to where that \$650,000 is, because it is not in my budget.

Mr SEENEY: I am asking you whether you would have liked to have had it in your budget. Are there any programs in your department that could have been funded with that \$650,000?

Mr ROBERTSON: I would like that.

Mr SEENEY: You were able to find only \$250,000 for a cooperative research centre for black coal. I am sure I do not have to outline to you the importance that the black coal industry has to the state economy. Couldn't you have used that \$650,000 for similar programs or for further expenditure for the CRC, which I referred to, or other things within your department?

Mr ROBERTSON: I think that is, frankly, a silly question. It is not a question of only giving \$250,000 to the CRC for coal and sustainable development. That is all that was required to secure that CRC here in Queensland. It used to be located elsewhere.

Mr SEENEY: In Newcastle.

Mr ROBERTSON: So that \$250,000 is not a bad little investment when you think about it. You are somehow comparing that investment in what I believe will be a very successful cooperative research centre based at Pinjarra Hills from another department's budget—in this case I would suggest it is probably State Development—pertaining to an initiative which is downstream from the activities that my department is principally interested in—that is, extraction. The \$650,000 the Premier is talking about is in industry development. You are not comparing apples with apples, and that is the problem with your question and that is why you are getting the answer you are getting.

Mr SEENEY: Are there any programs in your department's budget for this year that could have benefited from further funds or were there any projects that did not make it to the budget because of the shortage of funds?

Mr ROBERTSON: I suggest that Miss Simpson has probably got the same question to ask the Minister for Health; that is, whether she thought any programs could have done with additional money. If you go through and ask every minister the same question, you will find what we found: the Borbidge deficit at the last election of one point something billion dollars. It is an irrelevant question.

But just to help you out, we were spending \$2.5 million this year to support a number of projects aimed at encouraging further exploration investment in Queensland as well as funding to assist native title land access issues. That is our

commitment to that part of the overall mining industry which we have a significant responsibility towards.

Mr SEENEY: The Queensland Mining Council has stated that your government's plan to produce a statewide indigenous land use agreement has failed and as a result there has been no movement on the backlog of 1,700 mining tenures held up through native title processes. Do you accept that the statewide ILUA has failed, and do you agree that the lack of progress on the statewide ILUA is preventing the development of small or regional land use agreements with traditional owners and is also preventing any mining company from proceeding to the alternative provisions option?

Mr ROBERTSON: No, no and no.

Mr SEENEY: Would you care to elaborate on what you see as the future for the statewide indigenous land use agreement; how it will deliver to Queensland mining companies; how it will address the backlog of those 1,700 mining tenures; and how it will clear the logjam in terms of exploration, which I think all reliable commentators are suggesting is threatening the very future of Queensland's mining industry?

Mr ROBERTSON: Which one is that?

Mr SEENEY: The lack of exploration? I am sure you are familiar with the fall in the exploration figures and the threat that that poses to the development of future mines.

Mr ROBERTSON: That decision by Rob Borbidge when he was Premier to freeze exploration permits was perhaps the most irresponsible action I have ever seen any government take. Thank goodness the government changed; we can finally get the joint moving again. That is where the real problem came from in terms of killing the exploration industry. Rather than trying to solve or address the issues of native title, what Borbidge just did was say, 'We don't want anything to do with this' and cut any chance of new exploration permits getting through the process. That is why the commitment of Premier Beattie to the ILUA process and the alternative state provisions was so important; it is about addressing that logjam.

Remember, before you carry on publicly, that the legislation was passed in only September last year. Negotiations are continuing. They are complex negotiations. There are negotiations not just through QIWG but also with other Aboriginal communities, which my department has a real interest in. Those negotiations are continuing. We are committed to addressing the backlog of exploration permits that was principally caused by the former coalition government. That is why this year we have allocated additional resources into the department to deal with the backlog of permits.

Some \$2.2 million has been set aside in the department specifically to address the issue of the backlog of exploration permits. As I said, work is continuing in a variety of fora to deal with that. I am confident that we will achieve outcomes in the forthcoming financial year that will get our explorers back out there. If there are commentators going around the place saying that exploration is not happening, I point out that that is simply not true.

What our department is also committed to doing is ensuring that in those areas where native title is not an issue the explorers can get out there with the best information available. That is why we are also investing in significant technical information that we can provide to the miners. So in those areas that are not caught up in native title, there is still a hell of a lot of exploration going on. Almost every day through my office I am signing new exploration permits in areas outside of native

title areas or areas where native title settlements have been reached with traditional owners. To suggest that there is nothing happening in terms of exploration in Queensland is wrong. If you are talking to any of your expert commentators, do mention that to them and, if they are interested, tell them to come and see me and I will tell them the real story.

The CHAIRMAN: The time for questioning by non-government members has expired. The member for Callide made reference to the coal industry enjoying better times. In fact, on page 2 of the MPS it states that the coal industry is currently enjoying a resurgence in growth and profitability. Could you inform the committee about the current strengths and future prospects of the coal industry?

Mr ROBERTSON: Thank you for that very worthwhile question so I can follow on with what I was exploring during the last question. The future of the coal export industry in Queensland has never looked better. The demand for our internationally traded coals continues to expand, being reflected in increased exports, additional mine production and development of new mines. The price rises for export coals in US dollars implemented from April this year, coupled with the Australian dollar exchange rate, have provided an impetus for this positive outlook for the coal industry. Coking coal prices have risen by a minimum of some 7.5 per cent, thermal coals by 20 per cent and metallurgical coals for pulverised coal injection by some 30 per cent.

Queensland is the world's biggest coal exporter, accounting for 20 per cent of the total coal in the seaborne coal trade. Coal is also our state's major export commodity, being worth more than \$6.3 billion annually. The latest export figures for the 12 months to the end of March 2001 indicate that Queensland coal exports rose by over 11 per cent to an all-time record of 113.8 million tonnes. Coking coal exports were up by over nine per cent to 78.3 million tonnes, while thermal coal exports rose by more than 16 per cent to 35.5 million tonnes. There is an unprecedented worldwide demand for thermal coals at this point in time.

Queensland coals are sold to diversified markets in over 32 countries. Exports to all regions increased over the 12-month period ending March 2001. Japan remains our major export market, followed by markets in Korea, India, the UK, Taiwan, the Netherlands and Brazil. The combined European market remains strong and is the second largest after Japan. Queensland coal exports have earned a reputation for quality, competitiveness in the world market and reliability of supply. This reputation will continue to maintain our coal industry well into the future.

Latest forecasts are that in 2010 Asian coal buyers alone will require between 25 per cent and 40 per cent more coal than they did in 2000. European and South American buyers will also be increasingly in the market for high-quality, environmentally friendly Queensland coals. This performance shows that the future of coalmining in Queensland has never looked better. The firming of prices, increased global demand and sustained growth forecasts for consumption are all good news for our major export industry.

The CHAIRMAN: Given that very positive response, what processes are in place to take advantage of the recent rise in prices and demand for both coking and thermal coal in Japan itself?

Mr ROBERTSON: As I mentioned before, production of saleable coal in Queensland is currently more than 132 million tonnes per year. Around 85 per cent of production is exported, with domestic consumption accounting for around 15 per cent. Japan remains our largest market, taking currently around about 40 per cent of

Queensland coal exports. Europe, being our second largest market, takes about 25 per cent.

Unprecedented international demand for Queensland coals, coupled with the recent price rises set in Japan and a favourable US dollar exchange rate, have given a strong boost to the industry. Growth in world demand for seaborne coal is predicted to continue rising by over 20 million tonnes up to 2010 and 10 million tonnes after that until at least 2010.

Japan will continue to be a key customer in this growth and Queensland producers will share in that growth. New mines are being developed and existing operations are expanding. Coal sales both for export and domestic consumption are at record levels. Ahead of demand there is an ongoing upgrade of the infrastructure links from mine production to port load out.

For example, the successful float on the ASX in July 2000—this month—of Macarthur Coal, holder of a 45 per cent interest in the Coppabella mine, is evidence of the resurgence of confidence in the future for coal. This mine exports metallurgical coals to markets in Japan and Europe.

Coal exports from Queensland amounted to 111 million tonnes in the 2000 calendar year—76 million tonnes of coking coal and 35 million tonnes of thermal coal. The initial mid-sixties development of coalmines in the central Queensland Bowen Basin was to serve the coking coal market in Japan, and Japanese trading houses have played a major role in supporting mine developments ever since.

Future growth in export sales of Queensland thermal and coking coal to Japan have never looked better. The firming of prices, increased global demand and sustained growth forecasts for consumption are all good signs for Queensland's major export industry. Corporate investment activity will continue, additional mines will come on stream to meet demand and the industry will be a main contributor to Queensland's prosperity, particularly in regional areas.

⁰¹⁵ **Ms BARRY:** Page 2 of the MPS shows the mining and petroleum sectors as Queensland's biggest export earners. What does this strong performance say about the claims by the member for Caloundra that employment in Queensland's mining industry is falling?

Mr ROBERTSON: Again, it is a shame that the Liberal Party has not bothered to turn up to this estimates hearing, but there you go. Can I just provide the committee with some explanatory information that will hopefully clarify the irresponsible comments of the member for Caloundra, who seems intent on talking down the Queensland economy at every possible step?

Over the 12-month period ending April 2001, Queensland's mining and mineral process exports reached a record \$10.6 billion. This represents a 32 per cent increase in the value of mining related exports over the previous corresponding 12 months. According to returns from producers submitted to my department, as a result of this increase in exports and new coal developments coming on stream direct employment to the Queensland coal industry has increased from 7,972 at the end of June 2000 to 8,640 at the end of March 2001.

However, what may be causing the member for Caloundra some confusion is that the accurate representation of the economic significance of the mining industry in terms of employment is becoming increasingly problematic. Changes in mining practices have led to some activities previously classified as mining being captured in other statistical classifications, leading to a distortion in the reporting of mining activities and generally understating their significance. In short, contract workers,

who are being used increasingly by mining companies these days, are not categorised as mine workers in ABS employment stats. I have been informed that the ABS is currently examining how best to capture and present information, including mining related employment data, in a way that is more representative and meaningful. Until the ABS completes an examination of its data capture and presentation processes it is not possible to give an indication of the true level of employment in the Queensland mining industry. However, I assure all committee members that jobs are on the increase in mining. We just need the ABS to get its employment classifications right.

Ms BARRY: Previously in an answer to the member for Callide you gave some information on the extra resources and funding committed to the backlog of mining exploration permits and processing new permit applications. Further to that, can I ask you to advise whether the use of the alternative state provisions mentioned on page 26 of the MPS is also resulting in exploration permits being granted in a more timely fashion?

Mr ROBERTSON: The mining industry expects access to land for exploration at a reasonable cost and within reasonable time frames. The majority of applications for exploration permits are either for low-impact exploration on land subject to native title or for land where native title is extinguished. The advantage of the alternative state provisions over the Commonwealth right to negotiate procedure is that grants of low-impact exploration permits on land subject to native title can be made in Queensland within one to two months, compared with at least six months for negotiation of a grant under the right to negotiate procedure. At present, 65 per cent of offers for grants of all low-impact exploration permits in Queensland are sent by my department to applicants within 28 days of receipt of applications. Grants are made after the applicant responds to the department by accepting the permit conditions, lodging security and paying rent. The remaining permits are for competing applications or for applications requiring more detailed technical assessment.

As at 30 June this year, of the 231 applications for exploration permits made since the state provisions commenced, 87 have been granted comprising 22 grants either for land where native title is extinguished and 65 grants for low-impact exploration. To get back to what I was saying, it is not as if exploration has ground to a halt. Things are actually happening. A further 45 offers of grant have been made to applicants for low-impact permits and of the 231 applications lodged since September 2000, 45 have since been abandoned. So you take them out of the equation. Twenty-one applications involving high-impact grants have also been processed and are awaiting further negotiations. By 2002-03 staff and industry will be more familiar with the new native title procedures, and my department will target 75 per cent of offers for grant being processed within that 28 day time frame. That is our commitment to the industry.

Ms BARRY: On page 25 of the MPS it says—

Managing mining and petroleum tenures with due regard for security of tenure and the entitlements of all land users, including native title holders ...

What advantages will the new Land and Resources Tribunal bring to this process?

Mr ROBERTSON: I welcome the Land and Resources Tribunal. Its advantage is that it is an independent state tribunal. It hears all mining, cultural heritage and native title issues and is moving to much simpler procedures for its clients. Its introduction received the wide support of all stakeholder groups. The tribunal's resolution of native title disputes under Queensland's alternative state provisions

provides certainty for industry and native title parties. The tribunal hears matters dealing with objections to mining tenures, land-holder issues such as compensation, determinations where applicants cannot reach agreement with native title parties and objections on environmental conditions and cultural heritage matters. Experts contribute to the decision making process in the tribunal.

The government has appointed mining registrars and the clerks of the Magistrates Court as deputy registrars of the tribunal, and this allows disputes to be dealt with in the regions. The tribunal is simplifying its procedures for applicants for mining tenures to overcome initial client concerns about the perception of its legalistic procedures. The tribunal now accepts information provided with applications for mining tenure lodged by the applicant and the mining registrars as prima facie evidence of the issues required to be proven under the Mineral Resources Act 1989 and of the applicant's compliance with the requirements of that act. My department meets with the tribunal at regular intervals to resolve practical matters. I am confident that this tribunal will serve Queensland very well in the important work that it has before it.

Mrs REILLY: On page 26 of the MPS it mentions the development of a legislative framework for the coal seam gas industry. What is the future of the coal seam gas industry in Queensland and when will these legislative arrangements be finalised?

Mr ROBERTSON: The coal seam gas industry in Queensland has reached some important milestones during the last year. Production into the statewide pipeline system is now occurring from five separate fields: Fairview, Scotia, Peat, Dawson Valley and Moura. Daily commercial production is estimated at 33 tetrajoules per day. During 2000 a lateral pipeline was constructed to link the Oil Company of Australia Limited's Peat coal seam gas field near Wandoan to the Wallumbilla Brisbane transmission line. Production of gas—12 tetrajoules per day—from this field commenced on 1 February 2001 for supply to the BP oil refinery at Bulwer Island. The pipeline will shortly be extended to the north to link Santos Limited's Scotia coal seam gas field for supply of gas to the Swanbank E Power Station.

Additional development drilling involving 17 wells is being undertaken at Tri-Star Petroleum Company's Fairview coal seam gas field near Injune. The Oil Company of Australia has continued development drilling at their Dawson Valley fields near Moura. The Queensland Gas Company's recent exploration success in the Walloon coal measures in the Surat Basin suggest that this geological formation may contain a new, large coal seam gas resource. The exploration well, Argyle 1, drilled near Chinchilla flowed at some 28,000 cubic metres per day with most of the other wells in the Surat Basin having significant flows. I could go on.

The reality is that there is a future for coal seam gas. We are committed to developing the necessary legislative arrangements that will facilitate further development of this important resource. There are a number, if you like, of administrative and legislative arrangements that need to be clarified with respect to further development of coal seam gas. A final position paper detailing the new coal seam gas regime that addresses the potential conflict of tenure rights between the Petroleum Act and the Mineral Resources Act has now been finalised and will be released in the near future for stakeholder comment.

As a result of getting those comments back from the industry, we will be drafting the necessary legislative changes which will then be included in the proposed petroleum gas bill currently being prepared. Coal seam gas, we believe—and this is

reflected in our energy policy—is an important component of finding alternative energy sources and cleaner alternative energy sources. I also believe that the development of this industry has great potential to value add to existing resources which companies are developing. Overall, I think the news is very good for the development of coal seam gas.

Mrs REILLY: I just want to draw you back to exploration, if I can. Page 27 of the MPS identifies as a key priority attracting exploration investment to the state to ensure that the next generation of mining and petroleum projects is developed. What is the government doing to encourage investment in exploration in Queensland's mining industry?

Mr ROBERTSON: You will note from the budget statement that there is funding of some \$1.5 million to help overcome native title mining tenure or backlog issues. There was also \$2 million in the Prospectivity Plus initiative as well as an additional half a million dollars to support a number of geoscientific and promotional activities designed to attract more exploration investment in Queensland. This funding underpins the core business of the geological survey section of the minerals and petroleum division, which is the acquisition of new geoscientific data; the interpretation, processing and value adding of that data; and making the data accessible to industry, government agencies and the public to encourage and assist explorers in the discovery of new mineral coal and petroleum resources in Queensland. The Prospectivity Plus initiative funds include \$1.8 million for the development of an additional company reporting system. This system will allow companies to submit their exploration reports in digital format and will allow easier storage and retrieval, with companies able to search previous exploration reports over the Internet and download any digital images.

The remaining funds under Prospectivity Plus will be added to supplementary funding of half a million dollars to support a number of projects all aimed at attracting increased exploration expenditure in Queensland. These include the commencement of the scanning of the existing collection of 32,000 hard copy company reports into digital format; the collection of new geological, geophysical and mineral occurrence data over the areas selected as high priority by both the department and the industry; the provision of educational industry workshops to promote the department's products and to explain legislative requirements; upgrading Internet access for the industry and the public to provide a better information service; and promotional activities including the Brisbane-based minerals exploration investment conference to encourage explorers and promote investment in Queensland.

The department can assist industry in a range of ways with respect to our resources to address the backlog of exploration permits with respect to providing scientific information that, if you like, lowers the odds of finding minerals when they actually get out there exploring. I think that we can develop that further, again, under the banner of the Smart State. I would like to see us really develop those kinds of skills within the department. It is going to take some changes to do that because we are moving into some really heavy technology when we start looking at those kinds of areas. Through our investment in CRCs and R&D and, importantly, through ongoing consultation with industry—one of the things I am keen to do is meet with QMC regularly to find out from them what they need, what their members need to, if you like, get back out there with the greatest certainty possible of finding new deposits and developing them. If my department can hone their skills in that area, I think we will have done the industry a great favour.

Mrs SMITH: Page 28 of the MPS refers to the department's role in the explosives regulations. Can you advise whether it is illegal to sell fireworks in Queensland to persons who are not licensed fireworks operators? Is the department concerned about any cross-border trade in illegal fireworks, and what steps is it taking to prevent fireworks sold illegally in New South Wales from entering Queensland?

Mr ROBERTSON: It is a very important question. It is illegal in Australia to purchase or possess fireworks unless you are a licensed operator, not just in Queensland but right around Australia. Both New South Wales and Queensland authorities are aware of persons operating particularly in the Tweed area who have set up a shopfront and illegally sell fireworks under the counter. So that means that people can drive across the border, purchase fireworks illegally and bring them back to Queensland.

⁰¹⁴ I am informed that New South Wales authorities shut this Tweed Heads operation down and fine these people on a regular basis. The problem is that these people move and set up an operation elsewhere. The problem with policing cross-border trade is simply this: it is very hard to prosecute buyers unless you actually catch them with fireworks in their possession. They are fairly small and compact items. Often by the time authorities are made aware of illegal fireworks, the evidence has literally gone up in smoke. However, we continue to work closely with New South Wales authorities in relation to addressing this illegal cross-border trade.

The problem is that a lot of these fireworks come in illegally from areas like the Northern Territory and the ACT. They are put in car boots and taken everywhere in Australia. That is a matter of significant concern to us because of the dangers associated with fireworks, particularly fireworks in the control of people without proper training. We will continue to work, in this case, with New South Wales authorities to try to address this illegal cross-border trade that seems to have centred itself around the Tweed.

Those of us who are old enough—I am looking around, and most of us are—would know that the sale of fireworks to the general public in Queensland has been prohibited since 1972. I remember it well, because I was a young bungler thrower. The authorities finally caught up with us in 1972 following a successful campaign that illegal use led to numerous and serious accidents. I remember a lot of my school mates being seriously injured by these crackers. This provision has been carried forward in the new Explosives Act 1999. The prohibition on fireworks sales has been progressively adopted by all states in Australia, with South Australia now in the process of adopting the broader national ban. As I said, only the ACT and the Northern Territory maintain their old cracker nights. It should be noted that in Queensland the sale of small, low-intensity fireworks such as sparklers, bonbons and caps is still permitted. The sale of all other fireworks is restricted to licensed operators who are required to undertake training and police checks. Public displays are routinely monitored by the explosives inspectorate to the fullest extent of its resources.

Mr SEENEY: On page 27 of the MPS it states that the department will process new exploration applications to the grant stage within time frames acceptable to the industry, with a target of 600 in 2001-02. Can you give us a more specific indication of what the targeted maximum time frames will be and why you have not set a performance target in the output statement so that the industry and the public can

assess your department's progress in processing these new applications? Why has it been left open-ended as a target acceptable to the industry?

Mr ROBERTSON: Which paragraph?

Mr SEENEY: I will find it for you.

Mr ROBERTSON: Is it the fourth dot point on page 26 perhaps?

Mr SEENEY: No, it is the first dot point under 'Future Developments', which states—

At the same time, the Department will process new exploration applications to grant (target 600 in 2001-02) within time frames acceptable to the industry.

That seems to be a fairly rubbery target for anyone to set in terms of monitoring the department's output.

Mr ROBERTSON: As I have already mentioned, a top priority of government is to clear the backlog of exploration applications by June 2003 while continuing to process new applications efficiently. We have already talked about alternative state provisions and what that means. I think it is fair to say that the new alternative state provisions have settled years of uncertainty and established a streamlined process within the Mineral Resources Act, that is, the potential to boost regional development. I have already given these figures, but there is movement already occurring. As at 30 June 2000, of the 231 applications for exploration permits made since the state provisions commenced, 87 have been granted, comprising 22 grants over land where native title is extinguished and 65 grants for low-impact exploration.

With respect to the particular paragraph, we have set a target of 28 days to process applications. We believe the 28-day target is good business practice. It is being achieved for 65 per cent of applications by fully implementing the alternative state provisions by streamlining four assessment processes and by enhanced staff skills and systems. The 28-day target will be achieved for an increased number of applications when a diminishing backlog in issuing environmental authorities is removed when additional staff are employed through supplementary funding under the 2001-02 budget and when there is greater industry experience in the new native title procedures. My department will be working towards a target of 75 per cent in 2002-03 by further staff and industry training and sound management practices.

We are not the only player involved in this. Mining companies also have a major stake. Part of this process is that mining companies also need time to enter into negotiations with native title parties. This can be lengthy and complex. Therefore, we believe that the targets that have been established are reasonable, but it is really difficult to actually predict the outcome of how long those negotiations may need to go for. It is a complex process, as you are aware.

Mr SEENEY: Correct me if I am wrong, but that does not apply to applications for low-impact exploration. I was interested in the figures that you have quoted twice now about 231 applications and 85 or something that you said were granted. It would seem to me that applications for low-impact exploration should be able to be granted fairly expeditiously. The legislation was introduced on 18 September. I remember the debate we had about the definition of low-impact exploration. It is very much low-impact exploration. What is holding up the granting of those types of applications?

Mr ROBERTSON: I will ask Bryan Coulter, the Deputy Director-General (Mines), to provide you with that answer.

Mr COULTER: Since the alternative state provisions came in during September last year, 87 low-impact grants have been approved. We are putting new processes in all the time to ensure that those grants flow more smoothly. In fact, what we have been doing with our department is completely reorganising the way that we process grants. We are looking at where the bottlenecks are, what arrangements we have with other agencies like the EPA and how we can smooth things through, so that all the time we are pursuing new ways to get those grants out. The 28-day time frame for low-impact grants is achievable and is being achieved. After that time, the parties can go and talk and negotiate on native title issues. But we are pushing those grants out in that 28-day time frame and making sure that we have put in train processes to make sure that we can speed that up.

Mr SEENEY: I understand the difficulties with the other applications, but applications for low-impact exploration should be able to be handled fairly expeditiously.

Mr COULTER: That is right, and that is what I am saying. With the 28 days we can do those lower-impact applications in that time frame.

Mr SEENEY: With regard to the mineral and petroleum exploration and development output on page 25 of the MPS, specifically the processing of exploration and mining permits, recently the Premier threatened to use the government's compulsory acquisition powers to allow the development of the Gold Coast Convention Centre to proceed. Under what circumstances would you consider recommending to cabinet that the same compulsory acquisition powers be used to assist the mining industry?

Mr ROBERTSON: I think that is a really unhelpful question and it fails to appreciate the importance of native title, not just the laws that surround native title in both federal and state jurisdictions but also the moral underpinnings of what Aboriginal people have been fighting for over many years. After years of negotiations, we have in place at both a federal level and a state level a native title regime that is about delivering justice to indigenous people—a process that I strongly support and, as I travel around, many miners also support. They understand the importance of justice for our indigenous people as well as the government does. Sometimes they express frustration and sometimes we get frustrated, too. But, nevertheless, we are not going to walk away from delivering justice to Aboriginal people through native title.

I think that to be as interventionist as you are suggesting would be unhelpful. I think it would be damaging and demonstrates a lack of appreciation of how negotiations with Aboriginal groups are conducted. It does take time. It is complex. There are often cultural nuances attached to how claims are made and how negotiations are undertaken. To come in with a heavy-handed, big-stick approach such as the one you are suggesting would not be in the long-term interests of this state. That is why I think, with respect, your question is a bit out of order, not necessarily procedurally so, but it is certainly unhelpful to the long-term future of this state if that is the way you as a shadow minister are representing what a Horan National Party government would do if it were in office.

If that is the case, member for Callide, let the message get out today right throughout Queensland what you would propose to do with respect to native title, that is, to crush the rights of Aboriginal people that have been recognised by the High Court of Australia. You would even find yourself very quickly out of step with the mining industry, which is working positively and constructively with Aboriginal communities in this state to achieve long-term sustainable outcomes that benefit the

Aboriginal communities, regional development, employment and the mining industry itself.

Mr SEENEY: Minister, I remind you that it was your intent that the question was trying to establish. I was trying to establish under what circumstances you would be prepared to use the compulsory acquisition powers, just as the Premier—your Premier—suggested that they be used for the Gold Coast Convention Centre. I take it from your answer that you disagree with the Premier's suggestion that the compulsory acquisition powers be used for the Gold Coast Convention Centre. I also take it from your answer that there are no circumstances under which you are prepared to follow his example and use them to assist the mining industry. Do you recognise that the compulsory acquisition powers exist to begin with? I guess that is probably the point we should begin at.

Mr ROBERTSON: I am advised that the Commonwealth Native Title Act would prevail over the state act. Therefore, the state cannot override even with compulsory acquisition.

Mr SEENEY: So you do not recognise the compulsory acquisition powers.

Mr ROBERTSON: No, I am telling you what the impact of the Commonwealth legislation is. We cannot override on a matter of compulsory acquisition under the state regime.

Mr SEENEY: How would the Premier's proposal have proceeded with the Gold Coast Convention Centre?

Mr ROBERTSON: You would have to ask the Premier that.

Mr SEENEY: So you have not investigated the possibility of using the compulsory acquisition powers—

Mr ROBERTSON: I am not building a convention centre.

Mr SEENEY: I listen to your answers, as long and as rambling as they may be.

Mr ROBERTSON: But informative nevertheless.

Mr SEENEY: So you have not investigated the use of the compulsory acquisition powers to assist the mining industry?

Mr ROBERTSON: I do not believe it would assist the mining industry.

Mr SEENEY: So there are no circumstances under which you would investigate their use?

Mr ROBERTSON: I do not believe the proposition you are putting forward would assist the long-term interests of the mining industry.

Mr SEENEY: I refer to the pledge that you were prepared to be judged on your ability to deliver exploration permits to the mining industry that you received so much publicity over. What level of performance would you consider to be acceptable in terms of applications granted? Are you prepared to quantify what you believe to be an appropriate level of performance for you as minister and your government?

Mr ROBERTSON: I suspect that no matter what I quantified it would not satisfy you. So, no, I will not be quantifying. People will judge the performance of me as a minister and no doubt the government as a whole in three years time when it comes to elections. That is what we have elections for.

⁰¹⁷ **Mr SEENEY:** I refer to your predecessor's pre-election claim that Queensland was on the verge of a mining boom. Do you remember that? It was when the data sets were released for the north-west minerals province. Has that mining boom

eventuated, or is it likely to? How many exploration permits have been granted following the release of those data sets that were to herald a mining boom?

Mr ROBERTSON: The north-west Queensland development initiative was launched to build on the success of the Goss government's Carpentaria/Mount Isa minerals province study. This study in the early 1990s identified investment opportunities worth over \$3.5 billion and helped to create over 2,000 permanent new jobs and around 6,000 to 8,000 jobs in associated industries.

A preliminary report was considered by the government in 2000, with the final report due in the latter half of 2001. It is recognised in the preliminary report that the government has approved further investigation of a number of projects and the establishment of a regional coordination initiative in north-west Queensland. The regional coordination initiative provides leadership in the north-west area through increased linkage of services across government and, through further investigation, implementation of identified projects.

As the potential for further discoveries and development of mineral resource in north-west Queensland is high, the development sees the ongoing acquisition of new geoscientific data as a fundamental building block for future development in the area. Geoscientific and resource studies, in partnership with industry, resulted in the development of a state-of-the-art package covering the world-class north-west Queensland minerals province. The package, with interactive CD, maps and reports, supplies all available geological, geochemical, geophysical, topographic, infrastructure and mineral occurrence information, as well as defines target areas of high mineral potential, based on the latest deposit models and structural information.

Mr SEENEY: Has it led to the mining boom that your predecessor predicted? That was the question.

Mr ROBERTSON: There have been some significant major developments. You would have to acknowledge that. There have been MIM's George Fisher and Enterprise mines, Pasminco's Century Zinc mine, Western Mining's \$700 million Phosphate Hill operations, and Townsville's Sun Metals.

Mr SEENEY: Not all since December last year, Minister.

Mr ROBERTSON: From December last year?

Mr SEENEY: I am talking about exploration permits.

Mr ROBERTSON: I will make it easy. If you are actually after data on how many permits were issued or that kind of information and you are happy to have it put on notice, we will get that information to you.

Mr SEENEY: That is fine. My final question regards mining safety. Mention is made of the Mines Rescue Service in the mining safety and health output on page 20. You may recall that your colleague the member for Fitzroy raised a series of concerns in parliament regarding the service, especially regarding the board and its management, which he accused of the downgrading of the Mines Rescue Service at Collinsville, Moura and Blackwater, and of being too focused on the bottom line of their budget. He also criticised the mining inspectorate, which he described as inert. I have to say that the contacts I have in the mining industry tend to agree with the comments that the member for Fitzroy made. Do you concur with your colleague's concerns and have you taken any action since he raised those concerns in parliament?

Mr ROBERTSON: Every concern that the member for Fitzroy raises with me is treated very seriously and investigated. As we know, the member for Fitzroy represents a significant mining area. He was a miner by occupation and he is passionate about the subject. I have known him since I have been in parliament, since 1992, and he has never missed the opportunity to promote the interests of particularly mineworkers—not just with me but with my predecessors, and probably while you guys were in government as well. There is no two ways about it: he is very committed to the industry.

What I understand the member for Fitzroy expressed in the parliament a couple of weeks ago were some rumours that were going around the place about the future of the Mines Rescue Service. Those matters have been investigated. I think what happened was that discussions that were occurring within the board of the Queensland Mines Rescue Service leaked out. Any organisation from time to time looks at where it is going in the future and what options may be available to it. Proper governance is to consider all options. What appears to have happened is that some of that information has leaked out into other environments, and quite correct concern has been expressed about the future of the Queensland Mines Rescue Service. As a result of that and as a result of representations by the member for Fitzroy, I called in the chief inspector of mines to discuss that matter, to find out exactly what was happening and why such concerns should be raised.

I am assured that the Queensland Mines Rescue Service board of management has commenced reviewing several options regarding the future of the Blackwater station. There has been some suggestion that Blackwater may close down. The chairman of the Queensland Mines Rescue Service board has advised that the board has not made any decisions on the possible closure of the Blackwater rescue station. It is most likely, however, that this station will remain in operation and that the situation will be further reviewed at some time in the future. What is driving that is that around Blackwater, obviously, we are seeing the closure of a couple of mines. So the level of demand for services by the QMRS would obviously be declining, along with the closure of mines. I think it is quite proper for the board to consider the future of that particular station, but I am assured that no decision has been taken to actually close it.

Operations of the Mines Rescue Service are audited each year to ensure that the performance criteria set by me to accredit a mines rescue provider are met. I take a very close interest in the operations of the QMRS, as does my department. I am out of time; I might have the ability to answer that question further. Suffice it to say, there has been no proposal put to me to definitely close Blackwater. Should that proposal be adopted by the board, I will be looking at that very closely. I do not have a fixed view that a station has to remain in one place forever and a day. Situations can change and a whole range of other options might actually meet the needs of the mining industry more so than keeping a mines rescue station open at Blackwater.

Whatever decision is made will not be at the expense of the safety of mineworkers. I have a trade union background, and I know Jim does as well. Safety is always a priority for those of us who come from that kind of background, and that will be my commitment. I will be ensuring that there will be no reduction in safety for mineworkers in Queensland with respect to options that may be explored by the Mines Rescue Service.

Dr KINGSTON: Minister, you have spoken in glowing terms of our known gas reserves. If that is so, why does your government place such emphasis on the

Chevron pipeline? This project will take a finite amount of gas from a currently non-usable oil reserve in a politically and geologically unstable part of New Guinea. It is a very vulnerable pipeline within New Guinea. The residual value when that finite amount of gas is gone is the pipeline itself. I have always had a problem with the economics of that project, especially when they were compared with the economics of another proposal which involved a dam and an irrigation scheme.

Mr ROBERTSON: Your question should really be directed to the Treasurer, who has responsibility for Queensland's energy policy, or indeed the Minister for State Development. In terms of how I can answer this best to assist you, Queensland's new energy policy does not give singular attention to the PNG gas pipeline proposal. We see our best options with respect to the development of gas as an energy generator coming from a competitive environment. That competitive environment takes in PNG, Timor, the development of our own domestic resources, coal seam methane gas, et cetera.

What we as a government want to see is the cheapest available fuel provided to the consumers of Queensland. That is why other departments provide assistance and advice to a range of proponents for the development of our gas supplies. So it is incorrect to say that we have our blinkers on with respect to PNG. We see opportunities in a range of areas, as I said including Timor, including coal seam and including our own supplies. For further information on that I would suggest you perhaps at some stage discuss that with the Treasurer.

The CHAIRMAN: The time for non-government members' questions has expired. I call the member for Burleigh.

Mrs SMITH: Page 20 of the MPS refers to departmental services to ensure public safety associated with the use of gas and explosives. Minister, can you outline the status of ongoing action being taken by the department in the wake of the Bray Park fireworks tragedy?

Mr ROBERTSON: After the tragic fireworks display accident at the Holy Spirit primary school at Bray Park on 20 May last year, the explosives inspectorate issued a dangerous situation notice under the Explosives Act 1999 prohibiting the use of metal equipment in fireworks displays. The issue of all fireworks licences was suspended and an information bulletin was issued to give further information to fireworks operators.

The departmental investigation team has now completed its report—and a voluminous report it is—which was submitted to the coroner on Friday, 29 June this year. Whilst I obviously cannot pre-empt the outcome of the coroner's inquest, steps that have been taken by my department and the explosives inspectorate to ensure that this tragedy will not be repeated include continuation of the prohibition on metal components used at fireworks displays; increased monitoring of fireworks displays by the explosives inspectorate; increased funding to provide for two additional inspectors in regional Queensland; and a review of the proposed explosives regulation, due to be introduced later this year to include increased safety requirements, training competencies, safety distances, quality of product obligations for event organisers, et cetera. The reason it will be introduced later this year is to try to encapsulate any recommendations that may come out of the coroner's inquest. We also have approached Standards Australia to review the existing national standard on fireworks displays in light of the recent findings. We will also have an increase in industry and community awareness programs and education.

The investigation into the Bray Park accident involved up to six full-time staff and included some quite complex analysis, particularly out at SIMTARS at Wacol. The work undertaken included post-blast analysis modelling, utilising world experts from the Defence Science and Technology Organisation, the Australian Defence Force Academy in Canberra and Combustion Dynamics Ltd from Canada. We also undertook a chemical analysis of the constituents of fireworks; dynamic testing of fireworks in operation; survey of the fireworks industry, the events organisers and the community to determine industry culture and community expectations; assessments of the competencies of over 100 fireworks operators to determine skill levels within the industry; and a review of training courses.

Basically, we think we have covered all the bases in relation to the Bray Park tragedy. However, suffice to say, should the coroner make further recommendations which we have not considered, we will certainly be taking them up as soon as that report is brought down. Our commitment to not have this incident happen again is resolute.

⁰¹⁸ **Mrs SMITH:** There are several references on page 22 of the MPS to the regulation of explosives. Can the minister outline the status of subordinate regulations, including any actions that may have emerged as a result of the tragic Bray Park fireworks accident, and advise when the new legislation will be introduced?

Mr ROBERTSON: I mentioned that in passing during my previous answer, but the new regulations which you refer to will reflect many of the issues that have emerged during the Bray Park investigation. We are committed to improving the safety of fireworks displays, which remain a legitimate form of public entertainment, providing they can be undertaken in a safe and proper manner. The new Explosives Act 1999 has been passed and the subordinate regulations are now largely concluded. The new regulations contain provisions concerning the competency training of operators, safety distances to be observed during displays, quality of fireworks, specific obligations on event organisers and operators.

While the occurrence of the Bray Park fireworks tragedy delayed the proposed regulations, it also enabled the inclusion of new and critical issues into the regulations to ensure safety at all future fireworks displays. Other provisions include safety management plans that licensed operators and event organisers will be required to have in place and fail-safe provisions to ensure that, should an incident occur, there will be back-up safety provisions to contain and minimise the consequences. The proposed new regulations are scheduled for introduction in September this year and the existing regulations will continue in place until that time.

Ms BARRY: On page 20, the MPS shows that mining health and safety is again a key focus of the department's output performance. Can the minister provide any statistics that show whether the government's regulatory control of mining has achieved any significant reduction in the number of days lost through injury at Queensland mining operations?

Mr ROBERTSON: Just by way of background, a major milestone was reached in March this year when the Coalmining Safety and Health Act and the Mining and Quarrying Safety and Health Act and associated regulations became law. This represented the culmination of almost a decade of work on the part of industry stakeholders, both mine owners and employees, and the mines inspectorate.

The review of the legislation commenced in 1991 and was suspended until the warden's inquiry report on the tragedy at the Moura No. 2 underground mine was completed in 1996. The implementation of the new recommendations of the inquiry, together with the associated review of the mines inspectorate, has been concluded with the exception of some minor ongoing actions. The implementation of the recommendations was given high priority by successive governments, as was the new legislation which, together with regulations, came into effect in March this year.

I am most pleased to advise that the completion of these important actions has contributed to a considerable improvement in mines safety achieved by the industry in this state over the past four or five years. In fact, performance for the year 2000-01 recently completed is the best ever recorded in this state in terms of injury rate. The lost time injury frequency rate is almost halved to 10.8, that is, lost time injuries per million man-hours—million person hours—worked for the year 2000-01. I still have some work to do with my department. From 20.2 just five years ago, it has almost halved in five years. There has been a parallel reduction in the severity rate from 354 days lost per million person hours worked for the years 1996-97 to 145 for the year 2000-01. That suggests that all the work in preparing for the new safety regulations and legislation is having an effect. We can only be judged in the long term, though. I hope that those encouraging stats will continue into the future.

The CHAIRMAN: Extended hours of work and associated shift rosters are being increasingly worked in many sectors of the mining industry and are making an enormous difference right across the industry itself. Given the role stated in the MPS on page 20 for the mining safety and health output, what action has the minister put in place to ensure that the risk associated with this practice is effectively managed within the Queensland mining industry?

Mr ROBERTSON: It is true to say that community concern is growing regarding fatigue resulting from persons working long hours. Research in Australia and overseas is supporting this concern, suggesting that long periods at work and inappropriate rosters can create risks to the safety and health of workers. Australian centres researching this important issue include the Centre for Sleep Research at the University of South Australia and the Australian Centre for Industrial Relations Research and Training associated with Sydney University.

Some operators in the mining industry have not adequately considered risk to safety and health when introducing extended shift rosters. Some of these rosters include working up to 28 shifts of 12 hours or greater without respite. SIMTARS and the mines inspectorate conducted a literature research review on this topic, which was completed in mid 1999. A survey of shift lengths and rosters within the mining industry was also undertaken, and that was completed in late 1999. Discussion based on the existing best practice for managing risks associated with working extended shifts was prepared and discussed with the industry and a series of seminars conducted across Queensland in late 1999. Expert speakers sourced from around Australia also participated in these seminars and feedback was obtained from industry on the discussion paper.

With participation from unions and operators, a guidance note was recently distributed to industry to assist operators and mines inquiries to identify and reduce unacceptable levels to acceptable levels any risks to the safety and health of their employees associated with working extended shifts and rosters. New mining safety and health legislation came into force on 16 March 2001. This legislation places the obligation on operators to reduce risk at mines and quarries to an acceptable level, including those associated with hours of work and roster arrangements. So it is

certainly an issue that is being attended to by my department but also by industry generally.

The CHAIRMAN: Thank you. I appreciate that. I am happy to see that that is happening. Earlier you made reference to the last Moura mine disaster, which was some seven years ago now. What major departmental health and safety initiatives, including SIMTARS, mentioned on page 20 of the MPS are now in place to prevent similar disasters occurring in Queensland?

Mr ROBERTSON: I mentioned previously that the new Coalmining Safety and Health Act and Mining and Quarrying Safety and Health Act and associated regulations were introduced in March this year. That legislation was largely based on the outcomes of the warden's inquiry report into the Moura No. 2 underground mine disaster. This contemporary, new legislation is regarded as best practice in the western mining world. A key concept of the legislation is a duty of care. That duty of care obligation is spread from the boards of directors to individual workers. There has been an introduction of risk management to control the risks inherent in mining, the establishment of a statutory accountable position of site senior executive for each mine, the requirement for safety and health management systems and hazard identification, on-site worker participation and a tripartite advisory council.

The new legislation imposes greater responsibility on the mining industry to ensure the safety and health of its workers and the industry would be regulated by a strengthened government mines inspectorate with increased powers to prevent unsafe practices and hold accountable those who fail to fulfil their safety and health obligations.

Other major departmental initiatives include a complete restructuring of the mines inspectorate, which has involved a revised structure with nearly 50 per cent new recruitment over the past five years. This restructuring has included the adoption of quality principles to include the benchmarking of the performance of the inspectorate and to provide opportunity for continuous improvement.

Initiatives undertaken by SIMTARS include the continued maintenance of the mine emergency call-out service and the mobile gas analysis facilities being upgraded—which is located at our Mackay office. Two trial call-outs were carried out during the year and SIMTARS was a major participant in the annual mine emergency evacuation exercise, which was held at the Newlands colliery.

I could go on, but that indicates that the health and safety of miners is a matter of significance to my department. We are not only imposing new regulations and new laws on the industry itself but also benchmarking our own performance in terms of the mining inspectorate, ensuring that we have the people on our staff who are up with world's best practice so that there is no, if you like, weak link in the chain to ensure the ongoing safety of mineworkers in this state.

The CHAIRMAN: Key recommendations contained in the warden's inquiry report into an accident at Moura No. 2 underground mine concerned the regular conduct of simulated mine emergency exercises to test the preparedness of mines to evacuate personnel in a real emergency. Does this budget for the mining safety and health output outlined on page 24 include any plans to test simulated emergency situations?

Mr ROBERTSON: One of the key recommendations contained in the Moura No. 2 underground mine report concerned emergency escape facilities, self-rescue breathing apparatus, and the withdrawal of persons from mines through the conduct of simulated mine emergency exercises. The budget does, in fact, include a plan for

a simulated exercise to be conducted at a Queensland coalmine this year. This has been the case since 1998. This exercise is carried out under the auspices of the mines inspectorate and includes the involvement of mining companies, unions, the Queensland Mines Rescue Service, other emergency service providers and government agencies. These exercises test the plans and protocols that the mines are required to have in place under the new legislation and also the responses from other external agencies, particularly the Queensland Mines Rescue Service.

Annual exercises have been a resounding success to date and valuable lessons are being progressively added into the emergency plans, which will be assessed during successive exercises. The next exercise is scheduled to be undertaken at a Queensland coalmine later this year. They will remain an integral component of the overall assessment and the continuous improvement plan aimed at increasing the emergency response capability of our underground mines.

The CHAIRMAN: The time allotted for the consideration of estimates of expenditure for the Department of Natural Resources and Mines has now expired. Minister, I would like to thank you and all the departmental officers for your input. Could I remind you that the responses to questions taken on notice at this hearing are required to be returned to the committee by noon on Friday, 20 July. If the agency is unable to meet this time frame, I would appreciate it if you would notify me or the deputy chairman and advise us accordingly. I again thank you, Minister, and the officers for your attendance here today. This hearing is now suspended for lunch and will resume at 2.15 p.m. when the committee will examine the portfolio of the Minister for Health and Minister Assisting The Premier on Women's Policy.

Mr ROBERTSON: Mr Chairman, can I just record a couple of things? First of all, I would like to thank you and all the members of the committee for your questions today. I want to record my appreciation for my own department's work that has gone on for the last few weeks in preparing all the briefings. It is greatly appreciated. Once again, thank you very much.

The CHAIRMAN: Thank you, Minister.

Sitting suspended from 1.12 p.m. to 2.15 p.m.

HEALTH**IN ATTENDANCE**

Hon. W. M. Edmond, Minister for Health and Minister Assisting the Premier on Women's Policy

Dr R. Stable, Director-General

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

Dr J. Youngman, General Manager (Health Services)

⁰¹⁹ **The CHAIRMAN:** The next item for consideration is the estimates of expenditure for the Department of Health. The time allotted is four and a half hours. The committee has also agreed it will suspend the hearing for afternoon tea from 3.45 p.m. to 4 p.m.

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 single chime will give a 15-second warning and a double chime will sound at the expiration of these time limits. An extension of time for answer may be given with the consent of the questioner. A double chime will also sound two minutes after an extension of time has been given.

The sessional orders require that at least half the time available for questions and answers in respect of each organisational unit is to be allotted to non-government members. Any time expended when the committee deliberates in private is to be equally apportioned between government and non-government members. For the benefit of Hansard, I ask departmental officers to identify themselves before they first answer a question.

In the event that those attending today are not aware, I point out that these 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 any person admitted to a public hearing may be excluded at the discretion of the chairman or by order of the committee. The sessional orders provide that a member who is not a committee member may, with the committee's leave, ask the minister questions.

In relation to media coverage of the estimates committee hearing, the committee has resolved that still photographs and silent television film coverage may be permitted for the first five minutes of each department. My final request is that if you have a mobile phone or pager, would you please make sure that it is turned off. If you have any phone calls to make, please do so outside the chamber.

I now declare the proposed expenditure for the Department of Health open for examination. The time allotted is four and a half hours. The question before the committee is—

That the proposed expenditure be agreed to.

Minister, do you wish to make an opening statement? If so, the committee has asked that you limit that statement to five minutes.

Mrs EDMOND: I am delighted to make an opening statement. Can I say how pleased I am to be here again at Health estimates. This is the seventh time that I have been involved at Health estimates, the fourth time as minister. It is good to be back.

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. I am very pleased to announce another record Health budget for 2001-02 of \$4.06 billion, as well as \$364 million in capital projects. This is the fourth consecutive record Health budget under the Beattie Labor government.

Queensland Health's network has more than 40,000 full-time equivalent health professionals and administrative staff and remains one of Queensland's largest employers. Every day Queensland Health spends more than \$10 million on health services throughout its network of 38 health service districts and the Mater public hospitals.

Sixteen extra child health nurses and early intervention specialists will be employed for 18 new expanded child health centres this year, costing \$1.5 million. A further 22 school-based youth health nurses will be employed this year. An extra seven full-time specialists will be employed throughout the state, including a paediatric nephrologist at the Royal Children's Hospital who will provide specialist support services to children suffering from chronic kidney problems across the state, a gynaecological oncologist at Townsville Hospital, a foeto-maternal specialist at the Royal Women's Hospital, a rehabilitation specialist at the Prince Charles Hospital, a physician at Mount Isa, a developmental paediatrician at the Mater and a rural paediatrician at Roma. Specialist services will also be expanded through the employment of visiting ophthalmologists at Cairns, Townsville, the Gold Coast and Mackay, and through the expansion of ENT services at Cairns and Mackay.

Clearly, children are the winners in this budget with more than \$1.5 million injected into paediatric services and equipment to ensure the best possible care for kids. There is also good news for kids suffering from profound or severe deafness. The cochlea implant program at the Mater Children's Hospital will receive an extra \$250,000 this financial year. Approximately \$5 million will be provided in state government funding and support for home and community care, bringing total state/Commonwealth funding to approximately \$178 million in 2001-02.

An extra \$1 million will be provided this year for the medical aid subsidy scheme. Radiation oncology services are being expanded as part of the ongoing \$25 million radiation oncology services plan, including new linear accelerators for the Princess Alexandra, Royal Brisbane and Townsville Hospitals. An extra \$10 million will be spent this year to reduce the number of patients awaiting elective surgery. Intensive care and critical care services are being expanded. This includes an extra \$3.34 million per year for new critical care services at Caboolture Hospital, as well as \$3.3 million for intensive care services at the Royal Brisbane, PA and Townsville Hospitals. An extra \$8.3 million is being spent on mental health services this year. A sum of \$5 million extra will also be spent this year to treat 16,500 people waiting the longest for public oral health services.

Queensland Health's \$2.8 billion statewide health building program, the largest health care facility building and refurbishment program ever undertaken in Australia, is now entering its final stage. More than 3,478 full-time equivalent building and construction positions will be created this year as part of that program. Hospital redevelopments will be completed at Cairns, Townsville, Rockhampton, Maryborough, Nambour and the Gold Coast. Further redevelopment will continue at the Royal Brisbane and Princess Alexandra Hospitals. Patients will have better access to community health services in the Brisbane north area and Townsville through an integration of local sites.

I now take this opportunity, for the benefit of the committee, to introduce the departmental officers who are with me today. Most of you know Director-General Dr Rob Stable, General Manager of Health Services Dr John Youngman and Dr David Filby, the Deputy Director-General.

The CHAIRMAN: The first period of questions will go to the non-government members. I call the member for Maroochydore.

Miss SIMPSON: Thank you Minister and thank you to the Health staff for attending today. I would like to ask a question in regard to page 26, the alcohol and drug strategy. In question No. 4 on notice, I asked you what the full-time equivalent staffing numbers were for drug and alcohol workers employed by the state government for last year, the estimate for this year and the district breakdown. You did not answer the question. I also asked you this question last year and you did not answer it then. I ask: why the secrecy in providing detail about resources to government alcohol and drug treatment services throughout the state?

Mrs EDMOND: I think we have tried to explain this to the member for Maroochydore in the past. Many of the services that are funded by the state, in fact the vast majority of services funded by the state, in terms of alcohol and drug workers are actually through non-government organisations. We provide the funding and the Commonwealth government provides the funding for organisations, which are sometimes church based and sometimes community based, to provide those services. While we provide the services, we do not dictate to them how many staff they should employ at those services. There is an expectation of the workload that they will do rather than the numbers of staff they will employ.

Most of the other drug and alcohol services are provided by the health services district. Sometimes those roles, of course, overlap. As we have tried to explain to you, detox services are available through general medical beds in most of the public hospitals in Queensland as determined by the clinical needs of the patient as required. So they are not listed as only drug and alcohol workers. There is a range of things they need to perform.

It is certainly true that the Beattie government is providing more than \$24 million over the next four years for alcohol and drug-related programs across the state. In terms of the exact numbers of employees, as I said we do not list that in that way. It is part of a total of \$33 million that Queensland Health administers every year in the state, which includes \$6.2 million in funding from the Commonwealth.

Over the next two years, extra funding is being allocated to various non-government organisations. I think there is nearly another \$5.5 million to organisations like St Vincent de Paul, the Salvation Army, Mirikai, Logan House and others as required and as they tender for processes. We do not ask, when they tender for delivering the services, how many staff they have or how many staff they will anticipate needing if they receive those contracts. Basically, the focus is on treating patients or treating people rather than on counting up the numbers of staff they have.

Miss SIMPSON: With respect, that is a bit of a fudge because you are able to claim an amount that you say the state is spending on alcohol and drug services, yet you cannot actually outline where those services are and how many people are employed in providing those services. My question is: how many people are employed by the state government in providing services in the state system, given that we are getting complaints from people who cannot access detoxification or rehabilitation beds?

Mrs EDMOND: With all due respect, as I said just then, we actually look at outcomes and not inputs. Maybe that is what you do not understand. We actually look at services delivered, not the number of people employed. There is no point having 100 people employed if that means you cannot deliver any services. You need to be able to get a balance. We leave the determination of that balance to the non-government organisations that are funded for those services.

We can give you a list of where those services are provided. In fact, ATODS produces a booklet that actually gives a list of all of those services across Queensland. If you would like that information to be made available to you, we could probably do that. Also, the advice is to ring ADIS, which is the number for inquiries for alcohol and drug related services.

Miss SIMPSON: In asking my next question, I note that you did not answer my question on notice No. 3, in which I asked how much state funding in 2000-01 went to non-government organisations in regard to alcohol and drug treatment. Now I ask: given that you are claiming that there will be over 800 drug rehabilitation treatment beds in Queensland, how many of those are actually receiving state government funding?

Mrs EDMOND: In terms of the first part of your question, those negotiations have not been concluded so it is impossible to give that information.

Miss SIMPSON: That is for last year, for 2000-01. I asked that as part of question No. 3. The question as to how much funding was given to non-government organisations was not answered. You are making a claim that there are 800 drug beds. Where are they funded by the state government?

Mrs EDMOND: The statements for the last financial year are not finalised until the Auditor-General ticks off on those appropriations. Even though it was the last financial year, because those figures were not in at the time of the answer they could not be given, and they will not be given until such time as the Auditor-General has checked them off. There were three or four questions there. What were the other parts?

Miss SIMPSON: You have claimed there are over 800 drug rehabilitation and treatment beds coming online in Queensland as a total. How many of those are actually funded by the state?

Mrs EDMOND: The funding for the non-government organisations goes out through the state. It is state and Commonwealth funding. Some of those organisations get funding from one or the other and some get funding from both. The majority of them get funding from both, although in the last couple of rounds the Commonwealth has decided not to do it that way but to actually direct-fund some of the organisations, contrary to the advice given by Queensland Health. If you just wait a moment, we have the make-up of those beds.

⁰²⁰ The list includes Aboriginal and Islander Community Health Services in Brisbane, the Aboriginal and Island Alcohol Relief Service Limited, Addiction Help Agency, Cairns, Alcoholics Recovery Project, Goldbridge, the Alcohol and Drug Foundation Queensland, the Brisbane Youth Service, the Drug Awareness and Relief Foundation, the Gold Coast Drug Council, the Queensland Institute of Alcohol and Addictions, the Society of St Vincent de Paul, St Vincent's community services in a number of different places and the Salvation Army in a number of different places. As to the make-up of the beds, there are a number of detoxification and rehabilitation beds. Including the number of beds that will be coming online as part of the new commitment for drug court beds, there will be over 800 beds. It is

worth noting that the Victorian government with a substantial higher population than ours—and I have to say a much bigger drug problem with a higher number of overdose deaths and so on—is aiming at 800 beds for Victoria.

Miss SIMPSON: How many of those beds are you actually funding as a government?

Mrs EDMOND: The majority of them. There is only a small number that the Commonwealth is funding. If you look at the funding being made available—

Miss SIMPSON: Are you saying you fund the majority of those 800 beds throughout Queensland?

Mrs EDMOND: The majority of the funding for the beds comes from the Queensland government. There is some extra from the Commonwealth.

Miss SIMPSON: Minister, \$2.87 million next year will not cover 800 rehabilitation and treatment beds in Queensland.

Mrs EDMOND: Most of these organisations are NGOs that have a community commitment and they put in funding themselves. I have never said that we provide all of the funding. I have said that the government supports a whole lot of those agencies. The bulk of that funding comes from the state. Some of it comes directly from the Commonwealth. Goldbridge does not get anything from the state; that is direct Commonwealth funding. I think most of the others are joint. People like the Salvation Army have run these organisations for a long time.

Miss SIMPSON: Of the 800 beds you are talking about, I suggest that the majority are not receiving state funding to cover their running costs to fully fund those beds?

Mrs EDMOND: We have never claimed that we fully fund the beds. We say they get state funding or Commonwealth funding.

Miss SIMPSON: How much would \$2.87 million to non-government organisations in the next year go towards fully funding a drug treatment and rehabilitation bed in Queensland?

Mrs EDMOND: You would need to look at the services provided and how that is provided. Some are done like a supported accommodation style. Others are done as a total unit where they live in completely. All of the services are provided. Some, of course, access a patient's pension. Because it is basically providing a housing and feeding service, they actually get income from the patient's pension or whatever else they are living on. So they pay a certain amount to go there. That is only appropriate, because they are providing long-term housing, feeding and all of the rest of it. I do not think there has ever been any expectation—it has certainly never been put to me that we should be funding 100 per cent of all of that. Certainly with the drug beds and things like that there is probably a higher level of payment than for other services for the community—for the ones that are considered community beds. But I think you will find that Queensland is doing pretty well compared to other states in that regard.

Miss SIMPSON: My next question in regard to drug and alcohol treatment beds is specifically in regard to youth. They do not have the benefit of the higher pension, if you like, to remunerate a facility. What are the number of youth beds available for drug rehabilitation in this state?

Mrs EDMOND: There is again a range of youth beds available. I think one of the difficulties is that you seem to look at only residential 'lock 'em up and throw away the key' type treatment programs. We have tried to do as much as possible to

benefit young people by providing them with the care and attention they need where they live, not taking them away from their family and support when we are treating them. There are a number of programs that do focus on youth, although youth may access any of the other programs, too, and it is important to look at that.

There is a specialised unit that we fund at the Mater Hospital, particularly for very young users—13 to 18 year olds—who have dysfunctional and chaotic lives. They are often street kids and so on who do not have a family, a home or support to back them up while they are going through the program. That has five or six beds. That has a number of young people going through it each year. A lot of effort is put into getting them back into a normal life, with support for education as well as looking at their drug issues, their family breakdown and so on.

We have recently supported Teen Challenge in accessing what was Queensland Health property at Toowoomba, which will make 38 beds available for young people in a farm and training type setting by giving them at peppercorn rent accommodation on acreage and buildings set up for TAFE-type training. Those two have happened in the last three years. There is also Mirikai on the Gold Coast, which focuses very much on young people, although a little bit older than those treated at the Mater Hospital. As I said, there is also access to the other services at all of the hospitals.

We are also establishing a community based but youth targeted program on the south side—the south-west—of Brisbane aimed at the corridor between Ipswich and Logan, where there is a particular problem. There is a range of youth oriented programs. There is a need for more youth oriented programs in north Queensland. But, of course, that is treating the end stage. If we are really serious about this, we have to get in there at the beginning. That is why we have focused on preventing young people from getting into drugs. For example, we have youth health nurses based at schools, which has been an outstanding success despite your opposition to it.

Miss SIMPSON: I have not opposed school nurses.

Mrs EDMOND: I am sorry. We have you on ABC Radio as opposing them.

Miss SIMPSON: I have not opposed school nurses. You are misleading the committee.

Mrs EDMOND: And there are the parenting programs. We know that the best way of preventing young people getting into risk-taking behaviour and drugs is to bring them up with good self-esteem so they are able to resist it.

Miss SIMPSON: With regard to public health services on page 1-26, I ask: how much was spent on the state's needle availability program last year, 2000-01, and how much has been allocated this year? Is this amount included in the \$2.87 million referred to in funding to non-government organisations?

Mrs EDMOND: One of the positive signs that is coming out of the needle availability program is that for the first time in quite a number of years we are seeing the demand decrease. It has stabilised between now and last year, after rocketing up in 1996-97 and 1997-98. In those two years it increased by nearly 94 per cent or thereabouts. The rate of increase has been slowing down. While it is still a concern, it is pleasing to see that for the year just past it seems to have stabilised and we are not seeing that rapid growth.

There are a couple of initiatives. One of the real pluses about the needle availability program is that we have put in an initiative for diabetics. Queensland Health is now covering the co-payments required to be paid by diabetics accessing

insulin syringes subsidised by the Commonwealth. We have locked the Commonwealth into—and it has now agreed—not increasing the co-payment. So we will be paying the same co-payment.

The other issue to be borne in mind in this is that at the moment we are accessing needles at a cost of about 14c for a needle with a syringe attached. Moves, I understand, that you are pushing to bring in retractable needles would see that cost per needle increased to 90c per needle. That is an increase of not a few cents, as you said, but an increase from 14c to 90c.

Miss SIMPSON: So you are still opposed to retractable needles, even though you can buy them cheaper at bulk cost?

Mrs EDMOND: At bulk they are 90c each per unit.

Miss SIMPSON: So you are still opposed to them?

Mrs EDMOND: We have gone to the people you have quoted and they have said 90c.

Miss SIMPSON: So you are still opposed to introducing retractable needles?

Mrs EDMOND: No. I have got it on the agenda, through my work, for the national conference which will be meeting in a few weeks time to look at standards. If there is one that meets the standards we will consider it. But it would be a huge increase. So you would see a huge increase in the cost for the needle availability program. At this stage we are yet to see if there is a needle that meets the standards. I have not seen the standards as set yet. We do not have a final figure for the costing of the clean needle availability program, but the latest figures show that the demand is 15 per cent down on last year, so it will be less than last year.

Miss SIMPSON: Would the minister be able to take that on notice and provide the funding amount for the needle availability program for the last year?

Mrs EDMOND: As to the figure that I have here now of \$4.9 million, I am advised that on 1 March there was an agreement reached between the Commonwealth and Queensland Health for funding of \$4.9 million over four years for supporting measures for needle and syringe programs, including education, counselling and referral services. I do not have a figure just for needles, but I think it is important that you note that we actually put a lot of effort into the education of people working on those programs. This is the front line. This is where people get their best chance to get off drugs. So Queensland has mandatory education for people working in that position, which is now I gather being picked up, I am pleased to say, by other states around Australia as part of a national trend to ensure that our workers on needle availability programs are trained accordingly.

Miss SIMPSON: On page 29 it mentions new cases of HIV infection, but it does not have a measure for hepatitis C new cases. Given that this is a chronic disease with huge health cost implications for the state, I ask: will you introduce a register to bring into line with other states to record data where possible details on where, when and how the disease is acquired and to provide a more comprehensive district by district response as well as a statewide response to the problem?

Mrs EDMOND: There is no national registry of hepatitis C at the moment as there is for HIV. But I think it again reinforces the need for needle availability programs and the fact that Queensland's is working exceptionally well. We have by far the lowest rates of hepatitis C amongst users that we can determine. There is quite conclusive evidence that shows that the needle and syringe programs do protect the community from infections such as HIV and hepatitis C. According to

medical research, Queensland's rate of hepatitis C among injecting drug users reduced from 40 per cent in 1995 to 29 per cent in 1998, and the rate of HIV prevalence among injecting drug users remains extremely low at less than two per cent in Australia. This has been so since the beginning of HIV surveillance. That is in sharp contrast to other countries where they do not have needle availability programs. It is something we should all consider when we have people out there bagging needle availability programs and saying they encourage drug users. There is clear evidence now that it dramatically reduces the risk of infection, not only to users but also to anyone who could come across a needle. If there are minimum rates of infection amongst those people who are using, then there is even less risk to those people in the community who inadvertently scratch themselves, et cetera, with a needle. On that note it is worth pointing out yet again that there has never been a recorded case of a community infection of HIV. There have been five cases across Australia of occupationally acquired HIV through needle-stick injuries, one of those in Queensland more than 10 years ago.

⁰²¹ **Miss SIMPSON:** What about hepatitis C? What are your statistics on hepatitis C as opposed to HIV?

Mrs EDMOND: There are no recorded incidents of hepatitis C from a community-based infection.

Miss SIMPSON: But do you have a measure that actually gets that—

The CHAIRMAN: No more questions.

Miss SIMPSON: You do not actually have a way of quantifying that. That is why there is a need for a register of, in other words, how people acquire and where they acquire hepatitis C.

Mrs EDMOND: It is a reported disease. It has to be recorded, but there is no national register.

The CHAIRMAN: Excuse me, Minister, the time allotted for the non-government members has expired. Page 1-7 of the MPS refers to the Queensland Health policy of enhancing tertiary level services in both metropolitan and provincial regions. How will this be achieved?

Mrs EDMOND: I think one of the areas that we put a lot of effort into over the last couple of years has been improving our outreach services and making sure that people can access services across the state. The big news from this year's budget is the number of medical specialists available in Queensland public hospitals, which we are increasing this year with a budget allocation of \$2.7 million. As I mentioned in my opening statement, that funding is going to create six new full-time positions in quite specialised areas. It will increase the number of surgical sessions available to outpatients in high needs specialty areas and, of course, it will also provide services to people outside of Brisbane. The funding will be directed to address specialty medical areas of greatest need where we found that there were shortfalls, such as eye surgery and paediatrics, and the funding for new specialist positions and enhanced outpatient sessions will augment the two-year \$20 million elective surgery package to treat an extra 3,500 patients in Queensland hospitals each year.

The new specialist positions to be funded this financial year are a paediatric nephrologist at the Royal Children's Hospital for the treatment of young children with chronic kidney conditions; a foetomaternal specialist at the Royal Women's Hospital to deal with diagnosis and management of women with high risk pregnancies; a rehabilitation specialist at the Prince Charles, a specialist treatment for the elderly and the disabled on Brisbane's north side; a rural paediatrician—I

think this is a very exciting area where Queensland is leading the way in flying to get to outreach areas—who will provide regular services to the rural communities of central and south-western Queensland; a general physician at Mount Isa Health Service District providing outreach visits to remote centres, particularly the indigenous communities, which will give an extra hand there at Mount Isa; a gynaecological oncologist specialist to provide gynaecology services in north Queensland, which is something that they have been wanting in north Queensland to complete their cancer care in the north; and a developmental paediatrician at the Mater Children's Hospital supporting young children with severe developmental disorders, and this position has been increased from a part-time to a full-time position.

Far-north Queensland residents will also benefit from an expansion of ophthalmology with extra and ENT services with an expansion of the sessions being made available at those services. At Mackay Base Hospital and Logan Hospital the number of ENT specialist sessions will also be extended as that has been identified as an area of need. Each of these initiatives will help Queensland Health provide medical services closer to where people live. We are looking to reduce the elective surgery waiting times.

The CHAIRMAN: In your opening statement you made reference to cochlear implants. I note that on page 1-8 of the MPS additional funding is to be allocated to reduce waiting times for elective surgery. How will this address the needs of children waiting for cochlear implants?

Mrs EDMOND: As you know, the cochlear implant is really an Australian marvel. It was designed by an Australian and it has been a wonderful boon to profoundly deaf young people. Queensland has been providing these for children and adults for some time.

This extra funding means that the cochlear implant program at the Mater Children's Hospital will receive an extra \$250,000 this financial year. That extra funding is needed as the demand for implants for children has grown in the past three years. In 1997-98, six cochlear implants were performed—four at the Mater Children's Hospital and two at the Royal Children's Hospital—in Queensland. That figure grew to 11 implants last financial year, with two at the Mater Children's Hospital and nine at the Royal Children's Hospital. This new allocation will mean that the Mater will be able perform an additional five cochlear implants this financial year, taking their total to seven. That is good news for kids who are suffering from profound or severe deafness.

Cochlear implantation, which involves surgery and long-term follow-up to map the hearing and really switch it on and teach the kids how to use it, has significant benefits for the child, the family and the community. This investment in cochlear implants follows an allocation last year to the Mater of \$200,000 to increase the number of adult cochlear implants that were being done and also \$50,000 last year to establish a cochlear outreach service for adults living in non-metropolitan areas. I think, Mr Pearce, you would be aware that the outreach services visited Cairns, Townsville, Mackay, Rockhampton, Maryborough, Hervey Bay, Gladstone and Bundaberg. The feedback I have received is that it has certainly been considered a wonderful thing for the parents. Without this service, families often would have to be dislocated to Brisbane for extensive periods of time for that mapping exercise and work-up afterwards. Now a lot more can be done in their home town. Certainly it has reduced the need for those families to travel to Brisbane and be dislocated. The

local community and professionals have also been able to gain knowledge that they will be able to use in the future.

So it has been a real boon. This is one of the areas in which I have been really delighted to be able to make that extra funding available this year. It makes such a difference. Of course, it is important to get the kids to have their implant early in the first few years before they start school so they can pick up their language skills with speech therapy, et cetera before they start school so they are starting off on a par with the other kids, and that is really important. It is just amazing to see the difference when you talk to some of these young people who have undergone the process.

The CHAIRMAN: It is a marvellous achievement.

Mrs REILLY: On page 1-13 of the MPS there is a reference to funding for the Statewide Paediatric Rehabilitation Service based at the Royal Children's Hospital. Can you just explain what specifically this involves?

Mrs EDMOND: Again, I am delighted to announce that we are going to be funding the Statewide Paediatric Rehabilitation Service. Some members may remember—I think it was in 1995—the then Goss Labor government provided funding to develop a statewide paediatric service with support from the Motor Accident Insurance Commission. That has been well received, but that funding has run out. So now we have been able to fund \$300,000 to the Statewide Paediatric Rehabilitation Service based at the Royal Children's Hospital to continue providing specialised services to Queensland children suffering primarily, of course, from accidents, from acquired brain injury or spinal cord dysfunction as a result of birth or accident. The service includes in-patient services, intensive day hospital services, outpatient services, outreach consultation around the state, group sessions and education. The service also has multidisciplinary teams of medical, nursing and allied health professionals visiting central and northern Queensland to not only provide clinical services but also to assist in training the local staff in developing their capabilities and enhancing regional services. So they provide support and education for nurses, physiotherapists and occupational therapists who are working in the regions at the same time.

This year's budget will inject more than \$1.5 million into paediatric services and equipment to ensure the best possible care for Queensland children. I have already mentioned some of the other wonderful things we are doing with children. However, it is important to note that these services are not being provided simply in Brisbane; they are being provided in a way that will deliver outreach services across the state, and I think that is important.

Certainly one of the things I did not mention was \$450,000 which will be invested in state-of-the-art retrieval costs for the Royal Women's, Mater Mother's and Townsville Hospitals as well so that children, neonates in particular, will be able to be brought down to Brisbane. These new cots are virtually portable intensive care units in which they will be able to be transported down to Brisbane. Hopefully, that will minimise acquired brain injury as a result of pre-term birth, difficulties with birthing, et cetera. So it will ensure that sick babies can be stabilised quickly and moved down to expert services as they are needed. Those cots have been designed to fit into any emergency vehicles or aircraft to transport them down. I think it shows that we are committed to quality, but we are also committed to providing services right across the state, whether it is the Statewide Paediatric Rehabilitation Service or those other outreach paediatric services.

Mrs REILLY: Page 14 of the MPS details capital projects, including the purchase of magnetic resonance imaging units at the Prince Charles Hospital, the Gold Coast Hospital and the Townsville Hospital. I ask: what is the cost of these MRI units and how have their purchases been affected by the value of the Australian dollar?

Mrs EDMOND: The Australian dollar, of course, is a problem for us at this time because it is so low. It might be a boon to primary industry, but it is not a boon when you are importing a lot of pharmaceuticals and expensive health equipment. It really impacts on us. We have been very, very pleased to get some excellent deals in high-tech equipment by working with the manufacturers, too. There are some very, very exciting projects under way.

The MRI for the Prince Charles Hospital is being provided by GEMS—General Electric Medical Systems—as part of a joint venture with Queensland Health to establish a cardiovascular research centre of excellence in Queensland. I have to say that this is the first time that this has been done outside of the United States. I understand there are five such units in the United States. This is the first one that has been done with a twin speed CV MRI outside the United States. So we are really delighted that they are doing that with us and making that available for about the same price as an ordinary MRI. Of course, built in with that is ongoing support research, et cetera to do it.

The Siemens medical system—and I guess with the competition we are being very even-handed here—has been successful with the purchase of MRIs for the Townsville and Gold Coast Hospitals. They are also working with the Royal Brisbane Hospital. The University of Queensland have put one in at a reduced cost into the Royal Brisbane Hospital also for research in neurological and other areas.

Of course, we are waiting for licensing decisions from the Commonwealth. If licences are approved for any of these MRIs we will be able to charge for private patients and outpatients, which will help with the recurrent costs, but of course the capital costs have come from Queensland Health because we believe it is really important to provide these new technical systems for our public hospital systems. The budget for the Gold Coast Hospital is \$2 million. An order has not yet been placed because the district is currently looking at the site. It will obviously require refurbishment. They are looking at the most appropriate spot for that. I have to say I was bit disappointed to see the federal member down there—

Mrs REILLY: For McPherson.

Mrs EDMOND:—opposing it going into the public system, saying it should going into the private system. That is disappointing because I believe the vast majority of patients go to the public. I think it is important that the public can also provide top quality care.

With the exchange rate at the moment, the variation we are looking at is about four per cent. It may not sound like much, but when you are talking about equipment that is costing millions of dollars, it adds up. The cost of the replacement MRI for Townsville was \$1.909 million, which included an increase due to exchange rate fluctuations of \$76,766. 'We could have put on another nursing staff member for that', Bonny is thinking. So that is the sort of order. An additional \$187,000 will be needed for refurbishment costs.

⁰²² **Mrs REILLY:** I refer you to additional funding for child health centres listed on page 1-13. What will this mean for mums and dads across Queensland?

Mrs EDMOND: Expanded child health centres are something we have been trialling since 1998. They have been so successful and so well received that the state budget includes an allocation of \$1.5 million to increase the number from 12 to 30 centres. This will result in more than double the number of child health centres offering expanded services, and that will enable more Queensland families with young children to take advantage of those services. The 18 existing child health centres currently offer parenting support via services such as the Triple P Program. The Positive Parenting Program in child health centres will offer a large range of assistance for families.

The expanded child health centres will be at Beenleigh, Caboolture, Chermside, Goodna, Inala, Ipswich, Laidley, Loganholme, Mackay, Mount Gravatt, Pine Rivers, Redcliffe, Redlands, Rockhampton, Springwood, Toowoomba, Townsville and Wynnum. The 30 expanded child health centres are a vital part of Queensland Health's statewide network of 230 child health centres. Again, this shows our emphasis on preventing problems rather than always trying to treat young people with difficult issues later on. We are trying to prevent those problems occurring. So all centres offer parents anywhere in the state access to parenting support programs, with some locations providing after hours and Saturday programs to assist working parents.

There is also a self-help course with a telephone contact, especially for families in rural and remote locations or those with commitments which do not allow them to access the centres. I have even heard of people with a disability who found it difficult to access other centres taking advantage of the telephone service. The expanded child health centres offer services including family care, nursing home visiting programs, infant care, support in antenatal and postnatal periods, parenting programs, and advice and referrals to a range of government and non-government organisations and services. Part of this government's strengthening families and crime prevention strategies aims to provide Queensland parents with the support and skills to build strong family units and confident, well adjusted adults in the longer term.

Our expanded child health centres work together with our hospitals so that new parents are supported by a range of services from infancy to school-age years, ensuring a true continuum of care for families. The 12 centres that have been offering expanded services already are Browns Plains, Logan Central, Bundaberg, Edmonton, Smithfield, Hervey Bay, Maryborough, Maroochydore, Nambour, Mount Isa, Palm Beach and Southport.

Mrs REILLY: What services will be provided from the redeveloped Logan Community Health Centre?

Mrs EDMOND: I am very pleased to have in this year's budget the commitment for a new \$7.5 million community health centre at Logan Central. This is something that local members have been lobbying very hard for. The centre is a collection of demountables that have grown like topsy over time, with quite a lot of staff crowded into those areas meeting a very high demand for services in not very great conditions. So this year in the budget there is \$500,000 to start the design phase for the new Logan Central Community Health Centre. We expect to have it under way and completed in 2002. The new facility, as I said, is needed to accommodate all of the community health needs for the growing Logan community. As you are aware, it is one of the fastest growing areas in Queensland.

The redevelopment will take place at the corner of the Wembley and Ewing Roads complex and will provide a range of community based services but in a more

effective and efficient manner than is currently being done. As I mentioned, there are five demountables and four fixed buildings which have been there since the 1970s. Over that time demountable buildings have been placed on the site to accommodate increased services and staffing levels. It really is a bit higgledy-piggledy.

The new purpose-built community health facility will provide the community with multi-disciplinary work units that will deliver a specialist range of targeted health services, including allied health services for adults and children, such as occupational therapy, speech pathology and social work; home and community care allied health services; and expanded child health services to include nursing, social work and psychology. It will also house the school-based youth health nursing team and the older persons nursing team; home care services; the alcohol, tobacco and other drugs program to include nursing, social work and psychology; the breast screening clinic; and the dental clinic. It will pull all of those services together in a more efficient and easier way for them to work. This again shows that we are committed to providing health care that supports good health and a quality of life for Queenslanders wherever they live. That goes for Logan as well as everywhere else.

Miss SIMPSON: Minister, I want to follow on from my previous questions. You stated that no-one had caught hepatitis C in a community setting from needle-stick injury. I ask you to provide the evidence for that, given that the Health Department does not actually collect that data.

Mrs EDMOND: At my request searches have been done of all sorts of literature at both a national and international level. I think you are misinforming people by saying that the Health Department does not have that information. While there is no national register, it is a reportable disease and doctors have to report it.

Miss SIMPSON: But not the conditions under which they contracted it. In other words, if they receive a needle-stick injury in a community setting, that is not data that is collected automatically by Queensland Health. That is the point that is being made by people in the community, that is, the need to collect that data and not only the fact that people contracted hepatitis C.

Mrs EDMOND: That is not right. With reportable disease, you also have to report contacts, that is, where you might have got it from and whom you might have spread it to.

Miss SIMPSON: So are you saying that you do have that data?

Mrs EDMOND: We have that data. We have information about sources, but we have also done a search. Claims were made in the media that it was reported at a conference that 40 children had been infected by HIV, et cetera. We went through and got the information from that conference and other international data, all of which repeated exactly what I am saying here, that is, there is no reported incident of anyone anywhere having a community based needle-stick injury causing hepatitis C or HIV. Those papers are available on the Internet. You might like to research them.

Miss SIMPSON: Minister, do you have any information as to people who have reported needle-stick injuries in Queensland Health settings? That is a two-part question. I am asking about the number of people in Queensland Health who have had needle-stick injuries and the number of infections resulting from needle-stick injury.

Mrs EDMOND: You would be aware that workplace injuries have to be reported and that there is a requirement to fill out an incident report when there is any workplace injury, whether it is a needle-stick injury or anything else. That has been the case since at least the 1960s and it has not changed. So any injury has to be reported in case there is a later claim. Needle-stick injuries, back injuries or any other injuries have to be reported so that it can be monitored in case there is later damage. There are protocols in relation to ongoing testing and a whole range of things.

Miss SIMPSON: Minister, I would hope that you would be aware of those figures. That is why I am asking the question, because this issue has been raised with regard to the safety of health workers in Queensland Health and other non-Queensland Health settings in using non-retractable needles and the risk of needle-stick injury, given the risk of infection arising from that in the health setting. My question is: how many needle-stick injuries have there been in Queensland Health? Have there been infections arising from needle-stick injuries in a health setting?

Mrs EDMOND: That is not really a budget issue, so I obviously do not have that information with me. With regard to the number that have gone on to develop HIV or hepatitis C, there have been five reported cases in Australia. One of those cases was in Queensland and the time of that infection was more than 10 years ago, probably around the very early days of HIV in the early 1980s.

Miss SIMPSON: Minister, in asking my next question, I preface it first by noting that legal payouts are a budget issue. There has been over \$3 million in payouts just to lawyers, let alone payouts to individuals taking claims against Queensland Health. That is why it is relevant to ask questions about the protection of Queensland Health workers as a budget item, let alone a social item. My question is with regard to improving indigenous health. With regard to 'Public Health Services' at page 1-27, I refer to Aboriginal leader Noel Pearson's statements that alcoholism and drug use are the cause of most Aboriginal health issues, that alcoholics cannot normalise or control their drinking, that is, they must rehabilitate and abstain, and his criticism of Queensland Health's harm reduction policies. I also refer you to Boni Robertson's report which identified that too much attention had been directed towards the consequences of poor health in indigenous lives and too little towards the causes. I ask: will you support a greater refocus of health services in indigenous communities in attacking the drug and alcohol abuse and giving dignity back to these people?

Mrs EDMOND: I am a little confused here. You started the question talking about litigation and consequences. Are you trying to suggest that there is litigation from the indigenous services?

Miss SIMPSON: No. I was making the point that you said the issue of workers' health had no relevance to the budget estimates process. I was drawing your attention to the fact that it does actually have a cost implication. My question was with regard to—

Mrs EDMOND: Can I answer the first half of that question then. There has been no litigation in Queensland Health regarding needle-stick injuries, certainly not in the last six years. In relation to the one case that there was in Queensland, there was no litigation regarding it. In relation to alcohol and drug support services, it is very confusing. On one hand Mr Pearson has argued that Queensland Health in many ways is too paternalistic, trying to do too much for indigenous communities

and not letting them take control of their own lives. On the other hand he is saying that we are not doing enough. I am not sure which is his current thinking.

In terms of providing harm reduction, harm reduction is based on the fact that, yes, these things are chronically recurring conditions, whether it is alcohol addiction, whether it is tobacco addiction or whether it is addiction to any legal drugs or illicit drugs. They all tend to be chronically recurring conditions. You can either say, 'We're not going to help anyone if they fail the first attempt,' or you can say, 'We'll provide support and try and treat that problem in a strategic way and address it at every different avenue.' Yes, I believe alcohol has a large part to play in the majority of admissions and treatment in indigenous communities. Certainly, alcohol is very much behind most of the violence that occurs in indigenous communities in terms of both those who commit the violence and those who receive it. It is also a major problem for us.

We have initiated quite a range of solutions. I do not think Queensland Health can police this on its own. I think there has to be a whole-of-government solution to tackling drug and alcohol problems in indigenous communities. That is recognised by the fact that we now have police, licensing officers and Queensland Health officers trying to work with the local councils, because of course a lot of it comes back to the local councils and their leadership. We have allocated recurrent funding of \$452,000 to the cape, \$64,000 for Cooktown and \$317,000 to Mount Isa health services to develop integrated indigenous alcohol and drug services. We have also established a range of programs directly targeting those issues. In fact, some of those groups won commendations and awards at the recent Benjamin awards for alcohol and drug treatment programs.

⁰²³ **Miss SIMPSON:** I refer to page 27, public health services. With regard to the health of Aboriginal and Torres Strait Islanders being enhanced by the implementation of the indigenous women's cervical screening strategy, including the training of indigenous health workers as peer educators and the development of services guidelines, how many indigenous health workers have been trained as peer educators? What health districts have implemented these services?

Mrs EDMOND: One of the reasons we are targeting cervix screening, et cetera, for indigenous women is that cancer of the cervix is a condition that can be really well treated and cured if it is picked up early, and it can be largely prevented by behavioural change. We have funded two indigenous women's health worker positions in 2001-02. These positions will work as part of the mobile women's health service in both Mount Isa and the South Burnett to provide a range of health services to assist in the prevention, early detection and management of women's health issues. We are working through developing those positions, and negotiations are taking place with the relevant health service districts to work out how that will work.

This is an important enhancement to the network of 13 mobile women's health nurses and currently two indigenous women's health workers who are out there. They provide access to these services in rural and remote areas of Queensland. They often go out with the flying doctors as a regular service, providing care, and sometimes also with women GPs. They also do charters out of the major centres to go around and provide that service.

You will be aware that often indigenous women are reluctant to go to men for pap smears and all the rest of it—some of them are even reluctant to go to non-indigenous female workers—so it is a case of trying to reach them. The indigenous

women, particularly in rural and remote areas, have a very excessive burden of cancer of the cervix and we really are targeting that.

Just recently I launched with the Aboriginal Health Service a video targeting young indigenous women. It is of young indigenous women talking about cancer of the cervix, the need for regular pap smears, the need for risk assessment, et cetera. It was really good. I was happy to give that video to the Northern Territory health minister. He was very impressed with it when he was over here just recently. I think we are trying to target young indigenous women. Often people think it is only older women who get cancer of the cervix, but women who are sexually active should start having a pap smear within a year or two of becoming sexually active.

Miss SIMPSON: Staff travel costs are not specifically a line item in the budget, but I refer to your output revenues. What were the staff travel costs in 2000-01? What is a breakdown of those costs in expenditure on domestic and international airfares and what were the costs of accommodation?

Mrs EDMOND: There are two things. We will not have those final figures in for some time yet, because they will come in from the districts. You should be aware that we spend an enormous amount on travel because we have doctors going out providing outreach services around the state and doing clinics, et cetera, right around this state. We now have ENT services going out into remote areas. If you go up to Cape York you can meet ophthalmologists doing cataract surgery and laser surgery on people with diabetic retinopathy. We also have a lot of travel costs as a result of patient transit and patient travel systems. As a result, that is a major budget item. We have a contract through Ansett to reduce it. I have here an estimate for non-award-based overseas travel. Is that what you are after or are you after within the state?

Miss SIMPSON: I am more interested in the overseas travel. I think you split it between non-award and award travel.

Mrs EDMOND: Some of them have to travel as part of their work. I do not have those figures. For non-award for 2000-01 the estimate is \$349,719. About half of that, \$165,000, comes from various trust funds, where the private practice fund or different trust funds pay for it, and \$184,000 comes from non-recurrent Queensland Health funds. I understand that is less than the year before. Obviously we place an importance on Queensland Health clinicians and their support staff remaining abreast—

Miss SIMPSON: Could you clarify the total amount and how much of that was trust fund and how much of that was state contribution?

Mrs EDMOND: There is a total estimate of \$349,719. We do not have the final figures in for the end of the year. There will be around \$165,000 from the various trust funds, and an estimated \$184,000 has been made available from non-recurrent Queensland Health funds. As I said, that is an estimate. We do think it is important that our staff do maintain contemporary clinical practices, et cetera.

Miss SIMPSON: How much would award-based overseas travel come to?

Mrs EDMOND: I do not have that figure. Because it is part of their salary package and their award package, that is just dealt with at a district level.

Miss SIMPSON: I think it does actually come out in the annual report.

Mrs EDMOND: It gets announced in the annual report, but we do not have those figures at hand.

Miss SIMPSON: Minister, I ask you a question with regard to full-time equivalent staffing levels. On your staffing calculations there will be an increase of only 120 full-time equivalent staff in Queensland Health in the next year. That is a 0.3 per cent increase on the current staffing numbers. This provides a net increase of only 32 full-time equivalent staff in the acute in-patient area of hospitals across 38 health districts. As this is one of the smallest increases in staff numbers in the last 10 years and staff in acute hospitals are already under a lot of pressure due to a lack of numbers, how can you expect this number of staff to cater for the growing demands on the public hospital system and the people on waiting lists?

Mrs EDMOND: I guess we have been fairly modest in our staffing target because we had a huge increase last year and we cannot expect to do that again. We do not think we will be able to recruit the staff, having had that huge increase last year. Of course, in areas such as mental health we had a huge increase in the 1998-99 budget, after we came to government. I think we recruited every mental health worker that was out there on the streets. I think we dragged them in from near and far, international and domestic. I think we are being very cautious in the predicted number.

The other thing is that we have probably been through the big changes we are going to see. I think throughput is fairly static at the moment. Hopefully in the future the \$2.7 billion that the Commonwealth is pumping into private health cover will start to have some effect and reduce the demand on the public health system. To date we have not seen that, but I live in hope that that \$2.7 billion is not simply going into the 170 per cent increase in profits of the private health insurance providers, that some of it will actually flow through to delivering services to people around Australia. I think it is important that, as part of our lead-in, we are working smarter. While numbers overall may not increase, I think what you are seeing is improved efficiencies due to the new hospitals and a range of services. I think it is important that we be realistic and stick to a conservative estimate.

Ms BARRY: Page 8 of the MPS refers to intensive care services. Could you please tell the committee what progress has been made in addressing the shortage of intensive care staff?

Mrs EDMOND: This is an area we have been working very hard on. As a former nurse, you would be aware that there is a shortage of intensive care nurses, not just in Queensland but around the world and in other states. The other states and other places around the world are very keen on poaching our staff. In this budget I have allocated more than \$6 million to the enhancement of intensive care services throughout the state. You would be aware that, to address the shortage of trained ICU nurses, my department has established the transition to ICU nurse education program, which is aiming to increase the numbers of qualified ICU nurses in the health service districts.

I think it has been really good that, because we had the nursing task force very early in our term, we have been able to identify many of the issues which are now attracting national attention, so we have been able to put systems in place a lot earlier than some of the other states. To support that program, 15 ICU nurse educators are employed across the state. I understand there were two such coordinators under the coalition when it was in government. So far nearly 200 nurses have taken the opportunity to join that program and Queensland is clearly and recognisably leading the way in tackling what is a national problem.

As well as that, from the more than \$6 million in enhancement of intensive care services, \$3.3 million-plus is going to commissioning the critical care unit at

Caboolture Hospital. That is putting it on line several years ahead of when it was planned. I think it was planned for about 2005 or 2006, but because of the growth in demand out there and because of our commitment to providing services where people live, we have brought forward that ICU development. There is also increased funding of \$3.3 million to the intensive care services at Princess Alexandra, Royal Brisbane and Townsville hospitals, in keeping with their new hospitals and the fact that they will have the ability to open up more intensive care beds if they need them in those new facilities.

Ms BARRY: In relation to Budget Paper No. 4, could you please tell the committee the extent of the government's commitment to the RFDS?

Mrs EDMOND: I was very pleased to announce that the government will be funding a fully-equipped aircraft to be gifted to the Royal Flying Doctor Service. That will be \$4.4 million, and that is referred to in Budget Paper No. 4. It is a new Pilatus PC-12 aircraft and it will be based at the Royal Flying Doctor Service base in Cairns. We are expecting it to do about 1,000 flying hours per year and deliver vital services to people living in rural and remote areas of north Queensland.

I have to say: I am disappointed that the previous medical superintendent of the flying doctor service, Geoff King, has gone off to Ireland for a year. We are hoping very much that he will come back. He was certainly very influential in lobbying for that plane and outlining its need, and I think also in ensuring that we were reaching a range of services with the flying doctor service.

\$4.236 million is allocated in this financial year for what is known as traditional services. These are the aeromedical and primary care services provided from the RFDS bases at Charleville, Mount Isa and Cairns. On top of this, \$5.487 million is provided this financial year for emergency aeromedical retrieval services operating from the RFDS bases in Brisbane, Rockhampton and Townsville. This will ensure that the RFDS is able to continue to provide emergency retrieval aeromedical services on a 24-hour, seven-day per week basis to rural and remote communities, particularly to those residents who do not have access to normal medical infrastructure to which most of Queensland's population has access.

In 2000-01 the RFDS running costs have been hit hard by the depreciation of the Australian dollar, due to its aircraft maintenance program requiring USA-made parts, and the upwardly spiralling price of avgas. That has really hit them hard. Therefore there is an anticipated overrun in the RFDS budget which Queensland Health will also meet, based on the nine months to the end of March 2001. That is expected to be in the order of over \$1 million. We will be picking that up to help them out. It is a significant impact, as you will probably be aware.

Another element of Queensland Health's support for the RFDS has been its funding of the RFDS's Rockhampton doctors project. Mr Pearce would be aware of that. Over the course of the current three-year agreement, which covers the calendar years 2001 and 2002, Queensland Health will provide a total of \$1.151 million. In the 2001 calendar year this project will receive \$372,000 and in 2002 it will receive \$384,000. That project employs two medical doctors in Rockhampton to do with the clinical coordination of the RFDS.

Ms BARRY: I take you from the outback to the cinema now. What is the cost of the cinema advertising campaign that is referred to on page 27 of the MPS, which is designed to stop young people from taking up smoking?

Mrs EDMOND: I think this has been a very highly effective ad. Certainly everybody seems to have noticed it. Young teenagers or young adults—or mine

have—have commented on it. So this has been a way of really tackling the problem of young people smoking, particularly young women smoking, because that is the area where we are seeing an increase. While older people have stopped smoking, younger women are the main group who are taking it up.

We also know from the stats that if you do not start smoking by the time you are 18, you are unlikely to start smoking. So if we can keep them free, we have to warn them off before they are 18. That is what this strategy is all about. We had a 'Quitting while they are ahead' election policy, which has committed us to a comprehensive range of measures, such as our tough new legislation, youth-targeted mass media and special training for our school nurses in how to get young people to quit smoking.

We know that one-off strategies do not work, whether it is smoking or illicit drugs, or anything else. The 'poison' cinema commercial aims to help prevent young people experimenting with smoking and to reinforce positive nonsmoking behaviours among young people, particularly targeting the 12 to 17 year old group. As I said, we know that if they do not take it up by the time they are 18, they probably will not. So this is aimed at young people.

It is a concern that we have that smoking is being depicted more and more in feature films, even by actors who do not smoke. You read that some of them are being paid a bonus to actually smoke in the movie and it gives a glamorous image to young people. We are trying to target that. So the key message of the 'poison' ad is that cigarette smoke is filled with deadly, poisonous chemicals including those found in rat killer, nail polish remover, toilet cleaner, mothballs, lighter fluid and insecticide, and that cigarette smoke—you are going to quit now, Dr Kingston?

Dr KINGSTON: I have never had a cigarette in my life.

Mrs EDMOND: And that cigarette smoke is poison. It really does get the message across. It really is a pretty horrific ad. Yes, Di, I will get you to have a private viewing of the ad later.

So we have invested \$250,000 in the 'poison' cinema campaign. It has been particularly targeted during the holiday period—the Christmas holiday period and the Easter holidays this year—in 46 cinemas across Queensland. It has been very much targeting young people. To meet our election promise, we will invest a further \$500,000 over two years to extend that program in all Queensland cinemas, building on that theme with a television commercial and developing a whole-of-school tobacco resource for school nurses.

Ms BARRY: My next question is in relation to the continuation of the Triple P Program. Could you please outline to the community what the benefit of the program is?

Mrs EDMOND: Yes. This has been another, I think, really successful story. We have now seen more than 5,000 Queensland mums and dads taking part in positive parenting programs that were introduced by the Beattie Labor government. Hundreds of Queensland Health staff have been trained to deliver the programs, which are available in sites right across the state from Cairns to the Gold Coast, west to Mount Isa and Longreach.

Research has shown that, if intervention occurs early, we can prevent behavioural problems in the future. The Triple P Positive Parenting Program focuses on the parents of children aged between 18 months and eight years of age where there is evidence to suggest the potential for success is strongest. We know that if we can prevent behavioural problems developing before young people go to

school or while they are still in the early stages of primary school, we can often prevent those problems occurring in their teenage years and as adults.

The program aims to impart a range of parenting skills which help mums and dads recognise and respond to common behavioural problems in their children and help them build positive relationships with their kids. I know I wish it had been around when I had mine. The benefits of the program were not limited to building better relationships between parents and their children. It is hoped that the program will help us prevent problems in the much longer term, not just in the short term. For example, evidence suggests that low self-esteem can lead to that range of problems, including drug abuse and self-harm behaviour.

The Triple P Program may be able to help in this area by showing parents how to help their children build self-esteem. It also does it in a non-violent way. One of the key things that we want to get across is how to discipline children without being violent and passing on violent behaviour to children. By making the Triple P Program available to parents in a non-judgmental and non-costing way, we aim to assure the future wellbeing of generations of young Queenslanders by tackling the problem before it develops.

The Triple P Program operates now from Redlands, Wynnum, Bundaberg, Edmonton, Smithfield, Hervey Bay, Maryborough, Southport, Palm Beach, Beenleigh, Browns Plains, Logan Central, Springwood, Loganholme, Mackay, Mount Isa, Inala, Mount Gravatt, Redcliffe, Caboolture, Rockhampton, Chermiside, Pine Rivers, Maroochydore, Nambour, Toowoomba, Townsville, Goodna, Ipswich and Laidley. May I suggest that, if you have not already, you actually talk to some of the child health nurses who are providing the service and just see how enthusiastic they are and how well received it is.

Mrs SMITH: I refer to the opening of the new Mater Children's Hospital. What is the state government's role in this project?

Mrs EDMOND: This is an area that, even though it is a private hospital, Queensland Health supports very strongly. We made a commitment—in fact, the current Premier when he was Health Minister made a commitment of \$50 million towards that project. I think the total cost was in the order of \$68 million. Construction began in March 1999 and the new hospital was officially opened on 16 May 2001 by the Governor of Queensland, Major General Peter Arnison.

The Mater Children's Hospital is the only paediatric hospital on the south side of Brisbane and it serves the southern and western suburbs as well as the Darling Downs and districts south to the Gold Coast and northern New South Wales. In fact, it is our tertiary paediatric service for the southern zone. I think that it is particularly important to note the establishment of a 12-bed in-patient child and youth mental health unit for which over \$2 million in extra annual funding has been allocated.

But, of course, Health is not just about buildings and beds but about services. To realise the maximum benefit of the capital development of the Mater Children's and other hospitals in the southern zones, Queensland Health is working with the Mater Children's Hospital to develop a best practice paediatric services clinical network. The southern zone paediatric clinical network is coordinated by Dr Tony Leslie from the Mater Children's Hospital and its focus is on linking and supporting services for children in the southern zone and metropolitan Brisbane to make the best use of the clinical expertise within the network. This will mean that, unless they are seriously ill, children and young people will be able to receive excellent

services close to where they live and where their families live with admission to the specialist Mater services in the more serious cases as required.

The Sisters of Mercy are empowered under the Health Services Act to operate the Mater public hospitals under the public health system for which they receive grants for the three public Mater Hospitals worth more than \$150 million annually. Queensland Health also provides support for the pilot adolescent drug and alcohol withdrawal service that I mentioned earlier and also the Queensland injury surveillance unit at the Mater at South Brisbane. So it is a very important part of our service delivery.

Mrs SMITH: Of the \$13 million allocated for advanced medical equipment, what will be spent this year and where?

Mrs EDMOND: The extra \$13 million over three years in medical equipment meets another Smart State election commitment. Medical technology is rapidly evolving with increasingly sophisticated equipment becoming available for use in both diagnosis and in treatment. Not only does Queensland now have a great public health system but also we possess leading-edge technology in many of our hospitals. This package is composed mainly of six major items. The first two items of major medical equipment are the magnetic resonance imaging devices. One of these MRIs will be installed at the Gold Coast Hospital at an estimated cost of \$2 million. The other MRI is at a specialised cardiac unit, which I mentioned earlier, at the Prince Charles Hospital at a cost \$3.3 million. This also includes about \$700,000 for a custom designed building to house the MRI unit. I expect both MRI units to be installed and funds fully expended this financial year. It is worth noting that up until 1990, I think, we had only one MRI in Queensland, which was a research MRI unit at the PA Hospital. So this is technology that is rapidly developing.

The next three items of major medical equipment are all for the new Townsville Hospital: a gamma camera for nuclear medicine, at an estimated cost of \$700,000; a digital chest X-ray unit, costing \$330,000; and a mobile image intensifier X-ray unit at a cost of \$250,000. All three items, totalling \$1.28 million, will be installed and funds fully expended this financial year. The final item of major medical equipment is a Pilatus PC12 aircraft for the Royal Flying Doctor Service at a cost \$4.4 million, which we have already discussed, and I look forward to the aircraft's delivery this financial year.

The remaining \$2 million of the \$13 million package is to boost a package of operating theatre equipment totalling over \$10 million. This package will be distributed to all health service districts across the state and I expect all items to be delivered and all funds expended this financial year. What that extra funding has enabled us to do is to add on some of the things that we really wanted to provide that we had not already provided. There is something like \$90 million each year that we spend on capital equipment—\$85 million that we spend each year on capital equipment. This has enabled us to boost that with some little extra high-cost items.

Mrs SMITH: Page 10 of the MPS refers to \$607,000 acute in-patient episodes of care and same-day episodes of care. Why are the actual figures lower than the targets for this year and the estimated targets for next year?

Mrs EDMOND: I think this is starting to see the effort that we are putting into reducing admissions. We are focusing very heavily on doing as much as we can outside the hospital environment—not admitting people. That has other good benefits of not picking up hospital-acquired infections and things like that. I think that

it is important to note that there is a lot of work being done on that. Certainly the equipment that I have just talked about, like the MRIs—there are areas where previously people had to be admitted for even a couple of days for investigations. Now that can be done by non-invasive techniques using the new technology. I think that is showing where we are going in Health and why there is a reducing demand for in-patient beds, et cetera.

The acute in-patient episodes of care to which you refer is slightly below the target. Nevertheless, Queensland Health has again exceeded the Australian Health Care Agreement activity target for acute in-patient episodes since the commencement of that agreement. I guess we determine what our target is for a particular year by looking at the pattern in the previous years and then extrapolating and saying, 'That is where we expect to be next year.' In this case, that demand has slowed slightly with an extra focus on non-in-patient activity.

I think that you need to look at the non-in-patient activity along with the in-patient activity and you will see that the non-in-patient activity is well above the target. For example, we see 24,000 emergency medicine occasions above its target. So what we are seeing is that shift from in-patient care to outpatient care.

Similarly, the increased activity for mental health services and community care needs to be highlighted. A good illustration is the establishment of the network of 112 school-based youth health nurses across the state to provide early identification, brief intervention and referral services rather than waiting for admissions. The level of activity indicates that Queensland hospitals have not experienced a decline in public patient activity so far as a result of the federal government's \$2.7 billion private health insurance subsidy. This would indicate that many people who have taken out private health insurance, particularly those with front-end deductibles and exclusory policies, will still rely on the public hospital system for their complex health care needs. But I am proud to say that, as well as our fine record in providing high-quality health care, there is evidence of Queensland's ability to provide services on a cost-efficient basis. The most recent information from the Australian Institute of Health and Welfare indicates that Queensland has the second most efficient hospital system among all of the states and territories, achieving a cost of \$2,556 per casemix adjusted separation compared to a national average of \$2,728.

The CHAIRMAN: Thank you. The hearing is now suspended for afternoon tea.
Sitting suspended from 3.44 p.m. to 4.01 p.m.

⁰²⁵ **The CHAIRMAN:** The hearings of Estimates Committee E are now resumed. I call the member for Maroochydore.

Miss SIMPSON: I refer to the capital works statement on page 9, with regard to the redevelopment of the Nambour Hospital, which is a desperately needed upgrade. The project is obviously running behind budget. I understand that it is something like \$6 million behind budget and they are about two months behind schedule due to industrial action by the building unions. Are you aware that some of those union representatives who claimed they were trying to protect workers' safety and conditions have, in fact, threatened workers who tried to cross the picket line to work? I mean that they have threatened not only their physical safety but that of their families and their equipment, and there are tapes to prove it. Given the union blockade, will you be supporting this behaviour by penalising the builder for the delays?

Mrs EDMOND: I am sure I saw something in the media saying that the union had said that that information that you are peddling was untrue and they actually asked for you to meet with them so that they could discuss the real facts.

Miss SIMPSON: No, Minister. The statements about the threats against workers are something that has come out subsequently. I have listened to the tapes since that time. Some of the union representatives, who really do a disservice to the union movement, have threatened workers who tried to cross the picket line to go to work. They have threatened their families and they have also threatened to damage their equipment. I guess my concern is that this quite thuggish behaviour has delayed those who have legitimately wanted to get onto the site and to work. My question is: will you be supporting this behaviour by penalising the builder for the delays?

Mrs EDMOND: I think it is important if you have evidence of that that you hand it to the police. They are incredible accusations and allegations to make. Presumably, if you have evidence you have given it to the police so that it can be investigated appropriately. I am advised that the builder is committed to following the recommendations of the Industrial Relations Commission, even if he is not dealing with you personally.

In terms of the site being behind, I think the Nambour Hospital redevelopment was delayed by a number of factors. The first factor, of course, was the six-month freeze put on capital works by the coalition government when it first went in, which delayed Nambour Hospital. Also, funding was taken out of the redevelopment of Nambour Hospital to be put into the Caloundra Hospital redevelopment, which meant that Nambour Hospital planning had to be redone and refocused and, of course, that caused another delay. We also had a delay because of getting approval to remove the nurses' quarters, which some people had asked to be listed as a historical site though other people thought they were a blot on the landscape. There were a number of factors that caused that to be delayed.

I understand also that the Sunshine Coast Health Service District is disappointed that the construction has been delayed, but there has been no impact on the service delivery to patients at Nambour General Hospital. I am pleased to inform the committee that the problem on the site was resolved yesterday.

Miss SIMPSON: Minister, I understand that the builder could be subjected to penalties due to the delays on the site. My concern is that there were workers who were threatened. There are tapes that back that up. The matter has been taken to the police and probably will go back to the police. I wish to draw that to your attention because obviously it is a concern. This has happened on a Health Department site.

Mrs EDMOND: That will be reviewed when the contract has been concluded. A whole range of factors need to be taken into consideration at the end of the contract and no doubt that will be one of them.

Miss SIMPSON: I certainly hope they do not get penalised for their workers not being allowed on the site.

Mrs EDMOND: I think industrial relations matters are not one for the Health Minister. There are other ministers who deal with industrial relations matters. I am sure that will be given every consideration at the appropriate time.

Miss SIMPSON: I would like to ask you a question—

Mrs EDMOND: I can understand your disappointment that it was resolved yesterday.

Miss SIMPSON: Minister, I am not disappointed that people are able to get on with work. I am disappointed, though, when people who claim to be representing workers' safety and conditions are physically threatening to assault the families of workers who have tried to go onto that site. That is unacceptable.

Mrs EDMOND: That is a serious allegation. I hope for your sake that you have evidence—

Miss SIMPSON: It is, Minister, and I am very concerned as are a lot of people.

Mrs EDMOND:—and that you are giving it to the police.

Miss SIMPSON: I am very concerned, as a local member of parliament, that I find when I talk to subcontractors and people who have tried to access that site that their physical safety and their families' physical safety threatened have been threatened. That is why I think it is appropriate that you know that there will also be an issue arise subsequently in regard to possible penalties against the builder who has had these delays.

Mrs EDMOND: As I said, they are very, very serious allegations. I hope you have evidence before you make such allegations, particularly with the protection of parliament. I hope you have given that information to the police.

Miss SIMPSON: They have also been made in the media by people other than myself. I wish to draw that to your attention.

Mrs EDMOND: I don't accept everything in the media as fact.

Miss SIMPSON: I have listened to the tapes as well and I think it is thuggish and it is unacceptable.

The CHAIRMAN: It is time to move on, please.

Miss SIMPSON: It is a disadvantage to the whole union movement and to workers in general when their families are threatened. I would like to ask you a question in regard to nurse retention, particularly in regard to what the turnover rate and retention rate has been of nurses in Queensland Health. Could you give us a district breakdown of that as well?

Mrs EDMOND: One of the things I can say here is that before I was the minister and when I was in opposition, I realised that there were serious issues to do with the nursing work force. I actually made it an election commitment to start up a nursing training and retention task force as a matter of urgency once we became a government, which we did. That has now worked through the consultation and come down with a report, and we are following those recommendations. It highlights its importance that now other states are following suit. In fact, the Commonwealth government is setting up a similar review of nursing to look at how the issues regarding nursing training, recruitment and retention can be dealt with. I hope they look at some of the impacts of things such as HECS fees, et cetera, on nursing and the take-up of university places when they are doing that.

In terms of what we have done in Queensland, I have driven quite a changed agenda for nurses as a result of that task force. This approach has resulted in targeted action to gain the most benefit to the public by the employment and support for new positions for nurses in a variety of practice settings, with more than \$3 million allocated in this year's budget to continue the implementation of the recommendations of the task force.

It is fair to say that this year we have made a commitment to employing 1,500 graduate nurses in the term of this government. We are well ahead of that schedule with offers of employment to 594 new graduates this year. Emergency services have

been boosted by the employment of 11 new registered nurses, with improved facilities and educational support for those important front-line nurses.

You mentioned turnover in Queensland Health. I think under the coalition government it was 20.2 per cent. It is now down to 15.5 per cent and dropping. That is my understanding. That is basically as a result of our focus on and the implementation of the task force recommendations.

Another important innovation with nursing employment has seen the employment of 90 nurses, with more to come on, in the youth health nurse program helping young Queenslanders make a healthy transition to adulthood. Of course, specially trained nurses are the first point of contact for students on issues such as self-esteem and mental health, body image and nutrition, smoking prevention, alcohol and drug abuse, violence, bullying and suicide prevention. There will be another 22 school-based nurses employed in 2001 with funding allocated from this year's budget.

Across the state, there is a variation - I have not got the figures with me at this moment—in the number of nurses leaving Queensland Health employment for a variety of reasons. Obviously in some areas it is harder to retain staff than in others. Of course, nurses also go into private hospitals and other working arrangements. They leave us to go into private aged care. Of course, some go into further studies, travel, get married and have kids—all of those. But it has dropped from 20 per cent under the coalition to about 15 per cent.

Miss SIMPSON: What was it the year before?

Mrs EDMOND: Last year?

Miss SIMPSON: Yes. I am after a comparison from this year to the year before.

Mrs EDMOND: I have not got that. It was down from 20.2 per cent—I do not know that we collect the figures every year—in '94 to '98, and 15.5 from '99 to 2000, since the task force has been implemented.

Miss SIMPSON: Can you give me some figures—and I would be happy if you took this on notice—on a district-by-district basis? Obviously there are different factors in different parts of the state.

Mrs EDMOND: It is quite obvious that some districts like Mount Isa have a difficulty in retaining staff for a range of reasons, particularly if people want to move on with education opportunities, et cetera. I do not know how that is related to the budget. If you want an outcome, the outcome is clear: the outcome is that it has dropped about 5 per cent as a result of the task force.

Miss SIMPSON: I would like to ask a question with regard to the occupied bed days. I note that a question was asked previously by a member of the government side. I noted with interest that you gave an explanation for why there has been such a significant drop in the occupied bed days and also the drop in the same-day episodes of care. There was another indicator that has had a significant drop. The occupied bed days, same-day episodes of care as well as acute episodes of care have all fallen. You said this was because of a shift towards more community-based health. I note you quoted the figures on page 1-15 in regard to the non-inpatient services that would include accident and emergency medicine. I take community-based medicine as well. Given that you are saying that there is a shift to the community sector and to the accident and emergency section, on page 15 why have you set the same target for this year as the previous year, even though the actual was 24,000 episodes of non-patient occasions of service above that?

Mrs EDMOND: Sorry?

Miss SIMPSON: You said that there is a shift to the community sector and obviously there is a shift to the accident emergency section of health, and there has been quite an increase above target, although for the coming year you have set the previous target, which was lower. Why have you set a target that is still lower than the actual last year?

Mrs EDMOND: Targets are targets. All of those targets are above the health care agreement targets. They are considerably above what the Commonwealth sets for us. Targets are extrapolated from previous data and you do not look at one year's information on that; you look at a trend rather than just the one year.

Miss SIMPSON: Is it a realistic target?

Mrs EDMOND: We have probably been conservative in those targets. Yes, there are changing models of care that are impacting on that. I am ever the optimist. I keep hoping that the \$2.7 billion that the Commonwealth is pumping into private health insurance actually some day, somewhere will have a benefit and some people might seek medical help privately and take some of the pressure off. I know that is probably a very optimistic aim, but one can live in hope. Certainly, otherwise it is \$2.7 billion gone into the pockets of the private health insurance funds.

Miss SIMPSON: You have made a statement in regard to Commonwealth funding. I draw your attention to the output revenue versus the grants from the Commonwealth and note that there has been a larger increase—something like an 8.3 per cent increase—in Commonwealth funding as opposed to something like a 4.8 per cent increase in state revenue to Queensland Health. Why is the state falling behind in its responsibility to adequately fund state health and relying increasingly on a bigger increase coming through from the Commonwealth?

Mrs EDMOND: Obviously, a smaller increase may have a bigger percentage increase, if you are working off a smaller base. It is worth noting that the Commonwealth provides only about a third of the funding that goes into Queensland Health's services and none for capital. There is some in HACC capital but virtually none for capital. It means that a larger amount of money may look a smaller percentage in those terms. But just in looking at that, in assessing the state government's contribution to acute in-patient services across Queensland it is important that a comparison is made that accurately reflects the funding this government has committed to such services. In this light, it is most appropriate that you look at budget-to-budget comparisons, and that shows that between the budgets for the years 2000-01 and 2001-02 the state contribution to Queensland for acute in-patient services alone has increased by 5.73 per cent, going from \$1.016 billion to \$1.074 billion.

Miss SIMPSON: The federal funding has increased by 8.3 per cent from the previous base of \$744 million.

Mrs EDMOND: I would not get too carried away about it; the Commonwealth is still contributing less than our population share. It is still not meeting the agreed amount for the health outputs cost indexed figure to any of the states. But Queensland in particular is dealt with badly. We are trying to get the Commonwealth to catch up funding so that Queensland gets its fair share. It is disappointing if you are arguing that they should not be increasing it to bring us to a similar level to some of the other states.

Miss SIMPSON: What I am saying is that the state's contribution is lagging behind what it should be. The Commonwealth increased its contribution by

\$117.354 million and the state over its previous budgeted amount by \$127.124 million. So that gives you a comparison.

Mrs EDMOND: Sorry, I will just correct that. What you are looking at is the rate of increase. If we are putting pressure on the Commonwealth to increase its rate of increase so that we catch up, surely that is a good thing. It shows that Queensland historically has been funding a fair whack of the Commonwealth's share and it is about time they started to meet their commitment to funding on a per capita share. We currently get 18.42 per cent of the Commonwealth budget when our population share is 18.65 per cent. Until they are funding us more than 18.65 per cent, you have got an argument for their overfunding us. But until they are funding us our committed amount, I would not complain. I think it is about time the Commonwealth started to meet its full commitment.

Miss SIMPSON: I refer to page 37 and the statement of financial position. I refer to 'Non-current Liabilities', under the entry 'Interest-bearing liabilities' for the 2001-02 estimate, and I ask: could you please explain what these interest-bearing liabilities are?

Mrs EDMOND: Probably the major component is the debt inherited from the days of the hospital boards up until 1990, when there was accumulated debt of between \$600 million and \$700 million that was packaged together and taken over by the Treasury as a single loan for Queensland Health, which means that in the order of \$55 million each year gets taken out of the recurrent funding of Queensland Health to pay the debt that was accumulated in the days up until 1989-90 under the coalition government. Since then there have been some small amounts added to that in the way we deal with things, such as the Metropolitan Linen Services loan for the Metropolitan Linen Services rebuilding at Prince Charles Hospital and PA Hospitals. There is another relatively small loan to implement the LATTICE IT system throughout Queensland Health, and a \$61 million loan to supplement the capital program which was also undertaken under the coalition government. So that is it. But the major part is the still over \$400 million owing on the accumulated—

Miss SIMPSON: Could I clarify that that \$560 million is a current debt of Queensland Health?

Mrs EDMOND: Those are organised loans, as I said, that had been arranged, the vast majority of which is to pay off the debts accumulated under the coalition government up till 1990 that were taken over and put into one bundle by Queensland Treasury at that time so they could be paid back in a managed way rather than through all of the existing boards. For example, the Nambour Hospital presumably had a debt that was taken over, as did the Maryborough Hospital. Every board had its own system. All of those debts were accumulated and came to between \$600 million and \$700 million. I do not have the exact figure now. Queensland Health has been paying that back since 1990.

Mrs SMITH: Page 8 of the MPS refers to an additional \$3.3 million for the commissioning of critical care services at the Caboolture Hospital. What does this involve?

Mrs EDMOND: As I mentioned earlier, Caboolture has been growing apace. It is one of the new hospitals built to deal with the very large population burst on the northern and southern sides of Brisbane. A new hospital was built at Logan and a new hospital at Caboolture. I should make a point about that. The recurrent funding for those hospitals was new money. It did not come out of the existing hospital infrastructure or recurrent funding. So it has been all growth funding going in there.

As a result of the Caboolture area's rapid population growth it was decided that it needed to draw forward the planned opening of an ICU unit. The ICU unit was built into the hospital, because it was important that it be built in the appropriate position in the hospital close to the other areas of need—the theatres and so on. So it was built there. But we really did not expect to have it up and running and it was not planned to be up and running until 2005-06. But because of the rapid growth up there, because of the activity at the hospital, which is substantial, we believed that it was appropriate to bring forward that opening date. So capital funds of \$650,000 have been expended in 2001-02 to enable the purchase of all of the appropriate monitoring equipment and the fit-out of the new intensive care unit.

The funding has been provided for recurrent costs for that unit. I understand they have been advertising for the professional staff needed for that unit. It will allow extra services to be provided at Caboolture and prevent people from having to come through to the Royal Brisbane Hospital. It will take pressure off the Royal Brisbane Hospital and it will meet the need of what is a big growth in young families and elderly people in that area. A lot of elderly people retire to Bribie Island who will access those services. So it will mean that people will be able to get a whole extra range of services now closer to where they live on the north side.

Mrs SMITH: The 100% In Control Rock and Croc Eisteddfods continue to be supported by Queensland Health. What is the total amount of funding Queensland Health has provided to it?

Mrs EDMOND: These are important events. I think we recognise that it is not just a case of constantly telling young people, 'Don't smoke, don't drink and don't use drugs.' It is a case of giving them alternatives and giving them interests other than that. This is a way of getting the messages across in a fun way through the Rock Eisteddfod Challenge and also the Croc Eisteddfod. Anyone who has been to those will understand how much young people enjoy them. Bonnie, I think you are going to be representing me later this year at the finals of the Rock Eisteddfod, and I thank you for that.

I am looking forward to going up very soon to the Croc Eisteddfod, which allows indigenous and non-indigenous young people living in remote north Queensland, not just the older students at high school but even the little ones, to come together to participate in a performing arts festival. It is lovely and it is exciting. It brings them together without a competition in this case. It is really involving a spirit of bringing the communities together in friendship, creativity and reconciliation. But, of course, it is always putting forward that message of a 100 per cent drug free experience—that you can have a wonderful and a terrific time without using drugs. It is important to get young people to realise that they can enjoy life, have fun and get a high without using tobacco or other drugs.

Ms BARRY: The MPS refers to community expectations and the need to maintain and improve health services and facilities in regional, rural and remote communities. Could you please provide the committee with information on, for example, the budget allocation for the Fraser Coast district health service over the past three years?

Mrs EDMOND: I did not give the member for Burleigh the full amount. The funding that goes into those festivals is about \$200,000 since 1998.

The Fraser Coast district has a population of about 79,000 and has two major population centres, being Hervey Bay, with a population of 46,000, and Maryborough with a population of about 25,000. Since 1998 the data suggests that

Maryborough has grown by one per cent—that is, 261 residents—and Hervey Bay by 9.6 per cent, which is nearly 4,000 residents.

The executive of the health service district manages the distribution of funding between those facilities. That delivery is based on demand and priorities. That is the same practice that happens right across the state. It should be noted that in 1996-97 the Fraser health service district's budget was \$45 million. You might remember that that was when the coalition was in government. The 2000-01 budget was \$65 million. There has been a substantial increase in the funding over that time. It is therefore quite obvious that the Fraser Coast health district has received substantial growth funds during that period.

Data also shows over the past three years that demand for services at Maryborough Hospital has reduced. That is largely because a lot of patients used to go from Hervey Bay up to Maryborough. At that time, there was only a cottage hospital at Hervey Bay. The number of in-patients treated at Maryborough Hospital decreased from 6,443 in 1998-99 to 5,485 in 2000-01. In the same period the number of in-patients treated at the Hervey Bay Hospital increased from 7,955 to 8,781. There have been no cuts in services at Maryborough Hospital; they have been increased under the Beattie Labor government. For example, a new mental health unit has been built at Maryborough to serve the Fraser Coast district, whereas previously patients had to go through to Bundaberg or come through to Nambour or Brisbane.

The number of doctors providing services at Maryborough Hospital has increased from 27 in 1997 to 40 in 2001, and also the provision of a renal dialysis service at Hervey Bay now means that Maryborough patients who used to have to go to Bundaberg, Nambour or Brisbane can access dialysis about 20 minutes away at Hervey Bay. This is a huge improvement for people relying on dialysis. The PPP program and youth health nurse program are further enhancements to services to the Fraser Coast under the Beattie Labor government. Recently in the media we have published a list of the services provided at Maryborough and Hervey Bay Hospitals which shows that additional community services in the district are being provided and the fact that there has been no reduction in services whatsoever.

⁰²⁷ **Ms BARRY:** Page 26 of the MPS refers to the health of children and young people. Could you please advise the committee what is being done to prevent injury to young children.

Mrs EDMOND: Injuries to young people is one of the four main priorities in concerted national and state efforts to reduce injury across Australia and Queensland. It is one of the leading causes of admission to hospital, as you would be aware, particularly because of things such as burning, scalding, immersion in domestic swimming pools, et cetera. We are now increasing our focus in reducing the incidence and severity of falls in children, which is interestingly the leading cause of hospitalisation for children aged zero to 14 years of age. Another significant cause of injury to young people is accidental poisoning, which is also the subject of collaborative work between public health services, Kidsafe Queensland and the Poisons Information Centre at the Royal Children's Hospital.

One of the main culprits is paracetamol. We do not always think about that, but the common old paracetamol can be quite dangerous when inadvertently given to young children. Other problem areas include pesticides, other medications and such substances as essential oils and even food flavourings, which are very highly alcoholic. Burns and scalds in young children continue to be a problem, with over 40,000 copies of the brochure *Hot Water Burns Like Fire* being distributed across

Queensland last year. Similarly, information about pool safety, including pool fence inspection brochures, CPR charts and pool chemical safety brochures, were distributed through all of the local governments in Queensland. Efforts are being maintained to promote sun safety amongst our young children so that serious injury of skin through sunburn can be reduced or prevented.

In some indigenous communities there was a serious concern about children cutting their feet on broken glass. The people of Woorabinda took note of this problem and worked with the local Queensland Health team to actively reduce the amount of glass coming onto the community by instigating a program of changing to plastics and using other strategies to prevent the amount of glass around—I guess Mr Pearce would have known about that—and conducting a number of clean-up days, working with the staff and the community to clean up the broken glass. Data collection is currently being improved, with timely information being provided by the Queensland Injury Surveillance Unit.

Ms BARRY: In reference to palliative care, a subject that is dear to my heart, how has Queensland Health approached the development of culturally appropriate models and mechanisms of service delivery in palliative care?

Mrs EDMOND: As you would be aware, this is something dear to my heart, too, being an old cancer worker. It is important that we recognise that our responses to palliative care have to meet the needs of different populations. It is not simply a case of a one-size-fits-all approach. Queensland Health continues its commitment to palliative care services with acute community-based and non-government services currently funded.

I would like to highlight particular palliative care initiatives which illustrate the responses being taken to local needs. The Ipswich Hospice is developing a multicultural access program that commenced in July 2000. Further funding to develop this program has been received from Palliative Care Queensland and Diverse Care. These agencies are investigating the production of multicultural, multilingual brochures on volunteering and palliative care as well as developing a generic training program package.

The Centre for Research and Education in Palliative Care, funded at the Royal Brisbane Hospital as part of the palliative care strategy funded under this government, has established links with the Northern Territory University to investigate and develop culturally appropriate models and mechanisms for service delivery for indigenous people. The Torres Strait and Cape York Health Service Districts, supported by Mount Isa Health Service District are currently investigating the most culturally appropriate methods of service delivery, including in-patient support, home nursing and district-wide bereavement support programs for indigenous clients. The three Queensland Health zones are well placed to develop their own appropriate and sustainable integrated palliative care strategies, and the northern zone has recently finalised their plan, which takes into account the indigenous project that I have just mentioned.

The southern zone has developed a 2000 to 2005 strategic plan. The plan recommends a needs assessment for the provision of palliative care services to special needs groups within the southern zone, that is children and young adults, indigenous persons, those from non-English speaking backgrounds, persons with AIDS and those living in rural and remote areas. I guess the important thing to come across is that different cultures have different ways of dealing with death and dying and we need to be very aware of those differences and support them with that in mind.

Ms BARRY: Page 1-34 of the MPS lists expenditure for residential care projects. Could you please explain the reason for that expenditure?

Mrs EDMOND: Those costs refer to the expenditure on the aged care program for rectification of works to achieve Building Act compliance and works to address fire safety issues at the state government nursing homes in readiness for accreditation. The program was completed in 2000, with isolated works completed in the last financial year.

During the program several additional defects were identified for upgrade or replacement and some of the additional commitments for final payments—floor coverings at Eventide Sandgate, which was not all done within the amount that had been estimated, an ablutions upgrade at the Bayhaven Nursing Home and a final payment for Eventide in Charters Towers. Final payment for beds, mattresses and accessories at the Moreton Bay Nursing Home, Waroona Nursing Home, Maryborough Nursing Home, Koorngal Nursing Home, Eventide Sandgate, Redcliffe Nursing Home, North Rockhampton Nursing Home, Westhaven Nursing Home and Nambour Nursing Home are all included in that statement.

The CHAIRMAN: Access to oral health services is a real concern for the people of Mount Morgan in my electorate and no doubt for people in other communities across Queensland. Page 1-13 of the MPS refers to oral health services. Could you tell the committee what amount of funding has been provided to address extensive waiting lists for dental services around the state?

Mrs EDMOND: Obviously we are concerned that in some areas the waiting list for routine services—and I stress routine services because we have 97 per cent of emergency services accessing care on the same day—can vary from a few weeks to, in some places with high demand, several years. We are very concerned about that. We are also concerned that the number of patients eligible for public oral health care has been steadily increasing. Approximately 100,000 additional people have become eligible since 1999. This has created a heavy demand on the public oral health services. Quite a bit of that increase in eligibility has been because of changes in the Commonwealth eligibility rules for health cards and things like pensions, et cetera, which then flow on to us even though the Commonwealth no longer puts any funding whatsoever into this program.

The oral health program is totally state funded following the cessation of the Commonwealth dental health program, and I pay tribute to Mike Horan. He kept on paying the \$20 million each year. Queensland was the only state to continue that funding. Every other state stopped their part of that service at the time the funding ceased. We now have by far the most comprehensive program in Australia for oral health care. It costs over \$100 million a year to provide that care for both seniors and young people through the children's program.

This year the government has committed \$5 million to treat an additional 16,500 people waiting the longest for public dental health services in the Bundaberg, Gold Coast, Noosa, Hervey Bay, Logan, Beenleigh, Redcliffe, Caboolture, Redlands and Pine Rivers regions and the QE II Hospital. Those regions have been selected because they are the ones with the longest waits. I know that some sections of the media have complained that their areas are not getting the funding. That is because those areas are not experiencing the extreme waits that other people are.

Provisional data indicates that last year the public sector oral health services completed more than 366,000 courses of care for adults. This indicates an achievement of targets in the ministerial portfolio, including an additional 5,000-plus

adult patients over previous years. Since 1996-97 the service has increased by 19 per cent, or 111,500 courses of care. That is a massive increase since that time. The waiting times do vary across the state, although I have to say, as I said earlier, emergency and immediate oral health needs are addressed almost entirely within 24 hours across the state.

The CHAIRMAN: I will come back to that issue of oral health services later on.

Dr KINGSTON: In a question on notice I asked what action would be taken if it was found that there were structural faults in the Hervey Bay and Maryborough Hospitals. You correctly replied that at Hervey Bay the problem involved tie-down bolts being too close to the edge of the cement slab and bowed upright columns. I stress that Project Services have signed off on this construction. I want to draw your attention to the fact that this is a matter that concerns three buildings, good quality assurance in building and responsible use of public money. The Cairns Cultural Centre has been inspected and the concerns expressed by a very conscientious builder have been confirmed or justified, and the University of Southern Queensland has done some calculations which go further towards justifying those concerns. Would you support an inspection of both hospitals by Project Services, an independent engineer and a representative of J & R Rigging?

Mrs EDMOND: Perhaps the member does not understand two things. Firstly, the Hervey Bay Hospital was completed in 1997 when I was not the minister. Commissioning would have occurred after that and one would hope that the appropriate checks, et cetera, as part of that commission took place. I can assure you that that does happen in our hospitals that are being completed now. Also, contracts should include—and I cannot talk about that contract as I was not there—rectification of any mistakes that are made as part of the contract.

Dr KINGSTON: It is very difficult when Project Services have signed off.

Mrs EDMOND: The Department of Public Works is the one that manages these projects, not Queensland Health.

Dr KINGSTON: I have identified that myself. I said Project Services.

Mrs EDMOND: My understanding is that all of that has been signed off by Project Services. I really think that if you have it independently and you have a query about that you should put it to the Minister for Public Works.

Dr KINGSTON: It is a hospital. I am just asking: would you support such an inspection?

Mrs EDMOND: I would have to ask the appropriate minister if he supported it.

Dr KINGSTON: I am not witch-hunting against you, Minister. It is a public concern.

Mrs EDMOND: If you are concerned, I should say that you should put that concern in writing to the Minister for Public Works.

Dr KINGSTON: It is in writing to the Premier plus quite a few other ministers.

Mrs EDMOND: You should be aware that if you write to the Premier and it is not a matter that concerns his portfolio he would have asked the appropriate minister to address that, which in this case would be Mr Schwarten. I can only reiterate that if you are concerned you should put it in writing and we will have a look at it. But my understanding is that it has all been signed off—

Dr KINGSTON: The builder concerned has been doing a lot of writing.

Mrs EDMOND:—it has been certified by structural engineers. I do not know what more you can do.

Dr KINGSTON: I noted your statements about the differing growth rates in Maryborough and Hervey Bay. I assure you that we have everybody in Maryborough trying very hard to increase our growth rate. I listened carefully when you were talking about the distribution of doctors and specialists. However, there is a great concern within Maryborough that the distribution of specialist services between Maryborough and Hervey Bay is not proportionate and, if anything, continues to move away from Maryborough. Rightly or wrongly, at a recent public meeting a committee was elected to examine what Maryborough residents regard as a decline in services. Would you agree to releasing copies of the employment contracts of the specialists employed by the Fraser Coast health service to that constituted committee?

⁰²⁸ **Mrs EDMOND:** No. We do not release private employment contracts with specialists. Their salaries and conditions are available publicly through the gazette. They are employed under those conditions. They do not have personal contracts, except where they have a right of private practice. Some people choose to have a right of private practice, and there are a couple of different ways they can do that. Others choose not to have a right of private practice, and I understand that that has been one of the issues in Maryborough, that is, some of them have chosen not to have a right of private practice and have chosen not to work in the private hospital.

Dr KINGSTON: I think it is actually the other way around.

Mrs EDMOND: That is their choice. That is not a condition of Queensland Health. As to a decline in services, I am advised that other than a vacancy for a visiting medical officer in anaesthetics that occurred late in June 2001—last month—there are no vacant medical positions at Maryborough Hospital. Maryborough Hospital and St Stephen's Hospital are conducting a joint recruitment campaign. On that, private hospitals quite commonly enter into arrangements of their own to attract staff.

Dr KINGSTON: I am aware of that. I am not trying to raise that as an argument and waste your time and other people's time at this meeting. However, a committee has been elected of hopefully responsible people. It asked me to ask the question I have just asked you. I have asked it and you have answered.

Mrs EDMOND: There are no contracts. We do not have that sort of contract.

Dr KINGSTON: No, it concerns people who have the right to private practice.

Mrs EDMOND: If you wish to discuss that with the district manager, he can do that. In terms of their private practice contracts, that is an issue for the doctors to decide whether they wish that to be publicly available. I would think most people working privately want people to know that they are available to be seen privately. They try to advertise that. The conditions are the same for all Queensland Health employees in those positions. It is available across-the-board. If they are option A or option B, there are sets of conditions which are publicly available for each of those options. However, they do not have specific contracts for those people, nor do they have contracts saying that they must live here or there—as I have seen indicated I think by some of your group—and nor can we do that or should we do that to doctors in Brisbane.

Dr KINGSTON: Minister, with respect, I do not have a group and I have not said that.

Mrs EDMOND: It has been said by some of that group that we should make them live in different places.

Dr KINGSTON: That group was only formed last week and it has not said anything so far.

Mrs EDMOND: I have seen comments in the media from it, from Mr McPhee. Is this Mr McPhee's group?

Dr KINGSTON: No.

Mrs EDMOND: Is there another group?

Dr KINGSTON: This is an elected group. It came out of Mr McPhee's meeting.

Mrs EDMOND: So it is Mr McPhee's group.

Dr KINGSTON: No, it is not.

Mrs EDMOND: How many groups have you got running around in Maryborough?

Dr KINGSTON: Believe me, it is not, and I am not trying to raise it as an argument at this stage.

Mrs EDMOND: Another important thing is that I do not think anyone is waiting more than the clinically appropriate time for either categories 1 or 2 surgery in Maryborough, which means that the service needs of the people of Maryborough are clearly being met.

Miss SIMPSON: I would like to go back to the interest bearing liability and your statement that the item on page 1-37 is the total debt of Queensland Health. I note that you have in fact increased the debt of Queensland Health by about \$137 million in the last couple of years. In 1998-99 the interest bearing debt for the department was \$430 million and it is being increased to \$567 million. Why are you shifting—and it is noted in a lot of your capital works footnotes—more of the capital works program from equity injection to borrowings, which appear as a cost against the operating budget?

Mrs EDMOND: Because of a change in arrangements with Treasury in how allocations and borrowings to agencies are dealt with, it provides a clearer link between funding sources and individual agency's capital acquisitions. It makes it much clearer where that is being provided. It matches the agency's capital assets with the debt required to acquire those assets. But what has happened is that Treasury funds us to provide the interest for those amounts and therefore it is budget neutral in terms of Queensland Health. It is just a way of handling the money to make it more obvious that Queensland Health is using this capital funding. But we get funded for the interest, so that it does not have any effect on our bottom line.

Miss SIMPSON: In other words, you have an equity return for the existing capital. You now have to pay interest on new borrowings, as well as depreciation. Minister, when you claim that there has been, say, a \$120 million increase in state contribution to the health budget, you would have to take off the fact that you have the equity return and you would also have to take off the borrowings, which now appear against the output in those statements, in order to get a fair idea of what the increase is in funding for operational budgets in Queensland Health.

Mrs EDMOND: Can I just take you back to one point. You were asking how much went into different areas. I now have the figure for the old debt under the coalition as it currently stands. As I said, it was between \$600 million and \$700 million in 1990. It has now come down to about \$406 million, so the vast

majority of that \$619 million is the old debt that we are paying off which we inherited from the boards. As I mentioned, the others were \$21.9 million for the linen services loan, \$8.5 million for the LATTICE and \$183.2 million for increased capital works.

Miss SIMPSON: In 1998-99 the debt was \$430 million, but you have increased it under these budget figures by \$137 million and are expecting the various areas of the department to pay for that. On one hand you are giving them the money in output revenue while on the other hand you are taking it off them with both this way of funding as well as equity return. You talk about having a \$406 million budget, but in reality the actual increase of \$120 million has to be taken off the equity return. You also have to take off the fact that you are making them pay for more of their capital than they had to pay for before. So the actual increase to the operating budget is a lot less than what you are proclaiming. In other words, something like 15 per cent of the increase in state contribution to the budget is going back to Treasury for borrowings and for equity return.

Mrs EDMOND: I think that is a misguided way of looking at it. You have to understand that agencies are no worse off under these arrangements because they have been fully funded for associated debt servicing costs. In other words, it is budget neutral. That is a distinct contrast to what we had with Horan's health tax, or the capital charge, as it was called, which this year would have increased to a cost of \$83.4 million out of the recurrent budget without any—

Miss SIMPSON: Prove it, Minister.

Mrs EDMOND: We can prove it.

Miss SIMPSON: I would like to see the documentation, because you have never provided the evidence.

Mrs EDMOND: No, I did not provide the documentation because I was not in government. The documentation was provided by Joan Sheldon when she was Treasurer. The documentation is well recorded. It is in all the budget papers.

Miss SIMPSON: And it was only on a portion of the budget. You have introduced an equity return across the whole of government, as well as a new tax with regard to borrowings. You are making the department pay more for the equity that it has to use to build.

Mrs EDMOND: As a change to the way things are shown, et cetera, there have been changes, but those changes have been fully funded by Treasury so that no department is worse off. As I say, the capital charge committed to by the previous government but which was eliminated when we came into government in 1998 would have this year seen something of the order of \$83.4 million out of recurrent funding to pay for the capital works in those hospitals that had capital work across the state.

Miss SIMPSON: Minister, I will ask you a question with regard to the suicide situation. I find it interesting, by the way, that you can quote figures for things and you cannot work out how much you are paying for alcohol and drug workers in the state and how many of them there are. I have a question with regard to mental health. I note that there is actually a decrease in the number of people receiving community-based care but an increase in hospital-based care. As this is contrary to the 10-year mental health plan, I would like an explanation as to why.

Mrs EDMOND: Are you asking me why more people are becoming ill?

Miss SIMPSON: No. There has been a decrease in community-based episodes of care but an increase in acute-based episodes of care below target, below what it

was last year. Given that the 10-year mental health program is designed to try to provide more resources in the community, why has there actually been a decrease in the number of people who received care in the community in the last year?

Mrs EDMOND: It may be just the way this is counted now, but the roll-out of integrated mental health services across the state means that you no longer have large institutions in one place and only community services in others. There are new mental health in-patient, outpatient and community services in places like Cairns, Townsville, Mackay, Rockhampton, Bundaberg and Emerald. Throughout the state there are now a whole range of extra services being provided. A lot of those are provided in an integrated way with workers working in both the community and the health system. But I cannot work out why you are saying it is going down.

Miss SIMPSON: No, there was a decrease on—

Mrs EDMOND: Where are you saying it is going down?

Miss SIMPSON: In the integrated mental health statement. Compared to last year's targets and last year's actuals, there was an increase in the acute episodes of care but there was a decrease in the number of community-based episodes of care.

Mrs EDMOND: The targets are going up. We are within range. I cannot see where you are arguing that there is a decrease.

Miss SIMPSON: There has been a decrease in the number of episodes of care in the community.

Mrs EDMOND: I am sorry, but I cannot see that that is a decrease. Where are you saying that there is a decrease? The target for mental health acute in-patients was 22,000 to 24,000 and we treated over 22,000 people, which is smack bang within target.

Miss SIMPSON: Last year the actual was 68,000 for mental health patients treated in the community and this year the actual was 67,000 who were treated in the community for 2000-01. So the number of people who have actually been treated in the community has fallen. That is why my question relates to why there has been a fall.

Mrs EDMOND: What we are seeing is three times as many people being treated in the community than as in-patients. Maybe the fact that less people are being treated means that they are all happy and wonderful under a Beattie Labor government. Maybe it is all the prevention we are doing out there that is stopping them.

Miss SIMPSON: Actually, Minister, a lot of them ended up in hospitals.

Mrs EDMOND: So maybe that is what it is. If that is the case, that is a wonderful result.

Miss SIMPSON: In relation to the shift back to the hospitals, there has been an increase in the number of people who have presented to hospitals but a decrease in those who received treatment in the community. That is contrary to what the integrated Mental Health Strategy was trying to achieve.

Mrs EDMOND: The integrated Mental Health Strategy is aimed at caring for more people in the community compared with in-patients in mental health institutions or in hospitals. We are treating something like three times as many people in the community than we are as in-patients. That is what the Mental Health Strategy is all about. It is not about making people need mental health care. It is not about making people mentally ill and increasing the number of people we make

mentally ill so we reach those targets. It is about providing care in the community so that fewer people need to be committed or treated as in-patients.

Miss SIMPSON: I agree with that direction, but the result has been that fewer people were actually treated in the community, according to your statement, compared with last year, but more people are being treated in hospital than was the case last year. That is why I am asking why there has been a shift back into the acute system.

Mrs EDMOND: Sixty-seven thousand is three times 22,000.

Miss SIMPSON: And last year 68,000 were treated in the community.

Mrs EDMOND: What you are looking at is an estimate. You are comparing the estimated actual, which are the best figures we can get on nine months of statistics, with the estimate. We estimated that more people would be mentally ill and needing care in the community than we actually treated. That is all you are saying. You are not saying that we have changed the focus of the strategy, because we are treating three times as many people in the community as in institutions, and that is what we want to do.

During the program—these are figures that probably do not get picked up—we provided training to people such as GPs through the GPAC program. So GPs are the first port of call for a lot of people with relatively minor illness, rather than the mental health facilities. We are doing everything we can to reduce the number of people who need to be admitted and we are treating as many people as we can in the community, either through GPs or through mainstream services. I think it is a good result when three times as many people are being treated in the community as in institutions or in-patient facilities.

The CHAIRMAN: I return to oral health services. I note on page 15 of the MPS there is reference to a survey of oral health service clients. What was the outcome of that survey?

Mrs EDMOND: I will first say something I really should have said earlier. I apologise for that. Queensland is not the only state that is concerned about its oral health programs. In fact, all health ministers, of all political persuasions—at the moment they are mainly Labor health ministers, but this was the case even before that, when we had Liberal and National Party health ministers—have joined in trying to get the Commonwealth to re-fund the oral health program. We do not believe you can separate oral health from the rest of the body. We do not believe the teeth exist on their own. We believe oral health is an integral part of the health of the whole body and that it should be part of a comprehensive health program.

Queensland has joined with the other states and the Australian Dental Association in lobbying the federal government. I think even the AMA has lobbied to get the Commonwealth to fund a nationally consistent and appropriate comprehensive dental health program. We believe it is really important. I perhaps should not say, but I will, that I am really delighted that the federal Labor Party has made that commitment for the next election.

The satisfaction survey is part of our ongoing monitoring of quality. There was a record 720,000 completed cases of care. Three hundred and sixty thousand adults and 360,000 students were provided with oral health services in the public sector in 1999-2000. That was an increase on the previous year of over 12,000 adults. It is estimated that, based on the first 11 months of data, bearing in mind that we do not have the final month's figures, this record performance will be exceeded in the year just finished.

The last statewide survey of patient satisfaction levels conducted in 1999-2000 indicated that some 94 per cent of people were satisfied with the care they received. I think that is an outstanding result when you think of the pressures of demand, et cetera, that the staff are facing. They should all be congratulated on that. The consent rate for treatment for school students is 73 per cent. This compares very favourably with the rates in other Australian states and territories.

As I mentioned earlier, Queensland was the only state to continue funding for the Commonwealth dental health program when the Commonwealth withdrew that funding in 1997. Queensland picked up that cost—it was about \$20 million a year when the Commonwealth walked away—and the Commonwealth's withdrawal of funding put at risk the services to those most in need and most vulnerable: society's battlers, the pensioners, the schoolchildren and the unemployed. I have been active in seeking to have Commonwealth funding for oral health services reinstated. As I mentioned to you, all of the health ministers put forward a proposal to the federal minister last year. We continue to lobby. I think the issue has been raised at every health ministers' council meeting. Such a program would improve access to good oral health, particularly for those most disadvantaged. We will continue to push for it.

The CHAIRMAN: There is a reference on page 29 to the number of school-aged children receiving dental treatment. What accounts for the increase and how does our scheme stack up against other states?

Mrs EDMOND: I think there are two elements to the increase. The projected performance for school-based services is 360,000 completed patients. While the final returns are not in yet, we expect that that will be around the figure. Oral health services for school students are based on a team approach delivered in the mobile dental clinics, which take services to the students. This is an efficient method of service delivery. It is part of each student's overall education experience—something they can all look forward to, a trip to the dentist.

The ability to offer care to all students regularly has led to improved oral health of the school population since the inception of the program. Oral health staff are to be commended on the standard of the service. I very rarely get any negative comments. I do not think I can remember the last negative comment about the school oral health service. The greater mobility of the Queensland program enables access by a greater number of students. That is reflected in those higher consent rates for care that are more than the other states. The consent rate is projected to be around 72.9 per cent for this year.

Queensland has the most comprehensive oral health program, and it is a free service to all students. Most of the other states have introduced co-payments or a registration fee for all students, except those dependents of people with concession cards. So there are two elements. The first is the fact that we go out to the kids with the mobile units. I am not sure if the other states go up to year 10. Queensland increased services to year 10 in the last couple of years. Secondly, this state, unlike the other states, does not charge a co-payment.

The CHAIRMAN: Being the good Health Minister that you are, I am sure you are always looking for ways to enhance oral health services to people in Queensland. How will the Bachelor of Applied Health Science improve access to oral health services?

Mrs EDMOND: This has been an upgrading program as well as the new degree, the Bachelor of Applied Health Science. Current employees who have

successfully completed the academic upgrade course for school dental therapists are employed now under the title of oral health therapists within Queensland Health. Oral health therapists were introduced into the public oral health service following a model that was proposed in a 1995 consultancy report, and all key stakeholders, including professional associations and governments, endorsed the recommendations from that report.

Oral health therapists are multi-skilled allied oral health professionals and undertake the clinical duties of health promotion, dental therapist and dental hygienist, as per the dental by-law in 1988. The role was reviewed by Crown Law and determined not to contravene the dental by-law. I guess the new bachelor brings together those two groups that were previously separate—the dental therapist and the dental hygienist—under one education umbrella. We have had the upgrade so that they can merge those duties.

The model for oral health therapists recognises the changing demographics, with an ageing population who are retaining their teeth and therefore requiring increased oral health preventive care, especially for periodontal gum disease. Some of you might be as old as I am and remember when the best thing a girl could do when she turned 15 or 16 was have all her teeth out so that she did not cost her husband lots of money in the future. A number of my friends did that—gruesome—but nowadays people go to any lengths to keep their teeth, and that is showing up with a changing focus of oral health care.

This means that the employment of oral health therapists increases the range of oral health services provided to clients, particularly adults, and focuses on the prevention of oral disease. An oral health therapist may undertake the duties of a dental therapist on children eligible for the school-based oral health service, and these duties may be undertaken under the direction and control of a dentist. An oral health therapist may undertake the duties of an oral hygienist on adults on a prescription from a dentist, and they may only undertake these duties under the direct supervision of a dentist. They apply their health promotion skills across the whole population.

Certainly the innovative education model and the employment of oral health therapists is a world first. It has generated enormous interest from interstate and overseas. To date 40 dental therapists from the first two intakes have completed the academic upgrade course, and the first 13 graduates of the Bachelor of Applied Health Service completed their course in December last year.

Mrs REILLY: Page 8 the MPS refers to increased funding to enhance service capacity at Caloundra. Since this redeveloped hospital opened only recently, why is this extra funding needed? What extra services will be provided and when?

Mrs EDMOND: When we are planning and opening new developments, obviously we do not expect to fill them the day they open. It would be very poor planning if you had every service in use on the day the hospital opened. So the redevelopments of the hospitals and health facilities around the state take into account future growth and provide for the capacity to expand service delivery. That is what the \$14.73 million redevelopment of Caloundra Hospital included. That was opened by the Premier and I on 1 April of this year. It was certainly a big day for Caloundra. As the Premier said at the time, a key feature of the development is the integration of community and hospital services on the one campus, which means a more comprehensive health care service for the local community and a more convenient service for the local community.

The extra funding is to enable an enhancement of those services that are provided for the local community. There is \$1 million of additional funding to include an enhanced emergency medicine service; an enhanced in-patient service, increasing the number of available beds; enhanced allied health services; enhanced oncology and palliative care services; and enhanced surgical services. The increase in in-patient beds has already commenced. The other improvements to services will be progressively introduced over the next year.

The government is expanding services in line with the population growth already occurring and anticipated in the Caloundra area. In keeping with a key plank of the Beattie Labor government's health policy of treating patients close to where they live, more services in Caloundra means that locals will not have to travel as much to Nambour for services, although Nambour Hospital will of course remain the major referral hospital for the Sunshine Coast. Of course, we expect it to reduce the pressure on Nambour Hospital. The Sunshine Coast health services district is already in the process of establishing improved networks of care between Caloundra, Nambour and the Noosa hospitals, for the benefit of the Sunshine Coast residents.

Mrs REILLY: What is the government's commitment to cancer research in Queensland through the Queensland Institute of Medical Research?

Mrs EDMOND: Queensland is one of the states that is really leading the way in focusing on not just cancer research but also a comprehensive cancer plan, about how we prevent cancer, how we try to have early intervention and treatment and of course palliative care, all of which have been enhanced since I have been the minister. Cancer research in Queensland is a vital part of that strategy. We have continued to give strong support for medical research in a range of areas, but I guess particularly to the QIMR, which is the major cancer and major medical research centre in Queensland.

There is extra funding of \$500,000 per annum into salary packages, et cetera, to QIMR. This recurrent grant is in addition to the \$28 million already committed by the government as part of the \$68 million Comprehensive Cancer Research Centre at QIMR. In December I attended a topping off roofing ceremony, marking the completion of the Comprehensive Cancer Research Centre at QIMR. The centre is a cooperative effort between the state government, private donations, the QIMR Trust and Queensland Leukaemia Foundation. Recently the Commonwealth government has also indicated funding support to QIMR. I am delighted to see that. It would have been great if we had got that commitment some time ago, but it is good to see it now.

The 10-storey research centre will become the largest medical research institute in the southern hemisphere, with more than 800 scientists. The centre will be unique in Australia and the world through its capacity to combine research into the basic causes and epidemiology of cancer and cancer treatment. It will be dedicated to cancer research and clinical trials and will include the research laboratories of the Queensland Cancer Fund and Leukaemia Foundation and state-of-the-art facilities for gene therapy.

⁰³⁰ The government also provided the land, which is valued at around \$8 million, for it to be sited. I think it is critically important that it is sited right with the major tertiary hospital in Queensland at the Herston campus. The refurbishing of the existing radiation oncology building, due for completion in 2003, and parts of the Bancroft Centre will also be refurbished as part of the centre. Of course, QIMR will

be moving into the new west block at the Royal Brisbane Hospital when that is completed.

The value that we place on this research is reflected by the fact that the support for QIMR is 75 per cent of Queensland Health's research budget and that Queensland Health provides \$4.85 million annually to QIMR for infrastructure and salaries to support their world-class research. It enables them to then focus on gaining extra funding by way of grants through NHMRC and other funding bodies and, of course, overseas donors as we have had in the past.

Mrs REILLY: How will the Eat Well Queensland—the Queensland public health food and nutrition strategy mentioned on page 28 of the MPS—assist in providing Queenslanders with improved long-term health? How much will this preventive health program save in future Health spending on chronic diseases?

Mrs EDMOND: I hope that while the committee were tucking into those beautiful high-fat bikkies—

Mrs REILLY: I was going to ask: how do we encourage the government members to take the lead role—starting with me?

Mrs EDMOND: The biggest health issue facing Queenslanders is what is commonly being called 'diabesity' and the impact of poor nutrition and lack of exercise—and smoking, Mrs Reilly—on the community. There is now quite clear evidence that poor nutrition is a major determinant of premature death and morbidity, contributing at least as significantly as cigarette smoking to the burden of disease throughout Australia. We are getting her from every direction, aren't we! Stand in the corner and write out 100 lines.

Economic costs attributable to an inappropriate diet are extremely high. In 1992, the Australian Institute of Health and Welfare calculated that dietary factors were an important risk factor in 56 per cent of all deaths. It is a staggering figure. The direct health care costs attributable to diet in Australia in 1989-90 were estimated at between \$1.24 billion and \$2.85 billion and the total health care costs attributable to diet in the same period in Australia were estimated between \$2.48 billion and \$5.2 billion. They are Australian Institute of Health and Welfare figures from 1992. More recent data is not available, but the costs are likely to be much greater now that we are seeing a greater incidence of obesity in the community.

The treatment of diet-related chronic diseases such as cardiovascular disease, type 2 diabetes, some forms of cancers, particularly colorectal cancers, require extremely costly medical interventions. However, these conditions are preventable. There is now good evidence of the effectiveness of nutrition intervention in addressing the determinants of chronic disease.

Eat Well Queensland, the Queensland public health food and nutrition strategy currently being developed by the Queensland Public Health Forum, recognises the crucial role of nutrition in improving the health and wellbeing of Queenslanders. Eat Well Queensland will ensure greater focus, consistency and coordination of nutrition-based health projects, improving effectiveness and reducing the duplication of current programs. It will also seek to develop an increased capacity to work cooperatively with the food industry, professional associations, government and non-government organisations and consumer groups at a statewide level.

Without intervention, the future Health spending on the management of chronic disease will account for an increasing proportion of the Queensland Health budget due to the ageing of the population, and the effects of the current epidemic of

obesity. So the effective implementation of Eat Well Queensland across the state should result in substantial health gains and cost savings in the future.

The CHAIRMAN: The member for Maroochydore.

Miss SIMPSON: I refer the minister to page 20 of the portfolio statement, which refers to the integrated mental health service. With regard to youth suicide prevention programs, according to the output statement there was one less program than the target estimate and the programs will no longer continue. An explanatory note says that there will be a refocusing of youth suicide prevention strategies. Given that this is a very important issue, I ask: why was the program not delivered? Why are there areas that are being refocused? What area was missed in this program?

Mrs EDMOND: My understanding is that there were a total of 59 networks originally set up and 58 of those existing networks have agreed to take on this role.

Miss SIMPSON: The statement—

Mrs EDMOND: With the continuation of funding. I think it was only set up as a trial originally.

Miss SIMPSON: The statement lists 19 last year as the target and only 18 this year achieved.

Mrs EDMOND: Sorry?

Miss SIMPSON: It actually lists last year's target as 19 networks and this year the actual is 18.

Mrs EDMOND: One was the target and one is what we actually think has happened with new networks.

Miss SIMPSON: And you have not hit the target. I know there is a footnote which says that you are refocusing that. I want an explanation as to what has happened in that regard. What will you actually be doing with the refocusing? Why was that network not delivered?

Mrs EDMOND: I think a couple of things should be pointed out. As of May 2001, there were a total of 117 networks across Queensland that had accepted responsibility. These are community organisations that get small amounts of funding to coordinate programs. I think, more importantly, what we have done as a major initiative looking at youth suicide, along with other self-harming problems and mental health problems, has been to put the focus into the school-based youth health nurses as directly providing support to young people in those positions.

Certainly, the anecdotal feedback—and I wish you would talk to some of these people—is that they will tell you that one of the most rewarding things they see is either young people referring their friends or young people themselves coming to talk to them about feeling depressed and the problems that they face, particularly when they do not feel they can talk to their family or other people and get support from them. Quite often it is their friends who say they are worried about a particular young person and ask the school nurse to make an approach to them, which they do.

I think that what you are looking at there is a target. I think that was an initial program. I am just trying to think. I think there was an evaluation of that program that made a number of recommendations and that refocusing is probably part of those recommendations. I think some of the groups that were doing that have indicated that they do not wish to continue doing that.

But as I mentioned, the program originally focused on establishing 100 networks across Queensland to develop responses to suicide and self-harm at the local level. They were community-based groups. As of May, a total of 117 networks had been established and had accepted responsibility for those activities. A total of 59 were specifically set up under this previous scheme and a further 58 have agreed to take on this role. I do not see that that is a down at all.

Miss SIMPSON: I was just trying to establish how you were refocusing it as well, but thank you for that. My next question is in regard to page 9 of the portfolio statements with regard to plans for a central elective surgery booking bureau. I ask: could the minister please specify how many are to be employed at the bureau and what the funding allocation is for this bureau?

Mrs EDMOND: We expect this to be managed within existing staff. It has not been finally worked out yet, but there are staff, as there were under the previous government, in that coordinating position within the department. It is, I guess, a refocusing so that we can look at how to better manage patients so that patients are not disadvantaged, depending on where they live and which district they live in—depending on access to services. So if there are plenty of urology services in one district and the district next door cannot access a urologist, we will be able to move patients within those two areas and move the funds accordingly to support patients coming from another district so that the care can be provided for the patient and the patient will not be inconvenienced.

Miss SIMPSON: I ask then in regard to specialist outpatients: has there been a list set up of how many people are waiting too long for specialist outpatient appointments? I have previously raised this issue with you because there is a hidden waiting list to get on a waiting list. That continues to be the case. I have raised one example recently where one gentleman had to wait nearly two years to get an ophthalmological appointment at Nambour. He will hopefully have an operation within the next year. But that is nearly three years to receive the operation—having waited nearly two years for the specialist appointment. So what are you doing to centrally track all of those people on the hidden waiting list waiting for specialist outpatient appointments?

Mrs EDMOND: The first thing we have to do is to make sure that each hospital is collecting that data in a similar way. That has been one of the problems that we have with that data. The collection of outpatient waiting time data has been quite inconsistent across this state with respect to appointment allocation and there has not been the standardised reporting system. What we are doing is establishing guidelines for the management of specialist outpatient clinic waiting lists. They are being developed and being distributed to all the major hospitals in the state so that we can move forwards and have some consistency of reporting and data.

Miss SIMPSON: This has been taking several years. When are you going to actually put it in place, because it is an issue that was raised years ago?

Mrs EDMOND: It is flowing out there now. Can I say that I raised the issue of the waiting to get on the waiting list in opposition and nothing happened at that stage. So the only action that has taken place is since I have been the minister.

Miss SIMPSON: We have not seen it yet, Minister. So when are we going to see it?

Mrs EDMOND: It is important as part of that that we need to spend quite significant funds on upgrading the hospital base corporate information system to enable this to happen. That has already been completed and implemented in 21

hospitals across the state, but that needed significant funds to do that. We have also needed to consult with the major stakeholders, including the divisions of general practice, because it is important that they have a better understanding of what we are doing and developing improved referral processes to the public outpatient clinics.

You may be aware, of course, that in other states they have very few public outpatient specialist clinics. Most of them expect their public outpatients to be seen privately at specialist private rooms. So Queensland has a unique problem in managing the hundreds of thousands of people who seek specialist referral services through the public system rather than the private system. Of course, the Commonwealth indicate to us that they fund the private system through the Medicare arrangements. They do not see that it is important to fund the public health system for that provision of services. It would certainly help if we could get that funding to do it.

But all new patients referred to a specialist outpatient clinic using the appointment scheduling module will be assigned an urgency category of 1, 2 or 3 as defined in the guidelines for the management of OPD waiting lists. The enhancements will allow for better communication between the hospital and the general practitioners as those improved referral details can be collected and tracked for each new patient referral received by individual specialist clinics. Sites using the module will have a greater capacity to manage their outpatient department resources and evaluate their level of service provision.

Regular auditing will ensure that patients no longer requiring treatment are removed from the waiting lists for specialist outpatients. It is always an interesting issue when you are doing elective surgery. For instance, we recently moved patients from the Gold Coast for one level of surgery to the PA Hospital. I think that of the first three patients they did, two of them were on the PA list as well as on the Gold Coast waiting list for elective surgery. So it is always good to monitor what is happening.

I think it is important that steps are being made. When you look at the numbers of outpatients we have, it is a significant job to do. The number of outpatients that are seen in a year is substantial. It is quite involved and it will take time to implement that. I would think it would take some years to implement it properly.

⁰³¹ **Miss SIMPSON:** I hope you publish that information publicly when it is available. It has been several years. I draw your attention again to the fact that the issue of eye services on the Sunshine Coast has been raised over several years. I am pleased that north Queensland and the Gold Coast are getting an enhancement to service, but when will the Sunshine Coast see a situation where people do not have to wait for from 20 months to two years just to get an eye appointment at the public hospital?

Mrs EDMOND: It is disappointing when people have to wait for any services in the public or the private system, but I assure you that, when I sat where you are now, the issue was that they were waiting 18 months for an appointment for immediate cardiac surgery. That was a difficulty then. For category 3 surgery, which is non-life threatening, there will always be a waiting period.

Miss SIMPSON: Will you do something about eye services on the Sunshine Coast? We have been asking for several years and still we have people who are having to wait that amount of time.

Mrs EDMOND: We are working on the provision of extra services for specialists across the state, depending on the levels of demand and need. As you will have heard, we have provided extra funding in this year's budget to expand the number of ophthalmology services and ENT services provided across the state, and for extra elective surgery.

I have been meeting with the colleges on a regular basis to look at ways and means of attracting and speeding up the approval of overseas trained specialists into the public health system. In ENT services, which is another high demand, we have increased the number of training positions this year. We are working very hard with the colleges, but the demand is very high. Perhaps before too long they will start utilising the subsidy for the private health insurance and will start seeing people privately and utilising some of the \$2.7 billion that is being put into private health insurance subsidies.

Miss SIMPSON: I would like to ask a question with regard to the Gold Coast, and mention has been made of other services on the Gold Coast. One of the observations of the Hardes report into the review of funding for the Gold Coast public acute hospitals observed that more tertiary level services should be funded for patients, particularly things such as cardiac catheterisation, within the next five years. I ask: as cardiac services are a particular issue on the Gold Coast, will you be looking at putting those services onto the Gold Coast?

Mrs EDMOND: Most of the planning work for Queensland Health was done under the Labor government in the mid-1990s. Some of that work, including the tertiary services plan which was done at that time, finished in 2001. I have instigated work to be done in looking at the future directions of tertiary services across the state, where those services should be provided.

It is very, very difficult to anticipate those things. I noted that the Hardes report also indicated that, under the previous coalition government, the Gold Coast Hospital and health district were severely underfunded to the tune of \$10 million, but under this government at its latest estimate it was over funded by about \$5 million. There has been a substantial improvement in the service delivery at the Gold Coast and an increased range of services.

In anticipating future services, I will not make that decision here and now. Cardiac catheters is an area where the number of services has been greatly overestimated to the extent that there is now concern that there is an oversupply of services and, indeed, new imaging techniques may make cardiac catheters, an invasive and risky procedure, outdated. We will look at the expert advice in the tertiary services plan that is being developed in the department at the moment. We will take that advice when it comes to hand.

Miss SIMPSON: What about some of the other cardiac services? I know that people have had difficulty accessing some of the diagnostic tests on the Gold Coast. They have been referred to Brisbane instead.

Mrs EDMOND: If you specify, I might be able to answer.

Miss SIMPSON: I have written to you about it before. What has happened is that people cannot get access unless they are already an in-patient at the hospital. To get some basic cardiac testing done, they have to be an in-patient before they can access services. They are being referred to Brisbane as outpatients instead.

Mrs EDMOND: There are always going to be some level of services, for example, if they need a cardiac transplant, yes, they will have to go to Prince Charles.

Miss SIMPSON: I am talking about basic diagnostic procedures. This at the front end of the service. Where people have had difficulty accessing services at the Gold Coast for outpatient services, they have to basically be an in-patient to gain access. Are you going to fix that problem?

Mrs EDMOND: It is very hard to know what the problem is unless you identify it.

Miss SIMPSON: I have written to you about it and it has been an issue with regard to Gold Coast services.

Mrs EDMOND: Which outpatient services? There are a whole string of different cardiac procedures that they could be talking about. If they are not talking about angiograms, cardiac catheters or stenting and things like that then, yes, they are done at Prince Charles and the PA, which has been expanded, and a range of them have been provided at Townsville. You might have noticed that just yesterday I announced an expansion of the implanted—

Miss SIMPSON: But there are services that are done on in-patients that they will not do on outpatients at the Gold Coast because they have been referred and local GPs have got letters from the hospital saying, 'No, you have to send those outpatients to Brisbane,' even though those procedures will be done on in-patients within the hospital. There is an issue of under servicing.

Mrs EDMOND: I am not aware of any service that that is the case for. Perhaps you might find evidence. Can I just say that—

Miss SIMPSON: I have sent you the letters and I have copies of GPs' letters as well.

Mrs EDMOND: Just yesterday I announced an expansion of \$1.1 million to make implantable cardiac defibrillators, the latest breed of high-tech defibrillators, available at Princess Alexandra Hospital and Townsville Hospital as well as, as they currently are at the Prince Charles Hospital. We are trying to spread across the state a range of cardiac services as the expertise is made available. There will always be a range of high-level, high-tech procedures that can only be available at one place. For example, with electrophysiological testing, I think the only place that that can happen is at the Prince Charles and the PA and, in the future, in Townsville. They are getting equipment there. There will always be some sort of limit on where those services can be provided.

Miss SIMPSON: I have a question with regard to the shifting of the flying surgeon from Longreach to Mount Isa. I would like to ask for your feedback as to the reasons behind that. I know you have had a lot of dealings with local members about that. Also, what are the number of services provided and how many doctors are being provided on those services? Are the residents of these communities and these areas satisfied with the service?

Mrs EDMOND: I think it is a bit early. We will be monitoring that change. Basically, it came about because we were not getting value for money out of the charter of the plane. The plane was being paid to do less than 40 hours a month and we were paying a high cost. We could not get a specialist since the surgeon resigned, so a decision was made that by running it out of Mount Isa we would be able to increase the number of staff available. Yes, it has meant a rejigging of timings and all the rest of it.

As part those changes, there has been a commitment made to the central west that any savings that come out of that will be turned back into extra services in the central west. That has included already a commitment to a new health facility at

Windorah, which they desperately needed. They have been forgotten about for generations.

The advantage of basing it in Mount Isa is that there is a critical mass of specialists. That will mean that we can put in expanded services and an extra physician into Mount Isa to back it up and two surgeons will provide that service. It will basically mean we can provide a better service. Yes, it means a bit of rejigging. Members such as Vaughan Johnson have been very understanding about it. He knew the problems that were being faced and he has been very supportive. He has been kept well informed by Dr Youngman, who has had extensive talks with him over almost a year that we have been facing this difficulty.

It is a difficult decision because historically it was based in Longreach. Nobody likes to see it moved, but in the end everybody realised that we should be able to provide a better, enhanced and more equitable service by doing it out of Mount Isa and rejigging the routes for the Roma-based service and the other services out of Mount Isa.

The CHAIRMAN: After watching *Four Corners* last night on DVT and in the best interests of our health, I suggest that we stand up for a couple of minutes.

Sitting suspended from 5.40 p.m. to 5.45 p.m.

⁰³² **The CHAIRMAN:** I now call the member for Aspley.

Ms BARRY: Page 1-2 of the MPS refers to EB4. How is the implementation of Queensland Health's fourth enterprise bargaining agreement progressing?

Mrs EDMOND: You would have in-depth knowledge of that from your former life. I think this is one of the most complex EBs we have ever had. It is progressing quite well since it was signed in October 2000. Employees have now received all of the scheduled pay increases, which equate to an increase of 6.5 per cent during the life of the agreement. A single bargaining unit meets monthly and oversees the implementation of the agreement, which includes some 40 separate initiatives that Queensland Health is progressing in consultation with the unions. Some of these initiatives have been fully implemented, including salary sacrifice arrangements, a review of Queensland Health's changed management guidelines, workload management provisions, a review of the hyperbaric chamber allowance, a trial of exemption from open merit for positions reclassified from AO2 to AO3, an environmental allowance for mental health, negotiation of a replacement building and engineering services certified agreement, access to flexitime or rostered days off for administrative staff, and establishment of various committees such as the Public Hospitals Oversight Committee and Queensland Health Employment Equity Advisory Committee.

The implementation of other clauses in the agreement is well under way, and that includes a review of the salary averaging for midwifery nurses, use of technology to facilitate collective industrial relations, the pharmacy work practice review, the review of Commonwealth-state funded programs, temporary employees, workplace health and safety commitments, implementation of pharmacy technicians, a review of study and conference leave for RMOs, medical officers with right of private practice and medical superintendents with right of private practice, initiatives identified in the ministerial task force for the recruitment and retention of nurses, initiatives identified in the director-general's task force for the recruitment and retention of allied health professionals, a review of rural and remote incentives, and uniforms for nursing and administrative staff—now there is a move; when I was there everyone wanted to get rid of uniforms and now they want them

back—examination of the role of dental assistants, examination of the duties and responsibilities of coordinators and assistant coordinators of home care services, travelling arrangements for health professionals, a review of on-call arrangements and work life balance project. This agreement expires on 31 May 2002. The parties are committed to commencing negotiation of a replacement certified agreement by 31 December 2001. I think we are all hoping it is not quite as complex as last time.

Ms BARRY: That leads me to my next question. What is Queensland Health doing to prepare for negotiation of its fifth enterprise bargaining agreement?

Mrs EDMOND: The DG said 'taking sedatives'. I think we learnt a lot from the last one. There were a lot of outstanding issues that have been put off for a long time and we are trying to deal with them all in one go. As I said, it expires on 31 May 2002. We are looking at commencing discussions regarding the terms and conditions of the next agreement no later than 31 December. Indeed, that was written into the existing agreement.

Clause 1.6 of the existing agreement also states that the first pay increase of any subsequent agreement shall apply from midnight on 31 May 2002 and that it is the intention of the parties to conclude negotiation of a replacement agreement prior to that date. Queensland Health has completed an initial round of consultations with zonal and district managers in relation to those items that must be progressed or altered in the next enterprise agreement. Preparation for EB5 has commenced in accordance with the current policy on agreement-making for the Queensland public sector, and a discussion paper has been developed to facilitate consultation with central agencies. Initial consultations commenced on 5 July 2000, and it is expected that Queensland Health will further develop its proposed negotiating framework for EB5 following the receipt of feedback from the Premier's Department, the Department of Industrial Relations and Queensland Treasury.

It is expected that, in line with current government policy, a representative from the Department of Industrial Relations will be a member of Queensland Health's negotiating team for EB5 to bring in their expertise, and Queensland Health also expects that it will be in a position to commence discussions in relation to EB5 by 31 December 2001, as stated in clause 1.6 of the current agreement.

Mrs SMITH: My question relates to the additional \$10 million for elective surgery. Is this funding to be specifically targeted and how many extra operations should result?

Mrs EDMOND: Elective surgery is one of those difficult issues, I guess, for any government—elective surgery being the only part of surgery that you can postpone if a hospital is busy. Obviously, it goes up and down at varying times depending on what else is happening, depending on what outpatients and in-patients the hospital is dealing with. In winter it traditionally goes down because of the heavy admission into medical beds. This year we have had some major hospital moving, et cetera, which will also impact on it, I am sure.

But my government has provided an extra \$20 million over and above what is already in the budget for additional elective surgery over the next two years so that we can have more people having their operations. \$10 million is to be made available in each year. That \$10 million will be directed at patients who have waited longer than the clinically desirable amount of time in each of the three elective surgery categories. It will particularly target those areas in the surgical specialities such as general surgery, ophthalmology, orthopaedics, urology, vascular, ENT, neurosurgery, gynaecology and plastic and reconstructive surgery. It is anticipated

that the additional funds will treat an extra 3,500 patients each year for the next two years and impact quite significantly on the time Queenslanders wait for surgery. In conjunction with the major boost in funding, the government is implementing a number of related and coordinated strategies.

Strategies to improve day surgery rates and day of surgery administration rates will be implemented in conjunction with the development of better clinical protocols to ensure appropriate and timely treatment of patients based on clinical need. For example, the government has set a day surgery target of 50 per cent of all elective surgery to be performed on a day-only basis. Achieving this target will allow increased surgical throughput through better bed management. I am pleased to advise that already indicative figures show that for 2000-01 approximately 49.7 per cent of all surgery was provided as day surgery. This represents an improvement of approximately 4.2 percentage points on the previous year of 45.5 per cent of elective surgery being performed as day surgery.

Along with the day surgery target, the government has set an ambitious day of surgery administration target of 80 per cent within two years. I am pleased to report that many of our hospitals have already reached this target and patients are very appreciative of not having to spend unnecessary time in hospital whenever this is appropriate.

Mrs SMITH: Page 12 of the MPS refers to improvements to emergency departments. How has the delivery of services improved?

Mrs EDMOND: The improvement of emergency department service was a commitment of the Beattie Labor government in 1998. One of the things that we have done is show measurable improvements in two major areas relevant to the delivery of services in emergency departments during 2000-01, and that is the timeliness and efficiency of service delivery. Timeliness of service delivery within emergency departments has improved for the most urgent patient categories, with 98 per cent of national triage scale, or NTS, category 1 patients now seen immediately compared to 95 per cent in 1999-2000. Some 70 per cent of NTS category 2 patients are now seen within 10 minutes compared to 68 per cent in 1999-2000. The timeliness of patient admissions has also improved during 2000-01 in Queensland hospitals.

These are national measures that are set across Australia. They are not Queensland determined measures. Some 95 per cent of patients requiring admission were admitted within eight hours of being seen by a doctor, and Queensland's performance compares very favourably with that of New South Wales, where 79 per cent of patients are admitted within eight hours. Our performance also exceeds that of Victoria, where 96 per cent of patients were admitted within 12 hours of presentation, compared with 97 per cent in Queensland.

The efficiency of service delivery has also improved as demonstrated by increases in activity within existing resources. Total attendances in Queensland emergency departments with a role delineation of four or greater increased by 15,371 patients in 2000-01 over the 11 months compared to the same period in the previous year. These improvements in service delivery have been achieved through the implementation of a number of initiatives as part of that emergency services strategy that formed an important ALP election commitment in 1998 and which we provided an extra \$5 million to proceed with. That strategy included the introduction of quality improvement projects within 11 emergency departments, the implementation of extended practice initiatives such as the nurse initiated X-ray

program, provision of improved systems for collection, use and analysis of information, and development of training and staff development resources.

We also put into place a number of extra staff, both emergency nurses and emergency physicians, across the state after doing a review of the patient to staff ratios and what was needed. And there were more administrative staff. So it seems to be working well.

Mrs SMITH: Page 9 of the MPS refers to a falls prevention trial under the Quality Improvement and Enhancement Program. What does this trial involve?

Mrs EDMOND: This is very important, because falls have a major impact on both the young and the elderly. Often falls initiate admission into both hospital and nursing home care for the elderly. So a falls prevention program is being undertaken as part of the Quality Improvement and Enhancement Program for 1999 to 2004. The Queensland Health Council on Safety and Quality in Health Care approved the Falls Prevention in Public Hospitals and State Government Residential Aged Care Facilities Program area on 3 May 2000 as part of the Quality Improvement and Enhancement Program. This program area has been approved \$710,000 until December 2001 and a statewide roll-out is currently under consideration.

The goal of the project is to achieve a significant reduction in falls and falls related injury of people aged 60 years and over admitted to public hospitals and residing in state government nursing home facilities over a three-year period in Queensland. The expected outcomes from the program area include the standardisation of high-quality of care in falls prevention across Queensland Health public hospitals and state government nursing homes, improved awareness of risk factors leading to a fall, production of guidelines for standard staff practices to reduce the risk of falls for high-risk patients—and these include assessing and identifying high-risk patients—appropriate falls prevention and injury prevention strategies, environmental guidelines, staff education, education of the high-risk patients and audit of staff practices.

⁰³³ Sixteen trial sites have been selected across the state representing rehabilitation units, acute hospitals, small regional hospitals and aged care facilities. An evaluation framework has been established and evaluation reports completed for each trial site facility, outlining the baseline data on their facilities in relation to falls prevention prior to the implementation of the program. These data were obtained from the staff surveys completed prior to the implementation of the program and all information is obviously confidential to each trial site.

Falls forums will be held within each Queensland health zone in October and in Brisbane in November. Program area managers and project officers are located at the QE II and the Gold Coast Hospital respectively. The program is currently operating within planned milestones. The content for the best practice guidelines should be submitted to the project team by the end of September 2001. It is a very, very important project.

Mrs SMITH: The Cairns Hospital redevelopment has had a long history. How far is it from completion and what will it mean to the people of Cairns and the far north?

Mrs EDMOND: It has had a long history and many of us will remember the debate about where it should be and where it should not be. I think some people are still trying to argue that. Anyone who has visited the Cairns Base Hospital and had a look through it will say it is coming up as a magnificent new facility with

magnificent views. Even those people who were worried that the windows were not going to be big enough to take advantage of the view are now very appreciative of those wonderful views and have accepted that the windows are big enough.

One of my first tasks as Health Minister in 1999 was to visit Cairns Hospital with the member for Cairns. There were major concerns about the plans, the allocation of funding and the costings of the redevelopment, in particular the maintenance and redevelopment of existing parts of the hospital and the hidden costs in that. That review led to the Beattie government injecting a further \$17.9 million into the project, but I am happy to say that the final phase of works at Cairns Hospital, the refurbishment of blocks A and B, is well under way. We are looking at a completion date of March 2002 for the \$109 million redevelopment.

Activities associated with the refurbishment are being undertaken on a staged basis due to the need for a significant amount of decamping. This includes upgrading roofs, airconditioning, repainting both buildings as well as the extensive refurbishment of interiors and expanded education facilities, which are quite magnificent. We are aiming to provide a uniform high standard of patient and staff accommodation within the Cairns Hospital complementing the new clinical services, block C, which opened in November 1999. Block C accommodates a new emergency department, medical imaging, ICU, day surgery, theatres, birthing suites, obstetrics, gynaecological wards plus neonatal cots.

The Cairns Hospital site has been transformed. It is actually looking a picture. The only thing that has not changed is the magnificent outlook that the tourists flock to see. I guess they all want to have a bed in the new hospital. Earlier works involved the construction of a new 40-bed mental health unit, a new pathology and engineering building connected to block C, along with the refurbishment and upgrading of blocks A and B with associated work services on the campus. James Cook University is contributing to part of the project, and space has been provided for them to undertake research and education.

The government's \$2.8 billion statewide health building plan is delivering quality health care services as close as possible to where people live in a way that I do not think has been tackled by any government anywhere before. The people of Cairns and the far north will have access to world-class health services. If you get the opportunity when you are in Cairns, you should go and have a look. It looks great. People concerned about the redevelopment of an old hospital can learn a lot from that, as they can from Maryborough Hospital. It is coming up beautifully, isn't it, Dr Kingston?

Mrs REILLY: Because my question is about the Gold Coast Hospital, I just want to refer very briefly to the member for Maroochydore's earlier assertion regarding some inadequacy of cardiac services at the Gold Coast. As someone who has experienced the services of the Gold Coast Hospital first-hand, particularly the cardiac arrest aspect of that hospital—I presented my mother, who is 76 years old, earlier this year to the hospital complaining of chest pains, shortness of breath, heart palpitations and all the classic symptoms of cardiac trouble—I was more than happy, as was she, with the hospital's immediate prompt response providing all basic testing required to see the functions of the heart, which I can describe for the member as electrocardiographic tests, et cetera within the A&E before she was admitted as an in-patient. She was then admitted and kept overnight. She was monitored, seen by the heart specialist and, thankfully, was allowed home the next day. But that was not the end of it. As an outpatient, she was then given scheduled appointments with the heart specialist, which she attended, and that included

follow-up testing. I just wanted to clarify my experience of the hospital and suggest that perhaps members should speak to the patients more often than the doctors, who tend to push their own agendas when they contact members of parliament.

Mrs EDMOND: That is very reassuring to hear.

Mrs REILLY: There is some work to be completed there. I wonder if you could tell me what the total cost for the completion of the Gold Coast Hospital will be?

Mrs EDMOND: Again, the Gold Coast Hospital is an example of redevelopment that is excellent. Thank you for that. Certainly every bit of feedback I get from the Gold Coast Hospital is contrary to some of the things that we have seen in the media. The quality of care is excellent. I frequently have people writing in, saying that they saw this or that in the media and they want to assure me that the care they received was excellent and they could not fault it. It is good to hear that again—a personal experience.

The Gold Coast Hospital is another one where there has been a lot of redevelopment and it has come up very well. A lot of different parts of that redevelopment have been reopened. The final phase of the works, the new rehabilitation building, is well under way and is expected to be completed by December of this year. The new stand-alone, four-level building will be linked to the existing tower block to accommodate a 20-bed in-patient and day rehabilitation facility, including administration, endoscopy unit, two procedure rooms, expanded orthopaedic outpatients, shared support facilities, a waste handling unit and a new vehicle set-down/collection area. I have talked to the staff down there and they believe that it will be a much more efficient model than what they have been used to in the past and will also be able to provide expanded services. The total cost of this component of the \$54 million redevelopment is \$18.5 million. We have allocated \$12.245 million this year to finish that project.

What we have already achieved at the Gold Coast is a major services engineering upgrade including airconditioning—it was not airconditioned, and it is amazing to believe that a building that was built in the eighties was not airconditioned—a lift upgrading as well as refurbishment and replanning of the ward areas. This has involved orthopaedic, gynaecology, paediatric and surgical along with the mental health area, renal dialysis facilities, information services and oral health services.

On 19 April the Premier and I announced a new four-storey district health services building, a new car park and helipad, elevated pedestrian links and commercial facilities. This building will house public health, adult mental health, child and youth mental health, a child health clinic and community paediatrics, and various private sector services including private practice suites and five tenancies for allied health services such as optometry, physiotherapy and podiatry. That project will employ 290 people full time during the construction and is expected to be completed in mid 2002.

The other major capital works projects on the Gold Coast of course have been the Palm Beach Community Health Centre and St Vincents Hospital at Robina. There is a substantial increase in service provision on the Gold Coast, including a substantial increase in the Gold Coast district budget.

Miss SIMPSON: My next question relates to intensive care, and I note page 1-8 of the portfolio statements. Certainly additional funding for intensive care is welcomed. It is an issue that I raised extensively during last year's estimates and after estimates. There are some concerns still, though, as to how that funding is

going to be broken down and whether it will all be spent within those areas. What was the refused rate of admission to the tertiary hospitals in Brisbane on a monthly basis in the last year? I understand that something like 20 patients per month were being refused at Royal Brisbane—

Mrs EDMOND: For ICU?

Miss SIMPSON: Yes. I would like to know what the refused rate of admission had been at the tertiary hospitals in Brisbane in the last year. I understand that figures must be available to the department on a monthly basis.

Mrs EDMOND: The ICU services, as I explained to you last year, are networked. Rather than keeping a large number of unoccupied ICU beds just in case, they are networked so that we can maximise efficiencies and staffing—

Miss SIMPSON: Or you cancel surgery because you do not have an ICU bed or you refer people back out to another place where you have an ICU bed?

Mrs EDMOND: If people need ICU care, they access ICU care.

Miss SIMPSON: Or you cancel the surgery because there is no ICU. I know that that has happened at the PA quite a bit.

Mrs EDMOND: Obviously. I would be totally irresponsible to admit somebody for elective surgery knowing that they need ICU care after that elective surgery when they do not need it before they have their elective surgery if we know that there is a heavy demand on ICU services because of urgent cases and other circumstances that occur. That would be totally irresponsible.

Miss SIMPSON: So do you have the figures for the refused rate of admission for the ICUs in the tertiary hospitals in Brisbane?

Mrs EDMOND: Patients who do not access ICU care when they need it—I understand that you hear about it, don't you, and I do not think there have been any. I am unaware of anyone who has needed ICU care who has been turned away from a hospital.

Miss SIMPSON: They might be put into another ward, but they may not have received ICU care. These hospitals have these figures. I know that this has been an issue publicly. It certainly was at the last estimates and since then. If you, as minister, do not know, does your director-general or your other senior executives have information as to the refused rate of admission in your tertiary intensive care beds?

Mrs EDMOND: As I think I tried to explain to you last year, ICU beds are networked. So if, for instance, there have been some major traumas at Nambour and their ICU is full, yes, a patient might be transferred by chopper to another ICU unit somewhere else. A patient who needs ICU will get ICU care. I am unaware of any who have been refused treatment. On the other hand, if, sadly, there is a major accident tonight and three people who have indicated that they wish to be organ donors are in that position to donate organs, we would have a major demand for ICU beds post-liver transplants, heart transplants and all the rest of it. That would probably mean that somebody who was booked in for elective surgery tomorrow might be told that that has to be cancelled. That is the appropriate use.

It would be inappropriate and, in fact, poor health care to admit somebody for elective surgery knowing that they were going to need to access ICU if there was a major strain on those ICU services. I would hope that people whose surgery is cancelled for that reason are aware—rather than, as is sometimes said to them, it

seems to be just the whim of the Health Minister—that the reason their surgery is cancelled is that somebody with a much greater need has taken their place.

Miss SIMPSON: There have been cancellations and these have been raised publicly before. This has happened to people who have critical conditions—sometimes up to three times—due to the fact that they could not access ICU. My next question is with regard to accident and emergency. I note the previous answers to members in regard to moves in the accident and emergency area. In relation to Nambour Hospital, I understand that there is a lot of concern about the funding available to meet the increased demand through accident and emergency given the trauma that that particular hospital is dealing with. They are concerned that they are not adequately funded to deal with the increased demand upon accident and emergency and the traumas that they deal with that are coming off the roads, and I ask: what will you do to fund that increase in activity and will you supply the episodes of care that they are dealing with through the accident and emergency comparison between last year and this year?

Mrs EDMOND: I am advised that there is an independent review of the emergency department at Nambour going on at this particular time. In terms of funding, I can say that Nambour was one of those hospitals that probably was not adequately funded when I became the minister in 1998. There has been a huge increase in funding to the Sunshine Coast Health District since that time.

⁰³⁴ While the expectation was that the funding for Noosa Private Hospital public patients would be taken out of the Sunshine Coast health district budget and out of the Nambour Hospital budget, that did not occur. That was provided by all new funding to the Noosa Hospital at that time. You would be aware that the coalition government signed an agreement that locked in \$980 million over 20 years for the Gold Coast and Robina Hospitals. The expectation was that that was to come out of the funding currently being provided to those districts on the basis that it would take the pressure off the existing facilities. We did not do that. We put all new funding into those services. There have also been other increases. Dr Youngman did a review of funding and service delivery at the Sunshine Coast. He is continuing that and talked with the doctors just last week, he tells me, along with the AMA. We are monitoring the delivery of services at Nambour.

Miss SIMPSON: When will we see the result of that review at Nambour? I have heard that there has been a significant increase. Can you quantify that? You would have some figures on last year. When will that review be available, because there is a lot of concern?

Mrs EDMOND: I understand that when we looked at the patient to staffing ratio it was not all that bad. It did not indicate that there was a need for an increase. It maybe indicated a need for change in work practices, et cetera, but they are things we need to look at. That is what we take note of. We take note of actual facts and statistics rather than media allegations that are uninformed. I am also advised that despite huge increases in funding they are down 4,500 on throughput at Nambour Hospital. So that would indicate that there should be plenty of slack in the system.

Miss SIMPSON: What about accident and emergency?

Mrs EDMOND: It is up to the district manager to decide which areas need the funding allocation within the health service. He knows—not me, not politicians, not the media—what the numbers are.

Miss SIMPSON: But you penalise them for not meeting their surgical needs if they are putting more resources into accident and emergency to meet those demands.

Mrs EDMOND: They are not, because there are 4,500 less patients going there.

Miss SIMPSON: Through accident and emergency?

Mrs EDMOND: That is what they are looking at. They are going through those fine numbers at the moment, but the overall indications are that they are down on throughput, not up.

The CHAIRMAN: I welcome the member for Robina to the hearing. He will ask the next question.

Mr QUINN: Minister, I refer to the Youth Suicide Prevention Strategy. How does the department determine if the number of beds available for adolescents suffering mental health problems is sufficient throughout the state?

Mrs EDMOND: There were reviews done on this a number of years ago. You may be aware that under the coalition government there were plans to close the Barrett Centre, which was one of the only medium-term youth mental health facilities in the state. I opposed that very vigorously. I am happy to say that that is not being closed. We have also increased the number of beds by providing a new service for youth mental health at Logan. Of course, there is the one at the Royal Brisbane Hospital. Those facilities are managed. Importantly, young people around the state can access other mental health services. Indeed, we aim at keeping them out of in-patient services. We aim at treating as many as we possibly can in the community so they can be cared for with their family, with their loved ones and with the support that they need. A major initiative in all of that is the school-based youth health nurses who are trained in adolescent health. One of the things that they are trained in is picking up early signs of mental health issues such as depression and others that may lead to more severe mental health illness or other harmful behaviour, such as the use of drugs and eating disorders. All of those things are interlinked.

Mr QUINN: I think there are 60 beds available in the south-east corner in the state. How many are available in north Queensland?

Mrs EDMOND: I understand that it was not included in the strategic plan that was developed under the coalition government. As a result of that, we are working on that, looking at the numbers that need to be provided. We will be taking action on that. We are committed to an evidence-based policy development. Suicide is a very complex problem. It is why we have a strategic plan that seeks to target through research and community engagement those people who are most at risk. We have been moving increasingly to providing mental health services as mainstream associated with the hospitals closest to where they are. That means it is probably impractical in most of those places to provide separate units for young people, because the numbers are so small. The aim is to treat them in the least restrictive environment and as much as possible in the community. Over the last five years the rate of youth suicide for the mainstream community does appear to be reducing. Indeed, I have been encouraged by the figures over the last few years. I do not have them with me, but there does seem to be a drop from what seemed to be an epidemic about seven or eight years ago.

Mr QUINN: You said that the provision of beds was evidence based, yet when I asked you how you determine how many beds are needed you could not tell me.

Mrs EDMOND: I said that we are committed to evidence-based policy development. For example, one of the major areas of concern was indigenous communities. The issue there is not about putting them into beds, it is about getting buddy systems working and support workers going into the communities, not in providing beds in Cairns or Townsville in a mental health unit. Rather, we are focused on providing the support and services in the community. The evidence is that with mental health problems you need to provide them where people can access the support of their family, loved ones and friends, not take them away, unless it is a really severe illness.

Mr QUINN: The point I am making is that youth suicide rates are higher in north Queensland and higher in indigenous communities, yet all of our beds are in the south-east corner of the state. If you are committed to an evidence-based policy, I would have thought that there should at least be some beds in north Queensland, but that does not seem to be the case.

Mrs EDMOND: Mr Quinn, with all due respect, indigenous people most of all really dislike going into hospital.

Mr QUINN: I understand that.

Mrs EDMOND: That is why all of the work we have done at Yarrabah, Palm Island, Mornington Island and Woorabinda has been about providing support in the community—not in a hospital bed but in the community to build up the community networks, the community support and the community backing, including both formal and informal care, that is, mental health trained workers, school-based youth health nurses and buddy systems to provide that backup and support. The very target group you are talking about are the ones who react worst to being taken away and put into a foreign environment.

Mr QUINN: Moving on to the Robina Hospital on the Gold Coast, does the government have any plans to provide accident and emergency services at the Robina Hospital?

Mrs EDMOND: No. You may be aware that it was a commitment by the previous coalition government to provide that hospital. I actually have to say that I would have preferred it to have been a public hospital network with the Gold Coast Hospital rather than being done as a private venture. I am still unsure that that is the best and most efficient way to provide public health services. I think the jury is very much still out on that. Certainly the evidence from other examples around Australia is that it is a very expensive way of providing those services, which also gives us less ability to dictate what services are provided. The contracts were signed under the previous government. You may be aware that Robina was signed either four hours before the election was called or a couple of days. Either Noosa or Robina was signed four days before the election was called and the other about four hours. We were left with the problem of making it work, and we have done that. We work with the Sisters of Charity to develop the hospital. The hospital was completed and opened in April 2000. It does provide services down that end of the Gold Coast.

My understanding is that there is no intention of providing emergency department services through there. There are GP services there such as triage, et cetera, but it is not promoted as having an emergency service department. It is focused on a range of service delivery areas. Last year Queensland Health provided it with a budget of \$22.5 million, which was all new money to the Gold Coast health district. It was not out of the health district budget, as was planned under the previous coalition government. Last year it treated 4,700 acute patients,

provided 4,200 renal dialysis treatments, 600 subacute bed days, 700 mental health bed days and 9,000 outpatient appointments. It has also seen a significant drop in the waiting list at the Gold Coast Hospital for public patients requiring gynaecological surgery. This year it will be undertaking orthopaedic and ophthalmology surgery. This should again assist the waiting times at the Gold Coast Hospital in these subspecialties. I do not believe there is any intention for it to provide an emergency service. Very few private hospitals provide emergency services other than GP type services, because it means they have to have a whole range of people there 24 hours of the day, like the public hospitals do.

Mr QUINN: Obviously with all those services being provided by Robina, it was much needed on the Gold Coast.

Mrs EDMOND: It should have taken the pressure off the Gold Coast and the waiting lists on the Gold Coast. Certainly, it has meant a huge increase in the budget to the Gold Coast health district when you include the \$22.5 million to—

Mr QUINN: Money well used, Minister.

Mrs EDMOND: Good.

Mr QUINN: When is the level of ophthalmology service at the Gold Coast Hospital going to improve?

Mrs EDMOND: This has been an issue. Again, we put in funding to attract an ophthalmology specialist to the Gold Coast Hospital, which we did. He provided services for two and a half years, in fact to such a degree I understand that some of the ophthalmologists on the Gold Coast who did not want to be involved in providing public services—we had never been able to get them in the past—decided that Cairns or other places offered a better chance for them to have private practices. But certainly it was going very well until the ophthalmologist concerned, a South African who has very good credentials, decided he wanted to stay permanently in Australia and be employed as a specialist rather than as a senior medical officer, which meant he had to get accreditation through the College of Ophthalmologists. To do that, because he could not get supervision at the Gold Coast, he had to go to Melbourne. While he is coming back, for the period that he is away we do not have a full-time ophthalmology specialist at the Gold Coast, which is very disappointing for me and for the patients on the Gold Coast who are waiting for services.

I am assured that he will be coming back. In the meantime, we have made arrangements. We could not get a full-time specialist as a locum while he was away. We did make arrangements with a number of the VMOs. Initially, they had indicated a number of sessions a week. Recently, they have indicated that they are prepared to do more sessions per week. We have put in an extra \$200,000 into this year's budget to increase the number of VMO sessions. We look forward to Andre coming back in February next year as a full-time specialist. That will mean that there will be a full-time specialist plus the extra VMO sessions.

Mr QUINN: So there is no prospect of another doctor taking his place until February next year?

Mrs EDMOND: No, because we could not get them. We have VMOs, who are taking some of the workload, but they are not full time. So the increase in services will be from February next year when we will have a full-time specialist and we will be maintaining the extra VMO sessions. In the past we could not get anybody in the public sector until Andre came. It is disappointing. I think it must be very frustrating to him and everybody that even though he is highly qualified—there is no doubt of his

skills and experience—he has to go through this process of going off for a year to work in Melbourne to get accreditation by the college. It is one of the things I am working towards streamlining. I have had several meetings with my colleges, including the chair of the national College of Surgeons. We are working with the Commonwealth government to—

⁰³⁵ **Mr QUINN:** What is going to happen if he does not come back? All your hopes are on this one person. What happens if he says, 'There is something else I want to do.'

Mrs EDMOND: We would have to advertise again. It took us several years to gain a full-time specialist who was prepared to work there. I think it would be inappropriate to advertise for somebody else and to take somebody else in, other than as a locum, while he is away. The experience is that we advertised for several years before we got him, so I do not think there would be somebody coming in that quickly anyway. But we have increased the number of VMO sessions. There are VMO sessions there now. They do not fully cover the work that he was doing, and in this year's budget we have increased the number of VMO sessions because the ophthalmology specialists indicated to me that they were prepared to do some more.

Miss SIMPSON: I refer again to the oral health program and particularly the need for a public dental clinic in Maroochydore. This is something I have raised with you previously and at the community cabinet meeting. How is the search going for a site in Maroochydore to provide public dental services closer to where a lot of people who cannot afford private dental services live?

Mrs EDMOND: I hope you are lobbying your federal colleagues to match the Labor Party and commit to re-funding the oral health program for those adults. Certainly there has been a significant growth in demand for public oral health services on the Sunshine Coast. It continues to grow. The Sunshine Coast is serviced by adult community clinics now at Caloundra, Nambour, Kawana and Noosa. There are fixed school clinics at Kawana, Maroochydore and Nambour. They are also supported by a fleet of 11 double mobile dental clinics for the school-based program. In addition, there is one self-propelled mobile dental clinic, which is used to provide treatment on site for aged care facilities and indeed for people with disabilities. The demand for this service has increased steadily, with an aged care facility at Chancellor Park recently added to the list of facilities visited.

Miss SIMPSON: But what about Maroochydore, Minister?

Mrs EDMOND: I will get to that. The fixed school clinic at Maroochydore, plus mobile dental clinics, provide oral health services to schoolchildren in public and private primary and high schools in Maroochydore and the surrounds. Adult services for Maroochydore residents are provided at the Kawana and Nambour clinics. The Kawana clinic is favourably placed, with excellent parking and public transport. It is about 15 to 20 minutes by car from Mooloolaba to the Maroochydore area.

The district has exceeded productivity targets—so people are not finding it hard to get there—in each of the last three years, and more than 20,000 adult patients received completed courses of care. There is now no waiting list for category 8, 9 or 10 orthodontic services. There are some severe cases on the Sunshine Coast.

The opportunity also exists for further utilisation of the Maroochydore school dental health clinic when the clinic completes the school workload. The health service district is aware of the concerns regarding waiting times and has introduced

strategies, such as extended hours of operation, to reduce waiting times while at the same time providing same-day service for those requiring emergency and immediate care.

Miss SIMPSON: But there is no service for adults actually in Maroochydore. The coalition was providing access for adults through the school-based clinic when it was not being used for school dental courses. If you are not going to use that for adults, will you provide access for adults in Maroochydore, given that public transport actually is not that easy for the majority of people?

Mrs EDMOND: My understanding is that that was a temporary measure only while they were redeveloping the Nambour oral health facility.

Miss SIMPSON: Not correct. That is something that I asked the previous health minister to do and those services were extended. They stopped after you became minister.

Mrs EDMOND: I am sorry; I do not accept that. I did not direct any services to be stopped.

Miss SIMPSON: I am not saying that you directed them, but they stopped after you became minister.

Mrs EDMOND: The advice I have received is that it was made as a temporary measure while other redevelopment was going on. I am advised that they still do use the school service for adults, subject to availability—for example in holidays, et cetera. So it has not stopped.

Miss SIMPSON: That is actually contrary to previous advice.

Mrs EDMOND: I understand that they were using it more while they were redeveloping—

Miss SIMPSON: There is a need for public access to dental services in Maroochydore. Public transport is not that easy for people who do have a need for this type of service.

Mrs EDMOND: I am sure that, looking at all the services that are provided and the waiting lists involved, et cetera, you will be joining me in lobbying the federal government to resume the \$20 million-plus that it took out.

Miss SIMPSON: Do you support it or don't you?

Mrs EDMOND: We have to deal with the funding we have provided. Ours is committed to the maximum at the moment. The only way we would be able to provide an expanded service for you ahead of other areas is if we get increased funding from the Commonwealth and it recognises the need for oral health services. Queensland has provided an expanded oral health service. We are doing more. It is the most comprehensive of any state. We have dealt with huge increases in throughput. We have dealt with an increase of about 100,000 in eligible clients.

Miss SIMPSON: Could I ask how many patients are done at the Maroochydore clinic, because that is contrary to previous advice given about patients being done at that particular service? I have received advice that the department did not want them done there at that service any more.

Mrs EDMOND: I am advised that they currently do, subject to the school workload, and that the opportunity exists for further utilisation when the clinic completes its school workload. I think we have a priority to look after young people at the schools first, particularly with the wide range of services available on the Sunshine Coast. You cannot have a service on every street corner. My

understanding is that the other services are accessible by public transport. They are only 15 or 20 minutes away. Many people in Brisbane cannot access services that easily.

The CHAIRMAN: The time allocated for non-government members' questions has expired. I now call the member for Mudgeeraba.

Mrs REILLY: What services are provided from the new purpose-built community health centre at Goodna, as mentioned on page 13 of the MPS, and what was the cost of this facility?

Mrs EDMOND: The Goodna community health facility has pulled together into the one setting a whole range of different services and made it far more accessible to those people who need to access a variety of services. I think one of the wonderful things to see at that service was the commitment of local non-English speaking communities to developing that service and their enhancement of the facility with artworks and so on. It is really lovely to see that they have taken ownership of it, too.

The member for Bundamba, Jo-Ann Miller, and I officially opened the new facility in December 2000. That facility at Goodna cost \$2.5 million. The centre in Queen Street, Goodna, accommodates services that were previously provided in a range of locations in the Goodna area. While these services have always been first rate, the travelling made things difficult for some people who needed to visit two or more community health services. So the new centre provides what is a one-stop shop close to major transport routes, greatly improving access for local residents.

The new purpose-built centre will benefit residents in the Goodna, Camira, Redbank, Redbank Plains and Riverview suburbs. The centre provides child health services, young people's health services, therapy and support services for children, adult health services, sexual health services, alcohol, tobacco and other drug services, integrated mental health services and home care services. The total project cost for the Goodna Community Health Centre was \$3.276 million, which included the land acquisition costs.

The new Goodna Community Health Centre and other new and redeveloped health facilities are built to reflect modern health care practices. We now have a health service that has been built to be flexible and respond to the future needs of the community. It is another example of the government's commitment to providing services close and convenient to where people live. It is also an example of how we are working towards preventive health, improving Queenslanders' health before they need to go to hospital—keeping them out of hospital as much as possible. Positive parenting programs, school nurses and child health programs are run from centres such as this one and are providing much-needed prevention, early intervention and health promotion programs which aim to keep people in the very best of health.

The Goodna Community Health Centre will meet the community's need for quality health care now and into the future. It is important to say that these community health centres we are building are not meant to be taj mahals but functioning health centres so that they are efficient and keep the community health staff out there in the community. This is so that they do not get locked into offices in the community health centres but get out into the community as much as possible. They integrate within the health centre by talking to other health professionals, and I think it has been a great step forward.

Mrs REILLY: Mentioned on page 32 of the MPS is an investment of \$338 million over four years for information technology. Could you explain how this investment will improve patient care, as opposed to spending on specific direct service delivery?

Mrs EDMOND: In an information revolution, information technology is a high cost. \$173 million of that \$338 million over four years is for information technology. The remainder is for purchases of other advanced medical technology and equipment. The majority of the \$173 million for information technology will be applied to information systems which directly support clinical services.

Examples within the current year include the initial investment in a clinical information system. Queensland Health's vision for the clinical information system is to improve the quality and safety of patient care through the introduction of a patient-centred electronic health record that supports a continuum of care model of service delivery. Decision support, patient problem lists and alerts, pathology, pharmacy and radiology data will all be rapidly accessible to treating clinicians through that clinical information system. Another example is the pharmacy information system, which will allow for much-improved delivery of pharmacy services directly to patients.

There is also a clinicians' knowledge network to expand online access to clinical knowledge and evidence bases. Access to information such as this is fundamental to improved clinical activities throughout the state. I have had wonderful feedback about the clinicians' knowledge network, particularly from clinicians who are outside the greater metropolitan area. In the past, a lot of our small hospitals did not have much in the way of a medical library or access to the latest information because those things are expensive.

This means that doctors, no matter where they are, will be able to access all of that information in the same way that somebody in a major teaching hospital would be able to do. So if doctors come across something they have not seen before, they will be able to access information. They will be able to access pharmacology information, look up contra-indications and all the rest of it when someone travelling through says, 'My doctor in Melbourne put me on this, but now I am getting worse.'

There is a whole range of different services that we will be able to provide. It means immediate access to patient information to improve care, and it cannot occur unless the information processing platforms and telecommunications networks are robust, reliable and secure. This is part of the Beattie Smart State technology push. We are working with other government departments to provide the hardware to make those services accessible right across Queensland. It is a major investment program which includes improvements to that infrastructure.

Mrs REILLY: What will the redevelopment of the Innisfail Hospital cost and how will it be progressed?

Mrs EDMOND: Innisfail is one of those hospitals around the state which was forgotten by people when they were working out the capital works program in the past, I guess. This redevelopment has been lobbied for very strongly by the local member, Warren Pitt, and of course the Innisfail community. \$400,000 has been allocated this year to undertake a master planning phase. Overall, the total allocation to redevelopment activity is estimated to be about \$14.5 million. However, this will be confirmed during that planning phase.

The Innisfail Hospital is located on an allotment which slopes down from Rankin Street and overlooks the South Johnstone River. The main hospital complex

comprises numerous buildings, which I think have grown like topsy, ranging from one to three storeys and from 10 to 60 years in age. The buildings are primarily of cavity brick and range from fair to moderate condition. Anyone who has been to the Innisfail Hospital would have to say that it is pretty dysfunctional in terms of efficiency.

Limiting factors associated with the building stock relate to their internal condition and the ability to upgrade and enhance to make them more functional for service delivery. Recognising these inadequacies, proposals are shortly to be invited from service and facility consultants in order that they might undertake a full review and incorporate a number of options within that master plan. Until the completion of the master plan, which will involve consultation with user groups and the hospital executive as well as zonal management, the total nature of the planned activity is unable to be advised. The community health services, including a social worker, antenatal clinic, allied health and oral health have been relocated to the Innisfail campus. It is intended that, as part of the overall review, these services will form part of the planning exercise.

⁰³⁶ This year, of course, we provided Innisfail with the launch of a new limited care kidney dialysis unit for outreach kidney dialysis. Again, the Queensland government's contribution to the unit's establishment had included redesign, relocation and renovation of existing premises as well as providing ongoing staffing and resources to oversee that unit's operations. The Innisfail Hospital dialysis service will have four machines with a spare available as backup during servicing or in case of failure of one of the operational machines. That is a move that has been very much welcomed by the Innisfail community, who made a point of raising a considerable amount of funds for the provision of those dialysis machines—although, of course, the major cost is in providing the recurrent expenditure for the ongoing services. But it has been very much welcomed by the community.

Ms BARRY: The redevelopment of the Royal Brisbane Hospital—could you please advise the committee when that is due to be finished and at what cost?

Mrs EDMOND: Yes, it is going very, very well. I think the first major stage was actually delivered ahead of budget and ahead of time. So that is always well received. The \$496 million redevelopment of the Royal Brisbane and the Royal Women's Hospital has come up with a wonderful result, if anyone has looked through the main block of the Ned Hanlon Building.

It was planned in five phases so that we could continue to provide all of those high-quality health services and tertiary services from the hospital while it was being redeveloped. It started in 1995 and is due for completion in 2004. Some of you will be aware that I trained at the Queensland Radium Institute in the 1960s. I was aware that the hospitals on the complex were beyond repair and condemned in the 1960s. Bonny, you would probably remember this, too. When I returned to work at the RBH in the 1980s many areas were still there—still condemned but still there. So it is really fantastic to see this all happening.

The cost of the rebuilding scared people off. Every time people had a look at how much it would cost and saw just how many zeros were at the end of it, it was just too daunting. It was the Goss Labor government that accepted the challenge, going to the election in 1992 promising to increase the cost of cigarettes to provide the funding to pay for the hospital rebuilding program around the state. Some people considered that a brave move at the time. I was delighted with it. I never thought that it would be a problem.

Phase 1 from 1995 to 1997 comprised a new central energy plant, a car park and a new medical research facility—which was partly funded by the University of Queensland, the Queensland Institute of Medical Research. Phase 1B, 1998-2000, was the construction of the main component of the hospital complex, which the Premier and I officially named the Ned Hanlon Building in July 2000. This houses the Royal Women's Hospital together with quite a wide range of services which will be moving in from the Royal Brisbane Hospital. Some of them have already moved. Phase 1C, 2001-02, is known as the east block, which had to start after they demolished the old Women's Hospital. That will house the new emergency services, intensive care, the burns unit and other clinical care services. That was started in March of this year and is due to be completed late next year—2002. Phase 1E, 2001-02, is known as the west block. Excavation started in May 2001 and construction is due to be finished in late 2002. That will house all of the oncology services, including the radiation oncology services, and bring together clinical services presently spread between four buildings. It will, as I said, include the radiation oncology bunkers to house new generation linear accelerators. It will also house infectious disease services. The final phase involves the refurbishment of existing buildings to be retained on the site, such as block 7, and that will be completed by 2004.

Ms BARRY: In relation to the Medical Aids Subsidy Scheme, which is referred to in the MPS at page 23, could you please advise the committee what benefits will be made available in relation to the money for the Medical Aids Subsidy Scheme?

Mrs EDMOND: This is an area that is seeing significant growth for a number of reasons, I think, partly because people with disabilities are living at home, staying out of institutions, et cetera. There are a number of people who previously probably would not have survived trauma, et cetera, who are now surviving trauma and needing significant support in their care and equipment that they need to maintain their lives.

So the Medical Aids Subsidy Scheme subsidises a range of aids and equipment to assist clients with stabilised or permanent disabilities to remain at home. That range includes the permanent loan of equipment such as wheelchairs—manual wheelchairs, power-drive wheelchairs—wheeled walking aids, respiratory drainage tables, non-mobile commodes and hydraulic electric mobile floor hoists and slings. Modifications are funded for a significant proportion of wheelchairs to assist with the specific functional needs of individuals. That is determined through things like seating clinics, et cetera—what their actual needs are. Consumables are also provided, such as continence aids and domiciliary oxygen. Orthoses and surgical footwear are also subsidised.

The number of clients accessing MASS increases by approximately 9 per cent per annum and demand for medical aids and equipment is always high. You may remember that last year we increased the funding to the Medical Aids Subsidy Scheme, but there is increasing need. Therefore, priorities are determined on critical, medical and safety needs and waiting periods at times are necessary, if unfortunate. There is no waiting list, obviously, for urgent aids and equipment.

In 2000-01, \$1.2 million extra was allocated for MASS, of which \$600,000 is current and the other \$600,000 is one-off funding and was provided specifically to reduce the MASS waiting list. The total budget for this year is \$11.78 million and is managed on a zonal basis by the host district. As part of the Labor government's election commitment, an additional \$2 million has been allocated to the Medical Aids Subsidy Scheme budget of which \$1 million will be provided in the 2001-02

financial year and the other million will be provided in the next financial year. The provision of these additional funds will be used to clear the backlog of applications to the Medical Aids Subsidy Scheme.

Ms BARRY: In relation to the new tobacco laws that are referred to on page 27 of the MPS, can you advise the committee how that new tobacco law will address the issues of under-age smoking and passive smoking?

Mrs EDMOND: I have to say that the new laws have gone down very, very well. I think they have been really widely accepted and is really helping people cut down when they realise that they have to leave facilities to have a smoke. Dianne thinks that I am picking on her again. I have had people comment to me that it is just not worth the bother; that they are actually going to make a determined effort to quit because they have to leave all of their friends if they want to smoke. So it is having the impact that we wanted, even though it is not actually enforced until May next year. I think what we are seeing is a range of areas actually moving ahead of that date and implementing it straightaway.

Certainly that was the indication before I took the laws to parliament. A number of people said, 'Look, we want to do it. We just want the legislative backing to be able to do it and know what you are going to do.' So we passed the legislation—it was passed on 3 May this year—and it addresses two major public health issues: firstly, the important one of under-age smoking, and as I mentioned, we know that if people do not take up smoking by the age of 18, they are unlikely to, they are more likely to never take it up; and, of course, passive smoking, where people who do not smoke are still impacted upon by people who do.

The legislation tackles under-age smoking by restricting the cigarette vending machines to 18-plus bar and gaming areas—while this was the intention of the previous act, it did not actually achieve that, so we are making sure that this time we do achieve that they are in restricted areas; and increasing the penalty for illegal sales of cigarettes to children from \$950 to \$5,250 in line with other states, et cetera, and can I say making it easier to achieve that by taking away the need for health workers and people to have a big sign on them saying, 'I am a health official' when they observe the sale between a juvenile and the retailer. That made it very difficult, I assure you, to get convictions. Banning of point-of-sale tobacco advertising and banning of tobacco promotional campaigns where we had the girlies walking around in short skirts, handing out cigarettes—

⁰³⁷ **The CHAIRMAN:** I noticed them.

Mrs REILLY: They need jobs too, don't they Jim?

Mrs EDMOND: I know that they need jobs; we will find them jobs in the health industry. The legislation includes vending machine and tobacco sales measures in order to help reduce young people accessing vending machines, because the indication is that that is particularly where very under-age people were accessing sales. Really young ones, where it was quite clear that they were under-age, were accessing vending machines.

Tobacco advertising and promotions have been banned because they encourage young people to take up smoking. That will cover posters, stickers, displays, give-aways and competitions. The number of cigarette packets on display will be restricted and, of course, they must display health warning signs. The legislation also restricts where people can smoke and, basically, bans smoking in almost all public places, including shopping centres, unlicensed restaurants and cafes, workplaces, dining rooms, et cetera, et cetera

The CHAIRMAN: The time allotted for the consideration of the estimates of expenditure for the Department of Health has now expired. I thank the Minister and her officers for their attendance. I also thank members of the committee for their cooperation.

I thank the Hansard and research staff for the hard work that they have put in. I thank the catering staff and the parliamentary attendants for their valuable contributions to the estimates process.

That concludes the committee's consideration of the matters referred to it by the parliament on 30 May 2001. I declare this public hearing closed.

Mrs EDMOND: Before you do, may I take this opportunity to thank the committee for their consideration, deliberations and attendance here today. Of course, I thank all the parliamentary staff, Hansard and everybody else for the work they have done.

Also, may I thank my personal staff in my ministerial office and the Queensland Health staff here today for the effort that they put in, not only in preparing for estimates but also for the work that they do year in year out, day in day out for the people of Queensland in health service delivery across the state. I thank everybody concerned and wish you well in your deliberations.

The CHAIRMAN: Thank you, Minister. The hearing is now closed.

The committee adjourned at 6.57 p.m.