

ESTIMATES COMMITTEE D

Mr A. I. McNamara (Chair)

Ms V. L. Barry

Mrs P. Croft

Mr V. G. Johnson

Mrs D. R. Pratt

Miss F. S. Simpson

Mrs C. A. Smith

TRANSPORT AND MAIN ROADS**IN ATTENDANCE**

Hon. S. D. Bredhauer, Minister for Transport and Minister for Main Roads

Department of Transport

Mr B. Wilson, Director-General

Mr D. Hunt, Deputy Director-General

Ms H. Stehbens, Executive Director (Rail, Ports and Freight)

Ms C. Brunjes, Director (Finance)

Queensland Rail

Mr B. Scheuber, Chief Executive Officer

Department of Main Roads

Mr S. Golding, Director-General

Mr D. Muir, Deputy Director-General

Mr N. Doyle, General Manager Strategic Policy and Development

Ms D. Anderson, General Manager Corporate Services

Ms K. Peut, Executive Director Roads Programs

Mr B. Drew, Regional Director, South-East

The committee commenced at 8.29 a.m.

The CHAIR: I declare this meeting of Estimates Committee D open. On behalf of the committee, welcome, ladies and gentlemen, to today's hearing. I am Andrew McNamara, the member for Hervey Bay and chair of this committee. My fellow committee members are Mr Vaughan Johnson, the member for Gregory and deputy chair; Ms Bonny Barry, member for Aspley; Ms Peta-Kaye Croft, member for Broadwater; Ms Dolly Pratt, member for Nanango; Miss Fiona Simpson, member for Maroochydore; and Mrs Christine Smith, member for Burleigh.

The committee will examine the proposed expenditure contained in the Appropriation Bill 2003 for the portfolios of Transport and Main Roads as well as Health, in that order. I remind the committee and the minister that the time limit for questions is one minute and three minutes for answers. A bell will ring once 15 seconds before the end of these time limits and twice when the time has expired. I will allow more time for answers if the questioner consents.

The sessional orders require that at least half of the time for questions at today's hearing be allotted to non-government members. Government members and non-government members of the committee will take turns at asking questions in blocks lasting approximately 20 minutes. In relation to media coverage of today's hearing, the committee has resolved that video coverage is allowed only during the opening statements.

For the benefit of Hansard, I ask advisers to the minister to identify themselves before speaking. Please also ensure that mobile phones or pagers are switched off while in the chamber so as not to disrupt the proceedings. Members of the public are reminded that they cannot

participate in today's proceedings. Sessional order 195 provides that strangers to the parliament may be admitted to or excluded from the hearing at the pleasure of the committee.

The first item for consideration is the estimates of expenditure for the Transport and Main Roads portfolio. The time allotted is four hours and 30 minutes. The first area to be examined is the Department of Transport, from 8.30 a.m. to 11.30 a.m., followed by the Department of Main Roads, from 11.45 a.m. to 1.30 p.m. There will be two 15-minute breaks. The first will start at 10 a.m. and the second will start at 11.30 a.m. At the conclusion of these portfolios, the committee will break for a one-hour lunch recess. I declare the proposed expenditure for the Minister for Transport and Minister for Main Roads open for examination. The question before the committee is—

That the proposed expenditure be agreed to.

Minister, would you like to make a brief introductory statement? If so, the committee requests that you limit your statement to five minutes.

Mr BREDHAUER: Thank you very much. I will make some remarks in respect of both sections of my portfolio, Transport and Main Roads, now. That will save us a bit of time later on.

The Beattie government's 2003-04 state budget delivered a \$3.51 billion Transport and Main Roads operating budget. This year's budget comprised \$1.41 billion for Queensland Transport and \$2.1 billion for the Department of Main Roads, which includes \$1.27 billion in regional roadworks and operating expenditure. The portfolio funding reflects the Beattie government's commitment to establishing a world-class transport network in Queensland, with emphasis on smart roads and smartcard technology.

This year's budget allocation will further build Queensland's transport infrastructure, improve service and deliver jobs and economic benefits across the state. The state government is determined to deliver the best possible transport outcomes for all Queenslanders by working with the private sector, the community and other levels of government on the planning and management of our road network.

Firstly, I would like to introduce the officers accompanying me today: Bruce Wilson, Director-General, Queensland Transport; Helen Stehbens, Executive Director, Rail, Ports and Freight; Cathy Brunjes, Director of Finance; Bob Scheuber, CEO of QR; and my Deputy Director-General, Dan Hunt.

The state government has committed \$1.41 billion to transport operations this financial year, together with another \$93 million for capital acquisitions. This funding enables Queensland Transport to proceed with programs and projects that provide Queenslanders with a progressive, world standard transport network.

The way in which Transport spending is structured ensures this departmental budget supports the government's goals of jobs growth and regional development, because Queensland Transport can focus on regional transport services and infrastructure. It can do this while it continues to develop an integrated public transport network in south-east Queensland. The reason it can achieve this balance is that the government maintains funding equity across the portfolio between regional Queensland and more heavily populated south-east Queensland. Our programs also address other basic transport needs, such as better access to transport for people with a disability and rural and remote infrastructure. All of these programs have been extended or expanded.

Highlights of the Transport capital works program include more than \$256 million for capital works by port authorities; almost \$94 million for new coal and freight services infrastructure; about \$50 million to complete upgrading the Rockhampton-Townsville-Cairns rail line; \$42 million to complete the Inner Northern Busway between the Brisbane CBD and the Royal Brisbane Hospital; and more than \$21 million to progress an integrated ticketing system for south-east Queensland.

To mention a couple of these to underline Transport's role in development of the state, this year's funding will see out the completion of the Inner Northern Busway. Integrated ticketing will be introduced under the umbrella of a new coordinated agency within Queensland Transport, known as TransLink, which has a capital expenditure allocation of \$21.4 million this year. While these initiatives are under way in Brisbane, regional planning is a feature of the Transport year—major infrastructure works such as the Tugun bypass at the Queensland-New South Wales border and the Douglas Arterial in Townsville.

In the maritime sphere, capital works worth more than \$256 million—a record for the state's seven port authorities—will bolster sea trade efficiencies and opportunities, which last year

resulted in more than 189 million tonnes passing through our ports and the value of overseas commodity exports shipped through Queensland reaching almost \$21 billion. Air and long distance coach services in rural and remote parts of Queensland will receive subsidies of almost \$10 million. Access to medical and other essential facilities is also a factor in the provision of another \$1 million to assist local government to upgrade airstrips in rural and remote parts of Queensland.

Support for Queensland's export industries shows up in the \$615 million capital works program for rail. This year the Queensland government will invest \$257 million on infrastructure in the coal industry for rail transport. The end of a \$369 million upgrade of the state's main rail line is also planned. About \$8 million will be spent on improving accessibility on our Citytrain network and \$3 million has been allocated for Traveltrain passengers at regional and rural rail stations.

The accessible stations program upgrades long distance stations to meet minimum compliance with the disability standards for access to public transport. The state government will also set aside \$3 million for the accessible bus program, to assist bus operators to buy low-floor accessible buses, and \$11 million for the taxi subsidy scheme.

In the area of Main Roads, the \$2.1 billion operating budget includes a \$1.27 billion allocation to manage, plan, construct, maintain and operate Queensland's state controlled road network. There are a number of other comments I could make. Perhaps I will leave a minute or so of remarks to the start of the Main Roads estimates.

The CHAIR: Thank you, Minister. The first round of questions is from the non-government members.

Mr JOHNSON: Minister, I refer to page 1-1 of the MPS, where you identify safety as a major point in the vision and mission of Queensland Transport. How many city trains are fitted with black box recorder safety technology? How effective is black box technology in monitoring speed? How old are the trains involved?

Mr BREDHAUER: Our safety procedures on the Citytrain service do not rely on the black box technology, which is employed by some other rail organisations. I would say, though, that the Citytrain network has a safety record which is second to none anywhere in the world and that our safety operational procedures right across the Citytrain network are a major feature. We have some new initiatives in rail safety which are being introduced by the government. Our rail safety requirements do not rely on black box technology because we have other safety mechanisms in place which are equivalent in safety terms to providing that kind of safety for people who are on the rail network.

Mr JOHNSON: Minister, does Queensland Rail conduct any random checks on speeds of urban trains? Are there any plans to install black box technology in the urban system in Queensland?

Mr BREDHAUER: Yes, we do periodically check on all of the safety aspects of our trains on the Citytrain network, including the speed at which our trains travel. All of that is monitored as part of our safety requirements. As I have said, the safety mechanisms which are employed by QR, which are second to none in Australia and among world's best practice, do not rely on black box technology. Therefore, there are no plans at this stage to engage that type of technology. We have other safety mechanisms in place. I can provide further information to the committee when I get that information.

Mr JOHNSON: Thank you, Minister. Has there been any disciplinary action taken against train drivers in the past 12 months for speeding? If so, can you provide details of the offences and penalties?

Mr BREDHAUER: You want details of individual penalties—

Mr JOHNSON: I am asking the question.

Mr BREDHAUER: And I get to give the answer, I presume. Take your grumpy pills this morning, did you, Vaughan?

Mr JOHNSON: You know me better than that.

Mr BREDHAUER: The answer to that question, I imagine, would be yes. The details of how many drivers have had speeding offences against them on the Citytrain network and what penalties they may have incurred I do not have. I will get that information and provide it to the committee.

Mr JOHNSON: Minister, I refer to a recent fatality that occurred when a person was electrocuted when they came within the danger area of high voltage powerlines. I refer in particular to media reports that after the incident occurred it took 40 minutes for power in the area to be switched off to allow paramedics to reach the victim. Given the importance of time in attending to that person, what action has Queensland Rail now taken to ensure that this kind of incident does not occur again?

Mr BREDHAUER: As the honourable member would know, when incidents of this nature occur there are full investigations that are undertaken. I think it would be inappropriate for me to comment on those investigations until they have had the opportunity to be finalised. In particular, we have had instances on the Citytrain network which I could allude to which demonstrate the determinedness of people. I need to stress that I am not referring to this particular circumstance, because that is a matter that is under investigation.

We take our responsibilities to protect the safety of the public very seriously, but when you have instances, for example, of people scaling six-foot high fences to get access to the rail corridor, placing themselves and others in danger as a result of that, or when you have people scaling the safety rails on overpasses, on railway bridges, there is little that Queensland Rail or the state government can do to prevent people from undertaking actions of that nature which are high risk and which place themselves and the safety of others at risk.

QR would always respond in the shortest possible time frame to an incident that occurs. In this particular case, I understand that staff had to be sent from Albion to Ipswich. That was done as quickly as possible. In terms of isolating the power supply, that is a matter which, once again, is undertaken by QR in the shortest possible time frame, bearing in mind that isolating power can in fact have safety consequences for other services and other parts of the rail network, so you need to take care in the process of organising that.

If there are any recommendations that are made as a result of an investigation into that particular incident which would enable us to upgrade security and safety to prevent these kinds of incidents from occurring, then I would expect QR to undertake those. I have just been advised that the Rail Safety Unit has recently undertaken an audit of QR's safety requirements and QR has been found to be meeting our minimum rail safety requirements in virtually every respect. Having said that, though, we are never complacent. If there is any more than we can do to improve safety on the Citytrain network or any other part of the rail system, then we continue to strive for that improvement.

Mr JOHNSON: Which Queensland Rail stations on the Citytrain network are staffed during the evening periods? Of these, which are staffed until the final train? What is the security situation in relation to these trains in question?

Mr BREDHAUER: The detail that is required there is more than I would have available to me. You get the opportunity to ask 10 questions on notice.

Mr JOHNSON: It is a pretty straightforward question.

Mr BREDHAUER: There are 120 stations on the network. If you want to know what the staffing rosters are on each of those stations, I am happy to provide them for the benefit of the committee. A question of that nature should really have been asked on notice if you wanted that level of information. I will get advice for the honourable member, but to come in here and ask a question without notice, I would suggest to you, is unreasonable in relation to the staffing rosters.

I can advise, though, that as part of a recent initiative undertaken by the state government as part of an election commitment that we made at the last election we are improving our rail safety after dark on a number of stations, beginning with a trial. I will make some more comments about that later on.

Mr JOHNSON: Thank you, Minister. I refer to question on notice No. 5 in relation to bookings of the city of Cairns tilt train. I remember your statements in the House about the bookings that had been received for journeys of the tilt train. I note from your response to my question on notice that two-thirds of the bookings have been by QR employees on employee concessions or pensioners on concessions. I further note these figures include children travelling. Will you please indicate of the 4,000 passengers who did pay full fare how many were accompanying children? I note your comments about advanced bookings but would like you to indicate what the revenue for travel to date has been and how it compares with budget estimates.

Mr BREDHAUER: It is ironic, because the member for Gregory and others were critical of the government when we introduced the tilt train service that it would not be accessible to pensioners

and concession card holders. The figures that I have been able to provide to the committee demonstrate that pensioners and concession card holders are in significant proportion amongst the people who are making bookings on the tilt train service.

One of the important things to understand is that pensioners, concession card holders and QR employees who are travelling on concessions are by their nature people who are well organised well in advance, and they are the ones who are most likely to be having their bookings registered months out. So I am not surprised that the forward bookings that we have received are in large part from these people. They are the people who have a little bit of time on their hands, they plan their trips and they make their bookings in advance so that they are well organised.

The proportion of concession fares on the tilt train would be roughly reflective of the proportion of concession fares on other Traveltrain services. A significant number of the passengers on other Traveltrain services are pensioners using their pension entitlements. It is usually of the order of about 50 per cent. With the tilt train at the moment it is running at about 58 per cent. So it is a little higher, but it is a great service. All those old people out there, Vaughan, are rushing to have a look at it. They think it is fantastic. When we put it on display at Roma Street Station there were nearly 10,000 people who showed up. They queued up from 6 o'clock in the morning for a 12 o'clock opening. They were there for six hours in a queue waiting to see the train.

For tilt train bookings, the level of fares receipt is roughly in accordance with the predictions that the state government had made about revenue earnings from the tilt train. When we built the tilt train we knew that there would be a capital cost of \$139 million. We knew that there would be recurrent costs in operating services. Funding has been allowed for that by government through the Traveltrain services contract which we have negotiated with QR. Basically, the current bookings are roughly in accordance with what we would expect, but you do not make a judgment about the level of fare revenue from a service that has been operating for one month and three days, effectively. The allocation of resources is undertaken across the budget year, and we will make an assessment of that towards the end of the year.

Mr JOHNSON: Minister, I refer to the purchase of additional rail rolling stock—capital statement page 89—and note that there is no further provision for additional electric suburban rolling stock. I also note recent complaints that there were insufficient trains available to successfully move crowds from Suncorp Stadium. I note these complaints about the overcrowding on the Gold Coast line also. What plans does your government have to add additional capacity on the urban rail network?

Mr BREDHAUER: Good old Channel 10: you can always find somebody to complain about something that is as great a success as Suncorp Stadium and its public transport have proven to be. I think it is one of the best examples of how if you provide efficient and effective services, simple and easy to use services with a single ticket, and reliable services that people will use those public transport services. I think it is one of the great success stories of Suncorp Stadium that the public transport services have carried the vast majority of people to and from those games, and the grounds have been cleared, on average, within an hour of 50,000 people.

QR is carrying something like 40 per cent of those people to services as far as away as the Gold Coast and the Sunshine Coast as well as right across the Citytrain network. There may be some inconvenience to people as a result of having to schedule an additional 40 trains on State of Origin night. There may be some inconvenience to people on westbound commuter services late in the afternoon. But, in fairness, State of Origin occurs once, maybe twice a year and, whilst we do not like to inconvenience people, that inconvenience is in the interests of being able to move 50,000 people in and out of Suncorp Stadium in a reasonable time. I think it has been a great success. As I say, the single ticket augers well for the new TransLink integrated smart card ticketing arrangements which are due to come into effect.

With the Gold Coast services, there has been concern about crowding in peak hour. That is a function of peak hour, though, I have to say. Peak hour is the time when most people want to travel to and from the city. You can always expect that there will be a higher level of patronage during peak hours. We recently converted one of the a.m. services on the Gold Coast line from a three-car set to a six-car set, which has helped to ease some of the congestion. We are conducting monitoring specifically on the Gold Coast line during the months of July and August, and we have been finetuning the Citytrain schedule.

We changed some Sunshine Coast services about two or three weeks ago to try to provide some additional capacity there, and the state government continues to monitor the need for

additional rolling stock. I might say, though, we have spent in excess of \$270 million on rolling stock for the Citytrain network over the last five years. I think, generally speaking, the public transport story out of Suncorp Stadium is one of which we should all be proud. No doubt if the media want to go out and interview three people who had some complaints then they will find three people who will make complaints. But go and talk to the other 49,997 people who went to Suncorp Stadium and had a great time on Wednesday night watching the Maroons get up.

Mr JOHNSON: I agree with that.

Mr BREDHAUER: Were you there?

Mr JOHNSON: No, I was not there but it was a damn good game. Going back to the answer you just gave on that question, and bearing in mind the growth on the Sunshine Coast and the population explosion expected there over the next few years, what is your government policy now in relation to CAMCOS? Are you looking at heavy rail to be part of that project? I have heard your statements recently in the media in relation to the Redcliffe line. Is CAMCOS now on hold and is heavy rail still the option?

Mr BREDHAUER: The answer to your question whether it is still on hold is no. When the CAMCOS corridor study was finalised a little over three years ago, the report recommended a phased improvement to public transport services on the Sunshine Coast. It recommended that in the first instance we look at the possibility of improving the existing bus contracts so that we were improving bus services on the Sunshine Coast. That is presently being undertaken through the TransLink initiative.

As you know, TransLink will affect public transport services in the largest geographic area under one transport administration in the world from Noosa to Coolangatta and west to Helidon. So we are working on the next generation of bus contracts with the public transport service operators across that area, including the Sunshine Coast, to improve public transport services. CAMCOS also recommended that we look at the possible provision of a busway within that corridor in the medium term in the next 10 to 15 years, and that heavy rail would be the ultimate preferred option in the 15- to 20-year time frame. We are still working in accordance with that time frame, except to say that we continue to review those findings and if we believe there is a need to bring that forward or if we have some capacity through an offer of private investment to bring that forward then we would be prepared to continue to review that.

One of the things that we are doing is the Caboolture-Landsborough study, because if we are to improve services in the Caboolture-Maroochydore corridor we need better access on the existing rail line. That study is due for completion by I think early 2004. So I would expect that we will continue to do that work on improving public transport services in the Sunshine Coast, because you are right: it is one of the fastest areas of population growth in Australia at present. We acknowledge and are meeting our responsibilities to upgrade public transport services there in the first instance through the TransLink initiative, and we will continue to upgrade public transport services there.

I know there are people on the Sunshine Coast who would like to see CAMCOS built now. Our experience with Petrie-Kippa-Ring, however, is that the demonstrated demand is not there at this particular point of time. So we have indicated in the case of Petrie-Kippa-Ring that we do not intend to proceed with construction at this point of time. But CAMCOS is still on track in accordance with the original study.

Mr JOHNSON: Relevant to CAMCOS, and, sadly, with the decline or the virtual total demise of the sugar industry on the Sunshine Coast, there will certainly be a residential explosion there with developments, et cetera. I know this rail or transport corridor cuts across both facets. Will you be working closely with those local authorities on the Sunshine Coast to make absolutely certain that future corridors are investigated if there is a residential explosion in that region?

Mr BREDHAUER: The answer is yes. My understanding is that, whilst the sugar industry has experienced great difficulty in the Sunshine Coast, as it has in most other parts of the state—not the least of which is the industry in my electorate which has experienced great difficulty in recent times—no agreement has been given by local government to this point in time to allow a change of zoning that would allow all of that land to become residential land.

If there is going to be change of use or change of zoning of any or all of the former agricultural land on the Sunshine Coast, then the answer is that the state government through Queensland Transport, the Department of Main Roads and I am sure other agencies like the Department of Local Government and Planning and various other agencies would be closely

involved in working with the local government in that area to make sure that we have the capacity to meet the infrastructure and service requirements that might eventuate.

The Sunshine Coast obviously is part of the Integrated Regional Transport Plan for south-east Queensland. My departments have worked very closely in all aspects of the development of the Integrated Regional Transport Plan and the wider planning process, which is the umbrella under which the IRTP operates. We meet regularly with both the regional organisation of councils and individual local governments within that area to make sure that we are planning for future growth and future services. I must say that I have been encouraged by the reaction by some members of local government in the area that we do need local government to fully cooperate with us to make sure that they are making, in our case, transport friendly land use decisions if they come to look at changing the use and the redevelopment of that land.

I have just been advised that the SUNROC, which is the Sunshine Coast Regional Organisation of Councils, is carrying out a local transport plan, an ILTP, and the state government has contributed \$60,000 towards the cost of that. In a practical sense, we are working with those councils on their local transport needs both now and into the future.

The CHAIR: That concludes the time allocated for the first block of non-government questions.

Minister, as you are aware, the issue of disability access on public transport is an extremely important one. Page 1-6 of your Ministerial Portfolio Statement notes that you aim to 'improve the lives of Queenslanders by connecting them with each other and to opportunities by removing the barriers to access and mobility.' Could you inform the committee what the Beattie government is doing towards improving the accessibility of QR's Citytrain service?

Mr BREDHAUER: I think this is one of the great success stories of the negotiation of the train services contracts between Queensland Transport and Queensland Rail over recent years. This is because we have been able to incorporate in those train services contracts funding for QR to meet its requirements to improve access for people with a disability and others for whom access is an issue.

In total, almost \$47 million was allocated through the train services contracts over a period of seven years to upgrade disability access on the Citytrain network. This project represents the first stage of a longer term program of works to ensure that Citytrain stations and trains comply with the disability standards for accessible public transport. The standards require that the trains be 90 per cent compliant within 15 years, which would be by 2017, and that stations be 100 per cent compliant within 20 years, or 2022. QR estimates that the total cost of this to the organisation will be \$300 million. We are not talking peanuts here. It is a substantial investment that QR will be required to make. In 2003-04 the contribution will be \$8 million.

The selection of stations to have works completed is done by QR on the basis of priority. Some of the criteria that QR uses to determine priority are the station patronage, future patronage growth prospects and proximity to social infrastructure including schools, hospitals and nearby commercial and retail venues. I might add that we work very closely with an advisory committee on determining those priorities. It is not QR in isolation which makes that decision. We have representatives of disability groups and public transport groups who form part of an advisory committee to help us determine the relative priority of stations across the network.

The work that can be undertaken includes the installation of lifts and footbridges, upgrades to ramps, accessible toilets, improved passenger information systems and braille trails to our core areas. Modification works to be done to trains include additional allocated spaces for wheelchairs, passenger information displays, the use of contrasting colours on doors and interior fittings, audible door alarms, flashing light indicators and ensuring that existing toilet facilities meet the accessibility guidelines.

Some of the major works that have been completed to date include the installation of lifts at Manly, Woodridge, Caboolture, Nundah, South Bank, Oxley, Carseldine, Kingston, Beenleigh, Milton and Bowen Hills. Modification has been completed to all 42 SMUs—that is suburban multiple units—and all 10 Citytrain IMU trains. We are in the process of completing a design to upgrade the ramp at Birkdale station, at the start of designing new lift access at Redbank and in the final stages of planning for Corinda. As I say, I think it is a great success story, and the money is well appreciated by many of the patrons of Queensland's rail network.

Mrs CROFT: Minister, given that this is actually Disability Access Week, I am sure that that answer will be appreciated by people with disabilities.

Minister, on page 1-6 of your Ministerial Portfolio Statement you indicate that facilitating safe and high quality public transport services is one of your key and core business activities. Can you please provide advice about the current status of the After Dark security initiative that was approved in the 2001-02 state budget?

Mr BREDHAUER: Yes, I can. Queensland Transport is actually a sponsor of Disability Access Week and we take our responsibilities in that regard very seriously, so I thank you for your acknowledgment there. In fact, we won an award for something. I will talk about that later.

We are serious as a government about providing safe and high quality public transport services. Interestingly enough, safety and security are usually identified by passengers on public transport not just in Queensland but world wide as two of the key reasons why they either do or, in some cases, do not use public transport. If people do not feel safe and secure on public transport they will usually offer that as a reason for not using it, but even for the people who do use public transport it continues to be a high priority. In recognition of that our government has given a high priority to the issues that will improve safety on public transport.

The parliamentary Travelsafe Committee reported on passenger security on the Brisbane Citytrain network and said that the fear of crime on public transport is a key factor in public transport patronage. Strategies to prevent crime on Australian and other public transport systems include improving environmental designs such as lighting at stations and car parks, installing surveillance cameras, ensuring that graffiti is quickly removed, having a staff or police presence on trains, patrolling stations during high-risk periods and minimising fare evasion. We have even tried playing classical music to see if that will soothe the savage beast of the graffiti artists out there.

Citytrain has adopted all of these strategies under specific programs including the police rail squad, nominated guardian trains at night, the Safe Station project and After Dark security. Security at Citytrain car parks has also been improved by establishing secure parking areas which are locked by staff on weekdays. These car parks are locked at about 9.00 a.m. and reopened at 4.00 p.m., so they are for commuters during peak hours. Importantly, at the last election we made a commitment that we would pursue the After Dark security initiative, which is aimed at improving the perception of personal safety and security amongst existing and potential Citytrain passengers. It complements several programs currently in place that address the public perception of personal safety and security on the Citytrain network.

The After Dark security initiative provides an additional security presence at selected suburban rail stations in the evening periods. This government had a \$6.92 million expenditure over five years for this initiative. The primary functions of the evening security presence will be to patrol station surrounds, platforms and car parks, accompany customers to and from car parks and assist customers. To date, this initiative has been implemented at Morningside, Dutton Park and Carseldine railway stations. I might say that the initiative started just two days ago, on 16 July, in a trial at those three stations. It will be extended to include a further seven stations within the next two months.

Ms BARRY: Good morning and thank you for your time and thank you to your departmental staff for their valuable input here today. Minister, with respect to page 1-9 of the 2003-04 Ministerial Portfolio Statement for the Department of Transport, there is reference to the Port of Brisbane Corporation's redevelopment and relocation of the Hamilton port precinct. Could you please provide the committee with details on how this capital works project will improve operations at the Port of Brisbane?

Mr BREDHAUER: Yes, I am happy to do that. The Port of Brisbane has been negotiating with the port users in the Hamilton area for relocation to the Fisherman Islands area. In October 2001 the Port of Brisbane Corporation signed a heads of agreement with Patrick Corporation to facilitate the total relocation of its Hamilton stevedoring operations, break bulk operations and its associated motor vehicle pre-delivery inspection, storage and processing business to Fisherman Islands by 2004-05. This agreement was later revised and signed in December 2001 as a result of Patrick's purchase of the CSX terminal at berth seven at Fisherman Islands to undertake container handling automation trials. The Port of Brisbane Corporation has allocated nearly \$42 million in the 2003-04 financial year towards the relocation of Hamilton facilities as well as \$58 million for the expansion of Fisherman Islands and related infrastructure.

Hamilton is largely now a residential area. It is difficult to get large vessels in there. It is difficult to continue to have the sort of industrial operations which go with a port in that area. Progressively, as we have been expanding our capability down at Fisherman Islands, we have

expressed a desire to move our facilities from Hamilton. There are people who have long-term lease and contract arrangements with the Port of Brisbane, so it is necessary for us to negotiate satisfactory arrangements with those commercial operators, which we are committed to doing.

I think what it demonstrates is the great success that the Australia TradeCoast initiative has proven to be for the state government and the partnership that exists there between the state government through my department and the Department of State Development. Of course, the Premier has taken a very active personal interest in it. The Port of Brisbane Corporation, the Brisbane Airport Corporation and the Brisbane City Council, to give them their due in developing the Australia TradeCoast, will turn that precinct into one of Australia's premier industrial land areas.

Unlike other ports, Sydney and Melbourne in particular, which are effectively land locked, we still have substantial land reserves down there at the Port of Brisbane which are available for development. We have major operations, including Patrick's obviously, who have demonstrated their vote of confidence with the investment that they are prepared to make in the Australia TradeCoast area, as well as many others who are working to make sure that this port precinct is a success.

Mrs SMITH: Minister, on page 1-2 of your MPS statement you report that strong relationships between industry and government contribute to, amongst other things, more jobs for Queenslanders. Can you please advise how many contracts for capital works were awarded by QR and how many of these were awarded to overseas companies?

Mr BREDHAUER: I think this is another great story in respect of QR. QR's capital works is substantial—over \$600 million, as I mentioned in my earlier remarks. To support our commitment to creating sustainable jobs for Queensland and encouraging regional development, this government introduced the Local Industry Policy in 1999 and the State Purchasing Policy in 2000. In particular, the Local Industry Policy was developed to ensure that local industry is given a full, fair and reasonable opportunity to be considered for market project work being undertaken in Queensland in both the private and public sector. QR is an active supporter of the Local Industry Policy and the State Purchasing Policy. QR is a strong supporter of Queensland industry and Australian based suppliers and complies with those policies.

Under the State Purchasing Policy QR is required to advance the government's priorities, achieve value for money for all its purchases and ensure that probity and accountability for outcomes is achieved. QR's commitment to local industry is demonstrated by the fact that during the two years ending June 2003 QR awarded contracts for capital works totalling \$285.9 million, over 90 per cent of which went to Queensland and/or Australian based companies. In fact, only two contracts were awarded to non-Australian companies. There were 42 contracts awarded in 2002-03 to Australian companies. There were two contracts which were awarded to non-Australian companies. One was a contract worth \$400,000 to an overseas company and one worth \$21 million to a local agent.

We picked a local distributor for a US-based company for technology that was only available from the US. You could not actually purchase that technology here in Australia, so we went to a local agent of a US company and we purchased the US technology through a local company. The \$400,000 contract was awarded to the Fortune Electric Company of Taiwan to supply a transformer for use in the Brisbane suburban area, which has been supplied.

The great news is that not only is QR providing jobs directly in QR but, through its adherence to the State Purchasing Policy and the Local Industry Policy in this case, we are seeing over 90 per cent of the capital works expenditure by QR being invested in Queensland and/or Australian companies. It is keeping work here in Queensland and helping to create sustainable jobs, particularly in our manufacturing industry. It is a commitment of which I am proud and which I know QR is determined to continue.

Mrs CROFT: Minister, I refer to page 92 of budget paper No. 3. It states that a major continuing project for the Cairns Port Authority is the CityPort project. Can you please outline the scope of the project and how much of it is completed? Can you please also outline what benefits it will bring to Cairns?

Mr BREDHAUER: As one of the local boys up there, along with the local girls, Desley and Lesley, I think that this has been a great project for the people of Cairns. The CityPort project in total is around \$60 million. The Cairns Port Authority is investing that money to upgrade the foreshore. It will be a tremendous supplement to the Cairns City Council's lagoon project, to which the state government also was a significant contributor. I was very fortunate to have been there

on 30 May to open the new Reeflink visitor facility, which is part of the CityPort North development and foreshore redevelopment. Importantly, the first part of the CityPort project was the construction of the wave break facility to protect the reef visitor fleet and to provide safe mooring even in the event of cyclones. The next stage was the CityPort North part of the project.

The Cairns Port Authority focused on developing the people friendly aspects of it. It has opened up the boardwalk along the waterfront. It has improved access to public space. The Reeflink visitor terminal is used by 600,000 visitors to the reef a year. It is like an airline terminal. It is a fantastic facility. If you have not had a look at it, the next time you are in Cairns go and have a look; it is very impressive.

CityPort South allows for some hotel accommodation. It is more the commercial precinct, and that will follow on. It will be of major benefit to the tourist industry in particular. It has been significant in terms of the jobs that it has created. Thiess has won the contract. It had won the contract to do CityPort North. The work it did is a credit to it. The members for Broadwater and Burleigh both know, coming from the Gold Coast, as would the member for Maroochydore, from the Sunshine Coast, that in those tourism focused areas you cannot just keep trotting out the same product year after year. The industry needs to keep reinventing itself to find new services and opportunities to present to tourists, particularly inbound tourists from overseas. CityPort North has allowed the industry in Cairns to present a new face. That whole waterfront area in Cairns will be a major boon for the industry. In itself it was significant in terms of the employment and economy that it created. I think the development of CityPort South will further enhance the visitor experience but also that whole waterfront area for the people who live in and visit Cairns.

Mrs SMITH: Both the capital statement and your MPS make it clear that QR is investing very heavily in coal infrastructure and rolling stock. Could you please explain why this very substantial investment is necessary?

Mr BREDHAUER: Coal is our biggest single export industry. QR continues to be a significant partner in the coal chain. We continue to carry record tonnages of coal. QR has a number of coal related investments under way for rolling stock. These include the electric locomotive fleet upgrade at a total cost of \$88 million, the acquisition of 11 new coal diesel locomotives totalling \$69 million, a coal fleet upgrade program costing \$342.3 million, and the acquisition of additional coal wagons costing \$77.5 million. For infrastructure, major coal related investments include construction of the new Hail Creek mine rail link at a cost of \$87.6 million, the Coppabella mine deviation costing \$20.5 million and other infrastructure projects costing \$210 million.

Overall, \$257 million will be spent on coal infrastructure investment during the next year and over \$60 million on rolling stock. This investment is necessary to support the growing export market for Queensland coal. That market is being supplied from many of the existing mines, which are expanding production, and a series of new mines that are being developed or are currently in the planning stage. As a result, QR is regularly breaking haulage records. In fact, in the week commencing 31 March QR hauled over three million tonnes of coal, breaking for the first time the three million tonne mark for statewide coal haulage in a week. This achievement is indicative of the increasing coal haulage task, which grew four per cent from 130.7 million tonnes in the calendar year 2001 to 136.4 million tonnes in 2002.

The coal industry is one of our most important industries. QR is a significant partner. We work constantly with the coal industry to try to improve our efficiency and our capability so that we can continue to respond to them. International competitive pressures on our coal industry are substantial. We would like to think that we are a partner in helping our coal industry to meet those competitive pressures from interstate and overseas.

The CHAIR: That concludes the time allocated for that block of government questions. I note that the Leader of the Opposition and member for Southern Downs, Mr Springborg, has dropped in to visit us. We had not actually received a request, so pursuant to sessional order 22C, with leave of the committee, visiting members may ask questions. Is leave granted?

Leave granted.

The CHAIR: Welcome to the committee, Mr Springborg.

Mr JOHNSON: The opposition has only a few minutes on rail issues so I will finish off there and the Leader of the Opposition will ask a couple of questions in this bracket.

Mr BREDHAUER: Welcome, Lawrence. It is surprising, but we are happy to have you here.

Mr JOHNSON: In relation to western Queensland services—I am talking about commercial services, cattle, wool and general commercial operations, into places such as Cloncurry, Winton

and Quilpie—as you are well aware, we are still in the grip of probably the most retched drought in history. There has been a decline in patronage on those services in terms of cattle, wool and so on. No doubt that is an impost on Queensland Rail's budget in those areas. Can you give a guarantee that there will not be a wind back of operations into those centres in the near future? With a change in seasonal conditions—and, please God, let that not be far away—will the operation be a normal operation upon the return of normal seasons?

Mr BREDHAUER: The difficulty in trying to plan for these things is that it is either feast or famine. Neither the primary producers nor we can predict or influence those types of seasonal factors. We do acknowledge the very difficult times that particularly drought-affected producers are going through. Eighteen months ago you would have been asking me questions about providing additional capacity, because the cattle industry in particular was turning off record numbers of stock and we were having difficulty meeting that demand—candidly—and we had that discussion at the estimates committee at the time. Since then the drought has impacted dramatically.

QR has been sensitive to the needs of drought-affected primary producers. We negotiated with the industry for some freight rate increases to apply to the cattle industry earlier this year in about February. But in recognition of the drought-affected circumstances that many of the producers were experiencing, those freight rate increases at the time were deferred. I would expect that QR would continue to be sensitive to the needs of drought-affected primary producers in terms of both the size of any freight increases that might be negotiated and the timing of those increases. We do from time to time review our carriage of both livestock and wool. We do that to try to both improve the efficiency of our services to our customers but also to improve our cost recovery. In 2001, for example, I think our cost recovery on livestock freight was of the order of about 40 per cent. You cannot continue to recover 40 per cent of your long-run avoidable costs and stay in business effectively.

What we have done in the livestock area has been a great example. We have worked very closely with AgForce and others in the industry, particularly the major producers, the feedlot industry. QR representatives have conducted meetings right around western Queensland in recent times. As you are probably aware, there have been two rounds of those meetings now. They have been very well received by the producers out there. I have had complimentary remarks from AgForce and others, such as AMH, which place differing demands on our carriage requirements, and we are trying to work closely with both of those. Wool has historically been treated as back-loading product, as you know. We are looking at ways in which we can improve, as I say, both the services that we deliver and also our cost recovery.

QR and the state government are very sensitive to the needs of particularly drought-affected primary producers, but all primary producers. We try to work through with them ways in which we can improve our capacity to meet their needs and we will continue to do that. I might also say that QR acts as a responsible corporate citizen in helping with charity fundraisers and delivering fodder and even clothing and toys to drought-affected communities in the bush. QR will often make a significant contribution by way of running trains or even, from time to time, cash contributions.

Mr JOHNSON: In relation to the recent closure or wind back in the operation of the maintenance crew at Yaraka, what is the Queensland Rail/Queensland government policy in relation to the maintenance of those western lines? Is this the start of seeing a wind down in those maintenance operations in favour of private contractors? Can you give a guarantee that we will see the full complement of Queensland Rail personnel retained in those western centres regardless of where they are? I know Yaraka is a different situation. But in terms of Blackall, Barcaldine—the other major centres, Cloncurry, Emerald and those places—can you give a guarantee that QR will retain those crews?

Mr BREDHAUER: I appreciate the issues in Yaraka. You and I personally have talked about those issues. I understand the difficulty when you have a small town like that. It had five rail workers—four maintenance workers and one Q-Link worker—I think, from memory. It is difficult if any of those workers is taken out of the town. One has accepted a voluntary redundancy. I think a couple have been transferred. I appreciate that. The CEO of QR and I have discussed this on a number of occasions. Bob is going out there next week to talk to the council. Because we are maintaining our services there, we want to talk to the council about how we can continue to deliver those services and whether or not the council might be able to take over or is interested in taking over the handling of the Q-Link services that come in every Friday in Yaraka.

The answer is that we are. But the reason we have a requirement for less maintenance there is that we have spent a lot of money upgrading the track. We have replaced something like

60,000 sleepers on that line in the last two or three years. I have not counted them, but I think it was 60,000-odd at last estimate. Because you are upgrading the track you have less of a requirement for maintenance. At the moment we are spending \$369 million upgrading the track between Rockhampton and Cairns. One of the upshots of that will be that that upgraded track will require less maintenance. We now have mechanised track laying machines. It is true that the machines do the work considerably faster and with less requirement for labour. We are talking to the rail unions about staff in the ISG. As part of the enterprise bargaining negotiations last year we did agree with the unions to an extension of the voluntary separation package which has been a feature of QR, including in your time as the Minister for Transport and Minister for Main Roads. I anticipate that there will be some jobs in the ISG that will not be required and that there will be some voluntary redundancies—I stress, voluntary redundancies. We maintain our policy of no forced redundancies and no forced relocations. There will be some offers of voluntary redundancies in ISG, as there may be in other parts of the QR network. Safety is always our priority. You hinted at another issue without asking a question. This is not about putting the work out to private contractors. In fact, a fundamental principle of our voluntary separation package is that we do not use it as a mechanism for outsourcing. The CEO of QR and I are of a like mind on that.

Mrs PRATT: I note the extensive expenditure on the coastal and Cityrail networks. I note also that you commented that coal is an essential component of our industries. In relation to Tarong Energy and its proposed rail link between the Nanango site and the Surat Basin coal deposits, so as to maximise usage and improve profits on this line will it be extended to include connections to other rail services to improve freight and passenger services in areas where there is little or no public transport, namely, the South Burnett district?

Mr BREDHAUER: I have just taken some advice. As I understand it, QR is still in discussions with Tarong Energy about that line. No decisions have been made at this point in time. I might say, though, that we as a government have demonstrated a commitment to western services. We have a specific train service contract with QR which the state government continues to subsidise. It was a \$30 million contract and \$17 million a year goes into subsidising services west of the Great Dividing Range. We also spend over \$260 million a year maintaining track statewide. That is a community service obligation from the state government so that we can maintain track.

There have been no rail closures in my five years as minister and there will be no rail closures while I am the Minister for Transport and Minister for Main Roads. I want to be quite clear about that. In fact, we are spending money maintaining tracks that are seldom, if ever, used. Our commitment to rail services in regional and rural parts of Queensland is resolute. In respect of your specific question, QR is presently involved in discussions with Tarong Energy about that line that you referred to specifically. But we are committed through our Traveltrain contract and through our other train services contract to maintaining services in regional and rural parts of Queensland.

Mrs PRATT: I have one more question. Proposals have been made for a Brisbane Valley-Kilcoy loop to the city. With the expansion expected in the south-east corner over the next few years, has any consideration been given to that concept?

Mr BREDHAUER: Not that I am aware of.

The CHAIR: I call the Leader of the Opposition.

Mr SPRINGBORG: Thank you, Mr Chairman, and thank you for the committee's indulgence in allowing me to ask questions. Minister, what can you tell me about the Transport Triangle Investment Club? Do you approve of a share trading enterprise being run out of the Department of Transport headquarters at the Capital Hill building in George Street?

Mr BREDHAUER: I will ask the director-general to answer the question.

Mr Wilson: I think offhand what you are referring to is a minor social grouping of staff. If it is the one I am thinking of, we have actually checked it out through internal audit, I think, and I do not think that there is any issue with that at all.

Mr BREDHAUER: If it is a social club, then it is a social club. If you have a suggestion to the contrary, then you should make the point. But the advice from the director-general is that it is a social club.

Mr SPRINGBORG: It is just that I have some things here including minutes which are attached to the I drive of the department. I also have a copy of the Internet usage guidelines which have been circulated to all departmental staff. These guidelines list examples of

inappropriate use of the Internet, including investors actively monitoring share activity and/or trading online. Minister, can you assure this committee that the Triangle Investment Club, which I note from their minutes meets in the floor 7 conference room of the Capital Hill building, is in accord with the guidelines, because it also says in those guidelines that they should not be keeping and actively monitoring spreadsheets and using other equipment? Are you comfortable that departmental equipment, including laptops and big screens, are not being used in contravention of departmental guidelines?

Mr BREDHAUER: I am not aware of the organisation to which you refer, but I have an expectation that everybody in my department and everybody in my portfolio will operate within the requirements of appropriate probity and within the guidelines that are set for the use of departmental time and for the use of departmental resources. If there is any suggestion of anyone having misused either their time or the resources that are available to them, then allegations of that nature are very serious. I note that you are referring to a sheaf of documents. My experience with yourself and others in opposition is that the content of the documents when they are reviewed often does not substantiate the assertions that are made.

However, I can give you an assurance that if you have any suggestion that anybody in my department has been using their time or the resources of the department inappropriately I will have it fully investigated. I have maintained in my five years as minister the highest standards of probity and accountability right across my department, including all of the government owned corporations. If there is any suggestion that this organisation that you have alluded to or anybody else is not behaving in a way which I would regard as appropriate, then the matter will be referred to the relevant investigation body—the director-general, internal audit or, if necessary, the Crime and Misconduct Commission or the police. I would expect that, if anything were proven, if anything were substantiated, then the full ramifications of that would be felt by people who are alleged to have done the wrong thing. But I say again: I am not prepared to take your word for it. If you want to provide that information to me, then I am happy to have it investigated; or I would encourage you if you believe that there is official misconduct to refer it to the CMC, as is your responsibility as the Leader of the Opposition.

Mr SPRINGBORG: I appreciate the minister's spirited defence. The point of these estimates committees is to raise matters, as you appreciate. I certainly will be taking, with the leave of the committee, the liberty of the committee of tabling these documents which includes the partnership agreements, the Internet usage guidelines and the minutes as well as spreadsheets. The minister would seem to indicate that there has been what appears to be inappropriate use of departmental equipment. Basically, Minister, it is about making sure that the guidelines, which are set by your department, are followed. I have no issue with regard to social clubs—nobody does—but when it may be in apparent breach of the guidelines, that is where the problem is. But I am happy to table that for the benefit of the members of the committee and no doubt it will be sorted out in due process.

Mr BREDHAUER: I say again, and I am going to invite the director-general to make some further comment, that you refer to what the documents apparently indicate. I have made it quite clear that I have the highest expectations of everyone within my department and across my portfolio in terms of probity and accountability. On every occasion that there has been a suggestion made to me—and this will be borne out by both of my directors-general and anyone else I have dealt with over the last five years—or if there has ever been a hint of any impropriety or a suggestion that someone has acted improperly, I have immediately responded positively by having that referred to the relevant agency for its full and thorough investigation. I have been diligent in ensuring that, where recommendations are made to improve our systems, even where nothing is found to have been done wrong, we implement changes to our processes and improvements to our systems to ensure that the highest standards of accountability and probity are maintained. Given that you have now tabled the documents for the benefit of the committee, I will have the matters reviewed by my department. If, as you suggest, there is an inference that resources of the department have been misused, then I will happily refer those to the relevant agency. Bruce, do you have something further?

Mr Wilson: Yes. If I could just clarify, I have had confirmation. We did seek advice from internal audit on this matter and the advice back was that the activity you refer to was consistent with departmental guidelines. However, I would fully support what the minister said in terms of his and my and my organisation's commitment to the highest levels of probity. We will investigate further.

Mr BREDHAUER: So it may well be that the matters you allege have, in fact, already been investigated by internal audit and that internal audit have determined that there is no misuse of departmental facilities or resources. But, as you say, since you have tabled the documents I will have them investigated, I will have them reviewed and, if necessary, referred to the relevant agency for investigation. But it may well be, as the director-general indicates, that those activities have already been reviewed by internal audit and found to be okay.

Mr SPRINGBORG: Thank you.

The CHAIR: The time allocated for questions in that block for non-government members has expired and accordingly we will have a block from this side of the table. Minister, the Cairns tilt train has created lots of excitement up and down the Queensland coast with its beginning of operations this year. The government committed substantial funding for that project, as I note from page 1-9 of the MPS. Can you assure the committee that the Cairns tilt train will provide value for money to the people of Queensland?

Mr BREDHAUER: Absolutely, and I am pleased to. The tilt train has been a great success and it was my pleasure to have joined the CEO and various other people from QR in the week leading up to the first commercial service on 15 June. Nearly 65,000 people turned out between Sarina and Cairns and then at the open day here at Roma Street to view the new train. The \$139 million that has been invested by the state government as a result of an election commitment that we made prior to the 1998 election will be great value for money for those regional communities along the eastern seaboard of Queensland, but particularly for those people from Sarina north. One of the features of the new service, as I have said in parliament on a number of occasions, is daylight running between Mackay and Cairns. That is indeed proving very popular with people who are booking on the service. It allows north and tropical north Queensland to display its beautiful environment to the fullest and is a major feature that is attracting people to use the service. The tilt train has been operating at in excess of 90 per cent occupancy during the first month of service, and already services in August and September are booked 60 per cent. So people are actually demonstrating their commitment to the new infrastructure that has been provided.

I mentioned previously when I was answering a question about the CityPort North project that the tourism industry has to continue to reinvent itself and provide new products. I think this is a great example of the state government investing in infrastructure which is enabling our tourism industry to do just exactly that. It is a luxury train service with business style airline seats. Each seat has its individual audio and visual entertainment system. We have trolley service so that you can get refreshments sitting in your seats or there is a club car—a fantastic club car. You can go down and have a drink—lemonade—or a bite to eat and the services are really terrific.

I want to commend QR. I want to commend EDI Rail in Maryborough who constructed the train. It is fantastic to think that such state-of-the-art facilities are able to be built by local manufacturers as we did under an alliance contract with EDI Rail at Maryborough. Those workers at EDI Rail can feel justly proud of the product they put out. The team from both Queensland Transport and Queensland Rail who have delivered that project deserve to be congratulated on the fantastic contribution that they have made. But I think the doubters will—it is a bit like Suncorp Stadium—fall away very quickly now that the service is in operation and people see what a great opportunity it is for industry and employment in regional Queensland.

Ms BARRY: I am daydreaming of Cairns now, I am afraid. Minister, on page 1-6 of your MPS you report that your public transport services output aims to provide the Queensland people with a high-quality public transport system. What improvements have been made to the Citytrain passenger rail service and how has this contributed to patronage growth?

Mr BREDHAUER: I thank the honourable member for the question. There have been a number of ways in which we have worked to improve public transport services on the Citytrain network across south-east Queensland. I have mentioned that over the last five years we have spent in excess of \$270 million providing additional rolling stock for the Citytrain service. We have experienced substantial growth in patronage on the Citytrain network since that time. We are continuing, through programs like the disability access program, which I answered a question on in detail recently, to provide improvements in services. In 2002-03 we forecast that there would be nearly 46 million passenger trips taken on the Citytrain network, including almost three million in the Gold Coast corridor. We have seen growth in patronage both on the network generally but in important corridors like the Sunshine Coast and the Gold Coast.

Part of the work of improving those services comes down to access issues, but also partly security issues. We have had the station security program that has rolled out CCTVs right across the network. We have upgraded security in car parks. All of these things have helped to contribute to people having a safer, faster and more efficient experience. Having said that, the train services contract for the Citytrain network does expect QR to continue to achieve patronage growth. The prospect of achieving that patronage growth will receive a considerable boost from 1 July next year when we begin to roll out the integrated ticketing system and eventually the smart card system under the TransLink umbrella. The state government and QR have done a lot of work for public transport passengers on the Citytrain network in south-east Queensland. There is continuing growth in patronage on the network.

The CHAIR: I would like to ask about the Cairns airport infrastructure. Cairns is a vital transport link for the whole of Queensland. Could you outline how the Cairns airport is managing both the SARS issue and security concerns in general. Perhaps you could let the committee know whether forward growth forecasts are positive and what capital improvements have been planned both in the short and medium term?

Mr BREDHAUER: Cairns airport is run by the Cairns Port Authority. It demonstrates once again that government owned corporations are capable of successfully running major enterprises like the airport. The state government, through the Cairns Port Authority, is able to make a substantial contribution to the economy in regions like Cairns. International passenger traffic at Cairns for May was substantially below the corresponding period last year. That is primarily due to the impact of the SARS virus. However, I am pleased to report that airlines are now starting to reschedule some previously cancelled services. Australian Airlines has restored some flight services to Nagoya in Japan and Hong Kong. Forward bookings indicate that a number of previously suspended services may soon be resumed.

A trend in reducing international traffic over time was actually reversed when the Queensland government was successful, in cooperation with the Cairns Port Authority, in attracting Australian Airlines to bring its services in and out of Cairns from a number of Asian destinations. I believe Cairns has the capability of being Australia's major northern airlines hub. Unfortunately, this is mitigated against by the federal government's pricing structure for air services. A detailed report by Access Economics, which went to the Deputy Prime Minister, estimated that the cost of landing a 747 at Cairns is two and half times that of landing the same plane in Melbourne. When you have those kinds of disparities between the relative costs, it is no wonder that airlines have to make tough decisions about whether they will send services into Cairns.

The Cairns Port Authority will construct two additional aircraft apron parking bays at seven and eight, at a cost of \$7.2 million, to ease congestion for international air traffic. The international terminal building is being expanded and increased security measures, including upgraded check baggage screening, have been incorporated into both domestic and international terminals at a cost of almost \$18 million in 2003-04 and \$30.3 million the following year. That is due to the significance of security now to the international air travellers.

Construction of a new \$5.7 million aircraft maintenance facility for Hawker Pacific, capable of servicing 737B sized aircraft, is due to commence shortly for completion by the middle of next year. That will allow Hawker Pacific to double its work force in Cairns to more than 110 personnel. Cairns is sharing in the aviation industry explosion—which is not too strong a word. The work that is being done by the Department of State Development and the minister in cooperation with my department and the Cairns Port Authority to deliver that has been a fantastic boost.

The CHAIR: Still in the north but back on the ground, the Townsville Railway Station development looks like an interesting one. I see the MPS includes proposals for passenger rail services to far north Queensland which have been developed in conjunction with the introduction of the tilt train. That new station has been constructed in Townsville. Could you advise the committee what benefits this will provide to Queensland?

Mr BREDHAUER: I am very proud of the Townsville Railway Station because it was an election commitment. Every time we deliver an election commitment I think that helps to restore the public's faith in politicians. You do not get core promises and non-core promises with our government. If we make a commitment we stick to it. The Townsville Railway Station is a good example of where we have invested just over \$23 million in upgrading rail infrastructure. I do not know how many members have been into Townsville on the train, I know Vaughan has, but all passenger and freight trains—

Mr JOHNSON: I will not forget it, either—

Mr BREDHAUER: They used to go on a big loop. We have taken that loop out and included in the \$23 million was around about \$11 million in track work. I think the breakdown was roughly \$12 million for the station and \$11 million for the associated track work. We have taken that loop out. That has had the added benefit of improving efficiency for tilt train services. The new railway station is quite an interesting experience. It is built in part over Ross Creek.

The other important thing is that it has enabled QR to continue to contribute to the CBD redevelopment in Townsville, which is a major initiative. We have called for expressions of interest for former QR land which has been freed up. We have had a number of people who have expressed interest. We are going through a process of evaluating those expressions of interest. QR and the state government, through its investment in the new Townsville Railway Station, have been significant players in enabling the CBD revitalisation of Townsville to continue apace.

The old railway station building in Townsville is very historic. Townsville is well known for having retained many of its old historic and heritage buildings. The old railway station will be retained. It will continue to be the administrative centre for Queensland Rail's north Queensland operations. We have maintained a line down to the old railway station so that if we have heritage days or historic occasions we can still bring a train into the old railway for the symbolism of the contribution that the train has made to the development of Townsville and the regional economy. It is an election commitment delivered. It is a great new station. It has added significantly to improving the timing of the tilt train and our freight efficiency. All round, I think it has been a great story.

Mrs CROFT: I am going to bring you back to the south east. Minister, I refer to page 1-29 of the MPS where mention is made of the establishment of TransLink as an agency within QT for the introduction of a coordinated and integrated public transport system in south-east Queensland. We all know that previous attempts to introduce an integrated ticketing system in south-east Queensland has failed. What has changed to make the Beattie government feel it can now be achieved?

Mr BREDHAUER: What has changed has been achieved through a lot of hard work and a lot of cooperation between agencies. People are sometimes critical of government for not having delivered integrated ticketing and integration of the transport network system sooner. It is quite a complex requirement, especially given that there are 18 public transport operators in south-east Queensland. The revenue sharing arrangements is what held it back to a substantial extent. We have taken a tough decision. We have decided that we as the government, through TransLink, will collect all of the fare box revenue and we will then redistribute that fare box revenue—along with the money that the state government contributes to the public transport operators, including QR, Brisbane Transport and the bus companies primarily as well as Brisbane City Council ferries across south-east Queensland—in accordance with the terms of the contracts that we sign with them.

We have made fantastic progress in the last 12 months since we announced that TransLink was to become a reality. The state government is investing \$21 million this year in bringing TransLink to fruition. The difference between what we are doing here in Queensland and what they have done in New South Wales and other states is that in other states they have basically said that they are going to have a smart card ticket and lay it over a very complex and at times complicated public transport system.

We have adopted an entirely different approach. Over time we are going to rebuild the public transport system from the ground up, including a smart card integrated ticket. That will result in the removal of many inefficiencies. It will result in better services to the public. Importantly, it will result in more seamless services so that people will be able to experience the ease of public transport. The experience of the South East Busway has shown that if you provide people with good services they will use them.

Despite the odd critic, the experience of Suncorp Stadium is that if you give people a single ticket and tell them that they can get from A and B and into the game, it is easy for them. They do not have to stand at the railway station and work out which button to push to buy the ticket and then queue up at Suncorp Stadium to get their entry ticket. If you make it simple and easy to use, they will use it.

Ms BARRY: Something that is important to the people of Brisbane north is the construction of the Inner Northern Busway. Could you outline to the committee the present situation with the Inner Northern Busway.

Mr BREDHAUER: I was at the Inner Northern Busway on Tuesday of this week for the tunnel breakthrough under the railway at Countess Street. That was a major milestone for the project. It is a very complex job that is being undertaken there. There are nine sets of tracks that they have had to tunnel underneath. You can imagine that trying to tunnel under nine sets of railway tracks is quite a complex process. Thiess has the contract. They have done a great job. The cooperation from the QR project team for the INB has been second to none. It has enabled us to deliver that with a minimum of inconvenience.

There were a number of services that had to be diverted onto other tracks over a number of weekends to enable us to undertake that work. I am pleased to report to the honourable member that the Inner Northern Busway is on track for completion in December of this year. We anticipate that we will have buses operating on the busway in January of next year. Some \$42 million has been allocated in this budget to finalise the busway construction this year. It is a major piece of transport infrastructure in which the state government is investing. It will link, importantly, the South East Busway and residents to the north, including the Royal Brisbane Hospital. We think the patronage benefits will be experienced not just by people in the inner north but by people right throughout the northern suburbs of Brisbane and even into Pine Rivers. Those buses coming in from the north along Gympie Road and Lutwyche Road will be able to join the busway. The time saving in the busway segment is of the order of 10 or 15 minutes in peak hour. Not all of the buses will join the busway, but those that do will experience that kind of benefit. People will be able to link to the South East Busway and access areas on the south. So the benefits are significant right across the network.

I think the tunnel breakthrough this week was a major milestone in the project. I am very pleased to report that it is on time for completion by the end of the year. I encourage all those associated with it to keep up the good work. I take this opportunity to thank the CEO of QR, Bob Scheuber, and all those from QR who have been a party to this morning's proceedings for their assistance in getting us here today.

The CHAIR: The committee also thanks them.

Sitting suspended from 10.01 a.m. to 10.17 a.m.

The CHAIR: The hearing of Estimates Committee D is now resumed. The question before the committee is—

That the proposed expenditure for the Department of Transport be agreed to.

The next round of questions is from the non-government members.

Mr JOHNSON: My first question to the honourable the minister is in relation to Transport. I note the reference under 'Recent Achievements' on page 1-17 of the MPS to a claim that the primary objective of the review of penalties was to further drive down Queensland's road toll. I am concerned that, rather than being down, our road toll is considerably up, with 166 lives lost so far—12 more than last year. Minister, why are your road safety programs failing at this time?

Mr BREDHAUER: They are not. That is an unreasonable conclusion to draw. As a former Minister for Transport and Main Roads, you would know that. The road toll today is higher than it was at the same time last year. That is a figure that is subject to daily variations, though. If you had looked at those figures seven weeks ago, you would have seen that we were about 10 better than at the corresponding time last year. So it is not fair to draw the conclusion that because more people have been killed on Queensland's roads year to date than last year, the road safety programs are unsuccessful. Having said that, though, the road toll is a concern for us, as it is for every member of parliament and, I would suggest to you, every member of the community. The penalties and sanctions review is part of a range of strategies that we are pursuing in an effort to reduce the road toll.

I might say, if you look at the road toll in trend terms over the last 10 years, and particularly if you look at the road toll in terms of the number of licensed drivers who are on the road and the number of vehicle kilometres driven by those licensed drivers, you will see that the proportional road toll—the road toll per 100,000 head of population and the road toll per number of vehicle kilometres driven—continues to decline.

The penalties and sanctions review is about making sure that the penalties and sanctions—demerit points primarily—that we apply to a range of offences that might be considered by road users accurately reflect community expectations that they will deter people from breaking the law. Whether we like it or not, speeding continues to be one of the most significant contributors to the road toll on Queensland roads. That is why it was part of the initial

focus of the review, but it is not the only focus. We are presently looking at a whole range of other offences. I expect that there will be a report to me on the next stage of the penalties and sanctions review by about November of this year. We dealt with the blood alcohol testing of unconscious drivers, as you know, about which you introduced a private member's bill. I acknowledge your genuine interest in that area.

Our road safety programs are also currently being revised. We had a 10-year strategy. That 10 years is up. We are in the process now of redefining our next road safety strategy and our annual action plan. Our usual road safety summit will be held next month. We are using those to continue to refine our message and look for better ways to improve road safety so that we can ensure we save the lives of as many Queenslanders on our roads as possible.

Mr JOHNSON: Minister, I refer to the answer provided to opposition question on notice No. 2 and to the proposed changes in relation to the Nelly Bay ferry terminal. You will be aware that the Minister for State Development advised Estimates Committee A on Tuesday that the Nelly Bay complex had been completed some time ago and had been handed over to Queensland Transport some months ago. Will you inform the committee what the hold-up is in getting the facility operational? When do you expect it to be used?

Mr BREDHAUER: I am happy to. The Minister for State Development was correct. The facilities were officially handed over to Queensland Transport last month, I think. We have been working with the Great Barrier Reef Marine Park Authority and Sunferries, who are required to go through the process of determining the operational permits so that we can start ferry services to that area.

The Great Barrier Reef Marine Park Authority issued an operational permit to the state on 1 July 2003. Queensland Transport is considering a number of issues prior to signing the deed of agreement. Sunferries commenced fit-out trials on 27 May. Construction of landing ramps, vessel modifications and conveyor electrical connection has commenced. Sunferries actually has to do some modification to its facilities and its ferries so that they can operate to the new terminal at Nelly Bay. That is work that has to be undertaken by it.

The trials revealed that further modification work was necessary, so Sunferries is in the process of organising to undertake that work. We are liaising with it to make sure that happens. I would expect that sea trials, which would meet the approval of the Great Barrier Reef Marine Park Authority and the regional harbour master, would be conducted over a period of about the next month and that, following that, we would be in a position to notify the public when ferry services are due to become operational. I am reluctant to put a date on it, because there are a number of matters and a number of agencies involved, including the Great Barrier Reef Marine Park Authority and Sunferries, who have to undertake modifications.

I know how anxious people in Townsville are about the whole project. I can give an assurance that both I and my department are working flat out to try to make sure we dot all the i's and cross all the t's so that services can start as quickly as possible. I think we are a matter of weeks away from the start of those services. As I say, I am reluctant to put an actual date on it, but I would think we would be in a position to make an announcement about when services are likely to start probably by the end of this month.

Mr JOHNSON: Minister, I again refer to opposition question on notice No. 2 and to the proposed changes in relation to the Nelly Bay ferry terminal. I note that you have indicated the proposed charges and fees relating to passenger vessels using the facilities. Will you indicate how these fees relate to current charges and whether the facilities that have been provided and the arrangements that apply to them will permit another operator to utilise the facilities?

Mr BREDHAUER: Sunferries has a contract, as I understand it, for five years to operate the passenger transport services between Townsville and Magnetic Island. At present there is no other licensed operator. To come back to your question about the fees and charges, the facilities there are different and in many respects better than the facilities that were previously offered at Picnic Bay. One of the problems with Picnic Bay was that the facility there did not comply with workplace health and safety requirements. One of the reasons for shifting the services around to Nelly Bay was the substantial expenditure that would have been required to bring the Picnic Bay facility up to workplace health and safety standards.

The Picnic Bay facilities also did not meet disability access standards. In fact, the Nelly Bay facilities won an award under the Disability Access Awards this week. They were nominated, and John Mayo from one of the disability peak bodies wrote to me the other day to notify me. It has, in fact, been announced that Nelly Bay has won a disability access award.

The nature of the facilities there is significantly different from the Picnic Bay facilities. We have also changed from a passenger charge at the previous Picnic Bay facility to a vessel charge. So the nature of the charging is different. Overall, the costs are higher, but the costs are higher because they are a better standard of facility being offered to people who are travelling between Townsville and Magnetic Island. Basically, they are the only costs that are required by us to maintain and operate the services there. It is a five-year contract, but it is not an exclusive contract. There is only one operator at this stage.

Mr JOHNSON: Minister, quantity measure 10 on page 1-20 of the MPS reveals that you collected \$645 million in vehicle registration. Does this amount include the recently introduced \$40 late fee? How much revenue are you expecting to collect this financial year from that late fee?

Mr BREDHAUER: If it refers to the previous financial year, then no. It would not include the money that we expect to get this year in the late fees. I note that in the paper the other day someone made an allegation that we were going to get \$17 million in revenue from the late fee. That is a gross exaggeration of what we anticipate will occur as a result of the installation of the late fee. Our estimate of the likely revenue in a full year is approximately \$8 million from the fee, but I have to say that that will be governed substantially by whether people pay their motor vehicle registration on time or not.

This is an entirely avoidable fee. If people make sure their motor vehicle registration payment is received by Queensland Transport and processed on or before the due date, there is no fee applied. In fact, since we introduced the fee we have seen the rate of late motor vehicle registration payments decline from over 22 per cent to around 12 and a half per cent. So people are actually taking heed of the message that they need to pay their motor vehicle registration on time and significant numbers of them are actually paying on or before the due date.

There were some claims made about a month's period of grace. The month's period of grace applies only to personal injuries. It does not apply to property and normal CTP claims. Interestingly enough, the person from one of the insurance companies who was quoted in the *Courier-Mail* article that day is a former employee of a National Party minister. I might suggest that his insurance company would not extend a month's grace to anybody who did not pay their insurance premiums on time and that perhaps he had another agenda.

I would also like to say that we have mechanisms in place for people who have difficulty in meeting the cost of their motor vehicle registration. One is the six-monthly registration fee—an option which has been taken up by around about 20 per cent of people who register their motor vehicles. We also have a progressive payment system so that if people want to they can go and pay \$40 in instalments down at Australia Post and then they accumulate the whole amount.

Interestingly enough, there is a higher proportion of pensioners or people on fixed incomes who pay their motor vehicle registration on time compared to other people. People who are on fixed incomes tend to budget better for those known bills that are likely to come in, and they tend to be quite assiduous in paying on time. The older folk, in particular, and other pensioners and concession holders are less represented amongst those people who pay their registrations late.

Mr JOHNSON: Minister, do you think it is fair to charge late fees, given stories like the one from a Sunshine Coast man whose simple renewal of registration turned into a comedy of errors involving paying his registration electronically on the due date but the department admitting to not processing it for more than two weeks? He was then pulled over by police, accused of driving an unregistered vehicle and fined. Adding insult to injury, the receipt eventually issued by the department is for a lesser amount than the bank records show, and the gentleman's registration has been shortened by a month as a result. Do you think that the registration payment system is reliable enough to be charging late fees the day after payment is due?

Mr BREDHAUER: Yes, I do, is the answer to that question. People are required to pay their registration. Bear in mind, they get a reminder notice issued by Queensland Transport six weeks before the date on which their registration falls due, and they are advised that they are required to have the payment at Queensland Transport so that it can be processed by Queensland Transport on or prior to the due date. Some people think if they stick it in the mail on the due date that is okay. If it takes two or three days in the mail to get to us and 24 hours to process, then that is not okay. People need to take into account mail times and those kinds of things when they pay their fees.

We are looking at the wording on the registration forms to make sure that it is clear to people what their requirements are. So we are currently reviewing the reminder notices that go out to people. In terms of the fact that the receipt was issued for a lesser amount and the registration

issued for a shorter period of time, that is the way the late fee is applied. We do not actually charge people an extra \$40. If you do not pay your motor vehicle registration on time, then you effectively have the \$40 deducted from your period of registration. Instead of being registered for 12 months, depending on the category of vehicle and the class of vehicle, you might be registered for 11 months or 11 months and one week or 10 months and three weeks or something like that.

Mr JOHNSON: Minister, say a constituent of mine or yours posted his rego in, it takes a week to get there and it lobs in the day after it is due. What happens in that scenario?

Mr BREDHAUER: Your constituents and mine know what the mail times are from their areas and they make sure that if their bill is due or payable on a certain day that it is there in time to catch the mail.

Mr JOHNSON: It is not always their fault, though.

Mr BREDHAUER: I understand that, but your constituents and mine are smart enough to have worked out that the mail system might take four or five days to get there, and they allow for that when they are paying all their bills. People are reminded when they get their registration renewal notice six weeks out that it must be received and processed by the Queensland Transport office on or before the due date. The reminder notices actually tell them that.

Mr JOHNSON: Minister, I refer you to page 1-18 of the MPS. If it is possible under the new concessional registration scheme to grant exemptions for golf buggies and ride-on mowers crossing the road—and we know there has been hype about this in the media in recent times—why can the same exemption not be provided for agricultural equipment crossing the road to access adjacent properties directly across a road?

Mr BREDHAUER: It depends on the circumstances. Basically, the short answer to your question is that it is, if that is all they are doing. If they are just going across the road because a road divides their property, then, as I understand it, the exemption can apply. The beat-up that you and others in the opposition have been conducting in the media, disgraceful though it may be—

Mr JOHNSON: Come on, Minister.

Mr BREDHAUER:—has been inaccurate.

Mr JOHNSON: Get a hold of yourself!

Mr BREDHAUER: Because the same thing applies to primary producers if the conditions are the same. If all they are doing is going across the road—

Mr JOHNSON: I bet you are getting questions in your electorate on the same issue. It is a genuine question, Minister.

Mr BREDHAUER: I understand that.

Mr JOHNSON: A lot of people out there have concerns on this, and it is a genuine question.

Mr BREDHAUER: Yes, but they are concerned because you have been out there whipping up the wrong information—

Mr JOHNSON: No, no—

Mr BREDHAUER: Let me finish. You have asked your question.

The CHAIR: Mr Gregory, you might let the minister answer the question.

Mr JOHNSON: Well, I want the answer, too, Mr Chairman.

Mr BREDHAUER: You have been giving people the wrong information. That is why people are concerned.

Mr JOHNSON: No, I have not. I take offence to that.

Mr BREDHAUER: You have just heard from the appropriate departmental officers that the same concession applies in the same circumstances. If you are talking about a golf buggy going across the road and a piece of agricultural machinery going across the road, then the same capacity for concession applies to them both. Concessional registration has been very strongly supported by primary producers because it gives them the capability of registering their vehicles at a concessional rate and getting full access to CTP and all of those other benefits that go with it.

It is appreciated as well. I know there were people who were complaining about putting registration on golf buggies, but the reality is that if you are in a resort that uses these golf buggies or if you are in a golf club that uses these buggies at the moment they have to pay

public liability insurance. Public liability insurance on one of those things can be four, five or six times what the CTP might be under the concessional registration scheme. So in most cases those people are better off—not in every case, I admit.

The reason why many primary producers are registering their agricultural vehicles even though they are only crossing the road is because they get the CTP. If they do happen to have an accident, they are covered. So the concession can apply to them equally as it does to others, but many of them will still register their vehicles because they get access to the CTP.

The CHAIR: The time allocated for questions by non-government members has now expired.

Mrs SMITH: Minister, I refer you to pages 1-13 and 1-14 of the MPS. The figures from the Australian Bureau of Statistics and our Department of Local Government and Planning show that in the past decade the population of south-east Queensland has increased by 500,000. This influx of people has impacted on traffic conditions and the ability of people to move about. With a further 500,000 people expected to come to live in this area in the coming decade, what is the government doing to keep abreast of changing transport needs?

Mr BREDHAUER: I thank the honourable member for the question. South-east Queensland is a very rapidly growing area, as is the Gold Coast, where you come from, and the Sunshine Coast, as I have noted previously. But right across south-east Queensland we are experiencing significant population growth, and that is creating changing demands on our traffic and transport systems. We do a range of things. We participate, as I have mentioned previously, through the integrated regional transport planning process in trying to make sure we have infrastructure and services to meet our needs.

When the transport portfolio is planning for the future, it needs up-to-date information on how, where and why people are travelling. To get this information, the portfolio has initiated the conduct of a comprehensive travel survey of over 6,000 households in areas of south-east Queensland over the next two years. The cost of planning and conducting this survey will be \$1.4 million. A firm called the Urban Transport Institute has been engaged to carry out the survey in association with the Brisbane office of NCS Pearson and others. Dr Tony Richardson, who is an internationally recognised expert in this type of work, heads the Urban Transport Institute.

Both Queensland Transport and Main Roads recognise the importance of this survey and considerable time has been spent in planning for it, with wide consultation occurring to ensure the right information is collected in the most cost-effective manner. The travel survey will benchmark existing travel behaviour, allow comparisons with previous surveys, provide a solid foundation for ongoing monitoring and support the development of analytical transport planning.

The people of south-east Queensland are very familiar with these types of surveys. They have been conducted since the 1960s and are regularly updated. The current survey will be conducted with a random selection of households in the area. We will be seeking the cooperation of people to tell us about their travelling habits. They will be requested to complete a travel diary of all trips they make for a period of one day and also to provide some other details about themselves, although I stress it is all entirely voluntary. So people do not have to participate if they do not want to.

We anticipate a pilot survey will be conducted next month, in August, with the main Brisbane survey being undertaken between October this year and March next year. Data will be available a few months after the survey is completed. The Gold and Sunshine Coast areas will also be surveyed separately in the 2004-05 financial year so that we make sure we have the most up-to-date information from those important growth areas as well. As I have said, participation is voluntary, but I would like to encourage people to help us to provide up-to-date information about what the travel needs and requirements are of people across south-east Queensland.

Ms BARRY: Minister, to the sea. The state government has indicated strong support for the adoption of the maritime automatic identification system, or AIS, and other emerging technologies to help reduce the likelihood of marine incidents within Queensland, especially within the Great Barrier Reef. Can you tell the committee what is the progress on the implementation of these systems and how successful they have been?

Mr BREDHAUER: Yes. Protecting the marine environment in Queensland is very important irrespective of where you live, but especially in the areas of the Great Barrier Reef. We have significant shipping through Queensland waters, particularly accessing our, I think, 14 trading ports that we have along the coast of Queensland. We also have ships traversing through our waters on international voyages. Keeping track of those vessels is important. Interestingly enough, human error accounts for over 80 per cent of marine incidents. To the extent that we can

provide technology which helps to avoid those errors, then we are significantly able to impact on improved maritime safety.

In the past 12 months there have been a number of changes within the international community in respect of the use and implementation of the automatic identification system. Not the least of these changes is the decision to fast-track the fitting of AIS transponders to the world's maritime fleet. That had previously been anticipated by July 2008, but because of security reasons it is now expected by July 2004. So I expect the international fleet over the next 12 months will become AIS compliant, which will deliver significant benefits.

In the meantime, however, we believe there is something we can do in the short term. There is a complementary system which is known as Inmarsat-C, which is a satellite based positioning system, not dissimilar to the AIS, which helps us to track ships in our waters. The advantages of this Inmarsat-C technology include unlimited global range. The system is infrastructure neutral and, more significantly, the technology is already available and is currently delivering an enhanced surface picture of ship movements in Queensland waters and the Great Barrier Reef. The disadvantage is that it is not real-time information; it is slightly delayed. That is why it is still desirable to become AIS compliant.

The position today is that Queensland has a more sophisticated and precise surface picture of the vessel movements within our waters, particularly the Great Barrier Reef, than we did 12 months ago. With continued finetuning and development of our current systems, the planned upgrade of our existing radar systems and the proposed installation of additional AIS base stations over the next 12 months, the overall surface picture of vessel movements in Queensland waters will again be dramatically improved.

Mrs SMITH: I have a question about the transfer of responsibility for pollution response within ports from port authorities to Maritime Safety Queensland. Could you please explain to the committee the reason behind the decision to transfer the responsibility for pollution response within ports from port authorities to MSQ? Could you also advise of the progress to date in implementing the proposed changes?

Mr BREDHAUER: From 1 October 2002 Maritime Safety Queensland, which is a new agency set up to undertake many of the functions of the former maritime division of Queensland Transport, was established to give us better capacity in two key areas: to develop strategies to prevent deliberate negligent or accidental discharge of ship source pollutants into coastal waters and to deal with the discharge of ship source pollutants into coastal waters. That is to prevent marine pollution from occurring and then to respond to marine pollution when it does occur.

Under existing pollution response arrangements in Queensland port authorities have the prime responsibility for directing and coordinating responses to pollution incidents that occur within port limits. Details of these arrangements are in the Transport Operations Act and its regulation. However, port authorities have argued for some time that this legislative responsibility exposes their board members to a threat of litigation. MSQ will basically take over the responsibility for the management of each of Queensland's ports pollution response capability within their port limits.

The transfer of responsibility from ports to MSQ will improve the operational effectiveness and efficiency of pollution response in Queensland ports. It is the most significant change to pollution response arrangements in Queensland since the early 1970s. In many cases the ports will still be the first strike response, if you like, because they are actually there on the spot. They have offices there so they will have some pollution response capability. They will be the first on site to deal with it, but they will be under the supervision of MSQ when they undertake those activities.

There will be additional regional back up stockpiles of equipment for pollution response in places like Brisbane, Gladstone, Mackay, Townsville, Cairns and Torres Strait. These regional resources will be available to support initial first strike operations within ports and, in addition, will provide an adequate offshore response capability. To ensure that formal arrangements are in place for the future provision of first strike or spill response in ports MSQ is in the final stages of negotiation of the contents of a deed of agreement with all port authorities. Under the terms of the deed all ports will provide response personnel and equipment for spills inside port limits and, where possible, assist MSQ in responding to incidents outside the port limits.

It is about the state government acknowledging that we have a state responsibility to the protection of our waterways, including within port limits, but working closely in cooperation with the ports on the delivery of our marine pollution response capability.

Ms BARRY: With reference to page 1-25 of your Ministerial Portfolio Statement, the recent review of the Great Barrier Reef ship safety and pollution prevention measures recommended a package of measures to improve ship safety and environmental protection in the Great Barrier Reef and Torres Strait. Included in the package were proposed changes to the mandatory ship reporting system in Torres Strait and the inner route of the Great Barrier Reef. Could you please advise the committee on the progress to date in implementing these changes?

Mr BREDHAUER: One of the key recommendations was about the use of Inmarsat-C—the system that I reported about previously—for all vessels subject to mandatory reporting requirements to complement other systems that we have in place and also for other vessels, for whom mandatory reporting is not a requirement, to be encouraged to use it on a voluntary basis. The other recommendation required a reassessment of the role of Reef Centre—Reef Centre is what we call our ship reporting system headquarters at Hay Point near Mackay—and to reassess their role to examine, amongst other things, upgrading the monitoring capacity of the ship reporting system to give it the potential to include a coastal vessel traffic service that provides assistance to navigators.

Maritime Safety Queensland, in conjunction with AMSA, the Australian Maritime Safety Authority, is enhancing the capacity of our ship reporting system to facilitate navigation safety and reduce the risk of ship source pollution from shipping incidents on the Great Barrier Reef and Torres Strait.

Following successful trials in 2001-02 to evaluate the capability of Inmarsat-C voluntary automated position reporting was introduced in November 2002. This has been strongly supported by the maritime industry. Now up to 70 per cent of the traffic transiting the region is providing automated position reports via Inmarsat-C to Reef Centre every 15 minutes. The availability of near real-time position reports throughout the region has improved Reef Centre's ability to compile a timely and accurate traffic image of shipping throughout the region.

In addition, in order to deliver a coastal vessel traffic service information service in accordance with the IMO guidelines, REEFREP must have the capacity to compile a timely and accurate traffic image of shipping throughout the region, interact with traffic and respond to developing traffic situations. To improve its ability to obtain a timely and accurate image, MSQ has placed a submission to the IMO seeking amendments to the existing mandatory reporting requirements. Under the proposed changes automated position reporting will replace voice reporting via VHF. This will improve safety for our vessels in Queensland waters.

Mrs CROFT: Minister, I refer to an initiative outlined under the heading 'Future Developments' on page 1-25 of the 2003-04 Ministerial Portfolio Statement, Department of Transport, to examine options for stricter controls on personal water craft. Could you outline for the committee what measures are being introduced to address growing community concerns about jet skis and when these measures might take effect?

Mr BREDHAUER: Sure. I know that you have been very active in seeking the views of your electorate, member for Broadwater, on the use of jet skis because it is a very significant issue. I understand that you are planning to present me with some reports from your electorate next month and I look forward to receiving those. Jet skis are like everything. There are responsible users of jet skis out there. There are people out there having a bit of fun with their families. They try to do the right thing by everybody around them and they behave responsibly, but there are always a few who spoil it for everybody and there are a few out there who, quite frankly, are pests. There are two areas that the problems fall into. One is safety issues because use of high-powered vessels like a jet ski on the water do have potential safety considerations. The other is amenity. Some people just hate the noise, especially when they are doing things like wave jumping and all that kind of stuff and the motors come out of the water and they roar and do all those sorts of things. They can be problematic.

We are investigating a number of ways in which we can deal with this issue to provide more effective policing of jet ski operators. One is the suspension and cancellation of marine licences based on offence history. Work has commenced to specifically target boat drivers who repeatedly infringe marine laws. A first round of show cause notices is planned to be sent in late July or early August following a review of on-the-spot tickets and court breaches involving repeat offenders. The show cause processes are anticipated to be finalised by September.

What we are saying to people is that if you are out there, a bit like a car driver, and you are a repeat offender then we will look at the prospect of taking away your recreational vessel licence from you. There is also a review of on-the-spot fine levels for marine offences. A review has

commenced to ensure that fine levels act as a deterrent to inappropriate behaviour. The review is also considering the relativity of marine offence penalties and comparable on road offences, for example speeding offences. Where there are speed limits on the water we need to make sure that the enforcement of speed limits on the water is comparable to the enforcement of speed limits on roads.

There is the introduction of a formal warning or caution system where a person receives a written warning or caution which could be used by the water police and Queensland Boating and Fisheries patrol officers. There is also improved deployment of on water enforcement resources to known hot spots. Some of those are on the Gold Coast and on the Sunshine Coast, including Pumicestone Passage. The water police, DPI and the relevant enforcement officers will be out there enforcing the rules. Improved management of the commercial hire and driving of jet skis is another area. We are also investigating the extension of powers to regulate or prohibit boating activities in particular areas so that we have the capacity to say that this is no go area for jet skis if we believe that is the appropriate course of action.

The CHAIR: Minister, I would like to get us on the buses for a minute if I can. I would like to ask you to give us a report on the progress of the Capalaba bus station and also, very importantly, to provide an update for the committee on the school bus upgrade system.

Mr BREDHAUER: Queensland Transport has been working with the Redlands Shire Council for the construction of the Capalaba bus station and facilities in Redland Bay Road. Site construction commenced in February 2003 and completion is scheduled in September 2003. My department has contributed \$3.5 million over the past three years for land acquisition. The total cost of the project will be around \$9 million. The project will involve using the Cultural Centre busway station structure. The structure will be removed from the Cultural Centre and reused as part of the Capalaba bus station works. Capalaba is a major commercial centre on the western boundary of the Redland Shire but it has poor public transport linkages. We believe the finalisation of this project will be a major step in helping to improve public transport in that area. We have had a lot of support in respect of that, especially from the member for Capalaba, Michael Choi, and I would like to thank him for that.

The school bus upgrade scheme. This came as a result of the review by the School Transport Safety Task Force. We are investing \$3 million a year in supporting the upgrade of school buses. There is concern in the community about school bus safety, notwithstanding the fact that statistics and research show that school bus travel is actually the safest way of getting your kids to and from school. There are fewer kids who are injured or killed in school bus accidents than in virtually any other mode of transport to and from school. We do not just focus on school buses. We focus on all aspects of safety of kids travelling to and from school, but school buses are an important part of that.

We had 100 applications for the school bus upgrade subsidy out of the \$3 million. We have written out recently to 39 companies making an initial offer to them that we would be prepared to follow up their application with a subsidy for them to upgrade a bus in their fleet. We will then work through with those 39 operators. They will not all accept the offer that we make or we may have trouble coming to terms. So if we do not sign off on those 39 we can go to the next ones on the list on the way down. But we are in the process of writing to those bus companies now to let them know that money is available. It has been very well received by the bus industry, particularly as Queensland has a significant bus construction and upgrade capability, and most of the money is actually being spent with Queensland firms.

The CHAIR: Thankyou, Minister. The time allocated for government members in this block has expired. I call for the member for Nanango.

Mrs PRATT: Minister, rural schools often offer limited subjects at individual schools and each school's subjects may vary. Often students who wish to pursue a particular career are forced to go to a school without the subject of their choice due to the bus subsidy only being payable to the closest school. Will you consider allowing bus subsidy to the value of the closest school being used on any school bus service so that rural students are not penalised on their career choices?

Mr BREDHAUER: The regulations governing school transport are quite complicated. As the honourable member knows, I, too, represent a rural constituency with many remote areas. The problems in relation to school transport have been well known by me during my almost 14 years in parliament but particularly over the past five years as minister. The member for Gregory knows as a former Minister for Transport and Minister for Main Roads that you get dozens of letters almost every week from people who want you to change the rules to suit their particular

circumstances. We do try where possible to find ways in which people can get assistance to get their kids to school within the current school transport assistance programs that operate, of which there are a number. There are not just the distance based ones; a number of programs operate to assist people to get their children to attend school. But it is not possible to help everybody.

Notwithstanding the fact that we spend around \$120 million a year on school transport assistance at the moment, that only helps about 25 per cent of children to get to and from school. The parents of the other 75 per cent of children take full responsibility themselves for getting their children to and from school. The answer to your question is: I always look at individual cases that are drawn to my attention. I am not always able to help people. If I had a bottomless pit of money, I might be able to do that, but I do not. But we do try to find mechanisms to assist people through one of the variety of programs of school transport assistance out there, if they are eligible. Recently, for example, we have taken an initiative to transfer the responsibility for transport of children with a disability from the Transport Department to the Education Department, although it then contracts us to provide the transport services. But because it is in the best position to make decisions about which school the child should be attending depending on what kinds of services that school offers, we have transferred that responsibility across to it. We are always looking for ways in which we can improve, but there is a limit and I cannot always please everybody who writes to me asking for assistance with school transport.

Mrs PRATT: The elderly are resorting more and more to small scooters so as to continue to be mobile after losing their licences and more and more are using them on our roads. With a rapidly ageing community due to the baby boomer generation, what is the expected income from the registration of these vehicles and how do you propose to ensure their safety and that of regular drivers as more and more take to our roads?

Mr BREDHAUER: Are you talking about the motorised scooters?

Mrs PRATT: Yes.

Mr BREDHAUER: I do not know what the revenue from motorised scooters would be. It would not be substantial. Motor vehicle registration nets us around—

Mr JOHNSON: You have got one, haven't you?

Mr BREDHAUER: I may need one at some stage. Just be kind. But, no, I do not. We collect around \$640-odd million in motor vehicle registration. Motorised scooter revenue would be insignificant, I suggest to you, in the context of our overall registration receipts. We register those vehicles so that people can use them on roads providing they meet appropriate standards. They have to meet those standards in order to be able to use them on roads.

Probably the more significant issue for them in recent times has been people who want to use them in taxis to go over longer distances. They can go short distances. But to go over longer distances they want to put them in taxis. The difficulty with taxis is that you can have wheelchair accessible taxis; wheelchairs have anchorage points where you can nail down the wheelchair in accessible taxis. However, motorised scooters do not have those anchorage points. They are quite heavy and sometimes the people using them add considerably to the overall mass if they want to continue to sit on them. They are in a vehicle travelling at 60, 80 or 100 kilometres an hour and they are not physically restrained; they do not have a seatbelt, for example, that keeps them in the seat on the scooter. They are not physically restrained. The scooter itself may not be able to be restrained and there are considerable safety issues. I have raised this on a number of occasions nationally at the Australian Transport Council meeting. Work is presently under way to try to develop a national standard to enable scooters to be used safely in taxis. That would require the support of industry to make sure that they put in appropriate anchorage points.

At the moment, people are required to dismount and sit in a seat in the cab and have their seatbelt on. I know that causes difficulty and inconvenience to people and I am sympathetic to their plight, but I cannot put the safety of either themselves, taxi drivers or other road users at risk by allowing them to ride on the scooter in a taxi while not properly restrained. This is a bit of an issue for us.

Mrs PRATT: Finally, you would be aware that public aged care facilities are closing in my area and people have to go to towns a fair way away. As no public transport exists between many rural towns, will you consider establishing a subsidised bus service, if not daily perhaps for a few days a week, so that elderly commuters need not get up at 6 and 7 in the morning and arrive home at 6 and 7 at night?

Mr BREDHAUER: There are all kinds of unique circumstances that exist in communities in respect of people's transport requirements. They are caused by a range of issues. People need to get to hospitals. We have a Patient Transit Scheme that assists with transport to and from hospitals. We will spend this year, as I mentioned previously, almost \$10 million on subsidising bus services and air services to regional and rural parts of Queensland. But I acknowledge that those services are not accessing every community by any stretch of the imagination, nor are they providing for the needs of every person in the communities that they are accessing. But it is a significant improvement and a step in the right direction from the government to provide that substantial level of funding to subsidise those services.

We have been working with a range of agencies on a program called Safe Mobility for All for Life. It is trying to look in a holistic sense at what transport capability there is in a community and how we might put that to better use. Often you will find in a community, even in small communities, there is a HACC vehicle that provides transport as part of the HACC services. A local pensioners group or a private school might have a bus. In some cases, that transport infrastructure is underutilised. The pensioners bus might go out on Wednesday morning, do a whiz-around, pick up all the pensioners, take them down to the centre for some bingo, lunch or whatever it happens to be so that they get their little outing for the day. But it can actually sit in the car park of the pensioners hall for five or six hours during the day while they are doing all that and then take them home in the afternoon. There are a lot of difficult issues that you need to work through there.

We have a couple of practical trials going on. There is one up in Townsville with a taxi company looking at ways in which we can improve transport availability for people there. There is one in northern Brisbane for non-urgent medical transport. At the moment, a lot of those non-urgent medical transport people are taking up ambulance time. An ambulance is a very expensive way of providing those services. We have a couple of trials of ways in which we are trying to meet community needs for transport in imaginative or creative ways using resources that might already exist in the community. Generally speaking, I think that will require somebody to be at some stage engaged as a facilitator or a person who can coordinate all of that stuff. We are looking at a range of ways in which we might be able to provide improved public transport services in rural and remote communities.

Mr JOHNSON: In reference to the Leader of the Opposition's earlier questions and your director-general's indication that internal audits had okayed the organisation's activities, can you please indicate where this audit activity is outlined in your response to non-government question No. 4?

Mr BREDHAUER: The situation is that the complaint initially was made to the CMC, the Crime and Misconduct Commission, and the Crime and Misconduct Commission referred it to us and asked our internal audit to undertake that investigation. It is not technically an internal audit of that nature. The last paragraph of the answer to the question states—

Please note that there has been no disclosure of government special investigations, CMC matters, due to the need to keep details of these matters confidential and the fact disclosure would prejudice the investigation. Detailed below is the number of investigations by type.

It is in the Main Roads section of the answer to the question on notice. We have noted that CMC directed investigations have not been included in the answer to the response. I might just say while I have the opportunity that the complaint, as I understand it, was made to the CMC. The CMC referred it to our internal audit division and asked it to undertake a review. Two reviews were undertaken. One examined the documentation of the Transport Triangle Investment Club and included informal discussions with key persons involved in the activity. The second considered the planning and timing of the internal audits and reports on the various audits carried out into the use of the departmental Internet account by employees. The reports were undertaken by two officers who put in a joint report. The reviews found no evidence to corroborate the allegations and recommended no formal investigation take place.

In a letter to Brendan Butler from the CMC from my director-general, Bruce has said—

Subject to your agreement, I intend to adopt this recommendation, that is, the recommendation that no formal investigation take place, because there was no evidence to corroborate the allegations that were made.

The allegation was made to the CMC. The CMC asked our internal audit to investigate a number of matters. Bear in mind that the guidelines do allow for limited personal use of departmental facilities. Mr Chairman, can I ask for a further extension? I think this is an important issue. A serious allegation has been made. I want to go through the issue.

The CHAIR: Yes.

Mr BREDHAUER: The allegation has been made against a number of officers in my department who are quite senior and respected officers. I understand the investment club that they established was more or less a social club. I understand from advice that what they did was put in money of their own—a couple of hundred dollars—and in total had a couple of thousand dollars which they invested in their own time. Because they are departmental officers they did meet from time to time during their lunch break in a departmental room. I understand that they also may have used PCs on their desk to type up and distribute the minutes. That was investigated by internal audit and that was found to have been within reasonable limited personal use. The matter was investigated by internal audit on referral from the CMC. The director-general wrote to the CMC and said that no evidence had been found to corroborate allegations and recommended that no formal investigation take place. I quote from the director-general's letter—

Subject to your agreement, I intend to adopt this recommendation, that is, not to proceed to formal investigation.

I am advised by our director of internal audit that the current process with the Crime and Misconduct Commission when it refers matters to agencies is that it will expect a report of the outcome but essentially the decision is one for the agency to make. In that context, it does not formally respond to agencies on reports or on outcomes unless it has a significant disagreement. In this particular case we have had verbal confirmation that it agrees with the outcome. The CMC has confirmed to my director of internal audit that there was no evidence to corroborate the allegations made and that the recommendation for no formal investigation was supported. I might just say that it is very easy to come in here and make allegations that cast a slur on honest and hardworking officers of my department in an attempt to generate a headline. I suggest to the honourable member that he should check very carefully the source of that information for the Leader of the Opposition and the motivation of the person who may have been the source. I would not at any time—and I make it quite clear—condone the improper use of departmental resources or facilities. I have continued to maintain the highest standards of probity and accountability, as has my director-general. But you just need to be careful about firing off cheap shots for a headline.

Mr JOHNSON: I do not think it is a cheap shot, but anyway. Minister, will you tell the committee what your government's policy is now in relation to recent statements from you in the media on the dredging of the mouth of the Mooloolah River or the entrance to the Mooloolah harbour? Bearing in mind that the commercial fishing industry in this proximity is threatened and could be lost to New South Wales, will you dredge this bar sooner rather than later in the best interests of the safety of recreational boating enthusiasts?

Mr BREDHAUER: Just bear with me for one second. The situation at the Mooloolaba boat harbour is a difficult one. What you have got there is a naturally occurring phenomenon with the build-up of sand in the sandbank. It has happened repeatedly over time. It normally happens in certain weather conditions and it corrects itself. When the last dredging was undertaken, the dredging was actually stopped because as fast as they were dredging the sand out in one area it was building up behind the dredge. So they just stopped it because there was no point. I appreciate the concerns of the tuna fishing industry, the commodore of the yacht club and the emergency services people. To all of those people who have expressed their concerns, I appreciate their concerns and we have taken those concerns very seriously. In fact, the yacht club have written to me telling me that they do have issues but they believe my department is handling those issues properly.

The member for Maroochydore came to a meeting at my office after she crashed a meeting that had been organised by the member for Kawana, Chris Cummins, up the coast. She interposed herself in a most unfortunate way on a meeting that he as a local member—

Miss SIMPSON: Point of order, Mr Chairman. That is offensive.

Mr BREDHAUER: The interjection queen is at it again.

Miss SIMPSON: Mr Chairman, point of order. That is offensive and untrue. The member concerned did try to throw me out of that meeting in an offensive way, but I was there on behalf of—

Mr BREDHAUER: You were not invited to the meeting.

Miss SIMPSON: I was there on behalf of the local marine stakeholders.

Mr BREDHAUER: He had a meeting and you were not invited. You came along to a meeting in his office.

Miss SIMPSON: Minister, we just want you to fix a dangerous situation.

Mr BREDHAUER: Anyway—

Miss SIMPSON: Minister, we just want you to fix a dangerous situation. A boat has already overturned and a child was almost drowned.

The CHAIR: Order! There has been a question asked. The minister is answering it, and that is what should happen. Thank you.

Mr BREDHAUER: I met with the honourable member for Maroochydore, as I indicated that I would, and she brought representatives of the tuna boat owners association with her. I indicated at that meeting that if they had concerns about the safety of navigation at the Mooloolaba boat harbour I would send my departmental officers up there to meet with them so that we could get those concerns on record and make sure that we were dealing with them appropriately. There is still safe navigable access to Mooloolaba boat harbour, providing—

Mr JOHNSON: Very minimal, though, Minister—very minimal.

Mr BREDHAUER:—providing people navigate their vessels with care. But I understand a meeting with tuna boat operators has been scheduled for some time next week. I do not know if you are intending to go along to that meeting, member for Maroochydore, but I would suggest to you that you are welcome to go if you want to. I would like you to be informed about this issue. The important thing is that that meeting occurs. We are continuing to monitor the situation to make sure that safe navigable access is available. I have asked my department to provide me with preliminary advice on what other courses of action might be able to be taken should the matter not correct itself, but I do indicate that it has occurred on a number of occasions in the past and has naturally corrected itself.

Miss SIMPSON: It is the worst it has been.

The CHAIR: The time allocated for non-government questions in this period has expired.

Mrs CROFT: Minister, I refer you to pages 1-14 and 1-25 of the Ministerial Portfolio Statement as they relate to recreational boating infrastructure. What has the government achieved for recreational boaties in 2002-03 and what is planned for the 2003-04 budget year?

Mr BREDHAUER: I thank the honourable member for the question. Can I say partly in response to the issue that has been raised previously that my department's responsibility is to provide boating infrastructure for recreational vessels. We do not actually have the capability to provide for all commercial operations in all of either the Crown boat harbours or other areas. Within our limited budget we do the best that we can to maintain access to Crown boat harbours and other areas and to provide recreational boating infrastructure. As an example, in the electorate of the member for Hervey Bay the dredge material disposal and handling facility at Urangan boat harbour was completed recently at a cost of \$3.6 million. That will provide a significant benefit in terms of long-term dredge spoil disposal for Urangan boat harbour.

The CHAIR: Absolutely.

Mr BREDHAUER: The honourable member acknowledges that he worked very hard to help us to achieve that and he acknowledges what a benefit it has been. Twenty years is the life expectancy of that area. Businesses at the harbour generate an estimated direct revenue of \$42.5 million a year and it employs 189 people full-time and 154 people part-time. So we are about supporting one of the major employment generators in the Hervey Bay area. Other capital projects were progressed in 2002-03 at a cost of \$247,000, including preliminary works for the commencement of boat ramp works at Dohles Rocks in Brisbane and at Deeral near Cairns, the widening of the Walker's Point boat ramp in the Isis shire and the completion of work on the Moura boat ramp in the Banana shire.

The importance of the ongoing maintenance of boating facilities is recognised by this government with a total of almost \$2.4 million spent on dredging and other maintenance projects in 2002-03. One major maintenance project completed in 2002-03 was the dredging of the entrance channel to the public boating facilities at Cabbage Tree Creek in Brisbane at a cost of \$620,000. In 2003-04 a number of new or upgraded facilities will be provided for the recreational boating public. These include the completion of the boat ramp at Deeral at a cost of \$278,000. Other capital outlays will amount to \$799,000 and projects include the new boat ramp at Beenleigh on the south bank of the Logan River, Kirby's Wall boat ramp on the Burnett River and a new boat ramp in the Cardwell shire. A range of boating facility maintenance projects is planned for 2003-04 including boat harbour dredging projects at Urangan boat harbour, Rosslyn Bay boat

harbour and the Toondah boat harbour at Cleveland and ongoing maintenance of state owned boat launch facilities.

Mrs SMITH: Minister, I refer to the election promise that 100 new school crossing supervisors would be appointed during the term of the parliament, which is referenced on page 1-20 of the MPS. Has this figure been achieved and how have the new school crossing supervisors been distributed statewide?

Mr BREDHAUER: We are nearly there, actually. I think the last briefing note I saw said that we had employed 90 additional new school crossing supervisors. We promised 100 in this term of the government. We have employed 90. So we are on track to have delivered our election commitment by the end of the term. A lot of work has gone into it. I have to say that the school crossing supervisor scheme is a very important scheme. I would like to pay tribute to the over 1,000 school crossing supervisors that we have out there who do a great job helping to keep our kids safe as they cross the road to and from in proximity to schools.

We have revised the criteria for the allocation of school crossing supervisors. We do what is called a risk matrix these days, so we look at things like the traffic, the volume of traffic that goes past the schools, the school environment, the visibility for motor vehicles and the number of kids obviously who are required to cross the road as well. We have done a risk assessment matrix and we have made a determination about where school crossings are required so that we can put in the additional school crossing supervisors that we have put in place. Just as an example, the northern region has employed 14 new supervisors, the central region eight, the southern region seven, and the south-east Queensland region 55 new school crossing supervisors under this scheme.

I should just take the time to point out, though, that as schools sometimes develop the need for school crossing supervisors, so too do schools sometimes have less requirement for school crossing supervisors. That can happen because you put in lights, for example, where it was formerly a non-signalised crossing and so you do not need the school crossing supervisors there once you have put the lights in or you have changed some other arrangement. Sometimes the access arrangements to the school change. Sometimes there are just fewer kids who go to the school and so the requirement for a school crossing supervisor is no longer there. But what we have done so far is put in place 90 additional school crossing supervisors across the state. We are on track for getting to 100 in accordance with our election commitment.

Mrs CROFT: Minister, I refer to page 1-18 of the Ministerial Portfolio Statement. Can you explain why the Written-off Vehicle Register is necessary and what are its benefits?

Mr BREDHAUER: The Written-off Vehicle Register is primarily about trying to stop the theft of motor vehicles. In the past people have picked up the identifiers off written-off vehicles—the engine plates, the motor vehicle identifiers—and they have used those identifiers to rebirth stolen cars. So they attach them to another car and rebirth stolen cars. The register is about trying to make sure that if a vehicle is a write-off we have a register of the vehicle identifiers so that if you are going to buy a second-hand car—they tend to be a used vehicle—there is a requirement for a check of the Written-off Vehicle Register to make sure that the car you are buying has not at some stage been written-off. QT has taken an active role in reducing professional vehicle theft by making it harder for criminals to register fraudulent vehicles through the introduction of this scheme. Prior to its implementation, written-off vehicles provided thieves with a cheap and easily accessible source of legitimate vehicle identities that were then used to mask the identity of a stolen vehicle.

Queensland is the only state to introduce a fully integrated Written-off Vehicle Register that updates the National Exchange of Vehicle and Driver Information System. The national information exchange is about stopping people from bringing stolen cars across the border or visa-versa—that is, going from Queensland into other states to rebirth stolen vehicles. Our system is fully integrated so that our Written-off Vehicle Register informs the NEVDIS scheme so that that information is available in other states. We have a fully compliant Written-off Vehicle Register to test national best practice principles. We have secure electronic information systems for insurers, auction houses and auto parts dismantlers. We have a secure electronic inspection system and a written-off vehicle certificate available through a number of providers, including the Office of Fair Trading, which provides enhanced consumer protection.

The Written-off Vehicle Register is a major initiative to protect consumers from the risk of buying a vehicle that has either been repaired, because that is the other thing people need to know—that is, if a car repairer has picked up a vehicle that has been written-off and then repaired

it, that can be an unsafe vehicle to be on the road. If you are going to buy the vehicle and it is on the register, you know that it is either a vehicle that has been written-off and repaired and therefore you can take that into account when you buy it—or not buy it, as the case may be—or you can make inquiries as to whether the vehicle you are buying may actually have been stolen and rebirthed.

The CHAIR: Thank you, Minister. The time allotted for consideration of estimates for the Department of Transport has expired. On behalf of the committee—

Mr BREDHAUER: There were a couple of issues that Vaughan asked earlier and I thought that I could just close the record on them.

The CHAIR: Sure.

Mr BREDHAUER: He had one about the black boxes in trains. The Waterfall train accident in New South Wales brought the issue of black boxes or data loggers to the fore. With respect to the Citytrain passenger rolling stock, all IMUs and SMUs are fitted with data loggers. We do not call them black boxes. When I was talking before I said that we have another system. Ours are not technically black boxes; they are called data loggers. All of our IMUs and SMUs are fitted with the data loggers which record train speed, direction, motion, time, distance, et cetera. The Cairns diesel tilt train is also fitted with the data loggers. All new rolling stock is now fitted with data loggers, which I stress are not the same as accident recorders. It is a different system that we have. The original EMUs on the Citytrain network may not be fitted, but QR is investigating the feasibility of doing that. There are a range of other safety things here which I will not go into for time's sake.

The CHAIR: Thank you, Minister.

Mr BREDHAUER: Thanks. I appreciate that.

The CHAIR: On behalf of the committee, I thank Bruce Wilson, Dan Hunt, Cathy Brunjes and the rest of the departmental staff from Queensland Transport who have attended today to assist the committee with its deliberations. We will resume the hearing at 11.45 a.m. with estimates for the Department of Main Roads.

Sitting suspended from 11.29 a.m. to 11.48 a.m.

The CHAIR: We will move on to consideration of estimates for the Department of Main Roads. Minister, at the beginning of the first session you mentioned you had a further couple of opening remarks which you wished to make. We will give you two minutes to do that.

Mr BREDHAUER: The budget outcome for the Department of Main Roads reflects the Beattie government's commitment to deliver its election promises and its continuing commitment to improve Queensland's road system. The roads program includes state funded works for state and local government roads and federal funds for national highways, roads of national importance and black spots. The Beattie government is standing strong in its support for rural and regional roads and will spend \$123 million more on state and local roads this financial year. Although \$29 million of the \$57 million cut in federal funding in 2002-03 was reinstated as part of the final monthly payment to Queensland in June 2003, this extra money does not make up for the money that was cut in 2002-03. Our budget from the Commonwealth for 2003-04 is still worse than it was two years ago.

In the face of that we are maintaining our commitment to local roads with an extra \$4 million being provided under TIDS—the Transport Infrastructure Development Scheme—\$2 million targeted at bikeways, \$2 million to improve Aboriginal and Torres Strait Islander access and, for the second year, an extra \$2 million to provide implementation facilitation of the Main Roads-local government alliance. Highlights of the budget are \$751 million for planning, construction and maintenance of other state controlled roads, including \$41 million out of the RONI program; \$203 million from the federal government for national highways; \$8.9 million for black spots; \$271 million for other roads related activities, including natural disaster relief, buildings, plant and equipment; and \$35 million under the Transport Infrastructure Development Scheme.

I will introduce my team: Steve Golding, the Director General; Danielle Anderson, General Manager, Corporate Services; Don Muir, Deputy Director General; Neil Doyle, General Manager, Strategic Policy and Development; and Karen Peut, Executive Director, Roads Program—all of whom are particularly well known to the member for Gregory.

The CHAIR: The first round of questions is allocated to non-government members. I call the honourable member for Gregory.

Mr JOHNSON: My first question to the minister relates to question on notice No. 4 directed to the Department of Main Roads. I refer to your answer in relation to internal audits undertaken by your department and in particular their role. One of the matters that seems to have been omitted in these descriptions is the fundamental relationship that these audits have with the Auditor-General. I therefore seek your assurance that all internal audit reports have been submitted to the Auditor-General.

Mr BREDHAUER: The Auditor-General investigates all of my department's dealings as is his statutory responsibility. The answer to that question is, yes. Whatever the Auditor-General's statutory obligations are he always has the full cooperation and support of me and my department in discharging those. They are all referred to the Auditor-General. They are also referred, as I understand it, to the Department of the Premier and Cabinet which takes a responsibility in overseeing internal audit across government.

Mr JOHNSON: I refer again to question on notice No. 4. I refer to the comment that there has been no disclosure of governance of special investigation CMC matters due to the need to keep these matters confidential and the fact that disclosure would prejudice the investigations. Does this mean that all reports that have not been reported are CMC matters and that they are all current? Will you indicate how many such matters are being undertaken?

Mr BREDHAUER: No, I cannot today. You asked the question on notice. We have provided you with an accurate list in response to your questions of all internal audits that were undertaken with the caveat that matters that should not be disclosed or are under continuing investigation have not been disclosed.

Mr JOHNSON: I refer to question on notice No.4 and the audits undertaken within Main Roads and the audit of discretionary expenditure which relates to, among other things, hospitality expenditure. I note that there were a number of improvements recommended because of the difficulties in interpreting policies across the department. What policies did the department have difficulty interpreting and what improvements have been recommended? Will you please make a copy of the report available to the committee?

Mr BREDHAUER: I think it actually says there that what was needed was clarification of policy and the financial management standard to further support ethical decision making by managers and the development and implementation of a training model to mitigate future risk in this area. That is what we have done. We have follow-up audits programmed for December of this year and January of next year to review progress and to make sure that those improvements have occurred. It actually says in the answer to the question what the recommendation of the internal audit was and how we have sought to respond to the recommendation of the internal audit to ensure that the processes are as efficient and effective as possible.

Mr JOHNSON: So you are happy with the accountability and transparency of that?

Mr BREDHAUER: Yes, I am. I am happy to take advice on whether a copy of the internal audit should be made available to the committee. I would not think it is customary, but I am happy to take advice on it.

Mr JOHNSON: I refer again to the same question and to the audits undertaken within Main Roads and the effectiveness of budget and business planning process follow up and note that a number of recommendations have been actioned and there will be follow up to ensure that the remaining recommendations are implemented. Will you advise what recommendations have not been implemented? Will you please make a copy of the report available to the committee?

Mr BREDHAUER: The answer to the last question is the same as the answer to the previous question. I do not know that it is appropriate for internal audit documents to be either called for or tabled at the committee, but I am happy to take advice on that. I am advised that the main issue was to make sure that the way business plans were coordinated and presented was consistent across all agencies within the department.

The business planning framework is under review and we are due to report to senior managers in Main Roads at the end of September. It was a fairly technical process. It was about how the business planning frameworks were presented and to make sure all agencies in the department were doing this business planning framework in a consistent way so that we could make comparisons between them, have common language used and those kinds of things. That recommendation was made, we are implementing it and we expect to report to senior managers at the end of September.

Mr JOHNSON: I draw your attention to opposition question on notice No. 6 and note that a substantial amount of revenue relates to the reimbursement by Queensland Transport for its share of a quarry purchased by both departments. Will you inform the committee of the location of this quarry and why Queensland Transport would need to acquire a share of this quarry in question.

Mr Drew: The quarry is a disused quarry on the Pacific Motorway and the proposed extension of the railway from Robina. The particular site was coming up for redevelopment and consequently was purchased under hardship provisions. A significant proportion of it is required for a railway station and parking. Another portion is required for upgrades to the Pacific Motorway.

Mr BREDHAUER: It is an old quarry site. Someone was going to buy it. We need part of it so we spent the money to buy it.

Mr JOHNSON: I refer you to question on notice No. 6. I note the schedule of properties disposed of during the last year. Would I be right in concluding that the majority of the properties relate to the koala tunnel corridor acquired by the previous Labor government?

Mr BREDHAUER: Not the majority but some do. Basically it is the Cornubia ones. That is four out of about 20. I would not call that a majority. You might in the National Party, I do not know.

Mr JOHNSON: I would not laugh if I were you. I refer to answer to question on notice No. 7 in which you advised that you were unable to report on how much expenditure your department incurred on seminars and conferences. Nevertheless, I note your comments that the department has developed policies to ensure that these costs are kept to prudent levels. I am a little confused by the data provided that seems to indicate that Main Roads will spend almost \$7 million on seminars and conferences in the forthcoming year. Given that you indicated in response to question on notice No. 1632 in November last year that RoadTek incurred almost \$25 million in beverages for the Things that Matter program, at an average of \$25 per person per day and that the budget has been increased this year, are you satisfied that these costs are being kept at prudent levels?

Mr BREDHAUER: Yes. When I became aware of that particular conference I had discussions with the director-general about it. I think hospitality costs of that nature are at the upper end of acceptable, if not probably unacceptable. That is why we have developed policies to make sure there is a clear understanding across my portfolio about what is reasonable expenditure. I do not think it is unreasonable to have some expenditure on hospitality. I think people are entitled to a cup of tea and a biscuit for morning and afternoon tea if they are putting in their day's work. I think they are entitled to lunch. If it is an overnight seminar I think they are entitled to have a meal and so on. So we put the guidelines in place to make sure there is a clear understanding of my expectations and the director-general's expectations in respect of what is reasonable. I think \$25 a day is probably outside the realms of what is reasonable.

To come back to your fundamental question, though, in relation to the amount of money that is being spent, I do not think there is anything that should concern people about the fact that we are investing in Main Roads employees—4,000 people in total—and we are investing in our work force to make sure they are capable, competent and understand how they can meet the needs of the communities they serve and do that job to the best of their ability. I think providing money for training is an important part of the operation of my Department of Main Roads, as it is in Transport and other areas, but we have refined the policy to make sure everybody is clear about what is acceptable.

Mr JOHNSON: Minister, I refer you to page 2-4 of the MPS. I refer for the fifth time at estimates committees to yet another start of construction of the fabled Tugun bypass. If construction is going to start this year, does that mean that you now have an approval from the New South Wales government for a route south of the border? Will you also be able to reuse all of the signage that has been erected a number of times already saying that construction will commence?

Mr BREDHAUER: It is ironic that you should ask—

Mr JOHNSON: Come on, Minister. We want the answer. Don't start your funny business.

Mr BREDHAUER: It is ironic that you should ask this question, because in two and a half years—

Mr JOHNSON: Five years ago Merri Rose said that you were going to build the damn thing. We want to know when you are going to do it.

Mr BREDHAUER: In the two and a half years you were the minister it never went anywhere and the New South Wales government was implacably opposed to any proposal that you were putting forward. It has been a difficult issue. One of the reasons it has been a difficult issue is that it is across three jurisdictions. There are not many road projects of this significance that require the concurrence of two state governments and the Commonwealth government, which has interests through the Gold Coast airport land.

We have the best possible corridor for the construction of the Tugun bypass. We allocated \$120 million towards the cost of construction. That is reflected in the budget allocation this year. I am pleased to say that, eventually, the Commonwealth came on board and committed \$120 million. We are due to see construction start in proximity of the bypass this year. That will be a great sign for the people of the southern Gold Coast and the region generally.

I might say that the New South Wales government has been cooperating with us in trying to get the planning approvals. It has triggered a requirement for approval under the Commonwealth's environment protection and biodiversity act through Environment Australia, so we are continuing to work with both the New South Wales and Commonwealth governments to secure their necessary approvals. I can assure the people of the southern Gold Coast that they will see construction in the area of the Tugun bypass this year.

Mr JOHNSON: Thank you, Minister. Minister, I refer to the capital statement on page 64. Can you advise if there are any capital works that have been or were planned in association with the AMC magnesium plant? If so, what is the cost of this work?

Mr BREDHAUER: The answer is no. In terms of the Department of Main Roads, if the project had proceeded we would have sought a contribution towards cost of maintenance. As you know, we have developed a new damage to roads policy. The new damage to roads policy, which we have negotiated with local government and industry, does allow the Department of Main Roads to negotiate with new industries for a contribution towards the cost of maintenance of roads on which they may increase wear and tear through the development of their industry. AMC, as a significant industry, would have triggered those kinds of discussions. That is the only contribution to infrastructure, in a road sense, that I am aware of that might have been required. We are still working to try to get the AMC project up. I think it is more difficult now than previously, but I think people in that area are pleased with the fact that the government is still working to get a project up in that area.

Mr JOHNSON: Let us hope so, anyway. Minister, I refer you to page 2-3 of the MPS. I refer to the implementation of the value for money framework for the whole-of-government public-private partnership involving large infrastructure projects. Can you advise what large PPP infrastructure project has been used for the implementation of this framework and what has been the result?

Mr BREDHAUER: The major project is the duplication of the Gateway Bridge and approaches. You would be aware that four or five weeks ago I actually announced in parliament that we were moving to establish an interdepartmental working group which would establish the business case. That is being done under the value for money framework PPP guidelines that have been formulated by the Department of State Development and others. This is a significant project. We believe it has potential for development as a major infrastructure project as a public-private partnership. We are working with the other relevant agencies—State Development, Treasury and Premier's, to name the key agencies which have an involvement in the process. That is the main one.

I might also say that we modelled the port motorway project on a PPP. When we did the alliance with Leightons and a couple of others we modelled that project on a PPP, just to give us some experience in how that might operate. I am also told that we are looking at a couple of other possibilities but they are in very preliminary stages. The Toowoomba bypass might be one, which is a major infrastructure project. With the support of the Commonwealth—it is National Highway—we might look to explore that at some stage. At the moment it is the Gateway for us.

Mr JOHNSON: I refer to page 2-3 of the MPS. I refer to the shared service initiative approach to corporate services delivery. How many Main Roads staff positions were identified for abolition as a result of this initiative? How many positions have been abolished to date?

Mr BREDHAUER: No positions have been abolished. You need to understand that they are transitioned from the Department of Main Roads to what is called Corporate Link. That happens by location. Throughout the state staff are transitioned from the Department of Main Roads to the

other agency, so there have been no job losses. No positions have been abolished. Those people are in the process of being transitioned.

Mr JOHNSON: Minister, I refer you to page 2-15 of the MPS. I note that this guideline has been finalised and copies sent to all districts and local governments. I presume that this is in fact a revised guideline, because there was a very strict guideline in place when I was minister which severely restricted advertising on roads such as the M1 on safety grounds. Can you give me an assurance that these safety guidelines have not been compromised so that you can sell more advertising on main roads, or will there now be more roadside advertising on the M1 in particular?

Mr BREDHAUER: Yes, I can give you a guarantee that they have not been compromised. We have a very strict policy. You are right. There has been a revision of the policy in relation to roadside advertising. One of the key drivers of that was in fact the M1. We have had a number of inquiries and investigations from people who want advertising on the M1. We have taken a fairly hard line on it, I have to say, because we do not want a plethora of roadside advertisements in that kind of high-speed environment that could in some way mitigate against safety.

The new policy ensures that both safety and amenity—we are conscious of visual pollution issues, I guess—are not compromised. We have an advertising management plan that we negotiate with local government. Our advertisements must also comply with that advertising management plan. So the short answer is: yes, I can guarantee you that we have not compromised on safety or amenity in the review of the guideline.

The CHAIR: The time allocated for questions by non-government members has expired. This year's budget provides \$1.011 billion for roadworks throughout Queensland, which is obviously a very significant number in itself. Would you please advise the committee how this compares with last year's budget?

Mr BREDHAUER: I can. There is just over \$1 billion available for regional roads programs in 2003-04. That represents a \$151 million increase on the 2002-03 regional roads budget, which was \$860 million. There are a couple of factors which have contributed to the increase in funds in this year's budget. First of all, there was increased election commitments funding. That includes \$90 million in this budget for the Tugun bypass out of the \$120 million that has been allocated. Herveys Range Road has \$4 million. The South Johnstone Bridge has \$6.5 million in this year's budget. The Six Mile and One Mile creeks bridges initiative at Ipswich has \$3.5 million.

We have also seen growth in motor vehicle registration revenue of \$44 million and there has been an increase in the federal budget funding beyond that anticipated for National Highways and RONIs of \$33 million. However, it should be noted that Queensland's National Highway and RONI federal budget decrease in 2002-03 was \$57 million, which means that Queensland has not recouped last year's \$57 million budget cut from the federal government. The level of funding we received two years ago has still not been fully restored. The National Highway forward strategy, which was forwarded to Canberra in December 2002, identified that \$600 million per annum was required to address demonstrated needs on Queensland's National Highway network.

The \$1 billion available is made up as follows. An estimated \$5600 million will be spent on capital works, as compared to \$427 million budgeted for 2002-03. An estimated \$331 million will be spent on rehabilitation, programmed and routine maintenance, as compared to \$323 million in 2002-03. \$43 million will be spent on the Transport Infrastructure Development Scheme, compared to \$34 million. An estimated \$76 million will be spent on planning, stewardship and administration, which is the same as it was last year.

Just to give you a couple of examples, in the Gregory electorate \$2.5 million will be spent on widening and overlay works on the Capricorn Highway between Emerald and Alpha, at a total cost of \$4.7 million. In the Maroochydore electorate \$4 million has been allocated towards the duplication of the Sunshine Motorway, from two lanes to four lanes between Mooloolaba and Maroochydore. In Nanango \$2.5 million will be spent to replace bridges and approaches at Scrubby and Sandy creeks on the D'Aguiar Highway and \$2.1 million will be spent to complete the replacement of bridge and approaches at Mary Smokes Creek.

At Hervey Bay, \$2.4 million is being spent on overtaking lanes, as you know, Mr Chairman. In Aspley, we are spending half a million dollars on the installation of traffic management devices on the Gympie Arterial between Gympie Road and the Gateway Arterial. In Broadwater, we are spending \$3.7 million towards the duplication of the Hope Island road, and in Burleigh we are spending money to continue the overlay of the southbound lanes between Tallebudgera Creek and Palm Beach. So every child wins a prize.

The CHAIR: Minister, you mentioned in passing the very, very important overtaking lanes on the Maryborough-Hervey Bay Road which you and I have been talking about well before the current member for Maryborough was elected, although I notice in the local media he is trying to take credit for it when he was still a National Party wannabe, apparently. Perhaps you could advise the committee what the anticipated date is for starting the work on that road?

Mr BREDHAUER: I appreciate the honourable member's question. I welcome Mr Foley's election to the seat of Maryborough—

Mr JOHNSON: Answer the question.

Mr BREDHAUER: But I think it is interesting who claims credit for the road. The need for the overtaking lanes on the Maryborough-Hervey Bay Road was identified some time ago. Detailed planning for the provision of overtaking lanes on this road identified the need for nine separate overtaking lanes, five northbound and four southbound—four between Hervey Bay and Maryborough. All but two of these lanes were completed in the year 2000. The final two lanes are the ones now proposed at Dundathu. Traffic volumes along the road are currently about 6,000 vehicles per day, and growth is about three per cent a year.

One of the two lanes to be constructed is in the northbound direction towards Hervey Bay and the other southbound towards Maryborough. The northbound overtaking lane is located north of Dundathu and the southbound overtaking lane south of Saltwater Creek. I might say there was a bit of angst in the local community there, as you are aware, as one of the local members in the area. We went and talked to them and came up with what I think was a sensible solution that will deliver a better outcome. It is anticipated that financial approval for RoadTek Asset Services to undertake the work will be given by the end of July.

Following this approval, project signs will be erected, and preliminary work such as survey set out will commence. The next few weeks after we will see machinery and workers increase on the site as the project gets under way. The overtaking lanes are planned to be completed during December 2003. A road safety audit of the section of the road through Dundathu is also currently taking place. This audit will look at other issues such as speed limits, access concerns, and the need for improved signage and delineation. You will be very happy to know that we expect financial approval by the end of this month and work to start within weeks after that, due for completion by Christmas.

Ms BARRY: Minister, I welcome your departmental staff and thank you for your help today. I am aware that Main Roads and local government are implementing an alliance to get better value for all road dollars and that future funding is guaranteed. Would you please outline the scope and the timing of this alliance and how the community will benefit?

Mr BREDHAUER: The Main Roads-local government alliance is an initiative which we signed off on last year in August following two years of consultation. I should give credit particularly to Neil, who is one of the driving forces behind the negotiation of that alliance with the Local Government Association of Queensland, which signed off on the agreement on behalf of local government.

The roads alliance is a true partnership. It involves a shift in attitude by Main Roads and local government away from an ownership model to one where they jointly manage the road network for the benefit of road users. At the moment we get bogged down in arguments about whether it is a state controlled road or a local road or a National Highway. This agreement means that, from our point of view as the state government and their point of view, as the local government, we are looking at what the network requirements are, what the users require, and we are much more focused on spending money to achieve those objectives than we are on arguing about whether it is their road or our road.

To achieve this, Main Roads and the LGAQ is committed to invest in and lead the development of local government road management capability. The government has provided \$4 million over two years, the last \$2 million of which is in this year's budget, to help local government to better manage the local road network. To provide local government with greater funding certainty, the government has guaranteed Main Roads funding commitments to projects in the five-year regional road group works program for four years.

To protect local government funding, the roads alliance agreement provides that local government participation is voluntary. Local governments do not need to invest in state controlled roads, local governments do not need to invest in roads outside their local government area, Roads to Recovery money is not included and local governments do not have to spend more than they normally would have.

The roads alliance will benefit communities and road users by providing a better and more effective road network sooner, a safer road network, efficiencies in the development and delivery of road programs, regional solutions for regional road users, a more efficient use of state and local government road resources, sustained regional and rural road worker employment, and improved road management capability.

Implementation of the roads alliance is on schedule and on budget. Main Roads and virtually all local governments have agreed to the formation of 15 regional road groups across the state. The regional road groups are expected to agree on the network of regional roads that they will manage by September this year. Local governments will have asset management capability by the end of this year. The regional road groups will develop and agree on a five-year works program in the first half of next year and the 2005-06 roads implementation project will include projects from the regional road group work programs.

Mrs SMITH: Minister, in relation to the Gatton bypass, can you advise when the project will be open to traffic and if it will be completed within budget? How is the completion of the Stockport NQ package being managed? Will subcontractors and suppliers to Stockport NQ be paid?

Mr BREDHAUER: There have been a couple of problems with Stockport on the Gatton project. It has been a very difficult matter for us. The company actually went into liquidation and was then bought out by another company which also put it into liquidation. So we have had a couple of false starts there which were difficult for us to deal with and particularly difficult for the local suppliers and contractors.

The whole Gatton bypass project is being done under four separate contracts. The contracts at each end were awarded to Bielby Holdings Pty Ltd. The contract for the 10-kilometre section in the middle was awarded to Stockport, which I have just been referring to, and RoadTek was to do the final contract, which involves repairs and modifications to the existing road following completion of the new works.

The two Bielby contracts are progressing to plan. Following the appointment of receivers to Stockport NQ, Main Roads took the whole of the remaining work on the contract—approximately \$3 million—out of Stockport's hands on 27 May this year. Main Roads is completing the remaining work as a direct managed contract to minimise delays. The department has re-employed or re-engaged most of Stockport's subcontractors and suppliers as the most cost-effective, fair and efficient way to complete the works.

Work recommenced on 10 June and should be completed in mid-October, weather permitting. Effectively, notwithstanding the interruptions, it is still on time. Any additional costs over Stockport's contract to complete the works will be recovered from securities held by Main Roads. Main Roads has sufficient subcontractor security to cover all subcontractor claims submitted to date. However, not all businesses and individuals previously engaged are covered by the Subcontractors' Charges Act. As a result, some will remain unsecured creditors to Stockport NQ.

Main Roads has drawn on the subcontractor security bank guarantees and will pay valid subcontractors in the near future. The project is on track to be completed within budget. The project will be completed and fully opened to traffic in December 2003. Some sections will be open to traffic earlier than that. It has been a difficult time, but the message for the people who use that very busy stretch of the National Highway is that we are doing our best to make sure that it stays on time and, to the greatest extent possible, that all the subcontractors who work with Stockport NQ are paid out in full, although there will be some unsecured creditors.

Mrs SMITH: Of particular concern to residents and holiday-makers in Burleigh is the traffic flow on the Gold Coast Highway. What is the government planning for improving the Gold Coast Highway through Burleigh Heads? In particular, how are you improving safety and traffic flow at the intersection with Burleigh Connection Road?

Mr BREDHAUER: I had a number of deputations in respect of this precise matter at the community cabinet meeting we had on the Gold Coast a couple of months ago, Christine, as you know. There are challenges for the road network right across the Gold Coast, as there is on the Sunshine Coast, because of the significant population and industry growth that is happening. Burleigh is one area on the Gold Coast, like a lot of others, that is going through a growth phase. Major developments proposed in the area include the redevelopment of the two hotels. At the same time the Gold Coast City Council is soon to progress the foreshore development master plan and Burleigh centre improvement program.

The planned improvements to the Gold Coast Highway through Burleigh will match the council's proposals. The hotel developments will have some site specific works required of them to

fit in with the road and foreshore plans. The proposed improvements on the highway will complement the recently completed upgrading works through north Burleigh, and they will include improved traffic flow at the intersection of the Gold Coast Highway and the Esplanade while maintaining one-way access northbound; improved pedestrian access between the foreshore and the Burleigh CBD; improved motorist and pedestrian safety by removing median strip openings on the West Burleigh Road; increased safety and accessibility by providing a pedestrian ramp suitable for wheelchair use from the Gold Coast Highway to the Lower Gold Coast Highway near Second Avenue; improved safety by providing two right turning lanes for Gold Coast Highway southbound traffic to turn into West Burleigh Road; improved safety with minor works at the entrance of Goodwin Terrace and improved road appearance by providing new kerb street surfacing and median landscaping.

I am currently considering the project for inclusion in the next Roads Implementation Program. The state funded roads program is not delayed due to adverse impacts from the Commonwealth's AusLink initiative. I expect this project will start construction within the next year or two.

Mrs CROFT: Minister, another part of the Gold Coast that is rapidly developing is the Hope Island area. Part of the Beattie government's commitment at the last election for better roads for the Gold Coast was \$6.2 million towards the duplication of key sections of the Oxenford-Southport Road, or Hope Island road. How is the government progressing with this commitment?

Mr BREDHAUER: Once again, the member for Broadwater and I have had numerous discussions about the Hope Island road. In fact, I have been down there on a couple of occasions and have met with some of the developers in the area who have expectations of the government in respect of improving the road network in that area. I am pleased to say that the government is meeting all of its election commitments not just towards better roads on the Gold Coast but right across the state, and Hope Island road is included in that.

The \$6.2 million on the Hope Island road for this term of the government includes rehabilitation west from the Pacific Motorway to the Santa Barbara roundabout at a cost of \$1.4 million. That work has been completed and has significantly improved the safety on that section of the road. Over \$5 million will be spent by June 2004 on design and a construction start on duplication of the section between Columbus Avenue and Lae Drive.

I am planning for duplication of the section from the Pacific Motorway to Monterey Keys. The duplication from Columbus Avenue to Lae Drive is a total estimated cost of \$10 million and it is due to be completed by 2005. This area of the Gold Coast is undergoing rapid development. The government has programmed these works to keep pace with that development and ensure that the area has safe and efficient road transport. The government is on track to deliver all of its road commitments on the Gold Coast.

The major achievements in this term are \$24.1 million for duplication of bridge upgrading works on Brisbane-Beenleigh Road—construction of the section from Schneider Road to Fletcher Street will be completed by August—some \$20.5 million on duplicating and upgrading sections of the Nerang-Broadbeach Road between Nerang and Goodings Corner; \$6.5 million to complete the six-laning of the Southport-Burleigh Road from Crombie Avenue to Boomerang Crescent; \$4.7 million to upgrade the bridge across the Nerang River at Royal Pines; \$3.1 million towards the construction of the Nielsens Road interchange on the Pacific Motorway; \$2.5 million on pavement widening works at Staplyton-Jacobs Well Road; and \$5.5 million for duplication of overtaking lanes and intersection improvement on Beaudesert-Nerang Road. The government has also contributed \$15.5 million to the Gold Coast-Surfers heart of the city project. All of the above is supported by a further \$44 million, which contributes towards the maintenance of roads in the Gold Coast city.

I know in significant growth areas like the Gold Coast and the Sunshine Coast there are still needs, and we will continue to address those. We have been working with the Gold Coast City Council. I have taken a call in the last couple of weeks from Craig Gore, one of the major property developers down there who is making some suggestions. We will continue to work with industry and with the Gold Coast City Council on ways in which we can deliver improvements to infrastructure and services to Hope Island road and other places.

The CHAIR: Minister, you just mentioned significant growth on the Sunshine Coast. Could I ask you a question in relation to the Sunshine Motorway planning study? What provision has the state budget made specifically for the Sunshine Motorway?

Mr BREDHAUER: Yes, and you are right. As I have mentioned previously, the Sunshine Coast is another area where there are significant growth pressures on infrastructure like roads—not just roads, but including roads and transport. The government recognises that the Sunshine Motorway is one of the most important traffic arteries for the Sunshine Coast. It provides a major link from the Bruce Highway to the key regional centre at Maroochydore and to other centres like Mooloolaba, Kawana and Coolum. In recognition of this importance, the 2002-03 to 2006-07 Roads and Implementation Program includes five projects currently estimated at in excess of \$58 million.

The recently announced state budget provides for the completion of the SM 2032 planning study—Sunshine Motorway. That will focus on the Sippy Downs to Pacific Paradise section of the motorway. The study will identify key enhancements necessary for the continued functioning of the motorway over the next 30 years as well as a strategy for their implementation. Key aspects to be considered will include changes necessary to all of the existing interchanges, possible additional road connections to Sippy Downs and a possible connection to the proposed Maroochydore southern access road.

Provision of \$4 million is also made for a start on construction of the duplication of the section of the Sunshine Motorway from Mooloolaba Road to Maroochydore Road. This \$21 million project will ease congestion and improve safety along this section of the motorway. The budget also provides for \$14.5 million of the \$22.5 million Kawana arterial, a new two-lane link between Nicklin Way and the Sunshine Motorway. This new road link is partly constructed by the state government and partly by the developer, Lensworth. It will reduce traffic and congestion on the section of the motorway from Military Road through to the Mooloolah River interchange to Brisbane Road.

The CHAIR: Thank you, Minister. The block of time allocated for government members has expired. I call the honourable member for Gregory.

Mr JOHNSON: Minister, I refer to the note on MPS 2-18 related to the reduced administration fee recovered from Queensland Motorways Limited. Would you advise the committee of those companies that have received preferred supplier status by Queensland Motorways Limited?

Mr Doyle: Queensland Motorways Limited has commercial arrangements with a number of private firms and also has a commercial arrangement with RoadTek to do with maintenance. In all cases there is either an open tender or an invitation to offer, or there is a commercial assessment being made by the company as to whether that is the best value. There is no direct preference given to RoadTek, apart from the fact that the company and the board were satisfied that RoadTek was the best proponent to give some maintenance work to.

Mr JOHNSON: Thank you.

Mr BREDHAUER: I will make another couple of comments in the time that is available. There was a suggestion made by the Opposition Leader—erroneously, once again—that because we were scheduled to pay the franchise off on the Gateway Motorway on time that tolls would increase. That is not true. It is not the government's intention to increase the tolls on the Gateway Bridge. That was idle speculation by the Leader of the Opposition. I suggest he go out and get a lesson in maths, to be honest with you. If it had not been for the fact that you reduced the tolls in a desperate bid to win the 1998 election, the franchise was on track to be paid off some eight years earlier. That will not happen now, but we will still pay off the franchise within the allocated time without the need to resort to toll increases. That is achievable by a number of measures including the higher than expected growth in traffic on the bridge.

Mr JOHNSON: Thank you, Minister. To gain preferred supplier status for Queensland Motorways, did Hipcliff Pty Ltd, Dalomeg Engineering Services Pty Ltd and Jonal Enterprises Pty Ltd participate in an open and competitive process?

Mr BREDHAUER: We will find out for you and get back to you.

Mr JOHNSON: Is the property known as 328 Illaweena Street, Drewvale, owned by the department or Queensland Motorways? Does Dalomeg Engineering Services Pty Ltd, a company owned by Chris Brown, who is the son of the general manager, operate an office and engineering business from that property?

Mr BREDHAUER: We will find out for you.

Mr Doyle: I will have to get you some more detail, but I understand—and I should disclose that I am also a director of Queensland Motorways Limited—that there is some commercial

arrangement between Chris Brown and QML. At a board meeting there was substantial disclosure by the general manager of Queensland Motorways Limited about that association. Independent advice was sought to satisfy the company that this was the best deal for the company to enter into.

Mr JOHNSON: Thank you. Was the engineering workshop located at that Drewvale property fitted out at a cost to Queensland Motorways? What, if any, rent or lease fees are paid by Dalomeg Engineering Services for the usage of these premises? Does Dalomeg Engineering Services use these workshops to undertake commercial activities for which they are paid by Queensland Motorways?

Mr BREDHAUER: Do you have copies of those questions?

Mr JOHNSON: I do Minister.

Mr BREDHAUER: I do not have that detail to hand. What I will endeavour to do is to get it for you before the close of the session.

Mr JOHNSON: Thank you, Minister.

Mr BREDHAUER: Do you have any other questions about that one?

Mr JOHNSON: Yes, I do. I will go through them. Does Chris Brown also operate a hot rod parts manufacturing business from the workshops at the Illaweena Street property? Does this private business use the equipment supplied and maintained at a cost to Queensland Motorways?

Mr BREDHAUER: Are there any others?

Mr JOHNSON: Has Dalomeg Engineering Services been provided with office space within the residential dwelling of the Illaweena Street property? If so what rent or lease charges does this company pay? Are their telephone and fax costs actually paid for by Queensland Motorways?

Mr BREDHAUER: I am happy for us to try and get answers. You have asked a question, but I have to say that information of that level of detail could hardly be expected to be available to myself or members of the department who are here. If you give us all of those questions, I will endeavour to get back to you by 1.30 with the advice and information.

Mr JOHNSON: We did ask for people from Queensland Motorways to be here, Minister.

Mr BREDHAUER: Pardon?

Mr JOHNSON: We did notify the department last evening that we would be asking questions of Queensland Motorways.

Mr BREDHAUER: Was that through yourself? That is the first I have heard of it.

Mr JOHNSON: I understand through my office that it was done. If there is a discrepancy there I will certainly follow it through.

The CHAIR: Perhaps I can clarify that. Apparently the directorate received an email at 7.30 p.m. after a time when it could be actioned because the staff had gone home.

Mr BREDHAUER: With the utmost of respect, I think it is a stunt to send an email to the secretariat of the committee at 7.30 last night and then to come in here and claim that a request was made for officers of QML. If that is the best your staff can muster—

Mr JOHNSON: If you want to have a go, most times I am pretty understanding when it comes to estimates.

Mr BREDHAUER: We found out about it one hour before we came down here. We will get the information for you.

Mr JOHNSON: I assure you that usually QML people are here anyway. The next question.

Mr BREDHAUER: QML have been represented here only once on the panel. It is not the norm for representatives of QML to be here. We had a discussion with the committee chair about what was the appropriate representation from the department, particularly in relation to our GOCs. We were provided with advice on who it was desirable to have present here. I have done my best to comply and to cooperate with every request that has come from the committee, as I have always done in the past.

However, I would suggest to you that your office sending an email to the committee secretariat at 7.30 last night does not constitute a proper request that I could reasonably have been expected to cooperate with. If I had known about it at 7.30 last night myself—if you had picked up the phone and given me a call—I would have had Terry Brown and Erik Finger here

today to answer the questions, if you had done me that courtesy. Given that we did not know about it until an hour before we came down here, we did not get them here.

Mr JOHNSON: I will give you the questions anyway.

Mr BREDHAUER: Give me the questions.

Mr JOHNSON: I believe that Mr John Everson, the Operations Manager of the Gateway Bridge, overnights at the Illaweena Street property during the week to save him from having to travel daily to and from his principal place of residence at Maroochydore on the Sunshine Coast. Does he pay any rent for staying at the property? Has Queensland Motorways paid fringe benefit tax for this employee entitlement? What are the key performance indicators of Terry Brown's employment contract? Has he met these targets for the past two financial years? If not, which indicator or target did he fail to reach?

I will table those questions with the officer here so that he can pass them on to you.

Mr BREDHAUER: It is nice of you to do it within working hours.

Mr JOHNSON: The whole thing is, Minister, it was unbeknown to me that the message did not get through. If you want to line me up, you can line me up. But I am not going to wear that and I do not have to wear it from you.

The CHAIR: That is not a question.

Mr BREDHAUER: Take a pill.

Mr JOHNSON: Mr Chair, all jokes aside, I have respect for these people within the department. At the same time I think it is a slur on me to think that you think that way, Minister.

Mr BREDHAUER: I think it is a slur on you, too.

Mr JOHNSON: You are the one who is prophesying. If you want to keep going with it we will follow it further—and we will, too.

Mr BREDHAUER: You want to ask a question? Do you want to get on with the estimates or do you want to prosecute the argument?

Mr JOHNSON: Minister, I note your answer in relation to fees and charges relating to Main Roads. I refer to my question in relation to the revised roadside advertising guidelines. Will you explain if there are any charges related to roadside advertising sites and confirm that there is no intention to increase the financial consideration for these sites?

Mr BREDHAUER: No, there is no intention to do it under the new policy. There are commercial arrangements, which are struck with roadside advertisers, but they have not changed.

Mr JOHNSON: Minister, I refer you to page 2-15 of the MPS. I note that a revised transport coordination plan, which sets the long-term strategic direction for the transport system, has been completed. Can you advise if this plan deals with the total transport system including rail, aviation, ports et cetera? What consultation was undertaken in the development of the plan?

Mr BREDHAUER: Are you talking about Roads Connecting Queenslanders?

Mr JOHNSON: Yes.

Mr BREDHAUER: The Roads Connecting Queenslanders document is the Department of Main Roads' new strategic direction. The whole reason behind Roads Connecting Queenslanders is that the Department of Main Roads no longer considers itself as only a road construction and maintenance agency, but that it does actually accept that it is a part of the transport chain and has responsibilities for not only the management of the road network but also to make sure that roads in Queensland are an integral part of the overall transport plan for Queensland. Roads Connecting Queenslanders was developed over a period of nearly two years.

There was widespread consultation right across the portfolio. There was also consultation with all of our key stakeholder groups so that the document that we produced had a contribution to it. Roads Connecting Queenslanders was undertaken in full consultation with all agencies. I am advised also that there is a proposed transport coordination plan, which is presently in the early stages of working between the Department of Main Roads and QT. Consultation on the modal papers, Roads Connecting Queenslanders, road safety, rail and maritime has occurred, but there is still about 12 months work that needs to be done on that transport coordination plan. So the short answer to your question is, yes, it does look at roads in a holistic transport perspective and, yes, it was widely consulted in its development.

Mr JOHNSON: I note from page 2-61 of the MPS that the revenue budget was \$303.7 million, but actual revenue was nearly \$40 million less. This reduction is explained in note 1 as being because of decreased work being available from the RIP that was not evident when the budget was prepared. Can you explain why last year's budget overestimated the amount of work available and what work was anticipated that did not eventuate? What assurances can you give that the work anticipated this year will not also disappear?

Mr BREDHAUER: That is under RoadTek. You would be aware that RoadTek bids for work. We make an estimate of how much work we think it will win in a competitive tender arrangement. But you cannot guarantee at the start of the financial year that it will win so many contracts. We have a number of ways in which we secure work for our employees in RoadTek. We have work which is basically allocated to RoadTek through a number of models that we have that make sure that we get value for money. But in terms of competition in the open market, you can never guarantee how much work you are going to win. The other thing you might like to take into consideration is that RoadTek actually performs work on national highway projects and other federally funded projects. When the Commonwealth government comes along and rips out \$57 million from our roads program in its budget, that is reflected in a decrease in the amount of roadwork that is undertaken. If you want to talk about the number of projects that have been approved by the Commonwealth for which funding has not come through, I can provide you with a long list; it is quite frightening. Industry is alarmed at the fact that the Commonwealth government seems to take no recognition of its responsibility or the role it plays in maintaining employment in the road construction industry with its cavalier attitude to road funding in Queensland.

Mr JOHNSON: I would certainly like to have a look at that list, if you do have it available. Can you provide the committee with details of the latest developments between the federal and state governments and the Toowoomba City Council relative to the second range crossing at Toowoomba and at what stage the proposed project is at?

Mr BREDHAUER: Probably the most important issue in relation to the second range crossing is that we gave a commitment that, subject to funding being made available from the Commonwealth—because it is national highway—we would undertake the planning and acquisition work so that the corridor was available. The federal government approved \$26.5 million for detailed planning work and acquisition. An additional \$7.5 million was requested in December 2002 due to increased costs of land and planning costs but was not provided for in the recent federal budget. We are not in a position now to finalise the acquisition of land for the future road corridor, because we are waiting for additional funding to come from the Commonwealth. Main Roads is undertaking a preliminary assessment of the project as a potential PPP, which I mentioned previously, in accordance with state government guidelines. But primarily we have been working hard—and I should say with the local members up there, including the member for Toowoomba South and the member for Toowoomba North—on developing the program for the construction of the Toowoomba bypass. But it is national highway. The detailed planning phase is on track for completion in September of this year. Extensive geotechnical, environmental and cultural heritage investigation work within the original corridor to the north of the city as defined in the 1997 Maunsell report is now complete. All of the work that we can do to bring this about has been done. The problem now is with the Commonwealth government, which refuses to allocate any additional funds to enable us to finish the planning and land acquisition aspects of the project.

Mrs PRATT: I acknowledge the many projects under way. But I wish to ask a question on the audit report for the road traffic control program, which is damning on standards. The audit report states that there has been no regulation or administration for some time due to neglect by the government. It goes on to say that if ever an industry requires a code of practice and stringent controls this one does. The audit also states that it is widely accepted that training of people to become controllers has become an absolute joke. It mentions ID cards being issued with Queensland government former Main Roads logos being displayed without official approval, and that a proposed issue of ID cards was to be undertaken. Have these been issued and at what cost? Have these things been implemented?

Mr BREDHAUER: What are you talking about? Go back to the start of the question. An audit of what?

Mrs PRATT: It was the audit report for the traffic controller program conducted on 5 November 2002.

Mr BREDHAUER: Cabinet approved the new system for regulation of traffic controllers in December last year and we announced the new system of traffic controllers would operate, including the training requirements.

Mrs PRATT: And IDs?

Mr BREDHAUER: All of those aspects are covered in the new system of regulation of traffic controllers which we announced in December of last year. In answer to one of the questions on notice I indicated that there is to be a fee, which has yet to be determined, for traffic controllers, which will be introduced this year, which is related to that particular issue. But the answer is that the state government acknowledges that there have been problems in the traffic controller industry. We have taken cognisance of the concerns raised. In December of last year we announced that a new system will be implemented this year. We are in the process of finalising the arrangement so that we can roll it out.

Mrs PRATT: And that addresses all the concerns of the report?

Mr BREDHAUER: Yes, it does address the concerns that were raised in that report.

The CHAIR: The time allocated for questions by non-government members has expired. Before calling the honourable member for Aspley, I feel it necessary to place on the record that I, as chair of this committee, certainly appreciate the work which has been undertaken by Lyndel Bates, the research director, and the committee secretariat right through the process. All documents received and forwarded on have been handled very promptly. Any suggestion that an email received last night at 7.21 p.m. was not promptly dealt with or was not appropriately dealt with by not being actioned last night is quite unfair. As committee chair, I commend the secretariat for the support they have given. But I feel in circumstances where they cannot speak up for themselves I need to put that on the record.

Mr BREDHAUER: I hope my remarks were not taken in any way to reflect on the committee secretariat or the good work that they have done or members of the committee generally. But we have likewise tried to cooperate. We have found the committee secretariat very helpful in all of our dealings with them. I would not like there to be a suggestion that there was a reflection against them. That is not what I intended at all.

The CHAIR: That is not suggested.

Ms BARRY: What is the current status of the Ipswich Motorway planning study regarding the responsibility, scope and timing? Is funding provided in this budget?

Mr BREDHAUER: The Ipswich Motorway is another part of the national highway network. I think it is roads like the Ipswich Motorway that are actually the genesis of the Commonwealth government's Auslink proposal. They have realised that they have sections of the national highway in places like Queensland that will require substantial investment in the near future. In the case of the Ipswich Motorway the study that has been undertaken indicates that somewhere between \$600 million and \$700 million will be needed to undertake the six-laning of the Ipswich Motorway. So far they have allocated \$64 million, which is good but it is about one-tenth of what will be required. The reason they want to move away from funding national highways is that they want to shift the cost of upgrading the national highway network on to the states. This is a good example. The other one is the Bruce Highway to the Sunshine Coast, in respect of which similar remarks could be made.

All of the funding responsibility for the Ipswich Motorway rests with the Commonwealth. I need to make that point up front. \$2 million was provided on 19 May 2000 to complete the concept planning for a six-lane upgrade between Granard Road and Riverview. In May 2001 the federal government committed a further \$64 million over four years in Roads to Recovery funding to complete the detailed planning for the six-lane upgrade and to enable work to start. The planning study was carried out in two phases. The first phase identified that six lanes was required—additional weaving lanes, the local road network requirements and additional service roads. Phase 2 undertook investigations in conjunction with extensive public consultation to develop the preferred plan for the motorway upgrade. The current stage 2 funding approval by the federal government for planning for the Ipswich Motorway is \$4.3 million. In June 2002 a stage 2 variation request for \$12 million was submitted to the federal government for urgent consideration. To date the expenditure on this project is approximately \$10 million, with over \$5 million on hardship property acquisitions. In October last year the federal government advised that it preferred not to approve the additional funding request until concerns over the direction of the planning study were resolved.

Federal officers were provided with a detailed briefing in February of this year. A copy of the draft report was sent to them at around the same time. I met with John Anderson on 27 March this year. But to this point in time we have not got any money to start any work. We are doing the best that we can to try to make sure that when funds are approved by the Commonwealth we are in a position to start work. We are continuing to negotiate with them, but ultimately the timing of the start of work there will be determined by funding made available or not by the Commonwealth.

Mrs CROFT: Given the increasing use of roads by tourists, especially elderly travellers, what is Main Roads doing to ensure adequate provision of rest areas to cater for motorists' needs and how is Main Roads balancing the interests of fatigued motorists and the interests of commercial providers of caravan parks and camping facilities?

Mr BREDHAUER: This has been a bit of a topical issue in recent times, that is, the rest areas policy that we have introduced. We are cognisant of the fact that rest areas do play an important role in road safety for motorists by encouraging them to break their long drives and make sure that they are not driving whilst fatigued. Fatigue is a significant contributor. We introduced our new rest areas policy with the aim of ensuring that we meet our responsibilities for assisting drivers to manage fatigue whilst not undermining the viability of local commercial caravan park and camping businesses. Prior to the review, overnight stays were permitted in most rest areas outside of town.

Main Roads has a responsibility to assist road users in managing driver fatigue, but we are not in the business of competing with private providers of camping and caravan facilities. Therefore, I believe a reasonable balance between the needs of the motoring public and those of caravan park and camping ground operators has been maintained. We limit stays at all Main Roads rest areas to a maximum of 20 hours. So in any Main Roads rest area the maximum is 20 hours. We have prohibited overnight stays at Main Roads rest areas within 50 kilometres of a commercial caravan park or camping ground. If you are within 50 kilometres of town, you have to try to make it to town rather than stay overnight. There is some capacity for interpretation of these things. If you hit the rest area and it is 8 o'clock at night and you pulled in and stayed the night, I do not think there would be too many problems with that.

I want to get this issue into perspective, because it has generated some concern amongst older drivers and caravaners. I have had many letters from members of parliament. I see four here nodding their heads. There are 468 roadside rest areas statewide. Main Roads is responsible for 93 of those. The rest are controlled by local government and some by other government agencies, such as DNR and various others. There are 29 rest areas within a 50 kilometre area of a commercial caravan or camping area. The policy of no overnight stays applies to 29 out of 468 rest areas around the state. I think people need to put this into perspective. Honourable members might help me in getting the message across to their constituents. We are keen to have the grey gypsies out there having a look at Queensland. The 'grey nomads' is the other term that my director-general identifies. It is important that we encourage our drive tourism market and we take our road safety responsibility of preventing fatigue seriously. But it really does need to be kept in some perspective as well.

The CHAIR: Minister, you are on the public record as noting that 50 per cent of road funding is spent outside the south-east corner. Can you outline the level of roads expenditure which was actually spent in south-east Queensland versus the rest of Queensland in 2002-03 and what is planned to be spent in 2003-04 as part of this budget?

Mr BREDHAUER: There has been a shift in the split between south-east Queensland and the rest of the state in my time as the Minister for Transport and Minister for Main Roads. Those people who live in south-east Queensland would appreciate, I think, that in addition to the money we spend on roads in south-east Queensland we spend substantial amounts of money on other public transport services and that level of investment is generally higher than the investment in public transport services in regional and rural parts of the state. Overall across the portfolio we maintain a balance in terms of where we provide our funding.

In the 2002-03 financial year just over 43 per cent of the money was spent in south-east Queensland and just under 57 per cent was spent outside of south-east Queensland. When I became the minister I think the split was roughly 51 to 49, so there has been a deliberate shift in funding in the roads area from south-east Queensland to regional Queensland. That is partly as a response to the need to put more money into maintaining existing roads in regional and rural Queensland. A couple of years ago after a parliamentary Travelsafe Committee inquiry we agreed that we would increase the allocation of funds to maintenance. Because a lot of the roads are in

regional and rural parts of Queensland, a greater share of that money is going into regional Queensland.

The budget documents do not detail regional splits of the aggregate funding levels for Main Roads. However, the 2003-04 state budget provides the regional roads program allocation of, as we said before, \$1.011 billion. Indicative funding allocations are as follows: south-east Queensland, 43.8 per cent; southern Queensland, which includes the electorate of Nanango, 16.1 per cent; central region, 15 per cent; and northern region, 25 per cent.

So, once again, we have just over 56 per cent of the budget outside south-east Queensland and just under 44 per cent in south-east Queensland. I have mentioned the shift to maintenance. In south-east Queensland a lot of the money actually goes into constructing new roads to try to help meet increasing population and those kinds of things, but in regional and rural areas a lot of the money is going into maintaining and some upgrading of existing roads so that we maintain efficient road links.

Ms BARRY: Minister, one of those regional roads is the Gladstone port access road. Could you please tell the committee what the benefits of constructing the Gladstone port access road are and what are the funding and delivery arrangements?

Mr BREDHAUER: I have to say that the port access road has been the subject of some debate in Gladstone. I appreciate the concerns that have been raised with me by a range of people, including the local member, about the proposal to build the port access road. I guess on balance, though, I was and remain convinced that improving access for heavy vehicles to the port through the construction of this access road was and is desirable from both an amenity and safety point of view.

The Gladstone port access road will provide a dedicated road access to assist in the effective operation of the port in the future. It will provide a short, more direct link from the state highways to the port precinct. The project will allow efficient transport operations for internationally competitive industries using the port to access foreign markets. We all know what an important port the Port of Gladstone is. The removal of heavy vehicles from narrow inner-city streets will contribute to improved safety for Gladstone city residents.

The port access road has been established at an estimated cost of \$15 million and the contributions are coming from the Commonwealth through the Roads of National Importance Program to the tune of \$7.5 million; from the Gladstone Port Authority, which is obviously a state government owned corporation, of \$4.5 million; from the Department of State Development of \$1.5 million; and from the Calliope Shire Council of \$1.5 million.

The project is in an advanced stage of design. An early works package to relocate a section of the north coast rail line to allow the road construction is currently being undertaken by RoadTek staff. The work commenced in March. Civil construction work is finished and track relocation will be completed this month. Pre-construction issues have dictated the calling of tenders for the main contract. Tenders are expected to be called in late September or October and the project is due for completion in late 2004. I say again that I think this will be an important piece of transport infrastructure, improving safety and amenity for the residents of Gladstone whilst also providing a more efficient freight network for port users.

Ms BARRY: Just a little closer to home is the Bruce Highway upgrade. Can you please tell the committee what progress has been made to address the traffic congestion on the Bruce Highway between the Gateway Motorway and Caboolture? In particular, what is the current status of the upgrading between Dohles Rocks Road and Boundary Road?

Mr BREDHAUER: This is another one that struck a few snags, I have to say. I was out there a little over 12 months ago with the parliamentary secretary to the federal Minister for Transport, Ron Boswell, to open the previous section of work. We actually announced at that time that work was about to commence on the next section between Dohles Rocks Road and Boundary Road. People will probably be aware that although this is National Highway the Commonwealth decided about three years ago to take money out of the Centenary of Federation project which had been earmarked for public transport initiatives in Brisbane and put it on the National Highway—about \$40 million. Let me make it quite clear that I think they should be spending a lot more money on that section of the National Highway. I do not have any problems with the work being done; I just do not think that they should have funded it out of the Centenary of Federation program.

What we found was that because it was funded out of the Centenary of Federation program they had an expectation that the national code of practice, which applies to various federal government projects and is actually driven in an ideological way by Tony Abbott, would apply to

this project. We have had an agreement with the federal Department of Transport and Regional Services for many years which enables us to manage work on the National Highway network according to Queensland rules and Queensland regulations, particularly in relation to industrial relations issues. It has worked in 99.9 per cent of occasions efficiently and to everyone's satisfaction, including the Commonwealth government, which gets value for money for the dollars that it provides.

The national code of practice was not acceptable to the Queensland government across government. It has also been unacceptable to other state governments where they have attempted to force that requirement. I made representations to both John Anderson and Ron Boswell. Thanks in no small part to their intervention—and no small part in Ron Boswell's case in particular—we were able to remedy that situation. I am pleased to say that the works are now programmed and construction has started.

There has been a bit of debate about the speed limits in that area. I just ask people to be patient. Workplace health and safety requirements say that once you initiate any work you have to reduce the speed limit to 80 kilometres an hour. The police told us that they would prefer if we had the speed limit at 80 kilometres an hour for certain hours of the day while the workers were there and 100 kilometres an hour for other hours of the day when the workers were not there, but that might confuse both the motorists and the law enforcement agencies. So we have a consistent speed limit there. I expect that the project will be completed in late 2004, the end of next year.

Mrs SMITH: Minister, last year you told us that the federal government was not fully consulting with states on the proposed changes under its AusLink proposal.

Mr BREDHAUER: Yes.

Mrs SMITH: Has the situation improved over the last 12 months?

Mr BREDHAUER: In terms of the situation in respect of AusLink, marginally I guess. At the May meeting of the Australian Transport Council there was an indication from the Commonwealth government that they recognised that, if they were going to get a new intergovernmental agreement between the states and territories and the Commonwealth, the states and territories would have to agree and that the attitude that they had adopted up until that point in time of belligerently trying to force through their agenda may not be conducive to getting the states and territories to agree. I have no problems with the notion of establishing a national land transport plan. It is long overdue, and the ones who have dragged the chain on it are the Commonwealth. What I do have a problem with is the suggestion that they are not going to fund the National Highway. The Commonwealth government has acknowledged that Queensland has the worst National Highway network of any state or territory in the country and we need investment in our National Highways, not to have the Commonwealth government walk away from its responsibilities in that regard.

When the white paper was released I was somewhat puzzled to see that not a single road or rail corridor north or west of Brisbane was regarded as being strategically significant to the national freight task. That is just a nonsense. I think we are making some progress in our discussion with their departmental officers. When the white paper comes out, we will give more evidence of that. The working groups, as I understand it, have stopped meeting. I do not know what that means. The white paper was due in July. We are now told that it has been postponed to August and I am hearing that it may well not be out in August; it may well not be out until much later in the year. All I can say is that the states continue to believe that the Commonwealth should fund 100 per cent of the National Highway network.

I am also hearing that the Australian Logistics Council have been putting pressure on the Deputy Prime Minister because they have realised that the federal government is talking about not putting in any additional dollars to achieve AusLink. Frankly, unless they put in extra money and not just rearrange the deck chairs, there is no point in doing it. There is a need for more investment in the rail network both here in Queensland and nationally, but there is equally great demand for investment in the National Highway network, especially in Queensland. I will not sit by and allow them to take our National Highway funds to spend on the rail network in New South Wales or Victoria where it is needed.

The CHAIR: Thank you, Minister. The time allocated for questions by government members has expired. We will go to a block of questions by non-government members. In view of the time, we will probably split this up into 12 minutes and 10 minutes—12 for non-government and 10 for government—to round it out.

Mrs PRATT: Minister, safety is a prime concern on all of our roads, but the safety of schoolchildren is paramount. Where a school is situated in such a position that it necessitates a large percentage of the student population crossing a now very busy major highway to and from the school, will you ensure their safety by the marking of a pedestrian crossing or an overhead walkway?

Mr BREDHAUER: This is actually an issue that should have been raised in the Queensland Transport area. But that is okay; I will take the question anyway. The answer to the question is that it depends on the circumstances. There is not a one-size-fits-all solution for school safety, whether it is pedestrian safety or in any other way. Part of the problem with putting pedestrian crossings down is that really they are not much more than white lines on black roads usually and they may not necessarily improve safety. In fact, there is research which indicates that, particularly for schoolchildren who do not have as developed a sense of perspective I guess, if I could put it that way, they see the white lines on the road and they think, 'This is the place I'm safe to cross,' and they could dart out in front of the traffic.

It is not a one-size-fits-all solution. If you have a particular problem at a particular school, we have programs like the safe school transport committee. We can get people from Queensland Transport to go out to the school to meet with the parents and the teachers to look at the circumstances on the ground. We work with the Department of Main Roads in cases like that and sometimes local government. We can work with bus operators if there is an issue about dropping kids off on the other side of the road and the kids having to cross the road.

Mrs PRATT: No, it is children walking.

Mr BREDHAUER: All of those things can be looked at. If you have a particular school in mind, then by all means you should drop me a line and what I will do is—

Mrs PRATT: I have.

Mr BREDHAUER: Is it a particular school?

Mrs PRATT: Yes.

Mr BREDHAUER: Which one?

Mrs PRATT: Woodford.

Mr BREDHAUER: Okay. We will have a look at what has been done there by our school transport safety people and, if necessary, we can get someone from that safe school transport program to go out to the school to talk to them. I just have a feeling that we have done stuff at Woodford in my time as minister, but I cannot recall off the top of my head.

Mrs PRATT: There has been something done in the main street, but not at the school.

Mr BREDHAUER: We will have a look at Woodford State School and if necessary we will get an officer to go out and talk to people at the school about ways we might be able to improve safety.

Mrs PRATT: Are all projects mentioned in the 2002-03 RIP currently on time? If not, where are the delays and what are the expected delays costing?

Mr BREDHAUER: I could not say that every project in the RIP was on time. In 2002-03 we delivered 97 per cent of the program, which is not a bad strike record. When you are talking about a billion dollar program, if you deliver 97 per cent of the program within the time frame, that is a pretty reasonable achievement. I always tell the Treasurer that if he gives me the money I will spend, I will build roads. He can rely on me to do that.

Individual projects are from time to time delayed. Sometimes they are by weather, particularly in north Queensland. Some projects are delayed because we negotiate with local government over changing priorities. We may actually delay a project to bring another project forward or something of that nature. We do that from time to time in consultation with various stakeholders.

When we bring down the Roads Implementation Program, usually in November, we commit to the first two years of funding of that program. This year I do not think we are going to be able to commit two years out, The reason being that we do not know what is going to happen with AusLink. I am not prepared to make commitments in my budget two years out that could be affected by the Commonwealth government reducing funds to Queensland or changing its funding relationship with Queensland which could necessitate changes to our Roads Implementation Program.

For the first time since the RIP started in 1995, we will be committing to only one year for the program. That is not my preference. I give a commitment to local government that, as soon as we can get certainty from the Commonwealth in our funding program, I will restore certainty to funding for them. That is assuming I get certainty in funding from the Commonwealth. Generally speaking, we committed two years out for last year's Roads Implementation Program. Those commitments will be delivered. In this year's Roads Implementation Program we will commit one year out.

Mrs PRATT: Is the allocation of road funding for local government going to be increased?

Mr BREDHAUER: We have increased funding for local government through the Transport Infrastructure Development Scheme. I gave some details on that if you want to go back and have a look at my answers to earlier questions and my introductory remarks. We have increased funds to local government through the Transport Infrastructure Development Scheme. We have also committed to give certainty to local government for four years through the alliance. The regional road program gives a commitment to their programs and then we give them a funding commitment for four years. That will not be dependent on the federal government. We will make a commitment to that element of the program. So we are giving them that level of funding certainty into the future.

An increasing proportion of our budget every year is being consumed by the employment commitments we have to local government. In regional and rural areas, as Vaughan well knows, we have local governments that rely on us for work to keep their road gangs employed. We maintain that commitment to those local governments. That is taking up an increasing proportion of our budget, although it does not necessarily mean that any local government is getting more money in any particular year.

Generally speaking, we have maintained our commitments and our obligations to local government. We have had some increases in the area of Transport Infrastructure Development Scheme funding. If you go back to early answers you will find details of that. The people who cannot be relied on are the federal government who gave them money through the Roads to Recovery program and then said that they were going to pull 25 per cent of it back. I think our relationship with local government has been very positive and constructive.

Miss SIMPSON: I have a question that actually follows on from the RIP, but relates to programs that do not even get onto the RIP because of the delays in the planning process. The Pacific Paradise road network study was agreed to while Vaughan Johnson was Transport and Main Roads Minister. When you came in as minister you also agreed to that study. That has now been going on for several years. You have been minister for five years and the study is not completed. Because of the delay in that critical road study being completed and the program being put into the RIP, will you give consideration that it not face the same delays in the appropriate recommendations bringing about the necessary roadworks in that area? It has been five years now since that planning process was agreed to.

Mr BREDHAUER: The study is complete. The final report is being prepared. Because the final report is being prepared, there are no funds allocated in the current Roads Implementation Program. When the report is finalised and it comes to me with recommendations, then it can be considered for inclusion in the Roads Implementation Program. I am advised that the study is actually complete and that the final report is being prepared by the department for my consideration.

Miss SIMPSON: When do you envisage a decision will be made about the recommendations that come forward? Since we have been waiting for five years now, we are keen to know when that matter will come to an end.

Mr BREDHAUER: The next opportunity for consideration of those issues in the context of the Roads Implementation Program is in the development of the current Roads Implementation Program, which is due for release in November of this year. I imagine that I will have the report in the next couple of months. If it is there in time for consideration in the context of the Roads Implementation Program, then it can be. The inference you are making is that there has been some tardiness on either my part or the part of my department in bringing these issues to fruition. That is not the case.

There are major infrastructure projects that are required across the Sunshine Coast, the Gold Coast and south-east Queensland generally, in my neck of the woods and in Townsville. We are regularly undertaking planning studies to give us the capacity to make decisions about what infrastructure is required and when. When that report is finalised and has been considered by me

we will be in a position to look at it in a context of development of the Roads Implementation Program.

Miss SIMPSON: I have a question with regard to Maroochydore Road. I will note that planning needs to be done, but when it becomes such a lengthy process it actually has an adverse impact upon local development and other people making decisions. Five years in the making for a plan is excessive.

Mr BREDHAUER: That is your opinion.

Miss SIMPSON: And the opinion of many of the local residents who have been consulted on this issue over several years. The issue of Maroochydore Road has been subject to considerable consultation. Recently you confirmed the alignment through Kunda Park. The question that still remains unanswered regards the section west of Pike Street, west of the industrial area back to the highway. This area is flood prone. It is the major link to the hinterland, the railway, the regional base hospital and the highway. What consideration will the minister give to bringing funding forward for this critical area which still has not been tagged for funding?

Mr BREDHAUER: I make the comment again that it is your opinion that the studies take too long. The reality is that in planning for the infrastructure of major growth areas like the Sunshine Coast, there are complex issues that need to be taken into account. Among those complex issues are the requirements for assessment of the impact on the environment, industry, the local community, development, local government and conditions like flooding. You talk about low-level roads. The department undertakes its responsibility in planning these works assiduously and does them in a timely fashion.

There are significant new infrastructure requirements for the Sunshine Coast and the Gold Coast. Significant amounts of money are being spent on road and transport infrastructure on both the Gold Coast and Sunshine Coast, some of which I have alluded to in my answers to questions today. We will continue to work with local government and other stakeholders to make sure that we have the appropriate planning in place to deliver infrastructure and services as required.

The CHAIR: The time allocated for questions from non-government members has expired. In an answer to a question by the member for Nanango recently you mentioned TIDS expenditure and noted that there had been some increases in TIDS funding. Are you able to advise the committee how TIDS funding for 2003-04 compares in dollar terms to last year?

Mr BREDHAUER: This is an important area of expenditure. I mentioned in my introductory remarks that an additional \$2 million has been allocated in the Transport Infrastructure Development Scheme for bikeways construction. I also mentioned that an additional \$2 million has been allocated each year for access to Aboriginal and Torres Strait Islander communities. Some \$2 million is in this year's budget to assist with local government in the development of capability in preparing for the local government-Main Roads alliance.

Total state funding of \$43 million has been allocated in the 2003-04 budget compared with \$34 million in the 2002-03 budget. In addition to those I have mentioned there is also almost \$7 million allocated for the One Mile Bridge and Six Mile Bridge as part of a matching grant with the Ipswich City Council.

Some of the work with local government through TIDS is the One Mile Bridge and Six Mile Bridge. We are spending \$700,000 with Miriam Vale shire to continue upgrading and sealing Finger Board Road. We are spending \$190,000 on pavement and sealing works on Arturus Road in Bauhinia shire. We are spending \$85,000 on pavement and sealing works on the Eromanga to Thylungra Road in Quilpie. We are spending \$50,000 for kerbing and channelling in Nanango and \$37,000 towards a realignment of Flinders Street and Charlton Esplanade in Hervey Bay. We are spending the money supporting local government road initiatives to make sure that we are helping them to deliver effective road networks for their constituencies.

Ms BARRY: Now that the draft report of the Brisbane urban corridor has been on public display, when will we see something happening?

Mr BREDHAUER: The Brisbane urban corridor is the federal government's responsibility through the National Highway. It would be very nice to think that we would get some action from the Commonwealth on the Brisbane urban corridor. We have been working very hard to find solutions to community concerns associated with BUC. The corridor is part of the National Highway, so it is the federal government's responsibility. On behalf of the federal government, the state has been undertaking a planning study to investigate the impact of traffic using the Brisbane urban corridor. Our state members, particularly Phil Reeves, Judy Spence and Karen

Struthers, have worked hard to ensure that the community's issues were incorporated into the study's findings.

The report is currently being finalised before being presented to me and the federal Transport Minister. However, the state government has not waited for the federal government and is already acting on some of the recommendations. We have improved the toll plazas on the Logan Motorway so that trucks can pass through without stopping. We have started issuing e-toll transponders free of charge to all trucks in company fleets that travel on the Logan Motorway to try to get as many of the heavy vehicles on the Logan Motorway as we can. We have improved traffic signals at the Macgregor Street intersection, improved the night-time operation of the Perrin Place traffic signals, increased police enforcement along the corridor and met with carriers of hazardous goods and market produce to try to get them, as much as possible, off the Brisbane urban corridor.

We have also allocated, for example, \$6 million in this budget for the upgrade of Mount Gravatt-Capalaba Road east of the Gateway. That is not part of the Brisbane urban corridor, but it is part of the road that we are responsible for. Where there are roads that we are responsible for and where there are initiatives that we can take, we are out there doing them.

Unfortunately, the federal government has done nothing. It is spending no money on the Brisbane urban corridor. No money has been allocated. The local federal member big-notes himself every day of the week, talking about how bad the state government is because we are not doing this and we are not doing that. The reality is that the state government has its hand in its pocket and is spending money helping to relieve the traffic congestion problems on the Brisbane urban corridor and the Commonwealth government continues to do nothing. The people in that area, particularly the people in the federal electorate of Moreton, should be writing to their local member asking him why he and his government have done nothing for the people who live along the Brisbane urban corridor when it is clear that the state government is committed to playing its part in helping to resolve these problems.

In conclusion, I have not been able to get responses to the questions in relation to QML that were asked by the member for Gregory. There are provisions for questions to be taken on notice, and I ask that that question be taken on notice so that I can respond in writing. I note again, however, that similar allegations were raised by the Leader of the Opposition in the Transport section and they turned out to be unsubstantiated.

With those few words, I thank the Department of Main Roads representatives who are here with me today. I thank the Department of Transport representatives who were here earlier. I would like to thank you, the member for Hervey Bay, and other members of the committee; the committee secretariat; the Hansard staff and others for enabling this day to go so smoothly.

The CHAIR: Thank you, Minister. That concludes the examination of the estimates for the Department of Main Roads and Department of Transport. I thank you, Minister, and your advisers for your attendance and assistance to the committee. The transcript of this part of the hearing will be available on the Hansard Internet Quick Access web site within two hours from now. The committee will now adjourn. The hearing will resume at 2.30 p.m. to examine the proposed expenditures for the portfolio of the Minister for Health.

Sitting suspended from 1.31 p.m. to 2.29 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

Ms N. Deeth, Deputy Director-General (Policy and Outcomes)

Dr S. Buckland, General Manager (Health Services)

Dr A. Waugh, Director of Mental Health (Acting)

The CHAIR: On behalf of the committee, welcome, ladies and gentlemen, to this afternoon's hearings. The next portfolio to be examined relates to the Minister for Health. I remind the committee and the minister that the time limit for questions is one minute and three minutes for answers. A bell will ring once 15 seconds before the end of these time limits and twice when the time has expired. I will allow more time for answers if the questioner consents.

The sessional orders require that at least half the time for questions is allotted to non-government members. Government members and non-government members of the committee will take turns at asking questions in blocks lasting approximately 20 minutes. In relation to media coverage of today's hearing, the committee has resolved that video coverage is allowed only during the opening statements. For the benefit of Hansard, I ask advisers to the minister to identify themselves before they speak.

Members of the public are reminded that they cannot participate in today's proceedings. Sessional order No. 195 provides that strangers to the parliament may be admitted to or excluded from the hearings at the pleasure of the committee. If anyone attending today has a mobile phone or pager, would they kindly switch them off while in the chamber so as to not disrupt proceedings.

The time allotted to the portfolio of Health is four hours and 30 minutes. The committee has scheduled two 15-minute breaks. The first break commences at 4 p.m. and the second commences at 5.45 p.m. I declare the proposed expenditure for the Minister for Health open for examination. The question before the committee is—

That the proposed expenditure be agreed to.

Minister, would you like to make a brief introductory statement? If so, the committee requests that you limit your statement to five minutes.

Mrs EDMOND: Thank you very much, Mr Chairman. Firstly, I will introduce the other people at the table with me. I have with me Norelle Deeth, the Deputy Director-General of Health; the Director-General, Dr Rob Stable; and Dr Steve Buckland, General Manager, Health Services.

It gives me great pleasure to make an opening statement at this the 2003-04 estimates of expenditure for Queensland Health. I have now been involved in nine estimates hearings, this being my sixth as minister. I am delighted to announce another record recurrent budget of \$4.63 billion for 2003-04, an increase of \$300 million, or 6.9 per cent, on the 2002-03 budget.

Over the next four years at least an additional \$2.6 billion, including \$1.6 billion in state funding, will go into the Queensland public health system compared with the 2002-03 budget. By 2006-07 Queensland Health will have received total budgetary increases of 70 per cent since 1997-98 for public hospitals, emergency departments, community health services, mental health services, home and community care and public health services.

Budget highlights this year have been very well received in the community. They include \$13.2 million extra for cancer services; \$13.1 million extra for renal dialysis; \$10 million for the elective surgery enhancement initiative; an extra \$5 million for oral health; an extra investment of \$6.2 million for intensive care; at least \$7.5 million additional funding for home and community care services; and \$272 million for capital initiatives, which includes the continuation of the residential aged care building program, expansion of community health networks and information technology projects. Labor's \$2.8 billion statewide health rebuilding program, which concludes this year, has rebuilt, modernised and re-equipped hospitals and community health facilities the length and breadth of the state. They will not have to be rebuilt again for many years.

However, there is much more to measuring the health system than just the total amount of funding it receives. Just one example is that Queensland is able to spend less per person on health than other states because we have the most efficient public hospital system without in any way compromising the quality of our clinical services. According to the latest data from the Australian Institute of Health and Welfare, the average weighted cost for treating a patient in a Queensland public hospital is \$2,741. In New South Wales the same data produced a figure of over \$3,000. The fact that Queensland can achieve such an excellent result against this measure, and especially in view of the additional costs of providing services in our remote and regional areas, is testament to good management.

Another area of service delivery I would like to particularly mention is elective surgery, with the June quarter statewide waiting lists to be published soon showing the best ever result, with only 2.3 per cent of category 1 patients waiting longer than the target of 30 days and only 5.3 per cent of category 2 patients waiting longer than the target of 90 days. Even before this result, the independent umpire, the Australian Productivity Commission, had found that Queensland has the shortest waiting times in the country.

On the issue of waiting lists, it has been pointed out to me that the opposition health spokesperson in her budget reply speech made a claim that 9,000 more surgical operations were performed on public patients in the last year of the coalition government than under this government in the last reporting year. This is not true. What the data, in fact, shows is that 6,549 extra public patients received elective surgery in 2001-02 compared with 1997-98. I trust that the member will correct the record in parliament.

Finally, I want to put on the record my appreciation of the hard work and dedication of Queensland Health staff across-the-board—from the director-general to our hardworking doctors, nurses and allied health staff and to the merry band of gardeners who ensure that the roses bloom at our aged care homes around the state. Thanks to one and all.

The CHAIR: Thank you, Minister. The first round of questions will be from non-government members.

Miss SIMPSON: Firstly, welcome, Minister and staff to the estimates hearing. My first question is with regard to page 1-16 of the portfolio statement—non in-patient services, in particular emergency departments. How much of the \$2.2 million extra allocated to Queensland emergency departments will be spent on staff and how many extra staff?

Mrs EDMOND: There have been a range of extra increases to emergency departments because, as you would be aware, emergency departments are under significant pressure with the decline in bulk-billing by GPs and, indeed, the difficulty in finding GPs. That has meant that over the time that I have been minister there have been several increased allocations of funding to emergency departments to address that issue.

In terms of the funding, a number of extra positions have been made available. The aim of the \$5.5 million recurrent funding is to provide more doctors, nurses and equipment in our emergency departments to allow for better management. That includes departmental information systems, training for nurses and funding projects to improve services.

In 2002-03 the state government allocated an extra \$2 million for an additional 16 doctors and two nurses in Queensland's busiest emergency departments. In Townsville, that was three medical officers; in Redcliffe-Caboolture, it was four medical officers; at the Royal Children's, it was one medical officer; in Logan, it was five medical officers and on the Gold Coast it was three medical officers and two nurses. This year we have included the full-year effect of those extra positions. Those extra staff were in place at the end of last year. That will be continuing on, so the full-year effect of that funding is there. It also allows for extra consumables to deal with the extra number of patients being seen.

Last year we also had reviews of our emergency departments at the Cairns, Townsville and Mackay hospitals to give advice on how we can improve the efficiency of those departments. They have made recommendations on how to improve the process. I should point out that waiting times for the most urgent patients have improved steadily since the emergency services strategy initiated statewide collection of the waiting time data in 1999. The most recent report shows that a doctor sees 100 per cent of category 1 patients immediately.

Miss SIMPSON: Minister, I note that you still did not answer as to how many extra staff and how much of the funding targeted for emergency departments would be for staff. You did not answer that question.

Mrs EDMOND: Can I go back and read again what I said?

Miss SIMPSON: The minister did not answer the question with regard to how many extra staff there would be and how much of that would be spent in this coming year on staff in emergency departments. Minister, considering that New South Wales allocated an extra \$124 million over four years specifically to address waiting times in emergency departments—a yearly allocation of more than 14 times your \$2.2 million—and emergency wait times are continuing to skyrocket in Queensland, do you admit that this \$2.2 million is not enough to address this issue?

Mrs EDMOND: For the member's benefit I will repeat what I said before. The funding allowed for an additional 16 doctors and two nurses in Queensland's busiest emergency departments.

Miss SIMPSON: That was last year. What about this year?

Mrs EDMOND: The funding we have provided this time allows that to continue.

Miss SIMPSON: So it is just going into the base? It is not additional staffing?

The CHAIR: Order! The member for Maroochydore will let the minister answer.

Mrs EDMOND: For the full-year effect. In Townsville, that was three medical officers for \$490,000.

Miss SIMPSON: So it is not additional to that which was given last year?

Mrs EDMOND: In Redcliffe-Caboolture it was four medical officers, which cost \$380,000. At the Royal Children's it was one medical officer, \$180,000. At Logan it was five medical officers, \$550,000. At the Gold Coast it was three medical officers and two nurses, \$400,000.

Miss SIMPSON: Minister, you have just misled the parliament. That is not additional staff for this year. That is just being put on the base for this year.

The CHAIR: The honourable member for Maroochydore is not advancing the work of this committee by interjecting on the minister every 30 seconds. The minister is entitled to three minutes to answer the question. If the honourable member continues to interject repeatedly, I will treat the interjections as a further question and have the clock reset at three minutes and we will answer the one question for the whole 20-minute block. Minister?

Mrs EDMOND: Thank you, Mr Chairman. I would go on to say that, of course, funding has to be reallocated for full-year effect, which is what has happened. It is also fair to say that about 70 per cent of all health funding goes into the cost of staffing, because that is where our major costs are.

Miss SIMPSON: How many extra staff will come out of that \$2.2 million this year, Minister?

Mrs EDMOND: Queensland's emergency department waiting times are comparable with those of New South Wales for categories 1, 3 and 4. Queensland waiting times, in fact, are better in some areas. We have also looked at Victoria. Queensland benchmarks very well against New South Wales. One of the issues New South Wales is attempting to address is the poor fabric of its hospitals. Queensland has already rebuilt its hospitals. We do not need to rebuild them again.

Queensland also performs better than southern states on measures of waiting time to admission in situations where patients require admission to an in-patient bed. Queensland consistently achieved a performance level of greater than 90 per cent of patients admitted within eight hours, since I initiated collection of this data in 1999. For your benefit—

Miss SIMPSON: Mr Chairman, with respect, the minister is not answering the question as to whether there are any additional staff coming out of that allocation.

The CHAIR: The honourable member knows very well that the minister is entitled to answer the question in any way she sees fit. I do not need to be advised in relation to the sessional orders.

Mrs EDMOND: For your benefit, in New South Wales only 73 per cent of patients were admitted within eight hours as part of that comparison. Queensland also exceeds the performance of Victoria, where 84 per cent of patients were admitted within 12 hours during 2001-02.

Miss SIMPSON: Minister, I note that you have given no confirmation to the committee that there are any additional staff coming out of that money for the emergency departments in Queensland. I refer to page 19 of the portfolio statement, where this paltry allocation to emergency departments is noted. Thirty per cent of emergency patients are not seen within the

10-minute clinical time frame and nearly half of urgent patients are not seen within 30 minutes. Surely you do not suggest that \$2.2 million is going to solve this problem.

Mrs EDMOND: I think the member for Maroochydore fails to understand that an increase in budget is actually on top of the existing budget. No-one is suggesting that the emergency departments around Queensland get only \$5 million or whatever extra per year.

Miss SIMPSON: I was not suggesting that.

Mrs EDMOND: They already have existing budgets. Then we enhance that and we—

Miss SIMPSON: I am saying that they need additional money to address those severe clinical backlogs.

Mrs EDMOND: We do not just throw money at different departments. We go in and look at how they can improve the efficiency of that department and we address that. Sometimes it is a case of data collection for that particular area. In fact, at the front of the booklets of figures, where we keep the data that you have received under FOI and by other means, it says that the time linked is the time of entry of the data and not necessarily the time that a patient is seen and that that can lead to discrepancies, as I think you have had pointed out to you at various hospitals around the state when you have made misuse of the data that you have received.

Miss SIMPSON: They are your figures, Minister, and you just said before that you were keeping those figures in order to keep track of—

Mrs EDMOND: The information on page 2 of the report relates to the data entry and not the time the patient is received. That information is there for a very good reason. If a department is very busy with a number of resuscitations, we would prefer that people focus on the patient rather than entering the data. That can lead to a discrepancy. That is why it is important that data such as that is used only by people who understand it and is not misused to convey the wrong impression to the public. As I said earlier, I think you have had that pointed out to you by a number of emergency physicians when you have misrepresented that data in various parts of the state.

Miss SIMPSON: Minister, I still note that you have not answered the question in regard to your own statistics, which are that 30 per cent of emergency patients are not seen within 10 minutes and nearly half of urgent patients are not seen within 30 minutes. That has been given to me by people within the system. They know the figures are worrying, because patients increasingly are not being seen within the clinically accepted time frames. Is the minister denying that there is a problem with patients being seen within the clinically accepted time frames in the hospitals?

Mrs EDMOND: The member does not seem to be listening. I just said that 100 per cent of those category 1 patients are seen immediately according to the latest data.

Miss SIMPSON: Category 2 and category 3 patients have to be seen within 10 and 30 minutes respectively, and those figures are also blowing out. They are urgent patients, Minister, and what we are seeing is that emergency departments in this state are still not getting adequate resources and attention to address that. You have not told us how many extra staff will be employed throughout Queensland with that paltry \$2.2 million.

Mrs EDMOND: As I said, these are guidelines. The aims set down by the national agreed performance indicators are that we should attempt to see 80 per cent of category 2 patients in emergency departments within 10 minutes. My understanding is that we are seeing about 70-72 per cent of people. So we are almost there. That is completely different to what you are saying.

For category 3, the aim is to see 75 per cent of patients. We are seeing about 55 per cent of patients within that time frame. I should point out that we have seen a significant increase in categories 3 and 4 in recent years, which has been largely linked to the changes at a Commonwealth level in terms of funding for GPs and the shortage of GPs. This is something that I have been calling for in the media on a regular basis—that is, extra GPs and extra doctors. We do have shortages of doctors. If you have a large number of patients in an emergency department, no matter how efficiently they are seen and triaged, just the sheer bulk of numbers will reduce the time that can be spent seeing other people.

That is not something that we have hidden. We have been calling in the media on a regular basis for extra doctors in Australia to be trained. That is why I am delighted we had approval recently for a new medical school at the Gold Coast. But that will take years. I have—as I know

other state health ministers have—been lobbying for extra training places for doctors since I have been there, but others have been for three or four years, too.

An issue that is of real concern is bulk-billing. The electorate where this is worst, where we have had the most silence from a state member, has been in Maroochydore, where bulk-billing rates have plummeted. Yet there has been nothing from the local member. The worst drop in bulk-billing in the state is in the federal electorate of Fisher, in which the member for Maroochydore resides, and yet I have heard nothing from her. Other state members have been representing their constituents and calling for increased doctor numbers and something to be done at a national level about bulk-billing rates and GP numbers, yet there has been nothing from the member for Maroochydore in her own electorate while people have been deprived of those bulk-billing services.

Miss SIMPSON: Minister, bearing in mind the excellent support from Queensland Health pathology services and medical imaging services throughout the state, can you please explain why up to half of Queensland emergency department patients—54 per cent at Townsville—wait more than eight hours for a bed?

Mrs EDMOND: Townsville has been doing a great job in recent times in improving its efficiency. It had a large increase in the emergency department with the closure a couple of years ago of the Mater emergency department. One of the issues it has had is moving nursing home type patients out of the Townsville Hospital. It has done an incredible amount of work on that. In fact, I understand—

Miss SIMPSON: In the emergency department, Minister?

Mrs EDMOND: No.

Miss SIMPSON: I am referring to the emergency department and the fact that 54 per cent wait more than eight hours to get a bed.

The CHAIR: Order! The minister is entitled to be heard for three minutes.

Mrs EDMOND: Mr Chairman, I am perplexed. The member for Maroochydore does not understand that when they go from the emergency department and they are admitted they actually go into the hospital, and that means there is what is commonly called a bed block which can occur, particularly when you have a lot of nursing home patients who we cannot get placement for in aged care facilities. That can cause a problem in admitting patients.

Townsville should be congratulated. It has done a wonderful job. Previously it had a significant number of patients waiting to be moved to nursing homes. My understanding is that it has halved the numbers that it had. I have been assured that the delays are monitored at all times. While a patient is waiting, I should point out that they are always cared for appropriately and well. The letters I have had from patients have identified that. They often also receive a significant amount of tests and treatment while waiting for admission. So they are not just lying there in a heap, as you seem to indicate, not being cared for.

Getting patients through the system has been an issue in Townsville. I am advised that the short-stay ward is opened when it is necessary to hold patients and monitor them if there is not a bed available. Sometimes in Townsville, because of the distances involved with some of its patients, they also have to arrange transfers to other hospitals. It is important to understand that last year my government provided an additional \$490,000 and \$300,000 this year for the recruitment of two additional staff specialists and one registrar. I understand that when you visited Townsville Hospital emergency department recently they told you that the services had improved and that efficiency in the department had improved significantly.

Miss SIMPSON: There has been an access block issue, Minister, and we acknowledge that. In fact, I raised that when you were trying to say that they were in accident/emergency having tests undertaken at Townsville and that is why they were waiting so long. With regard to access block, how many extra beds are you looking at opening in Townsville to overcome the other issues with regard to lack of beds operating at Townsville Base Hospital?

Mrs EDMOND: As I understand it, you were told when you were there that it is not really a shortage of beds; it is about managing those beds. We have no present indication that we need to open beds.

Miss SIMPSON: If you have access block, does that not indicate you need to open more beds?

Mrs EDMOND: No, access block is about patients who should be going home or should be going to other services and that is not happening. What we have done and what we are doing is improving their movement to other services and to homes. The new rehabilitation services there and those which we are bringing online in Cairns, for instance, will also help get patients home earlier.

Miss SIMPSON: Will you guarantee that the access block will be overcome in this particular budget?

Mrs EDMOND: I think it is important to remember that we have moved a long way from the good old days when bed numbers were the only measurement of health care. We provide a greater range of services now on an outpatient basis or on a short-stay basis or on a day-only basis, and that is the way I expect health care to continue to evolve, with increasing technology, et cetera. That is one of the good things, because it allows people to stay at home with their loved ones getting the support that they need while receiving care on a day-only basis or on an outpatient basis.

Miss SIMPSON: Minister, I refer to the extra \$300,000 that is supposed to be allocated to the Townsville Base Hospital emergency department. Could you please advise how that is going to be spent?

Mrs EDMOND: I have already indicated to you that we have appointed two additional staff specialists and a registrar.

Miss SIMPSON: That was last year, though.

Mrs EDMOND: When staff see extra patients, they have extra non-labour costs. They order tests and they treat people. They might bandage people up. There is a whole range of things that are non-labour costs. So we have the labour costs and the non-labour costs of the increased activity at Townsville Hospital.

Miss SIMPSON: Could I have a breakdown of what the extra \$300,000 will be spent on?

Mrs EDMOND: You would need to talk to the clinicians there to find out what cases they treated, what tests they ordered, what bandages they used and what X-rays they took. The director-general might want to comment on that.

Dr Stable: In fact, \$490,000 last year is not a full-year effect. That is not enough money for two staff specialists and a registrar. For a staff specialist we usually budget about \$250,000 each. So that alone for the two specialists is \$500,000. A registrar, depending on rosters, is anything up to another \$80,000. Allowing for, as the minister said, the associated consumables and other issues associated with the appointment of staff, \$790,000 is about right. As the minister said, 80 per cent of our budget goes on labour. We allocate the budget to address workload demands, and staff are put on in accordance with the budget provided.

Miss SIMPSON: What I am trying to get at is that there has been a fairly modest extra allocation to emergency departments given the size of the demand. What I want to know is how many extra staff will be funded through that fairly modest increase so we can see what additional services will go into the clinical end in emergency departments.

Mrs EDMOND: I think one of the things you have to realise is that this is one increase. Every year I have sat here there has been a significant increase to emergency departments. What we are doing is funding the Commonwealth's cost shifting of \$60 million of GP-type patients coming into the public system.

Miss SIMPSON: But Townsville has a 24-hour bulk-billing clinic that has taken the tail end of the categories 4 and 5 off its emergency department.

Mrs EDMOND: Well, that is great. That means they will not need the money and they can give it back.

Miss SIMPSON: Yet we still see blow-outs in waiting times because categories 1, 2 and 3 continue to grow.

Mrs EDMOND: What you are suggesting is that the state should continue to provide increased funding year in, year out to pick up the failure of the Commonwealth government to adequately pay for and get the numbers of GPs in an area.

Miss SIMPSON: Minister, categories 1, 2 and 3 need a hospital, not a GP, and they continue to climb in numbers in that emergency department and other departments.

The CHAIR: The time allocated for opposition questions has expired. Minister, perhaps if you would finish and then we will move to government questions.

Mrs EDMOND: We also have to take into account workloads. The workload of Townsville's emergency department has not increased. So there is no need to put in any extra staff.

The CHAIR: Minister, we all recall the magnificent efforts of the Queensland Health staff in responding to the Bali crisis, and I ask: what allocation is there in this budget so that the Burns Unit of the Royal Brisbane and Royal Women's hospitals can continue to be national leaders?

Mrs EDMOND: I think we are all tremendously proud of the people at the hospitals in Queensland, the Royal Brisbane and the PA Hospital, for the work they did on short notice in looking after severely injured people. I was delighted earlier this year to name the brand new Burns Unit at the Royal Brisbane and Royal Women's hospitals after one of those long-term specialists, a legend in health care—and Bonny will know who I mean—Dr Stuart Pegg, who has been an absolute legend for as long as I can remember in the treatment of burns.

In this year's budget, the Royal Brisbane and Royal Women's hospitals Burns Unit will receive an additional \$500,000. This is to allow the unit to increase medical staff, including an additional specialist burns surgeon, and increase access to surgical theatres. We found that they were having to do so much of their work after hours because of limited access to theatres. The Burns Unit at Royal Brisbane and Royal Women's hospitals was one of the main medical centres in Australia for the treatment of victims of the Bali bomb tragedy. The unit treated eight of the most critically ill victims, including a patient who was given a less than 10 per cent chance of survival and who spent three weeks in intensive care. I had the privilege of meeting that particular patient and I have to tell you he thinks very highly of the health services in Queensland. I met him just before he returned home to Western Australia after spending nearly two months in the Burns Unit, and he was full of praise for the staff and the treatment that he had been given.

Initially, the Burns Unit did not know how many patients would be arriving from Bali—only that they would be brought in over a 24-hour period. Surgeons who worked up to 12-hour stints in the operating theatres on the Bali patients used a combination of skin from other parts of the patients' bodies as well as artificially grown skin products to perform the grafts. The team of medical staff was headed by their Director of Burns, Professor Stuart Pegg, who has recently been honoured as the first Australian ever to receive the Guiseppe Whittaker International Burns Prize for his outstanding research into burns.

The Burns Unit at the Royal Brisbane and Women's Hospital is recognised as one of the leading burns centres in Australia and it treats patients from Queensland, northern New South Wales, the Northern Territory, the Pacific islands and Papua New Guinea. In addition to medical specialists it provides allied health workers including physiotherapists and occupational therapists, a dietitian, psychologist, social worker, speech therapist and indigenous liaison officer. The unit can treat up to 20 patients at a time. It has certainly come a long, long way from a couple of beds in a corner of a ward that it used to inhabit.

Can I also inform the committee about an additional boost to the Royal Brisbane and Women's Hospital—an extra \$400,000 to the Multidisciplinary Pain Centre to increase its tertiary outreach service. That is more funding which will be very much appreciated.

Ms BARRY: Thank you for your time this afternoon, Minister, and thank you to your departmental staff as well for their time.

Oncology/cancer services have been a concern in recent times. Can you report to this committee any outcomes of the government's \$1 million recruitment and retention initiative for radiation therapists and what was the outcome of the UK recruitment exercise?

Mrs EDMOND: Yes, it has been a concern to all of us. I think everyone would be aware that there is an international shortage of radiation therapists. Bonny, you and I should be back there working, I think, because there is such a shortage of health professionals around the world.

This year's budget has included a \$13.3 million boost for cancer services. As I have indicated, part of this year's funding will deliver a range of new initiatives for radiation therapists and physicists, who often get forgotten but are also essential, who are working in radiation therapy including 12 new bonded scholarships for current QUT undergraduate radiation therapy students, generous relocation packages for the recruitment of radiation therapy staff, and a radiation therapy development allowance of \$5,000 per annum indexed in line with wage increases under EB5 and paid from 1 July 2003 to all registered permanent radiation therapists and physicists working in radiation therapy.

As you indicated, I have also initiated an overseas recruitment strategy for radiation therapists in the UK—really we have always had one but we have stepped it up considerably—and other potential application pools with overseas recruitment strategies including Queensland Health's presence at relevant international conferences, lobbying relevant parties to facilitate registration of overseas trained radiation therapists and an advertising campaign in the UK radiography professional publication. As a direct result of the overseas recruitment strategies six radiation therapists have expressed interest in working for Queensland Health. Negotiations are currently in progress with each of these individuals. Of course, we will have to get support from the Commonwealth in immigration matters. A further two radiation therapists have signed temporary contracts to work in Townsville. Following the Queensland Health presence in the UK radiology conference, over 40 expressions of interest have been received.

I have to say that it was disappointing to hear the opposition Health spokesperson describe it all as an 'expensive English junket'. I think it has proven well worth while. It has certainly raised the profile of Queensland Health's radiation therapy services on the international market and showed that we are very much in touch and know where to go to get things done.

Ms BARRY: I have another question about oncology. The Queensland Cancer Fund has recently quoted New South Wales' expenditure on cancer services of some \$290 million. Can you tell the committee how this compares with the Beattie state government's investment in cancer services?

Mrs EDMOND: Yes. I have to say that I was rather concerned to hear this being quoted as an example that we were only putting in \$13 million and New South Wales was putting in \$200 million to cancer services. I would like to commend the New South Wales government's investment in cancer services. I understand it is actually \$290 million over four years with the first year's allocation being \$5 million, that being in this current budget year. This investment will allow them to catch up with the achievements made already here in Queensland. I know my colleagues in New South Wales have looked at our services as a benchmark.

As you would be aware, this year's budget has included a \$13.2 million boost for cancer services, but this comes on top of a significant investment by the Beattie government over the last five years to address the full spectrum of cancer research, prevention, treatment and palliative care. In 2000 I introduced the radiation oncology services plan to put an end to what had previously been absolutely ad hoc planning in the area of cancer services. This has delivered a \$28 million investment in the best and latest equipment, and an expansion of radiation therapy services such as the brand new unit at the Princess Alexandra Hospital. The Royal Brisbane Hospital has a new \$48 million radiation therapy and oncology department housed in the Joyce Tweddell Building on the Herston campus. You were with me when we opened that. Townsville, of course, has a brand new radiotherapy department in its new hospital.

I would like to assure people that the Beattie government is committed to improving access for our public patients requiring radiation oncology services in Queensland public hospitals. We will continue to address the issues of shortages of staff. I would like to reassure you that patients can be confident of receiving quality care from Queensland Health in a timely way.

Of course, in the last few years Queensland has also opened a \$68 million comprehensive cancer research centre linked to QIMR. The centre is doing much to enhance Queensland's international reputation as a leading medical research environment. In addition, other cancer research supported by the government is occurring at the PA Hospital Research Centre and the universities. There has recently been a commitment of \$10 million to the Mater Medical Research Centre to advance its dendritic cell research work, among other things that they are doing there, I think, with cord blood and a range of different products.

I should point out that all of this has been state funding. Despite lobbying, the Commonwealth refused to allocate any of the regional radiology funding to Queensland, although I heard this morning that they are going to chip in \$600,000. Most of the money from the radiology funding has gone to Victoria and New South Wales so that they can upgrade their equipment. The basis for not giving it to Queensland is that our equipment has already been done.

Mrs SMITH: Minister, in regard to the additional \$175 million for employee costs itemised on page 5 of the MPS, how will the new enterprise bargaining agreements impact on service delivery?

Mrs EDMOND: First of all, I would like to thank you for putting this issue on the table, as we have heard a number of allegations from the shadow Health Minister in relation to the

Queensland government conducting a clawback of \$40 million in unfunded wages and expenses that have to be delivered out of savings made by Queensland Health. The only time I remember that happening in an EB was when Mr Horan was Health Minister. That is the only EB that relied on savings having to be made by the health districts so that they could pay their employees. I do not believe those savings were ever realised.

Let me make it clear that previous enterprise bargaining agreements and all employee award agreement outcomes paid in 2002-03 were fully funded by the Queensland government and no funding came out of health service district budgets. No district was asked to make savings to pay for increases in health funding. I therefore can assure you that enterprise bargaining agreement outcomes will not have any negative impact on service delivery in health service districts in the future.

Skilled staff are our most valuable resource. The government has committed \$175 million in 2003-04 to meet additional employee costs including new enterprise bargaining agreements and awards for nursing, non-nursing and visiting medical staff. Queensland Health will spend more than 60 per cent of the total expenditure on attracting and retaining a dynamic work force. The recent federal arbitration agreement for nurses means that Queensland Health has an attractive wage structure that will attract and retain nurses. Queensland Health's nursing staff have access to excellent professional and skills development opportunities which support improved opportunity for career progression. Wage increases for allied health, administration, technical and operational staff have also placed remuneration packages on a par with most other Australian states.

This budget has allocated \$330,000 to support the allied health task force, including clinical career pathways for allied health professionals, often a forgotten group. In addition, \$2 million will be spent on improved staff accommodation in rural areas. A major initiative to help recruit and retain radiation therapists is the payment of the aforementioned radiation therapy development allowance to the value of \$5,000 per annum payable to all existing and new radiation therapists and physicists working in radiation therapy. Agreements have been reached with the state's visiting medical officers. That will enable people in regional areas to have a range of clinical support. In particular, the new package for VMOs has satisfactorily addressed the issue of medical indemnity and remuneration so that Queensland Health is able to attract VMOs to geographic areas of need.

Mrs CROFT: Minister, page 10 of the MPS notes an extra \$10 million for elective surgery. What impact will this funding have on the waiting times for elective surgery?

Mrs EDMOND: Clearly, I think what is most important is that it will enable our public hospitals to continue to meet demand for elective surgery. I am determined that Queensland will maintain its position as the best performing state in Australia in regard to elective surgery waiting times. I am not asking anyone to take my word for this. The national independent umpire, the Australian Productivity Commission, has found that Queensland performs better than any other state in getting people who need elective surgery to have it on time.

It is a fact that Queensland has the shortest waiting lists in this country. Another fact is that the June quarter figures, which will be ready for publishing at the end of this month, will show that elective surgery performance for urgent and semi-urgent elective surgery is the best ever recorded—better than the previous best figures achieved in the March quarter. The June quarter will show that only 2.3 per cent of category 1 patients were waiting longer than the target of 30 days. At the same time only 5.3 per cent of category 2 patients were waiting longer than the target of surgery within 90 days.

While I have acknowledged that waiting times for some of the non-urgent category 3 elective procedures are longer than we would like, I have asked the department for strategies to deal with this. We have actually been coming up with some innovative ways of targeting these areas in recent times. We are also looking at different ways of doing it. For example, I am talking about my recent announcement that optometrists will have an enhanced role in treating many non-urgent eye conditions. That will free up ophthalmologists to deal with those things that they have to deal with, in particular surgery. While the department will continue to strive for improvements in performance, it is nevertheless pleasing that Queensland has the nation's shortest waiting lists. I would like to take this opportunity to thank everybody involved in doing that.

The June quarter waiting list report will also reveal that, in spite of a growing population and increasing demand on public hospitals because of GP shortages throughout the community, there are actually fewer people waiting for elective procedures now than there were at this time in 1998. At that time there were 36,260 people. There are now 35,000 people waiting all up.

The CHAIR: Minister, still on the issue of elective surgery and waiting lists, you are well aware of areas like mine in Hervey Bay where we have particular issues with the eight per cent annual population growth and 25 per cent of the population being aged over 60. What specific initiatives are there in terms of funding and other measures to address specialties which are so acute, such as ophthalmology and orthopaedics, in areas like Hervey Bay and on the Gold Coast?

Mrs EDMOND: While many of the category 3 patients have conditions such as grommets, ENT and varicose veins and things like that, there are other things such as cataracts which, whilst they are not life threatening, have a severe impact on people's quality of life. That is one of the areas that we are trying to target with our category 3 strategy. That is why during 2002-03 what we have done to deal with the shortage of specialists in some areas is that we have invested in additional services and targeted those particular areas. A total of \$2.3 million was invested in additional services and equipment to reduce the number of Queenslanders waiting for ophthalmic surgery and cataract procedures in particular.

This government appreciates that the presence of cataracts, while not life threatening, has major impacts. It is one of the reasons why elderly people in particular lose confidence in being able to live in their own home. Specific funding has been provided to increase the volume of cataract procedures at hospitals where ophthalmology waiting lists are under pressure. For example, the Gold Coast Hospital has received an additional \$500,000 to complete an additional 280 cases; the Mater Adult Hospital has received \$570,000 to treat 300 patients from the Redcliffe-Caboolture area who are waiting for cataract surgery after local specialists became unavailable; and the Royal Brisbane Hospital has received an additional \$500,000 to complete an additional 250 cases over 10 months from May to December 2003. Mr McNamara, you will be interested to hear that the Fraser Coast has received an additional \$500,000 to increase procedures in ophthalmology, orthopaedics and general surgery. It also received funding for a phacoemulsifier, a piece of equipment to allow optometrists to take a more active role in determining which patients need surgery, which will also speed up throughput.

In 1998-99 my government allocated an additional \$3 million in recurrent funding for complex elective surgery. That was increased to \$6 million in the following year. That was to target those special orthopaedic procedures that are more complex and costly and allow them to be reduced. Additional recurrent funding of nearly \$2 million has been allocated to QE II in 2001-02 and a further \$1 million in 2002-03 as part of the southern zone orthopaedic initiative, which has resulted in more than 1,000 extra orthopaedic services.

Mrs CROFT: What initiatives will be funded with the \$1 million mentioned on page 35 of the MPS to increase Queensland Health's capacity to promote healthy weight, nutrition and physical activity in children? Can you explain why you have decided to spend the money in that way?

Mrs EDMOND: I think the message is getting out slowly but surely that one of the greatest challenges we are facing as a society in delivering health services is obesity. We all draw in our breath when we say that, but the fact is that we are seeing an increasing percentage of people with obesity. In Australia almost one-quarter of children aged between two and 17 years and over half the adult population were overweight or obese in 1995. We now know that overweight children tend to develop into overweight adults, with over 55 per cent of Australian adults overweight or obese.

In Queensland, treating diet related diseases accounts for at least 14 per cent of the annual hospital budget. This includes illness and death due to chronic diseases such as coronary heart disease, the major cause of death in Australia, type 2 diabetes, stroke, some forms of cancer, and things like knee replacements. We know that many of these conditions can be prevented by improved nutrition and physical activity, and the million dollars allocated in this year's budget shows the Beattie Labor government's commitment to helping our kids achieve and maintain a healthy weight.

The funding will provide 13 new full-time physical activity and nutrition positions over the next 12 months. The positions will be based at Mackay, Townsville, Brisbane, Rockhampton, Sunshine Coast, West Moreton, Charleville, which will also service Roma, Toowoomba and the Gold Coast, with a physical activity coordinator in corporate office. An extra four nutrition specialist positions will be created and, of these, three community nutrition positions will be established in health service districts, with a senior public health nutrition position to support these programs statewide. Promoting healthy weight is a priority area which the health system must address for both the health benefits it will bring to Queenslanders and the reduction in costs to health care in the future. In the short term, children who are overweight are more likely to develop gastrointestinal, endocrine and some orthopaedic problems than children who are a healthy weight. In many

cases, overweight children also experience social discrimination, low self-esteem and depression. In the longer term, we can expect them to end up with adult obesity and chronic diseases such as cardiovascular disease, type 2 diabetes and, as I mentioned earlier, some forms of cancer.

This \$1 million investment in nutrition and physical activity will further strengthen the state government's response to this epidemic. In another positive move, Queensland Health has also been involved in a creative endeavour to encourage greater physical activity. In 2002 the television advertisement *Take the stairs* was produced as part of the inaugural Kodak film and TV schools competition. The project was supported by a number of advertising agencies and Channel 10, with Queensland Health providing the subject matter. The winning entry was produced by a team of second-year film students from the Queensland College of Arts. I am delighted to say that as part of the competition Channel 10 will be running the ad as a community service announcement over the next few months. I urge you all to watch out for it.

The CHAIR: The time allocated for that block of government questions has expired.

Miss SIMPSON: Going back to the emergency department's portfolio at page 16, I note your answer and that of the director in regard to the extra money for emergency departments. My understanding is that you are saying the extra money is to pay for the full-year equivalent for staff who came on last year. That being the case, is there any extra money at all to employ anybody else at other hospitals, such as at the emergency departments at Nambour Hospital, Cairns or the Gold Coast?

Mrs EDMOND: I am aware that the Gold Coast has had significant increases in its emergency department staff over recent times, as has Nambour. I am not sure about Cairns. When allocating funding, we look at the throughput and whether there has been an increase. We have seen a significant increase over the last three years, but not necessarily in the places that you have identified. Cairns received an extra \$200,000. As I said, Townsville got an extra \$300,000. Redcliffe-Caboolture got an extra \$300,000. The Royal Brisbane Hospital got an extra \$250,000. The Royal Children's Hospital got an extra \$300,000. The Sunshine Coast got \$100,000. Bayside received an extra \$142,000. Toowoomba received an extra \$190,000. The Gold Coast received an extra \$172,000. Logan-Beaudesert received an extra \$100,000. The Mater Hospital received an extra \$94,000. That was probably for equipment or something.

Miss SIMPSON: That is last year's funding and that has been rolled over into this year?

Mrs EDMOND: No, it is not rolled over. This is extra funding.

Dr Stable: It is new money.

Miss SIMPSON: So this is new money? It is a relevant question. I was asking before about last year's allocation. The answer was that the extra money this year was for the full-year equivalent for staff who came on last year.

Mrs EDMOND: Yes, but it is still extra money.

Miss SIMPSON: Is it for the same staff employed last year?

Mrs EDMOND: They do expect to get paid for the whole year.

Miss SIMPSON: Of course. But what we are trying to get to here is: how many staff were employed last year? \$2 million was spent last year in additional money. And the \$2.2 million, with respect, was explained before as being the full-year equivalent for staff who came on last year.

Mrs EDMOND: I do not know how to make this any simpler. When you employ new staff, if it is allocated in the budget, it actually takes some time. You do not just snap your fingers and have them start on 1 July. We allow for advertising, recruitment and so on. Generally, you would expect them to come on probably halfway through the year. For the next year you have to make sure that you have got funding for the whole year, because they will not be leaving halfway through the year, they will be staying on for the whole year.

Miss SIMPSON: Are there no additional placements that come to any of those facilities in this year?

Mrs EDMOND: This is all extra funding.

Miss SIMPSON: But there are no additional staff that come on this year? It is funding for the staff positions that were created and started last year?

Mrs EDMOND: Last year we indicated the numbers of staff and so on. The extra funding this year looks at the increased costs that those emergency departments are looking at—their

throughput, what staff they have employed and the extras that they need over that period—and makes allowances for that. That is extra funding. It is not a rollover of funding from last year.

Miss SIMPSON: Page 1-9 of the Ministerial Portfolio Statements mentions the extra Commonwealth funding and the extra state funding this year of about \$170 million. Staff are reporting that Royal Brisbane Hospital has a debt of about \$19 million; Townsville Hospital a debt greater than \$15 million and Cairns Base Hospital about a \$7 million overrun, and millions of dollars in overruns combined at other hospitals. How much of your new budget initiatives will only pay off last year's debts and not deliver any extra services? What are the total debt overruns of the state's hospitals?

Mrs EDMOND: The final data for the financial year has not been finalised, but I can say that all of the money that has been provided is recurrent money to provide for services. You would understand that some hospitals at different times of the year may be overspent; at other times they will not be. I have to say that some hospitals will be overspent and other hospitals will not be. My understanding is that the end-of-year figures for the Queensland Health budget are very good. We will manage that within the budget.

Miss SIMPSON: They are still significant amounts rolling over into a new financial year. Do you not concede that those sorts of internal debts that hospitals are being expected to pay back in the course of the next financial year are substantial and can impact on clinical services?

Mrs EDMOND: That is the very reason that we benchmark hospitals against other like hospitals. Where we find that some hospitals are having difficulty managing their budgets we give them support from corporate office and from outside with reviewing their expenditure and finding out better ways of doing it, which is what we have been doing in Cairns, as you would be well aware. You would also understand that in Cairns we have identified in one area in particular, in nursing management, that by employing more nurses full time and reducing the reliance on very expensive agency nurses we can cut the yearly expenditure in that area by \$2.16 million. That is significant. When we have a hospital that we believe is not performing as efficiently as it might we look at those areas. We benchmark them against other like hospitals to look—

Miss SIMPSON: In this case, Redcliffe is hardly a like hospital to Cairns, though, is it?

Mrs EDMOND: Sorry?

Miss SIMPSON: Cairns was benchmarked against Redcliffe.

Mrs EDMOND: No, not only against Redcliffe.

Miss SIMPSON: Yes, it was.

Mrs EDMOND: I am sorry; that is not true.

Miss SIMPSON: That is what the staff say.

The CHAIR: The minister has three minutes to answer the question.

Mrs EDMOND: Dr Buckland was one of the people in charge of that review. Was it only against Redcliffe-Caboolture?

Dr Buckland: No, it was against a basket of like hospitals, including Logan. It just seems that the people in Cairns do not accept that they should be compared to any other performing hospital in Queensland.

Mrs EDMOND: It is difficult to explain this, but you have to look at how money is spent rather than just saying, 'Let's throw them some more and see what they can do with it.' You have to look at the efficiencies that they put in place. I make no apologies for trying to get the best value out of the health dollar. That means that I can provide more health services to people around Queensland. If one hospital is inefficient and wastes money, that means that I have to cut health services or not provide new health services to other areas, such as Nanango, the Sunshine Coast and Hervey Bay. It is important that we make sure that all of our hospitals' management staff and the staff within those hospitals do things as efficiently as they can and we give them the support to enable them to do it efficiently.

That means we allow them to compare against a range of other hospitals to see how they are going. We look at the length of stay, for instance. One of the things in Cairns was that the length of stay in medical patients was three to five times the state average or greater than five times the state average. It is absolutely incredible. One of the things you do is you then look at why people are being kept in hospital three to five times the state average and at what cost, and that is where you make the adjustments.

Miss SIMPSON: Minister, talking about areas where you are looking to save money, I refer to the portfolio statement at page 1-3 in relation to the Shared Service Initiative. As details were not finalised in the MPS, it did not reflect the savings to be made under the shared services. I understand that the savings required of Queensland Health are as much as \$30 million. Minister, given these savings are to start being made from 1 July 2003, are you now in a position to outline the details of the impact of this major initiative for your department?

Mrs EDMOND: This is an initiative that is being handled by the Treasurer's Department, and the Treasury I think is—

Miss SIMPSON: It is your budget, Minister, and you are the Health Minister. You said at the start you are responsible for a \$4.3 billion budget.

Mrs EDMOND: That question should go to the Treasurer for his attention.

Miss SIMPSON: Well, Minister, you are the Minister for Health, I presume.

The CHAIR: Member for Maroochydore, would you please stop interjecting.

Miss SIMPSON: You are the Minister for Health and at the start you said that you were administering a \$4.3 billion budget. Surely you take some interest in money that you are being asked to save by Treasury and you could advise us in the interests of accountability how much you are being required to save through this initiative.

Mrs EDMOND: As indicated earlier, this is a Treasury initiative. Work is being undertaken at the moment and I think all questions should be referred to the Treasurer. As you pointed out, I am the Health Minister.

Miss SIMPSON: Yes, Minister, and you are being asked to make savings from the Health budget. How many jobs will be lost and will any jobs be lost from the regions?

Mrs EDMOND: See my previous answer.

Miss SIMPSON: Minister, I take it that you refuse to answer what you are being asked to save through this initiative and, in this case, one of the focal points will be the Health Department. How many jobs do you expect to lose from the Health Department?

Mrs EDMOND: My understanding is that this is—and I repeat it for the benefit of the member; she obviously did not hear that I did answer the question—an initiative of the Treasury that is work ongoing. I do not have the details of it. As I have indicated twice already, this is a matter that should be put to the Treasurer.

Miss SIMPSON: Minister, I believe that you are really absolving yourself from responsibility as the responsible minister for this budget. How much is the Health Department being asked to shave from its budget through this initiative and how many jobs will be lost?

Mrs EDMOND: I do not know how to say this any more simply for the member—

Miss SIMPSON: You could start by answering the question.

The CHAIR: The minister has the right to answer the question.

Mrs EDMOND: This is a whole-of-government initiative that is an initiative of the Treasury, which is looking at how to share services and standardise services across all of government—all of government—yet you are asking me to answer on behalf of the Treasurer. I think it is impossible to answer on behalf of the Treasurer. In fact, it would be totally inappropriate. What I can say is that I am advised by Treasury that it would be far less than the Horan health tax would have been if it was still rolling on—

Miss SIMPSON: How much do you think it might be, Minister, given that you might have some vague idea of what you are being asked to save from your department?

Mrs EDMOND: I have not been given any figure.

Miss SIMPSON: So you have no idea what you are being asked to save as a result of this initiative that is listed in your MPS?

Mrs EDMOND: As I said, this is about looking at corporate services and standardising those services against departments and agencies. It is work that is under way. I have not seen any figure for Queensland Health. What I—

Miss SIMPSON: Haven't you asked?

Mrs EDMOND: I think the member for Maroochydore obviously does not understand parliamentary process, though she has been here a little while. Questions to the Treasurer about his initiatives should be directed to the Treasurer.

The CHAIR: Indeed. Member for Maroochydore, I ask you to cease this line of questioning. The minister is here to answer questions about her portfolio. The minister has already rejected the question on the basis of it being outside of her portfolio responsibility. Those questions should be addressed to the Treasurer. The next question, please.

Miss SIMPSON: Mr Chairman, with respect, you cannot gag me on an issue that is actually listed in the Health portfolio statement, and I have listed the page. It is within the Health Minister's responsibility and I do not think that you should try to protect her from answering something that is her responsibility.

Mrs EDMOND: Mr Chairman, it does not relate to this year's budget. It is flagged as an ongoing initiative for the outyears. It is not in this year's budget. It does not have any impact on this year's budget.

Miss SIMPSON: Minister, with respect, it is listed in your portfolio statement as coming into effect from 1 July this year. That is in your portfolio statement. That is listed in the Health portfolio statement that you are responsible for.

Mrs EDMOND: I am sorry, but you do not seem to understand that the work is being started this year. That does not mean to say that any effect is going to happen this year. It is a very long-term strategy to look for efficiencies that can come out of sharing resources across all of the departments and the whole of government. In a way, it should be a benefit, and it should particularly be a benefit, Mr Johnson, to people who live outside Brisbane in sharing those resources rather than each department trying to provide them separately. There is an awful lot of work to be done and an awful lot of planning. I say again: the member for Maroochydore can continue to waste her time asking me questions that should be answered by the Treasurer if that is her desire. I have no problem with that. I will continue to answer them as I can, but I would refer her back to the statement I made in the first answers.

Miss SIMPSON: Minister, in referring to page 1-3 of the portfolio statement and the Shared Service Initiative, I am quite aware that your department knows that they are being asked to make savings—up to \$30 million of savings—as a result of this initiative. I think that it is in the interests of accountability that you outline for us what the discussions have been as to how much is being expected to be saved from this and how many jobs that will entail.

Mrs EDMOND: Mr Chair, I will read what it says in the Ministerial Portfolio Statement. It says—

Queensland Health, as a host agency for a shared service provider, will report separately on the operations of this provider in the 2004-05 Ministerial Portfolio Statement.

Miss SIMPSON: Which, Minister, is just saying that you do not want to talk about it now—

The CHAIR: This will be a new question.

Miss SIMPSON:—though you are asked to make savings, and it will have a significant impact.

Mrs EDMOND: That says we will report next year when there has been some work done on it.

Miss SIMPSON: Minister, I am going to ask you now about another area where there have been clawback provisions with regard to wage rises. But I want it noted that you are the responsible Minister for Health and that you do have a responsibility to answer questions that, in this case, quite clearly are within your portfolio. I note that mention—

Mrs EDMOND: But not for this year.

Miss SIMPSON: I note that mention is made about the enterprise bargaining agreement, and I refer the minister to the Treasurer's comments on this. Firstly, I support wage rises for hardworking staff. The state Treasurer on Tuesday confirmed that Health and other departments had not been fully funded for this year's wage rise, amounting to a shortfall of 0.5 per cent of the wage rise. Minister, please outline how much Queensland Health has to find in savings to make up for the unfunded component of the latest enterprise bargaining agreement, given the Treasurer's comments on Tuesday.

Mrs EDMOND: It is fully funded. Some of the funding came through the EB arrangements and some came through regular budget increases. I also draw to your attention the comment that Mr Mackenroth made when he said that Police, Education and Health have been fully funded.

Miss SIMPSON: He said—

... it is then up to the departments to come back to the budget review committee to put forward a submission for any further funding ...

That means that it has not been fully funded within this budget.

Mrs EDMOND: On page 66 of Estimates Committee A—Treasury and Sport, Mr Mackenroth said—

In the general departments, we have budgeted for three per cent for those departments and for them to find 0.5 percent. In the areas of Police, Education and Health, they have been fully funded.

Mr Quinn asked—

In each of the outyears?

Mr Mackenroth said—

In each of the outyears, yes.

How much more do you want me to read? Do you want me to spell it out?

Miss SIMPSON: I will go back. The context of that debate was that the first year of the funding was not fully funded and then the Treasurer went on to say that in the outyears it was but in the first year it was not. So that is where I would really like clarification, because what they were talking about was that first year that was not fully funded and that these departments would have to go back to the budget review committee and put a pledge in for that money. How much would that be equivalent to?

Mrs EDMOND: I can repeat that it is fully funded. There is none coming out of savings. We receive funding for Health in a range of ways. Some of it was directly tied to the EB, because we did not know how much that was going to be, but we also receive increases that are not tied to allow for unidentified costs, et cetera. I can assure you that none of it is having to be found in savings or coming out of health services that are out there in the districts on the ground.

The CHAIR: The time allocated for questions by non-government members has now expired. We will now move to a block of questions by government members. Minister, what funding has been allocated in this budget to address the reports of delays or backlogs at the John Tonge Centre?

Mrs EDMOND: The John Tonge Centre in recent times has been going through significant increases in activity due to a whole range of things, due to more, what they call, drug labs in Queensland being identified, et cetera, and also of course it has had some significant areas where it has had to provide assistance such as at Bali in DNA identification of victims.

I am pleased to say that this year's budget has seen an extra \$650,000 allocated to improve the coronial and forensic services provided by Queensland Health Scientific Services and the Centre for Forensic Sciences, the John Tonge Centre. Since May 1999 the government has invested an extra \$4.48 million on a base of \$4.82 million. So we have almost doubled the amount of funding going to the John Tonge Centre since 1999 to support an ever-increasing demand on forensic services. This investment will ensure that the centre can manage the increasing demand for forensic services and enable better coordination of information provided by all government agencies reliant on the centre.

The centre has also recruited an additional 30 staff, including forensic pathologists, scientists, technicians and counsellors to assist in the delivery of these specialised services to further reduce the turnaround times. The centre has also fast-tracked implementation of an integrated IT system, AusLab, across all of the forensic laboratories. AusLab will provide cases with a single identifier to allow for improved tracking and coordination of analytical processes across all laboratories. This was as a result of a finding that police, health and justice services all had completely different identifications. Some identified material according to the victim, some to the suspect and some to the scene of the crime. So it made it very difficult to coordinate. It will also provide a more accurate reflection of the centre's workloads by being able to track it.

Queensland Health relies on information provided by the Queensland Police Service and the judicial system to prioritise forensic cases to meet court time frames. I am advised that in 99 per cent of cases the time frame is met. However, we did find that there was some breakdown in communication. Together with the police and justice ministers, we have set up a Queensland Police Service liaison team at the centre to assist Queensland Health staff to prioritise some forensic cases, and that will continue to improve the turnaround times for forensic analysis. A Queensland Health project team has also been established to liaise with the court officers and police prosecutors to identify and prioritise cases requiring immediate analysis, and I stress that all serious cases do get immediate attention. The Interdepartmental Standing Committee on

Forensic Services with representatives from Justice, the Queensland Police Service, the Office of the Coroner and Legal Aid are now all working together to identify key issues relating to processing of the samples, what samples are required and strategies to deal with the issues and improve communication procedures between all of the departments.

Mrs SMITH: Minister, page 1-20 of the MPS refers to the national shortage of dentists as the reason for not meeting targets. What role can the state government play to assist in addressing this situation?

Mrs EDMOND: I am sure the member is as delighted as I am to see the establishment of a new dental school at the Gold Coast starting in 2004 under the auspices of Griffith. Of course, that will take some time to have the desired effect. But I think it is the first new dental school in Australia in about 70 years or some incredible time and it is well overdue. But I do share your concerns over the national shortage of dentists. Again, it is something that we have been identifying for some time. In fact, I cannot think of an allied health area where there is not a desperate shortage. One of my concerns is that universities are simply not getting the funding to provide the staff, particularly medical staff, that we need to come through those universities. Increasingly, we are having to rely on overseas trained professionals and at the same time our young Queenslanders are being denied the opportunity of getting those qualifications in Queensland or, indeed, in Australia.

For some time I have been raising my concerns with the School of Dentistry at the University of Queensland about the issue of increasing the intake of dental students. I am pleased to advise that this year the University of Queensland School of Dentistry has also increased its intake of dentistry students from 45 to 62. But you will be aware of the announcement from Griffith University and how welcome that is. I think that is a suite of oral health courses, which includes not just dentist graduates but also other oral health professionals.

The collocation down at the Gold Coast Hospital of an oral health and medical complex, which would include research facilities, a dental clinic and dental laboratory, clinical training rooms, a pathology laboratory and student study and teaching facilities next to the Gold Coast Hospital, provides the opportunity to create an effective learning environment for the new medical school down at the Gold Coast as well as dental and oral health students.

It will also provide improved public access to the dental clinic and enable hospital patients requiring dental and oral health services to be treated in specialised dental facilities in the oral health centre. The national shortage of dentists in both the public and the private sectors has been identified as a high priority issue in the development of a national oral health plan by the National Advisory Committee on Oral Health. National self-sufficiency in producing the required number of Australian dental graduates will, I am advised, be a key recommendation of the plan when it is completed, and I look forward to that. Just recently I had a local dentist tell me that the only applicant he has been able to get to fill four vacancies in his dental surgery was somebody from Iraq. I am not saying anything against that—he is very grateful for that—but I cannot help but think there are a lot of Australian students who would love the chance to study dentistry, too.

Ms BARRY: I note that there is a significant investment in rehabilitation services across the state at pages 1-28 and 1-29 of the MPS. Could you tell the committee what benefits these rehabilitation services will provide?

Mrs EDMOND: With an ageing population we are seeing the need for adult rehabilitation. I notice, Mr McNamara, that in Hervey Bay they seem to think the only rehabilitation is drug rehabilitation. This is about adult rehabilitation of particularly elderly people following a stroke or orthopaedic surgery or a range of other areas. We have allocated \$4.2 million to adult rehabilitation services in the 2003-04 budget. That will result in significant benefits for patient care as well as enhanced employment opportunities for rehabilitation staff and improved efficiencies for hospitals, especially in reducing the length of stay for some patients particularly elderly patients.

Rehabilitation is the specialised component of health care targeting people with loss of function or ability following illness or injury and seeks to bring about the highest possible level of physical, psychological, social and economic independence. The need for rehabilitation services increases with age. With an increasing ageing population, in the next two decades we are going to see a rising number of people needing those services.

One of the key strategies for providing health services for older Queenslanders is the provision of effective rehabilitation services, both within and outside the traditional hospital environments, to maximise quality of life for them. The budget allocated \$2.5 million for

enhancing rehabilitation services in 13 health service districts across Queensland, which will result in patients receiving their rehabilitation care as close as possible to home. This budget provides for additional rehab professional and support staff. The 13 health service districts will be in a position to employ an additional 32 rehabilitation medical, nursing, allied health and support staff.

Furthermore, the Cairns health service district will receive \$500,000 to enhance staffing for rehabilitation services with the opening of the new Rehabilitation Ward at Cairns Base Hospital, including a Director of Rehabilitation, nursing and allied health staff. I have been particularly concerned about getting that service into Cairns. The Sunshine Coast will receive \$0.66 million to establish a day therapy unit at Caloundra Hospital following the relocation of the rehabilitation in-patient service from Nambour to Caloundra in 2002. It is anticipated that these funds will provide an additional eight positions for rehabilitation professionals.

Following the allocation of funding in last year's budget for spinal services, the high risk elders rehabilitation program in Townsville and Princess Alexandra Hospital's transitional rehabilitation program and spinal outreach team, further funds have been made available to these three programs for additional staffing.

Mrs SMITH: Page 1-12 of the MPS itemises \$6.2 million allocated to intensive care units. Can you advise the committee how this money will be spent?

Mrs EDMOND: Over recent years we have seen an increase in the acuity of patients being admitted into our public hospitals. We have not seen any reduction in the demand for care following the major boost by the Commonwealth government to private health insurance and we have seen the demand for high level care increasing. We have seen the demand for intensive care services also increasing. The cost of delivering what is a highly specialised service has also increased due to the changes to treatment techniques and technological advances.

The additional funding will give Queensland Health greater flexibility in the provision of intensive care services to critically ill patients and those patients who require admission to ICU following surgery—sometimes after elective surgery. I should say that we network our access to intensive care services on a statewide basis and the distribution of the funding across the state will support that approach. The provision of funds to smaller metropolitan and regional facilities will allow these facilities to manage a wider range of patients, and this will ensure that the resources at tertiary facilities are available to handle the more complex cases. The funding will be distributed to 12 health service districts across the state.

I will give you an indication of that funding. The Gold Coast, I am sure you will be pleased to hear, will get \$500,000; Logan, \$500,000—it is a growing importance at Logan—Mackay, \$270,000; Nambour, \$100,000; Prince Charles, \$300,000; Princess Alexandra, \$900,000; Redcliffe/Caboolture, \$800,000; Royal Brisbane, \$1.2 million; Royal Children's, \$200,000; Toowoomba, \$100,000; Townsville, \$900,000; and West Moreton, \$400,000. I have to say I was in Townsville not that long ago and the director of ICU, who is doing an excellent job up there, particularly with regard to his innovative work with the irukandji jellyfish—said how delighted they were with the extra \$900,000. He also said that their difficulty is always recruiting ICU nurses and training them, and this all helps.

This additional funding, together with other initiatives such as the transition to ICU program for nursing staff and the coordinated recruitment of medical staff through the intensive care training program, will help ensure that Queensland Health continues to have the staff and resources required to maintain its high quality intensive care services.

Mrs CROFT: Would you please outline how the refurbishment work at the Gold Coast Hospital Mental Health Unit is progressing and when it will be finished?

Mrs EDMOND: The Gold Coast Hospital, I have to say, has been doing exceptionally well in recent times. As you may know, I was down there not very long ago having a look around. With the refurbishment it really has settled into a first-class establishment. One of the areas that had not been upgraded was the Mental Health Unit. It is not all that old, but it is not particularly up to the same standard as the rest of the hospital. So the upgrade of the Gold Coast Mental Health Unit has a budget of \$1.45 million. This will include the upgrading of the P2 ward to provide an increased number of single bedrooms plus external areas to meet contemporary mental health services practice and will also make provision for improvement to the high dependency beds within the Gold Coast Mental Health Unit.

The refurbished facility for up to 22 clients will provide two interview rooms, small group rooms, a dining area, two lounge rooms and a TV room in addition to the two outdoor areas. Safety and security of clients and staff will be of the utmost importance, including providing

reversible doors throughout the building. In providing a safe place for clients and staff, most aspects of security have been designed to minimise intrusion into the individual's privacy. It is a hard thing to do, but it is something that we really try to get right.

Representatives of clients and staff are participating in the planning of the upgraded facility. The colour scheme and finishes will be significantly improved to meet contemporary mental health practice and these infrastructure changes will support an enhanced model of care for mental health services in the Gold Coast health service district. The planning and design work is well advanced. The construction work is scheduled to commence in January next year and is expected to be completed by June 2004—something we all look forward to.

The CHAIR: I refer to page 123 of Budget Paper No. 2 and note that the Commonwealth offer on the Australian health care agreement shifts the risk of cost and demand increases onto the states. Can you inform the committee what are the likely financial and other impacts on public health services in Queensland of this proposal?

Mrs EDMOND: Not to put too fine a point on it, the biggest crisis we are facing in health is the current health care agreement proposal that is being put to us by the Commonwealth, which is going to see significant problems for Queensland and every other state in Australia emerge. That is why none of the state ministers have been prepared to sign up to what is essentially a lousy deal.

The offer from the Commonwealth would provide Queensland with a total funding package of \$8 billion over five years. However, this is \$160 million less than would be received if the current agreement was rolled over. I do not think there is anyone out there in Queensland calling for less funding for our public hospitals. Everyone I hear keeps saying there should be more. We would love to have more. We would always love to have more, but no-one is saying our public hospitals are overfunded; yet we have the Commonwealth reducing the commitment over the next five years. That is going to place enormous pressure on Queensland.

The Prime Minister himself confirmed that overall the states are being offered \$1 billion less than the current offer if it were rolled over. That was what was in the forward estimates and he has confirmed that that is accurate. By any measure it is the lousiest deal I have ever heard about and I am astounded that the leader of the state opposition has been urging the state government, on behalf of Queenslanders, to sign on the dotted line. We really should put questions to the opposition about why they want Queensland hospitals to have their funding cut in real terms over the next five years.

Although the offer, like the current agreement, includes specific funding for things such as mental health, palliative care, and safety and quality, funding for safety and quality is almost \$70 million less than if the current agreement were rolled over—\$70 million less on improving quality and safety. In addition, funding offered for a Pathways Home program to assist elderly people, particularly in the transition from hospital to home—an increasingly important area—is simply a repackaging. It was announced as a new item, a new initiative, but it is simply a repackaging of funding already provided under the National Health Development Fund and does not represent any additional new funding.

Although the offer provides indexation for cost movements, demographic growth and utilisation, the rate of utilisation growth has decreased from 2.1 per cent to 1.7 per cent, yet we are not seeing reduction on the demand for our services. If we did, we would not have waiting lists for people coming to see us. It applies to 75 per cent—it applies to less—not 82 per cent of the general component of the grant. Furthermore, the level of cost indexation being offered bears no relationship to the health costs. It is set at CPI less half a per cent, whereas we are seeing increases in the range of six to 10 per cent per annum being granted to private health insurance to cover the increasing costs in health services.

The CHAIR: That is an appropriate place for the committee to adjourn for a break. We will resume the hearing at 4.15 p.m.

Sitting suspended from 3.58 p.m. to 4.15 p.m.

The CHAIR: The hearing of Estimates Committee D is now resumed. The question before the committee is that the proposed expenditure for the portfolio of the Minister for Health be agreed to. The next block of questions is allocated to non-government members.

Mrs PRATT: Minister, in respect of dental health there is a 180-week waiting time—that is more than three and a half years—in the South Burnett for non-emergency oral treatment. The MPS specifically states that there will be improved access and better management of waiting lists.

So with no real reduction of waiting times in the South Burnett and these lists among the worst in Queensland, will your strategy include further placement of dental technicians to the area or the farming out of excessive workloads to local dentists to bring South Burnett waiting lists down to average in Queensland?

Mrs EDMOND: My understanding is that, unfortunately, the South Burnett has been one of those areas in which we have not been able to fill all of our positions in the past. That has led to an unfortunate increase in the time people were waiting for general treatment, rather than emergency treatment. Kingaroy is currently fully staffed, with four full-time dentists and associated auxiliary staff. My understanding is that the waiting times at the Kingaroy Dental Clinic are continuing to decrease.

Mrs PRATT: Not by much.

Mrs EDMOND: My understanding is that they have significantly decreased and they will continue to decrease. The fourth dentist was allocated to the clinic in 2002. Over the 2002-03 financial year the Kingaroy Dental Clinic completed 2,249 general courses of care, bearing in mind that a course of care can be anything from one filling to a full head of teeth. That is an increase of 30 per cent over the previous year. So the expectation in Kingaroy is that the waiting times will continue to decrease. I am delighted that we now have a full complement of staff.

Mrs PRATT: Ambulance services bypass Nanango Hospital with accident trauma cases. It is recognised that treatment in the first hour is crucial for a patient's chance of survival. Most accidents on rural properties in our area occur considerable distances from hospitals. With the hospital being passed by the ambulance, time to treatment is even longer. These hospitals have helipad facilities. Minister, will you ensure that these helipads and some acute care facilities remain workable to ensure that rural residents receive assistance at the earliest instant?

Mrs EDMOND: I think it is important that ambulance staff and emergency workers in these areas recognise the need not only for prompt treatment but also prompt treatment with other facilities. As you would be aware, Nanango is a very small hospital. It does not have a lot of facilities. I guess a value judgment would be made as to where they would go to get prompt treatment.

Mrs PRATT: But they do have a helipad.

Mrs EDMOND: Yes, but it takes time to organise a helicopter to come and get them. It is only 15 minutes or so to Kingaroy. The director-general was a med super at Kingaroy. He knows this area very well. Given those circumstances, the time to arrange a helicopter would probably be longer than actually getting them there. They are probably making that decision for that reason. I have not had any instances drawn to my attention. I am taking your word for the fact that that does happen. There would be a decision made that it is better to get them to Kingaroy, where the other back-up services are—faster than stopping off at Nanango, arranging for a helicopter, transferring them and getting them there. I think they would be making that decision on the go.

Mrs PRATT: In previous years I think it has been stated that if someone had an accident on a property a helicopter would possibly be sent straight to the property. What I was aiming at is that if the ambulance staff at the time, at the accident site, were saying that a heli-service was needed, it would be quicker to get to Nanango Hospital helipad than it would be to get to Kingaroy. Twenty minutes is a long time when you are in a dangerous situation.

Dr Stable: Again, it depends on the circumstances. Yes, helicopters do sometimes even respond to go to the paddocks. The helicopters are actually tasked by the Emergency Services Department. The one from the Sunshine Coast—I was also medical director there for a while—is now actually crewed on occasions by paramedics. Depending on the assessment at the scene and the time factors, you are absolutely right. But we would not hold a patient at the scene or hold a patient at Nanango Hospital if they needed more support. John Robinson, chief at Nanango, whom you know better than I, is a long-time friend of mine. You cannot have one medical practitioner—albeit there are other doctors in the town who may be available—in major trauma. It is about 12 minutes by ambulance from Nanango to Kingaroy. I have actually done it.

Mrs PRATT: You must have broken the law, well and truly!

Dr Stable: Well, ambulances are allowed to. That is why they have sirens and lights. But it is 12 minutes. To be quite honest, it is far better quality of care to get someone where there is more definitive care, with more back-up—be it the radiology department, blood transfusions, the theatre, and so on. A decision is made at the time about what is most clinically appropriate and what resources are available in back-up on the site or whichever site is more appropriate.

Mrs PRATT: Queensland Health relies heavily on community care programs to alleviate the workload of Queensland Health. Under the Home and Community Care program, what percentage of the funding is actually allocated to rural and remote areas to assist non-government organisations to meet the increasing costs of service delivery, as stated on page 1-5 of the MPS? Will this funding include the acquisition of larger premises in cases where demand has resulted in overcrowding, which makes for dangerous practices and long waiting lists for clients?

Mrs EDMOND: HACC services have seen a significant increase this year, with \$7.9 million extra from the state. This will match a Commonwealth funding increase and bring the total program funding up to \$225.68 million. As to how this is allocated around the state in terms of increased growth, increased funding went out to each organisation that was receiving that on the basis of CPI.

In terms of larger capital grants, there is a process whereby people put forward proposals. That is competitive. They have to make out their case and that funding is approved or not, depending on the value of what they put forward. It is fair to say that in any of those processes there are always going to be more requests than there is funding for, but I would have to say that I think the department—these funding rounds have to be signed off also by the Commonwealth—does everything it can to make sure it is done in a fair and open way. I do not have any part in it at all. It is done completely by services in the department.

I am not sure that we allocate on the basis of rurality. That does not mean they do not get their fair share, but we do not actually say, 'So much is going to the cities and so much is going to rural areas.' It is done on the basis of the organisations that are there and the HACC eligible clients that are there, because it has to look at not just the population bases but also the number of those who are over a certain age and eligible for HACC services.

Dr Stable: The state is divided into HACC regions, and there are targets, which are the same for every region, for service delivery levels. As the minister said, it is based on the eligible population. There are benchmarks which the Commonwealth actually determines. Our planning is done totally in conjunction with the Commonwealth bureaucrats under an agreed plan which was negotiated and signed off by both ministers. Under that plan we put recommendations to our minister and, if she signs it, to the federal minister.

It is very much based on set benchmarked service levels by region across the state. I cannot give you the boundaries off the top of my head for different regions, but some are clearly rural regions and some are not rural regions. My understanding is that they have exactly the same benchmarks per eligible population.

Mrs PRATT: My next question is to do with mental health. As rural mental health issues have been recognised by the minister in the past as a major concern, how much has been allocated for mental health projects? What plans are there for future mental health facilities in rural Queensland? I note that there are none listed for rural areas in the mental health projects of the MPS.

Mrs EDMOND: Mental health has been an area of significant increase in funding under my guidance.

Mrs PRATT: The reason I ask is that it is very traumatic for people in rural areas to have to go to other areas.

Mrs EDMOND: Sure. That is why the biggest increases in funding in mental health across the state have been in provision of services closer to where people live and in community based services. It is one of the reasons our capital works program in mental health has developed acute services at virtually every regional hospital across the state. In previous times there were only the three major centres of Toowoomba, Charters Towers and Wolston Park in Brisbane. We have also seen a significant development in community mental health.

I am just trying to look for the numbers in relation to distribution. This year the government has allocated an additional \$2 million. This is on top of significant increases in the past. That will create an additional 40 positions this financial year, which will result in the creation of 33 new clinical staff and at least seven non-clinical staff to support them in 17 health service districts. South Burnett will receive one of those extra positions. The non-clinical support positions have been provided also for indigenous child and youth mental health services in Rockhampton and the Royal Children's Hospital. I know that there is quite a lot of interaction between Cherbourg and the Royal Children's Hospital.

Other areas are receiving increased staffing. The Fraser Coast, Prince Charles Hospital, Logan, Southern Downs, West Moreton, Bowen, Rockhampton and Royal Brisbane Hospital health service districts will each receive funding to employ additional administrative support for the community mental health services.

In terms of extra mental health clinical staff—all of this is in community positions—Logan will receive an additional seven positions, which represents a full team, to provide community treatment to Queenslanders who live in the Browns Plains catchment area; Townsville will receive an additional five positions; Northern Downs will receive one; and South Burnett will receive one, as I have already mentioned.

Miss SIMPSON: Minister, what is the total growth funding for Queensland Health this year and what is the total new initiative funding?

Mrs EDMOND: The total growth is \$300 million, which is 6.9 per cent. In terms of new initiatives, a lot of the increase goes on meeting increased demand in existing services rather than—

Miss SIMPSON: There should be a separate calculation for new initiative funding and then your growth funding for existing services. So you have new initiative funding and growth funding. I am talking about a breakdown within that \$300 million for new initiative funding and for growth funding for existing services.

Mrs EDMOND: The DG has been doing this for a little longer than you.

Miss SIMPSON: I will look forward to your answer, then.

Mrs EDMOND: As I said, the funding has to provide for increased demand as well as new initiatives and it is a bit difficult to determine what you mean by 'new initiatives'. There are things such as opening a new ward at Logan Hospital—

Miss SIMPSON: And that should be tagged as new initiative funding.

Mrs EDMOND: But that is actually to meet extra growth at Logan.

Miss SIMPSON: You can split your new initiative funding as opposed to your growth funding for existing services.

Mrs EDMOND: I am saying that it is not easy to separate those two. A new ward at Logan you are saying is a new initiative; I am saying it is there to meet increased growth and demand at Logan Hospital.

Miss SIMPSON: If you have a new service, that is new initiative funding. Minister, you should be able to give us the breakdown between growth funding for existing services and new initiative funding.

Mrs EDMOND: Maybe I could ask a question to clarify this. Is there some new service about which you want to know its cost? Because most of the services that we are already providing grow each year, whether it is dialysis—

Miss SIMPSON: Correct, and there would be growth funding attached to existing services. So that is growth funding. New initiative funding is funding that is attached to new services.

Mrs EDMOND: It is actually not that simple. I can tell you that there is \$1 million allocated to assist with promotion and prevention activities of childhood obesity. That has not been done before. So that is a new initiative. But, if I tell you there has been \$21 million for home and community care services, some of that is new services across the state but it is actually meeting increasing demand across the state. So is that a new service or is that increasing demand? If I tell you there is \$5 million to enhance oral health services in Queensland, that could be a new lot of teeth coming through the door but it is also to meet increasing demand that we are seeing.

The \$3.6 million for adult rehabilitation services across the state has been provided in some instances before but not in a particularly good way. We are improving the way that we are providing those services across the state. There is \$2 million for medical beds at Logan and Caboolture hospitals, and that will be a total cost of \$8 million in a full year, but that is to open over time new medical wards at Logan and Caboolture. Again, that is to meet increasing demand. We are not suddenly devising new ways of treating people; it is to meet increasing demand at Logan and Caboolture. We are putting in some new services as part of the Princess Alexandra Hospital's mental health unit. We are expanding the range of services that we are providing with more secure services, and that is \$1.15 million to manage those expanded needs.

There is also extra funding for the 10-bed psychogeriatric unit that is to be built in Townsville. That is a new service, but it will not be up and running for the full year. So there is only part-funding available for that. There is half a million dollars for the enhancement of the whole-of-government drug court pilot program in south-east Queensland and north Queensland. All of these are listed as new investments, but they are meeting increasing demand in existing services. Maybe if you indicate what you are interested in we can try to find—

Miss SIMPSON: It used to be something that was fairly easy to determine. If you have a new service, it is new funding.

Mrs EDMOND: I think that is because there used to be a whole lot of services that were not provided. Over the last five years we have increased the range of services that were provided, and it is now about growing those services that we have already provided.

Miss SIMPSON: Minister, obviously if you were not to put in any new additional services and were to grow the existing ones, there would be a growth funding component attached when you are doing a budget. I would like to ask you a further question with regard to enterprise bargaining. You made some comments that the funding was coming from different sources. I would be interested to know what different sources the funding was coming from.

Mrs EDMOND: As I indicated earlier, it is fully funded from our sources that we get from Treasury.

Miss SIMPSON: I am interested to know whether a portion of the EB funding is out of the growth component—

Mrs EDMOND: The Commonwealth is also indicating that it is taking a portion of its share, but the important thing is that we are not having to make the health districts make savings and cut services to pay for it. So it is all coming out of funding from either Treasury or our managed grants from the Commonwealth.

Miss SIMPSON: Then why did the Treasurer have a different answer on Tuesday in regard to departments such as Health, Police and Education having to go back to the budget review committee in regard to a portion of the enterprise bargaining wage rise?

Mrs EDMOND: I cannot answer for the Treasurer. I think that is a question to put to the Treasurer, but I did read out his answer before, where he said that Health and Education were fully funded.

Miss SIMPSON: In the out-years?

Mrs EDMOND: He said they were fully funded.

Miss SIMPSON: In the out-years?

Mrs EDMOND: Mr Quinn asked, 'Does that also apply to the out-years?' And the Treasurer said, 'Yes, in the out-years.' But that does not mean to say it is not in this year. I think you are overinterpreting that.

Miss SIMPSON: I am interested to know if a portion of that has come out of your growth funding that should exist from existing services. In other words, you fund a part of your enterprise bargaining agreement from what should be your growth proportion of existing services.

Mrs EDMOND: It is fair to say that a large component of the Health budget goes into paying for the staff who run the health system. Between 60 and 70 per cent of every dollar that comes into the Health budget goes into paying staff. That is because it is a very service-oriented business, and we value our staff and pay them accordingly. But I think it is very fair to say that 60 to 70 per cent of the Health budget is related to staff expenses, and probably 60 to 70 per cent of every dollar that we get from anywhere goes into staff expenses.

The CHAIR: The time allocated for questions by non-government members has expired.

Mrs SMITH: Minister, page 1-3 of the MPS states that the new Medicare arrangements will not take the pressure off our public hospitals. What effect will these changes have on our public hospitals and Queensland families?

Mrs EDMOND: We have been seeing for some time the pressure that this is having on our public hospital systems. It is not just me who is saying that GPs will not benefit from the new Medicare arrangements. I think GP organisations, the AMA and every health provider around Australia is saying that the new Medicare arrangements are not fair and will not take any pressure off them.

GP services are the accepted responsibility of the Commonwealth government, and they are paid for through the Medicare Benefits Scheme. Yet it is becoming more and more difficult for individuals and their families. There has been a lot of concern over the drop in bulk-billing, but for me I am equally as concerned in that I regularly meet people who say that they cannot get to see a GP. It is often an anomaly that there is a complaint about somebody with a GP type condition waiting four or five hours to see someone in an emergency department, and yet they will tell you the reason they are in the emergency department is that they could not get in to see their GP for three weeks. So they would have to wait three weeks to see a GP, but they see somebody in an emergency department in four or five hours—that is if they have something that is not critical.

The changes the Commonwealth government is proposing for Medicare show no signs of preventing the continuing slide in the number of doctors bulk-billing. Medicare as a universal health system has been killed off by the Commonwealth government, and I think that is a deliberate move. What we are seeing is that bulk-billing is flatlining. As at June 2002, the latest available statistics at the national and state level is that the percentage of GP services bulk-billed was 74.9 per cent nationally and 75.3 per cent in Queensland. It is less. In contrast, in March 2003 the national figure had dropped to 68.5 per cent.

If we look at the Health Insurance Commission figures under bulk-billing rates for federal electorates, in McPherson, the state electorate of Burleigh, the March 2000 rate is 85 per cent and the March 2003 rate is 71.2 per cent. It has dropped. In Petrie, the state electorate of Aspley, the March 2000 rate is 87.1 per cent and the March 2003 rate is 59.5 per cent. In Fisher, the state electorate of the members for Maroochydore and Caloundra the March 2000 rate is 99.1 per cent and the March 2003 rate is 62.5 per cent. It is one of the worst that I have ever seen. Yet where are the howls of protest from the local coalition members about this absolute plummeting of bulk-billing and failure of service to their constituents? Tens of thousands of Queensland families are now being denied access to bulk-billing.

Ms BARRY: I can tell you that the electorate of Aspley has absolutely no unrestricted bulk-billing doctors at all within it.

Mrs EDMOND: It is shocking.

Ms BARRY: Minister, with respect to the issue of timeliness in emergency department treatment times, can you tell us how Queensland compares with other states?

Mrs EDMOND: We have to rely on the data that comes out around Australia, and I have to say that waiting times for the most urgent patients in Queensland has improved steadily since I implemented the emergency services strategy and initiated a statewide collection of waiting times data in 1999. Before that, it was hard to know how we went compared to anywhere.

I am pleased to say that the March quarter data shows that 100 per cent of category 1 emergency patients across the state were seen by a doctor immediately they presented to an emergency department. I am not talking about triaging; I am talking about being seen by a doctor. That is a tremendous achievement and I congratulate all of the staff concerned. I am sure they get sick of the constant whining because they are doing a tremendous job.

Seventy-five per cent of category 2 = our most urgent patients—were seen by a doctor within 10 minutes in the March quarter against a target of 80 per cent. Yes, we would love to meet the target, but 75 per cent of people are being seen within 10 minutes. Waiting times for categories 3 and 4 patients were relatively steady when compared with last year and we exceeded our category 5 target. But Queensland emergency department waiting times are comparable with those of New South Wales for all categories. It is hard to judge Victoria's waiting times as that state does not publish its performance data for categories 4 and 5 and it also bases its data on when patients are seen by either a doctor or a nurse. We measure the time taken for patients to be seen by a doctor.

Queensland performs better than the southern states on measures of waiting time to admission in situations where patients require admission to an in-patient bed. Queensland also has consistently achieved a performance level of greater than 90 per cent of patients admitted within eight hours since I initiated the collection of this data in 1999. This compares very favourably with New South Wales, where 73 per cent of patients were admitted within eight hours, according to the latest published data.

Queensland also exceeded the performance of Victoria, where 84 per cent of patients were admitted within 12 hours. Queensland is participating in a national emergency department collection, allowing a national comparison of emergency department waiting times. Performance indicators will be standardised across Australian states. I think it is important that we do rely on

nationally agreed performance data to measure. It is very difficult to measure against performance data that are different from ours and that have different criteria.

Mrs CROFT: Minister, I refer to page 1-19 of the MPS regarding accreditation targets. How many facilities are accredited statewide and what does this achieve for Queensland Health consumers?

Mrs EDMOND: I place a lot of importance on accreditation as a way of continuing improvement and maintaining quality standards and we are finally seeing the results of what has been a significant investment over the last few years. It is estimated that Queensland Health spends \$10.4 million a year in seeking and maintaining accreditation, and that is about 0.4 per cent of the total health service district expenditure. But I believe that is money well spent because it is about making our health services safer, more effective and open to public scrutiny.

Compliance with specific standards improves Queensland Health's capability to prevent, manage and learn from health care safety and quality problems. Accreditation targets set in the 2000-01 MPS were 75 acute in-patient services and 195 non-in-patient services—a total of 270 facilities. I am pleased to advise that, as of 30 April 2003, 523 facilities are accredited—105 acute services and 418 non-in-patient.

It takes between three and four years from signing a contract with a third-party accreditation agency to finally achieve accreditation. Only three hospitals and nine non-in-patient services have yet to commence this journey. They aim to do so by the end of this year. I am also pleased to say that Queensland Health pathology and scientific services have achieved NATA accreditation to ISO 17025 and quality certification to ISO 9001:2000. Facilities and services must have patient satisfaction assessment and feedback mechanisms in place to meet third-party accreditation. Queensland Health is also committed to monitoring satisfaction statewide.

The results of the first comprehensive patient satisfaction survey were released in February 2002. It was a credit to our public hospital system that across the state 89 per cent of patients said that they were satisfied overall with their hospital stay. Specific areas of strength highlighted by the survey included general patient information, helpfulness of staff and a high satisfaction among surgical patients. I remind members of some specific examples of overall satisfaction rating. For instance, Nambour, 90 per cent; Caloundra, 88 per cent; Gold Coast, 88 per cent; Kingaroy, 90 per cent; Prince Charles, 96 per cent; and Hervey Bay, 93 per cent. Areas highlighted for improvement include explanation of routines and procedures to patients and explanations of possible side effects to medications. We are looking at these areas in the second statewide patient satisfaction survey which is planned for next year.

The CHAIR: Minister, you mentioned in passing to an earlier answer reference to the Quality Improvement and Enhancement Program. Can you advise what that program does, why it is important for patient care, how much money has been allocated to it and what was the source of those funds?

Mrs EDMOND: Yes. This is another area that I believe is critically important, the Quality Improvement and Enhancement Program. This is part of a process that really Queensland has been leading the way on and has established a sound record of achievement that has been praised nationally and internationally.

Queensland Health commenced 23 short strategic projects in 2000 with the aim of improving patient safety. This work, known as the Quality Improvement and Enhancement Program, follows the Strategic Plan for Quality 1999-2004 endorsed by the federal Minister for Health and Ageing and me in May 2000. QIEP has looked at the best available evidence and established quality systems to support safety improvements. I think it is great that Queensland has set the agenda in several key areas that support our Smart State reputation.

I am pleased to list some of these achievements so that members can appreciate the extent of work under way to improve the safety in our hospitals. Over \$51 million has been allocated to develop and implement information systems to reduce medication errors and help clinicians with day-to-day practices such as ordering radiology and pathology tests. Eighteen clinical pathways in areas such as orthopaedics, general surgery and maternity have been trialled in eight hospitals with a view to standardisation across the state.

The Australian Council for Safety and Quality in Health Care endorsed Queensland Health's falls prevention best practice guidelines for public hospitals and state government residential aged care facilities and then distributed them nationally. Procedure-specific patient information sheets, 290 standard procedure specific consent forms, multilingual information, a brochure and a video

have been created to help patients make informed decisions about their health care. The project has received recognition nationally and internationally.

Staff are working to prevent the development of pressure ulcers in hospital and aged care facility patients by providing evidence based guidelines. The \$125 million QIEP funding under the current Australian Health Care Agreement concluded on 30 June 2003. However, as the projects commenced planning and recruitment only from mid-2000 following endorsement of the plan, nearly \$20 million is still to be spent and arrangements have been made to continue seven high-priority projects. We should know by the end of September 2003 what funds will be available in the next Australian Health Care Agreement for Queensland Health's safety and quality improvement initiatives. I think this has been a major step forward in looking at how to prevent injury in our hospitals and how to promote improving quality through them.

Ms BARRY: Minister, the MPS states that the Smart State: Health 2020 directions statement presents the government's vision to develop a health care system that ranks with the best of the world. Specifically, can you tell the committee what steps Queensland Health has taken to develop measures of its health system performance and how does this link to the Smart State directions statement?

Mrs EDMOND: I think Health has undergone enormous changes over the last ten years and the last 20 years in particular. What this is doing is looking into the future and trying to work out what sort of health system we are going to have. Smart State: Health 2020's vision is to develop a health care system that ranks with the best in the world and for Queenslanders to have the best health and quality of life in Australia by 2020. Queensland Health is currently measuring the performance of public hospitals and has reported the results to the public in the recent landmark report *Queensland Hospitals in the 21st century—Leading the way*. The report measures the clinical outcomes of health care, which measures the clinical performance of hospitals for a number of diseases, conditions and surgical procedures; the efficiency of the system, which measures how hospitals manage their resources; patient satisfaction, which we have already talked about, which measures the patient's perceptions of and satisfaction with their hospital experience; and system integration and change, which measures a hospital's ability to adapt to its changing health care environment.

In releasing these measures to the public Queensland Health aims to inform the community on aspects of health care thereby assisting and encouraging public debate and community participation in decisions regarding improvements in health care. It also aims to improve Queensland Health's responsiveness to community needs and expectations by encouraging participation and feedback and establish an ongoing process that reports on performance and supports continuous improvement.

Out of the 28 clinical indicators reported, Queensland performed at or better than the national average for 23 of these indicators. There was no comparable data for two of the indicators and only three indicators showed Queensland not performing as well as the national average. These three indicators have shown us where to prioritise our investigations. Where comparisons are possible, the efficiency indicators show Queensland hospitals performing better than the national average. The patient satisfaction data reports that 89 per cent of patients are satisfied with their hospital stays and 59 per cent are very satisfied. More than 10,000 patients answered the survey at more than 200 hospitals and health services across the state.

I noted that the member for Maroochydore said that the report should have been done independently. I have to say that getting 10,000 patients to answer those questions, I think, is pretty independent. But I also would like to indicate that looking at clinical outcomes is actually measuring what has happened. Having somebody independent do it, it is about looking at the types of services provided and the outcomes from those services and comparing them to other states, national data and best practice.

Mrs SMITH: Minister, are there any specific areas of service delivery which have been identified as needing improvement? If so, what are they and what is Queensland Health doing to address these areas?

Mrs EDMOND: As I said, generally the report showed Queensland's public hospital clinical indicators were as good as or better than the rates for public hospitals throughout the rest of Australia. No other report in Australia has actually gone as far as Queensland has in putting hospital performance under the microscope. Indeed, the Australian Council for Safety and Quality in Health Care Chair, Professor Bruce Barraclough, has gone on the public record commending Queensland for leading the way. Indeed, he has spoken to me about it and said that it is a very

courageous move, he really endorses it and he is trying to convince other states to go as far as Queensland has.

The report is not a cure but a first step at looking at the health system performance. The bottom line is that this will improve patient care. You cannot manage something if you do not know how to measure it. That is what we are looking at. We are grateful to have this report as it has identified a small number of indicators that need to be examined more closely, for example, stroke mortality. Queensland's rate was higher than the national average. However, when you looked at it more closely Queensland patients are less likely to be discharged to nursing homes. The nursing home discharge rate, plus the mortality rate, is similar for Queensland as it is for the rest of Australia. So it may be just about a different discharging pattern.

We have already established a stroke unit at the Royal Brisbane and Women's Hospital to be a focus for stroke related research and educational activities as well as providing support for regional and rural practitioners. Late last year I also launched the health outcomes plan for cardiovascular health: Stroke 2002-2007, which is an invaluable resource for health clinicians and health planners. It provides information on prevention and screening strategies, rehabilitation, continuity of care, and indigenous and rural health issues. I should perhaps mention that I think one of the factors in having DVTs which can, of course, lead to other problems is sitting for long hours. So maybe we should bear that in mind while we are sitting here and move our legs about.

The other areas that needed further attention were the caesarean section rate, with Queensland's rate for all births being 6.8 per cent higher than the national average and hysterectomies for women under 35 years of age, with Queensland's rate being 6.5 per cent higher than the national average. We have already started looking at these areas to try to work with our clinicians to support them in examining those current practices and trying to work out why they are higher and whether there are any modifications that can be—

Mr JOHNSON: What is the national average?

Mrs EDMOND: I do not have it here.

Mr JOHNSON: That is an alarming rate for women under 35. You said it was six per cent higher than the national average. I am sorry, Mr Chair.

The CHAIR: You have a go coming up shortly.

Mrs EDMOND: We can get that for you. It is in the Queensland hospitals leading the way report. We will get it for you before the end of the day.

The CHAIR: Better than that, we can let the honourable member ask the question himself if he wants to. The time for the government members' questions has expired. We will have a block from the opposition.

Miss SIMPSON: Minister, I refer to the portfolio statement and oral health at page 1-7. According to your figures in answers to questions on notice, last year you spent more money on oral health services and you employed more staff, but you achieved 51,000 fewer dental treatments for adults and children. How do you manage to treat so many fewer people while costing so much more?

Mrs EDMOND: One of the measurements that we are using is a course of treatment and a course of treatment can be very variable. It can be one filling, or it can be a whole mouthful, or it can be a full set of dentures, et cetera. This is one of the difficulties we are having. We do not find that it is an accurate measurement of the actual increase in activity.

Miss SIMPSON: It has been falling consistently over the last number of years, though—the combined number of treatments with children, with adults, emergency and general. It has been falling when you combine those figures, yet you say you have spent more and you have employed more. They are your figures, Minister.

Mrs EDMOND: And I am proud to say that we have spent more.

Miss SIMPSON: But you are achieving less. That is my question. Why is it such a large disparity?

Mrs EDMOND: I also say that the member for Maroochydore has not learned anything in politeness since last year or the year before. The Beattie government has allocated extra funding over the last few years. Indeed, we are the only state that has been significantly increasing our funding each year in oral health. Probably one of the reasons we get more complaints about it is that other states actually do not provide these services. Queensland consistently spends

significantly more than New South Wales, although New South Wales has more than double our population.

In 2001-02, a \$5 million election commitment associated with providing oral health care for those waiting longest provided an extra 16,500 general courses of care. This target was met in 2001-02. However, one of the things we are seeing is that the general courses of care are changing. We now have something like the figure of over 53 per cent of the population in Queensland being eligible for oral health care. This has led to an increasing demand for services, which has also led to increasing waiting times for general care. One of the problems we are facing is that the longer people wait for general care, by the time they get there the more care they need. So the courses of treatment involve an increasing amount of care.

It also leads to a greater casemix complexity and more costly treatments. So even though we are spending more, it may be on fewer people with more complex needs. Of course, part of the problem has been, as we have already mentioned, a nation-wide shortage of dentists further exacerbating this. In Queensland there is an increasing trend for non-occupied funded dentist positions around the state with an average of 30 such positions in 2001, that is vacancies, and an average of 42 in 2002-03. The private sector is also experiencing an increase in work force demand. This impacts on our ability to recruit from the private sector to do extra work load for us in the public sector.

The shortage of dentists necessitates the adoption of alternative strategies such as overtime, which is more expensive, and outsourcing to private practitioners where they are available and willing to do the work, both of which, as I said, are more expensive to provide and less cost-effective in turn. I always find it amazing when the coalition asks questions about oral health when we consider that it was the coalition government in 1996 that took away the funding for all of the adult oral health care in Queensland. Prior to that we had \$100 million across Australia being spent on oral health programs for adults. That has gone. John Howard took it and did not give it back. But they are pumping something like \$345 million a year into subsidies for those who are well off enough to afford private health cover and private dental work. So we have \$345 being spent around Australia on private dental but nothing being spent on public dental by the federal government.

Miss SIMPSON: Minister, I note that, as I have said, you have spent more, on your own figures, but you have treated 51,000 fewer adults and children. If you break that down, the number of treatments on children who are not going to be as complex as adults has also significantly fallen. Once again, do you not think the fact that you have treated 51,000 fewer adults and children despite claiming to have spent more and employed more people raises questions as to how you are managing oral health treatment in this state? I remind you that it was the National-Liberal coalition state government that kept funding the oral health adult program in Queensland.

Mrs EDMOND: I always recognise that point. I always pay credit to Mike Horan. I look forward to the member for Maroochydoore joining with us, with the ADAQ, with all of the other Health Ministers around Australia and others in the Liberal and National parties in calling on the federal government to reinstate the essential funding for public adult oral health services around Australia. I was appalled when Mike Wooldridge said that oral health had nothing to do with health. I do not know where he learnt his anatomy. I always learnt that it was very much connected. What you put in your mouth has a big impact—

Miss SIMPSON: So why are you treating 51,000 fewer adults and children. That is a significant fall-off in the number of treatments that you are achieving.

Mrs EDMOND: What you put in your mouth has a big effect on your health. Sometimes even if you close your mouth it has a big effect on the health of all concerned. I think it is important that we recognise that oral health services—and I recognise it on a regular basis—around Australia and in Queensland are under enormous pressure. You would no doubt have seen *A Current Affair* and other programs which indicated that other states have waiting times of the order of 7 and 10 years, I understand. That is not the case in Queensland. We are under pressure. We have a shortage of oral therapists and dentists. One of the things I look forward to supporting in the House is the widening of the scope of practice of oral health therapists so that we can increase the work that they can do and free up dentists to do more complex work.

Miss SIMPSON: We asked you in the question on notice what the dental waiting times were for each health district last financial year and you refused to answer. I ask again: what are the blow-outs in waiting times for the districts? Will you publish these district waiting times?

Mrs EDMOND: The waiting times at any given time are just a snapshot.

Miss SIMPSON: You said that you cannot manage what you cannot measure. You talk about blow-outs in wait times but you will not be accountable to the parliament.

Mrs EDMOND: I also said that everyone's health improves if people learn to keep their mouth shut occasionally and let other people speak.

Miss SIMPSON: We want you to be accountable and actually answer the questions. That would be in the interests of all the people who cannot get access to oral health treatment in this state.

The CHAIR: The minister is entitled to answer the question.

Mrs EDMOND: All emergency oral health is treated within 24 hours, as I was trying to say. It is very difficult sometimes to get the answers out. Almost all emergency care is delivered within 24 hours. We have also improved the way we are providing that by having call centres in those areas with the greatest demand. We are looking at expanding those call centres to manage the high demand. One of the problems we are facing is that, increasingly, we are seeing more and more emergency patients. As I said, they are having their treatment within 24 hours. Queensland also, as is indicated, spends far more than the other states. Interestingly, we spend \$31 per capita compared with the Australian average of \$18. That is because Queensland alone provides approximately one-third of all adult public sector oral health occasions of service in Australia. I have never denied that oral health in Queensland is under enormous pressure. One of the things we really have to do is involve people in looking after their own teeth as well, and that means taking responsibility for their teeth and their children's teeth and providing services. I am on the record as encouraging councils around the state to use fluoride as an addition to water supplies, particularly in areas where people do not seem to have the same focus on oral hygiene as they might. I think we will always be under pressure in this state while we have over 53 per cent of the population eligible for health care and no funding from the Commonwealth government.

Miss SIMPSON: I would like to ask a question in relation to non-in-patient services on page 19. The breakdown of the state's cancer services, with unacceptable blow-outs in wait times for radiation therapy, have been well documented. But I refer to another concerning trend, a blow-out in wait times for the key diagnostic tests for bowel cancer, that is, colonoscopies, of up three years. Are you aware of this issue and, if so, what are you going to do about it?

Mrs EDMOND: There are a number of measures. Colonoscopies is one measure for looking for bowel cancer. Another is faecal bloods. Queensland is working with the Commonwealth to do trials of faecal blood testing as a precursor. Having everybody undergoing a scope as a screening measure is very expensive. It is a very profitable way for doctors to proceed. We are working with the Commonwealth to find other ways of identifying which patients need to have scopes rather than just having everybody roll up and have scopes on a regular basis.

My understanding is that one of the huge increases in private activity as a result of the private health insurance funding has been in things such as scopes, because it is a very profitable area in particular for anaesthetists. One of the really big issues—and almost a crisis looming—is that an anaesthetists can make so much money by just popping a needle into someone's vein for a scope rather than by working in the public hospital system. We are finding it very difficult to keep them.

Miss SIMPSON: When the anaesthetists are not present during some of the colonoscopies where they should be.

Mrs EDMOND: Sorry?

Miss SIMPSON: They have to be present during certain types of colonoscopies, and there has been criticism that the same standard is not being applied in the public sector.

Mrs EDMOND: That is not what I am talking about. I am talking about the fact that it is so profitable to pop needles into veins—it takes about 15 minutes—rather than being involved in serious operations that it is very hard for the public sector to compete with the sort of money that they can earn. There will be a huge shortfall in anaesthetists. Some time ago the then federal Health Minister, Dr Wooldridge, said that we needed to import some 200 anaesthetists into Australia to deal with the problem that was arising. A lot of this problem is arising because of the private health insurance.

Going back to bowel cancer screening, Queensland Health is supporting the national bowel cancer screening pilot program in partnership with the Commonwealth and the Mackay division of GPs. This strategy could have a significant impact in preventing the most common cancer in men and women, but I believe it will also give a better focus in terms of those people who should be having scopes rather than just using scopes as a screening tool.

Miss SIMPSON: I would like to go to the Surgery on Time program. In your opening statements you criticised some figures I quoted about the amount of surgery that was being undertaken. The figures I quoted were supplied by your department. I am happy to table that. They were supplied in a briefing with Dr Buckland. I would appreciate, even if you want to take this on notice, an explanation as to why these figures are so different from the figures published in the Ministerial Portfolio Statements?

Mrs EDMOND: We will take it on notice. It depends what figures you are quoting and the statement you are making.

Miss SIMPSON: I would be happy to have a full explanation as to why there is such a difference, because they are actually departmental figures.

Mrs EDMOND: Every year we have done more than was done in the last year of the coalition government.

Miss SIMPSON: One of the other criticisms of the Surgery on Time program has been the waiting list to get on the waiting list, in other words, the amount of time that it takes to get an appointment to see a specialist in order to, if surgery is required, get on the wait list for surgery. I would like to ask you: how many Queenslanders are waiting longer than three months for specialist appointments in public hospitals?

Mrs EDMOND: The patients on waiting lists for outpatients are handled on a hospital-by-hospital basis and they manage those. It depends on the priority of the patient, which is determined by the clinicians as a result of the information they have from the GP or whoever refers them. Of course, I need to remind people that there is absolutely no reason that people have to see specialists at the public hospitals. The Medicare system actually provides a rebate system for people so that they can see specialists, just as they do GPs in the private system. In fact, in every state other than Australia that is how it happens. If they need to have surgery and so on or further tests they can be referred to the hospital.

The collection of specialist outpatient waiting times data has been done in a fairly inconsistent way across the state, because it varies as to how we provide those specialist services, whether they are with full-time staff specialists, whether they are with VMOs or fly-in specialists. For example, at Mount Isa they will have regular booking dates for people when those specialists come to visit. It really is different from one part of the state to the other based on how they are managed. We have asked the hospitals to manage those waiting times and to provide as little as possible in terms of dropout rates. What I did see in some other data was that about a third of patients waiting do not actually turn up. That is very inefficient. It means that somebody who was waiting could have had that appointment if you knew that people were not going to turn up. The other thing is that, if everybody turns up and you overbook, you can have people waiting for longer than the specialists would like to see them on that day.

We have developed guidelines for the management of the specialist outpatient clinic waiting lists and to provide support to the hospitals in implementing those guidelines and making sure that they take people off if they no longer require their appointment. When we continue to develop and adopt those guidelines we believe that will lead to greater consistency in the management of specialist outpatient waiting lists.

The other part of it is that we have seen significant improvements in management practices in terms of identifying patients and their priorities. All specialist outpatient referrals received by hospitals can now be entered onto an electronic waiting list register to enable hospitals to manage their workload in a more effective manner. Part of the system is that if you have the same specialists who are doing the outpatient work and the surgery work you need to coordinate how many people they are seeing in outpatients with how many people they are operating on in surgery.

Miss SIMPSON: I have a further question in regard to specialist outpatients. A criticism is that if they cannot get an appointment they do not get on the surgery list. You do not seem to have made any movement towards collating what the wait times are in different districts. There is a great disparity between districts. If you cannot measure it, can you manage it and find out who is missing out?

Mrs EDMOND: A lot of the issue about waiting times for specialists is whether or not we have those specialists available in that area. You would be aware that the Sunshine Coast, as a result of having the most industrially militant VMOs around, withheld their services, some of them, up until the beginning of this year as a result of issues. That created significant problems for the patients on the Sunshine Coast area that other places did not record.

But of course there are other areas. There are a lot of places where we cannot actually get specialists to attend and then it has to be on the basis of either referring those patients to other hospitals or what we do is arrange, in a lot of places, outreach services. We have flying specialists such as ophthalmologists going to remote areas around Queensland. We have flying paediatricians, obstetricians, surgeons and all the rest of it going around the state. We are also having appointments done by telemedicine in paediatrics, psychiatry and a range of other areas. So there is a whole range of different ways of trying to address the shortage of specialists in some specialities and in some regions around the state.

Miss SIMPSON: What about eyes at Nambour, because that has been a sticking point since well before the industrial dispute?

The CHAIR: As the time for non-government questions has expired, you can ask that in the next round.

Miss SIMPSON: Well before the industrial dispute there was the problem of a lack of access to eye appointments at Nambour, and that has been going on for years and still—

Mrs EDMOND: That is because only very few of them in Nambour will work in the public system, and it was exacerbated enormously by the industrial action.

Miss SIMPSON: This has been going back years, well prior to that.

Mrs EDMOND: Yes, and going back years they refused to work in the public system.

Miss SIMPSON: We want you to fix it, Minister, because it is taking three years for people in the public system on the Sunshine Coast to get appointments when they are going blind.

Mrs EDMOND: We are currently negotiating with an overseas specialist to work in Nambour. We have actually done that on the Gold Coast. The Gold Coast was the worst where they had five-year waits when I became the minister. The reason for that was that very few ophthalmologists will work in the public sector. We imported a highly skilled one on the Gold Coast and he is doing a wonderful job, and we are hoping to do the same in Nambour. But in the meantime we are also opening up optometric services so that optometrists will be able to treat a lot of patients and take that load off the ophthalmologists, which will mean that they will be able to focus on the surgery. So we are doing quite a lot of work on that, and if you had listened before you would have heard that. One of the VMOs only recommenced services in January of this year and a second in July this year. So I have to say that my comments about them being the most industrially active in Queensland still holds.

The CHAIR: The time for non-government questions has expired.

Mrs CROFT: Minister, I am very concerned that there have been some media reports about retailers selling cigarettes to young people. Can you elaborate on the funding for two additional investigative officer positions to conduct surveillance for sales to children mentioned on page 1-35 of the MPS and can you advise of any other ways you are addressing smoking by young people?

Mrs EDMOND: I am probably as fierce a person as you can get about antismoking both from my many long years working in radiation therapy in treating cancer patients and as a mother. I get really offended. I have to say that I have also done a lot of work on talking to young people about where they get cigarettes from. I am disappointed to say that most of them say that they get them from mum and dad.

Mr JOHNSON: Minister—

Mrs EDMOND: I have never smoked—never ever. I had a father who smoked 60 a day and it put me right off. So I have never ever tasted the filthy stuff. It is surprising that, while people believe they are all going in the shops and buying them—and I know that some do—quite obviously a lot of them get from their mum and dad who buy a carton and they do not notice one or two packs going missing or from older brothers and older friends. But we are determined to cut down on any retailers who are providing cigarettes to young people. That is why we significantly increased the fines under our government. We are committed to addressing smoking generally.

I think it has to be done at a comprehensive level. I think you run the risk that if you just ban it it makes it exciting. It makes it seem sexy to young people. It makes them feel grown-up if they are doing it. If you just keep doing it by, I guess, a heavy-handed approach, you are likely to see young people skip the message or get the wrong message that it is somehow more adult. We are doing it through a comprehensive approach in trying to restrict tobacco advertising, which we have done, such as displays and promotions. In terms of tobacco vending machine access, they have to be near the bar or where young people cannot access them. We have also had, of course, the Poison youth smoking campaign worth \$625,000, the school based Youth Health Nurse Program where they are trained to provide quit advice to young people, and supporting drug education and other comprehensive school based programs.

During the recent state budget I announced an increase to enhance the enforcement of tobacco legislation with two specialist tobacco control investigators to be appointed to work with the 60 authorised environmental health officers in public health units around the state. The aim of that is to have them target this area and support local people when they go and do blitzes in local areas—that is, to target the illegal advertising and smoking in enforced areas but particularly sales to children. I have been disappointed, I have to say, that some of the work we have already done has not led to as much cessation of sales as I would have liked or enforcement. I think some of that needs to be redirected so that it is done out of school hours when children are more likely to be going to shops, et cetera.

Ms BARRY: Minister, I note in the MPS that there is a commitment of \$11 million for a skills development centre at Herston in Brisbane. Minister, what is the reason for this major investment and how will it benefit the health of Queenslanders?

Mrs EDMOND: I think this is an important and exciting venture and I think it is going to be increasingly important for health services to provide such a place. With the focus on medical indemnity costs, I believe that in the future medical indemnifiers will insist on people having the skills before they are let loose on patients. If new surgery techniques come in, they will go through them in a simulated way in a skills centre before they are allowed to practise in them. So we have articulated a clear commitment to developing Queensland as the Smart State so we ensure that we have the best equipment, the best educational support for our staff and that we enable our staff to look at the best ways of providing care.

The Queensland health skills centre supports this by facilitating the advancement of the skills of clinicians in relation to surgical procedures, communication and health care improvement science. We all probably recognise that a lot of the things that occur where we see litigation often come out of poor communication, so a lot of this will be an emphasis on improving the communication of all health staff. Specifically, the skills development centre will enable clinicians to acquire, enhance and maintain skills in surgical, clinical and anaesthetic procedures; enable our staff to acquire and develop leadership management and communication; and provide a link to current and developing online technology provided by both Queensland Health and partners. We have heard some of these skills centres talked about as simulated practice. Like learning to fly a plane in a simulated environment, this is like learning to operate in a simulated environment using high tech. It is very exciting.

The centre will be located on the Herston campus and will enable a variety of skill development programs to be conducted both on site and at other locations across the state via our excellent telecommunication devices. It is proposed that partnerships will be formed between the centre, external bodies including the universities, the learned specialist colleges and the private companies committed to enhancing skill development. The centre will particularly focus on the training needs of provincial, rural and remote health care providers, and I think Mr Johnson would be very pleased to hear that.

It will be developing programs that can be run in multiple locations, mobile facilities, distance learning, electronic course delivery, et cetera. It will be equipped with a range of advanced simulation equipment which has been shown to reduce the training time and lower the risk of complications during the early experience of surgical procedures and improve the ability of multidisciplinary teams to respond to critical incidents such as those that may occur in the operating theatre or in the management of severe trauma. I think it is a very exciting project. I look forward to seeing it up and running. I think all Queenslanders will benefit from it, including rural Queenslanders.

Mrs CROFT: In the MPS you indicated a commitment to safety of health care services. What are you doing to improve the safety in Queensland Health hospitals?

Mrs EDMOND: Part of what we are trying to do in Queensland is to continue to have a program of continuing improvements. Instead of just saying, 'Isn't that dreadful, somebody made a mistake,' we look at how we can learn from that mistake, how we can improve our knowledge and how we can prevent anything happening in the future. We are doing our best to make our hospitals safer. The cost of unsafe health care is significant in both personal and financial terms, with 51 per cent of adverse events identified as being able to be prevented. If we could prevent every one of those adverse events, that would give us savings of about \$95 million a year. That is \$95 million I would much rather put into health service delivery than into adverse outcomes. As well, of course, it would reduce the pain and suffering and loss of income to patients and their families.

A number of the projects that have been undertaken to address this include a falls prevention program, mentioned in the MPS on page 1-34, for our hospitals and aged care facilities. Each person over 60 is assessed for risk of falling on admission and everyone is assessed again after surgery. Special care is then provided for those identified as being at high risk. Falls in people aged over 65 and over cost the Australian health care system nearly \$406 million annually, so I am pleased to tell members that Queensland Health's best practice falls prevention guidelines have been endorsed for use nationally by the Australian Council of Safety and Quality in Health Care.

Blood safety is mentioned on page 1-4 of the MPS and work is also under way through the Quality Improvement and Enhancement Program to improve the safety of blood and blood products used in Queensland Health services. We have also standardised the collection, preparation and transport of pathology, including blood specimens, and trained isolated and rural and remote staff in how to meet these standards. We are developing a statewide incident management policy and information system at a cost of \$1.2 million.

We have also allocated \$51.5 million to put in place a range of information systems in Queensland Health's hospitals, the aim being to reduce the risk of error in ordering and reading pathology and radiology tests and medication and to provide the best available information to clinicians at the bedside. These include the clinical information system, infection control monitoring and a pharmacy information system. There are a number of other projects under way, and I take this opportunity to congratulate Queensland Health staff involved who work hard not only to provide the best care but also to continue to strive for ways to improve that care and provide better care.

The CHAIR: Minister, just following up on your mention there of safe blood products, I note that at page 1-4 of the MPS which you were referring to there is \$3 million allocated for safe management of blood and blood products. Can you explain why that increase is necessary?

Mrs EDMOND: Blood and blood products are a critical element in the treatment of injury and disease in our health system, including in the treatment of bleeding disorders such as haemophilia and the prevention of potentially fatal conditions in newborn babies. In 2003-04 my department will spend approximately \$30 million on blood and blood products, including additional recurrent funding of more than \$10 million committed in the last three years. An additional \$3 million has been provided in the 2003-04 budget to meet the increasing costs of ensuring a sufficient and safe supply of quality blood and blood products. In November 2002 all Australian health ministers endorsed a set of joint policy objectives for the Australian blood sector, including the promotion of safe, high-quality management and use of blood products. New arrangements for the Australian blood sector have been agreed, including the establishment of the National Blood Authority, a Commonwealth statutory body which is responsible for negotiating contracts with suppliers on behalf of all states and territories.

The National Blood Authority established on 1 July provides Australia with the capacity to manage the supply of blood and blood products on a national basis, a more coordinated evidence based assessment of new products and services, the development of clinical guidelines on appropriate use of blood products, the ability to respond to potential threats to the safety of the blood supply rapidly, and enhanced capacity to manage increasing cost pressures. New funding arrangements now in place mean that the cost of all blood products will be shared with the Commonwealth. Queensland will pay up to 37 per cent of the cost of all blood and blood products, with the Commonwealth paying the remainder. Cabinet approval was obtained in December last year for Queensland to participate in these new arrangements as it was identified at the time that not participating would expose Queensland to potential cost increases for blood and blood products of 18 per cent per year because of uniform pricing arrangements across Australia, taking away Queensland's efficiency advantage.

The new arrangements enable better risk management with the sector, provide the capacity to respond to viral and other threats to the safety of the blood supply, and ensure access for all Australians to a safe, secure and affordable supply of blood and blood products. As people would be aware, over recent times blood products and the supply of blood products have come under increasing pressures because of new viruses, et cetera, and that has reduced the number of people who are able to give blood. For that reason, I am going to put in a commercial and urge anyone who can to remember to give blood on a regular basis. No matter what type you are, they love you and need you.

Mrs SMITH: You spoke earlier about addressing smoking by young people. Considering that the Queensland Cancer Fund has claimed recently that lung cancer will overtake breast cancer in women this year, what is being done to address smoking by women?

Mrs EDMOND: In some ways this is a good result because it means that breast cancer deaths are coming down as a result of improved screening, et cetera, and that is a good sign. As members will be aware, I, too, have concerns about the rate of lung cancer in women. I have spoken about it on many occasions. That is why we have implemented a multipronged approach to address this issue.

A recent Cancer Fund publication, *Mortality Due to Breast and Lung Cancer: Changing patterns among women in Queensland*, clearly states that what we are observing now in terms of lung cancer mortality is not the effect of current or recent smoking patterns; rather, it reflects the smoking patterns and prevalence more than 20 or 30 years ago. It is pleasing to note, as I said, that due to BreastScreen Queensland and improved treatment after diagnosis, such as chemotherapy, breast cancer rates have decreased since 1995.

This government is committed to addressing smoking by young women and girls. Queensland Health, through a Health Promotion Queensland project, is spending \$750,000 on a new campaign to help address smoking among women aged 16 to 35 years. The young women and smoking initiative will look at why women smoke and what influences them to stop. Pregnant women and young mothers will be a particular focus of the campaign. The project will also target the relationship between smoking and issues such as physical activities, stress and body image. A commissioned research phase funded to the tune of \$150,000 has commenced. This research will be used as the basis for future strategies.

The continued collaboration between Queensland Health and the Queensland Cancer Fund on the Queensland QUIT campaign is an important part of a unified approach to tobacco control issues in Queensland. The QUIT campaign encourages smokers, including Queensland women, to quit smoking. The campaign also provides support and self-help materials through the Quitline telephone counselling service, but it is quite clear that not every smoker gets the message from the QUIT campaign. Antismoking messages for young people need to be very carefully planned. Recent media has portrayed smoking saloons as glamorous and highly sophisticated, while some retailers are marketing fruit flavoured cigars and pipes. Unfortunately, kids like to ignore what adults say and are fooled by the slick and glamorous marketing of smoking. It is important that we do not give them any reason to be fooled by that.

It is pleasing then that young women in Queensland have responded particularly well to Queensland Health's Poison campaign. Over the last two years the Queensland government has spent \$625,000 on implementing the Poison campaign. The Poison campaign has developed Australia's only antismoking commercial specifically for cinema. Other strategies of this comprehensive campaign include a television commercial, web site and health promoting schools resource, which we have also made available to private schools.

Mrs CROFT: Can you please outline what measures the government has taken to improve the health of indigenous people in this budget?

Mrs EDMOND: There is a range of work being done in addressing the health of indigenous peoples. As you would be aware, I am sure, their life expectancy is not the same as ours. A lot of work is being done at a whole-of-government level addressing issues such as, I am sure Mr Johnson knows, alcohol, et cetera. One of the other problems we have, of course, is that indigenous people tend to have higher smoking rates than others, which is why some of our smoking programs have been targeted at them.

Indeed, there are a number of budget initiatives. In fact, there are nine budgeted initiatives that are specifically targeted to improve the health of Aboriginal and Torres Strait Islander people. These initiatives are the roll-out of the Growth Assessment and Action in Early Childhood program in selected communities in north Queensland. A team of public health nutritionists is coordinating

the implementation of the growth assessment and action program by indigenous children and nutrition health workers, which provides systematic, timely and accurate assessment of the health and nutritional status of infants and children.

Another is the implementation of the Growing Strong project, which aims to enhance the nutritional status of mothers and children in all three Queensland Health zones and the continued implementation of the Queensland indigenous women's cervical screening strategy. This strategy aims to increase the number of indigenous women who participate in cervical screening through community education for indigenous women, improving access to screening and follow-up services and work force development. This is particularly important because they continue to have very high rates of cervical cancer, and this is an area where we can actually get successful treatment if they are diagnosed early.

There is also the establishment of an indigenous environmental health state agency group to enable issues concerning indigenous communities to be more effectively addressed through a whole-of-government approach and the continued implementation of the Meeting Challenges, Making Choices pilot environmental health project. This is a project which aims to establish a sustainable and effective environmental health work force through the training and employment of indigenous environmental health workers by the 13 Aboriginal and Torres Strait Islander councils in Cape York.

Another initiative is the continued statewide implementation of the SmokeCheck Tobacco Brief Intervention Program involving training and ongoing support for primary health care workers. As part of our indigenous antismoking program, Queensland Health has also sponsored smoke-free sports in indigenous communities. SmokeCheck is also the first culturally appropriate QUIT smoking program to be developed and implemented in Queensland. Other initiatives include the continued funding to and evaluation of the outreach and home visiting immunisation programs in Cairns, Townsville and the Sunshine Coast; and, finally, the implementation of the Queensland indigenous sexual health strategy and continuation of the chronic disease strategy in north Queensland.

The CHAIR: The time for questions from government members has expired. We might have some questions from the non-government members until a quarter to six and then we will adjourn and you can complete your 20 minutes after we come back at 6 p.m.

Miss SIMPSON: Will any Queensland Health hospital or health facility have to pay the ambulance levy or a tax equivalent due to competitive neutrality?

Mrs EDMOND: The ambulance levy does affect health facilities. All up, across Queensland it is in the order of \$61,500.

Miss SIMPSON: In regard to the Ministerial Portfolio Statements page 1-10, mention is made of some new birthing suites, which will certainly be appreciated. However, with regard to the retraction of obstetric services throughout rural and regional Queensland due mainly to the impact of the indemnity crisis and ageing practitioners approaching retirement, there is concern that Queensland women are losing options to give birth in the closest possible hospital. Can you advise how many Queensland proceduralist GPs, obstetricians and midwives have ceased delivering babies in rural and regional Queensland in the last 12 months and is there funding to address this problem in this budget?

Mrs EDMOND: We have indemnified rural GPs who have obstetric experience if they deliver those babies in public facilities and, of course, out in the rural areas they are virtually all public facilities. The advice I have received from the Rural Doctors Association is that they are delighted with that. Dr David Molloy, the president of the AMA and spokesperson for the College of Obstetricians, has indicated that they believe the work we have done on indemnity has been the best in Australia. He told me that personally a couple of days ago.

I understand that most of the obstetricians who have withdrawn services have been in the private sector. We have not really got a measure or a handle on how that is affecting the public sector. Certainly some of them have stopped working in the private sector but come over to work in the public sector. Yes, you are absolutely right, while there is a lot of money going into private health insurance, people are being denied the choice of where they have their baby, et cetera, because of other issues that have not been addressed. We do not have any details of any rural obstetricians who have ceased practice due to professional indemnity issues. None of them has advised us of that.

Also, some people who have stopped delivering babies have done so for the simple reason that they are not delivering enough each year to feel that they are safe to continue to do so. That

is a clinical decision that they have to make and there is no way I am going to try to force doctors to deliver if they do not feel that they are keeping up their experience enough to do that safely. That is an individual choice that will be made around the state in some areas.

We have the flying obstetricians out of Cairns and Roma and also we have included from Roma the flying paediatrician who supplies services. The paediatrician goes to deliveries where it is believed there may be a need—if it is twins or an early birth or any other reason they think they might be needed. We are probably picking up increased numbers in obstetrics in the flying obstetrician. Actually, I am advised that we are not. While some people may be choosing to no longer provide those services, it does not seem to be flowing through in increased numbers.

Miss SIMPSON: I would like to ask you a question with regard to the capital works budget and particularly Atherton Hospital. It is listed as receiving a refurbishment of \$1.042 million; however, you have already told parliament that the district will have to make a contribution spread over a number of years to help pay for it. I ask: how many other hospitals and health facilities in this budget have to pay for their own upgrades?

Mrs EDMOND: Atherton was a different example. They have identified that the new work that we are doing up there will provide a more efficient service. That is why there will be savings from it that they can put into it over time. The money is being paid up front for them but, yes, they are expecting to contribute to it.

I am unaware of any others, but certainly Atherton came up as a bit of a surprise. It was out of the forward estimates, et cetera. It certainly was not on the list for capital works at that time. The decision was made—and everybody agreed to it—that this was the best way of approaching it so that they could get the services they needed now rather than having to wait in the future. It is happening. It is well under way.

Miss SIMPSON: I have a question which might be a bit difficult to squeeze in before the break. It concerns overseas trained doctors and concerns about the need for appropriate support when they are coming in from different systems of training and cultural backgrounds. Could you please advise the committee what support can be provided to address some of these concerns that, while they are appreciated by the communities, they are being dropped into the very difficult services without an adequate introduction to Queensland and the systems of Queensland Health as well as ongoing training, monitoring and support?

Mrs EDMOND: There are two very important problems here. One is that we are having to increasingly rely on overseas trained doctors. At any given time I am told that about 1,000 overseas trained doctors are working in Queensland. That is not a criticism of them; we thoroughly appreciate them. We would not be able to run a lot of our services without them. About half of those are in the private sector and about half of those are in the public sector under a variety of arrangements, either short term or longer term.

Certainly in the past we have had significant support provided for them through the University of Queensland Centre for Overseas Trained Doctors. I understand that the Commonwealth has now pulled its share of that funding out of that program. I guess this is a question you should best put to the Commonwealth. We are continuing to fund our component to it. We do provide support through the department and through linking with telemedicine. Even on our rural networks we provide things such as a whole library of medical advice, et cetera. We work through peer support locally in the hospitals nearest to them. Dr Stable, do you want to make some comments?

Dr Stable: Our Doctors in the Bush program is very closely aligned with the respective royal colleges—the College of General Practitioners and the College of Rural and Remote Medicine. Those doctors are part of those colleges' training programs for development, as I am sure you are aware. They sit their exams as part of that. We certainly do encourage these doctors to participate in programs. Some are required to as part of their training if they want to have Australian residency.

The Medical Board of Queensland has advised that it is looking at having encouragement in the registration it gives to ensure that these doctors continue on with their training. We are looking at a program where we will actually, through our district budgets, give advance loans to enable them to participate in more programs. We have continued our contribution of more than \$108,000 per annum for the university program. Unfortunately, the other partner, the Commonwealth, is discontinuing its funding. There are other players. The College of GPs has a very active program. It is actually interested in looking at how it can expand what it is doing in Queensland as well.

Mrs EDMOND: Queensland Health also has people on a joint management program with the AMAQ and others to look at how to best address this. I find it really disappointing that young Queenslanders and Australians cannot get to train as doctors, yet we have this huge shortfall and we rely on so many from overseas. It is always good to have people coming to get the experience and going, but it is no longer an option. It is something we heavily rely on. It is increasingly becoming a tough market to recruit people to Australia. It is no longer just getting people from England, Ireland and Scotland, which we used to do. We are now getting people from Africa and the Middle East. The private sector also relies on those people.

Sitting suspended from 5.46 p.m. to 6.02 p.m.

The CHAIR: Estimates Committee D is now resumed. The question before the committee is that the proposed expenditure for the portfolio of the Minister for Health be agreed to. We are continuing with a block of questions from opposition members.

Miss SIMPSON: Minister, I refer to page 25 of the portfolio statement. A cross-reference of this section with last year's MPS reveals that fewer mental health episodes of care were provided in the past year, both in-patients and in the community, than in the year before. What do you attribute this to?

Mrs EDMOND: It would be wonderful if it were attributable to better mental health of people in the community.

Miss SIMPSON: That is the actual episodes of care, though—of people who come into contact with the service. It has actually fallen off.

Mrs EDMOND: That might mean that fewer people are seeking care. We do not actually manufacture levels of care if people do not seek it. All we actually do is measure the number of patients who come seeking care.

I am told that one of the issues is that they have changed how they are counting them. The target previously was based on client counts at the facility level. It is now based on client counts at the mental health network level, which is a more accurate way of counting. So there could be some discrepancy between the figures.

I go back to what I said originally. We do not go out and determine that we are going to see so many people whether they need it or not; it is about treating people who come into the system. The average length of stay is higher for our estimated target, so it could be that some people are staying in longer rather than having a couple of occasions of care in the community.

Miss SIMPSON: I was just wondering if there was further explanation on that.

Mrs EDMOND: I am told that there is no reduction. What are you actually saying?

Miss SIMPSON: In 2001-02 there were 22,716 in-patient episodes of care and 71,800 patients treated in the community. Combined, that is 94,516. The corresponding figure for this year is 90,565, so it is a reduction. That is why I was wanting some explanation.

Mrs EDMOND: I am advised that previously when people attended two different facilities within the same network they were counted twice. Now they are counted once.

Miss SIMPSON: But if they are attending two different facilities in separate episodes of care, that would still be counted separately?

Mrs EDMOND: It might be one illness in one network. It may be that they see a community health person and then get taken to the acute centre.

Miss SIMPSON: Okay. I guess what I am trying to get a picture—

Mrs EDMOND: That is why we have gone to what we believe is a more accurate picture of how many times they are seen in that network. I think part of the problem is that we have actually broadened the scope of how we provide mental health services. We have things such as mobile intensive care teams, we have the community centres, we have acute centres, and so on. So people may be seen by a mobile intensive care team who take them to an acute centre. I gather that previously that might have been counted as two. If you go back further, we, of course, did not have such a range of services. So it is part of the evolution of the different range of levels of service in mental health care that we are having to look at different ways of counting it.

Miss SIMPSON: Because this is a measurement that is in the portfolio statement and we are trying to ascertain people's ability to access services, it is very difficult if we look at these figures—and they have actually fallen, but we are told that there is a new way of measuring things. I need some assurance, though, that where we know there is difficulty for people being

able to access services, this is just not another change in the way things are recorded and we do not have a way of actually measuring whether they are getting quality access to services in this state.

Mrs EDMOND: We believe that it is a more accurate way of measuring. For instance, we have things like mental health advice lines for people in rural areas. Some people were counting that as an occasion of service, whereas the advice on that might be for them to go to their nearest service and that would be counted as a service, but it was in the same network. We believe that this is a more accurate way of doing it.

I am not quite sure what you are getting at. My understanding is that we have a better range of services. We have far more community based services than we have ever had before. I have not been getting any feedback that people are having difficulty being accessed by those community health services or other services—quite the contrary.

Miss SIMPSON: There are problems. We acknowledge that, while mental health has improved in a number of areas, there are still significant issues, particularly with access for suicidal patients into the mental health system. That has been one of the issues, among many, with accessing appropriate mental health services in a timely way.

I just do not understand your explanation, quite frankly, with regard to how you do not count them again if they come into contact with another part of the service with a subsequent episode of care. There are problems where there are holes and people are still falling through the gaps. I guess we all want to see improved continuity of care, particularly in those very acute moments of someone needing access to appropriate service. I am not satisfied that we have really got a full explanation as to why there has been a fall-off in the figures for in-patient and community based care combined.

Mrs EDMOND: I am not sure if that was a question or a statement. If you want me to give you a breakdown of what we are doing in increasing funding to community mental health services—

Miss SIMPSON: No, I would like to know why it has changed. I have not heard an explanation as to why there has been a fall-off in the in-patient episodes of care and the community based episodes of care other than to say, 'We are recording it in a different way now.' I would certainly welcome it if some of the mental health staff want to provide an explanation as to how exactly that has changed in the way it is measured.

Mrs EDMOND: Because we are not counting some things as occasions of care that we did count before. That is the explanation I have received. It would appear that everyone else has understood that except you.

Miss SIMPSON: Minister, I have parents coming to me whose kids have suicided. I am sure you face it, too. It is a problem with the lack of continuity of service. We want to make sure that those services are not just fudged with changing the way things are recorded. We need to know that people are able to access those services.

Mrs EDMOND: I think we all care about people who suicide, but we do not all grandstand and try to score political points about it. I think in some cases—

Miss SIMPSON: Minister, that is offensive.

The CHAIR: The member for Maroochydore!

Miss SIMPSON: With respect, I am really offended by that. Minister, that is offensive.

The CHAIR: The minister has three minutes to answer the question. We have allowed you extreme latitude all day.

Miss SIMPSON: It is offensive to suggest that when you have parents coming to you who are desperately upset. We all want to see a better service. The concern I have is that there is a fall-off in those two measurements. We still have not had an adequate explanation as to why there has been a fall-off in that. It is the continuity of care issue, but, if there are separate episodes of care, could we have an explanation from someone from the mental health services as to how that in practical terms is being measured differently?

Mrs EDMOND: I will call Dr Arnold Waugh to answer the question. I have to say that it is offensive to suggest that we do not care about such incidents.

Miss SIMPSON: That is what the minister was accusing me of, and that is why I will react. I believe that everybody here cares about it. We just want to be able to see what is being done to address those issues.

Dr Waugh: The latest figures will be the most accurate. Over time we have improved our recording mechanisms. I think the discrepancy mostly reflects that in the early days we were recording all contacts with patients, which would include a lot of telephone calls. Nowadays we have been much more specific with staff to say, 'We only want to know face-to-face contacts.' I think that is what we are recording there. I am not sure that those figures will reflect the issue of ease of access to services. They are a straight recording of how many people we have had face-to-face contact with.

Miss SIMPSON: I thank you for that. I guess this is where we are trying to see why there is such a change in the way things are being recorded.

Mrs EDMOND: Exactly what we said.

Miss SIMPSON: Obviously, phone call access still is an important part of the network of care. I raise issues to do with access for patients to acute services. Has there been a recognition of the need to extend the access for acute based, chronically ill people as far as the mental health services are concerned?

Mrs EDMOND: Dr Waugh, can you answer how we are changing the range of community services?

Dr Waugh: Absolutely. Access is clearly identified as one of our priority areas. It will be further addressed when the next mental health plan is finally endorsed. The access issue goes right back to the start of the 10-year strategy for Queensland Health in moving resources away from the south east of Queensland and moving them away from institutionalised based chronic care to community based settings. We are now seeing a steady increase of community mental health staff, which are specifically case managers, across the state—trying to get some equity across the state. At this stage we are aiming at a target of 30 full-time equivalent staff per 100,000. Currently, we are sitting at around 24. We are trying to build that increase evenly across the state, so there is a program of increasing access through increasing the number of staff.

We are increasing the range of services they provide. They are no longer office based—where we require the patient to come to them—they are now mobile. They can go to people's homes. They can even go to doctors' surgeries if required. We are addressing access through more staff and a wider range of what they can do.

The CHAIR: The time for questions for non-government members has expired. Minister, did you have an answer to Mr Johnson's question on notice?

Mrs EDMOND: Yes, I have an answer to the question from Mr Johnson about the national average for women under 35 having hysterectomies. The national average is 10.51 per cent of women in Australia under the age of 35 having hysterectomies. In Queensland, 11.19 per cent of women under the age of 35 are having hysterectomies, and that is 6.5 per cent above the Australian average of 10.51 per cent. It is not a very high percentage.

Mr JOHNSON: It is a lot, though.

The CHAIR: The expansion of the Queensland Drug Court Pilot program and a new diversion program for offenders in possession of small quantities of illicit drugs are mentioned on page 35 of the MPS. Could you please elaborate on those programs?

Mrs EDMOND: These programs, I believe, are very important. We are looking at a range of ways of dealing with illicit drug use in the community which differentiates between heroin dealers and people who might be experimenting. The use of illicit drugs continues to be a major area of concern for the community. Harmful drug use has a wide-ranging impact on many people and leads to injury, illness, violence and crime. It also means the community pays through increased cost for police and judicial systems, social services and health services.

Following our tough on crime, tough on the causes of crime approach, we have developed a comprehensive strategic framework with the Beyond a Quick Fix launch by the Beattie government in 1999. In order to support regional areas, over \$1.6 million has been allocated in 2003-04 to expand the Queensland Drug Court Pilot program to Cairns and Townsville as well as provide increased drug treatment services for the general community. This funding to Queensland Health provides an additional 20 residential drug treatment beds each in Cairns and Townsville. Ten of the beds in each place are for drug court clients and 10 are for general community clients. The non-government agencies providing residential drug treatment services are St Vincent's Community Services in Cairns and Townsville, and Stagpole Street in Townsville.

In addition to this significant expansion of residential drug treatment beds in these places, this funding also allows for the expansion of outpatient drug treatment services through

Queensland Health, alcohol, tobacco and other drug services. The north Queensland drug court commenced in November 2002 and treatment providers are currently accepting clients for programs. The pilot Illicit Drugs Court Diversion program commenced on 28 March 2003 and it is aimed at diverting eligible offenders who appear in Brisbane Magistrates Courts and Brisbane Children's Courts charged with possession of a small amount of illicit drugs for personal use.

Magistrates in the pilot courts are permitted to sentence eligible and consenting offenders pleading guilty to offences of possession of a small quantity of drugs to recognisance with a condition that the offender attends a drug assessment and education session. The attendance and completion of the assessment and education session means the recognisance ends without a conviction being recorded. If a diverted offender fails to attend the designated drug assessment and education session, a warrant is issued and the offender is returned to court to be dealt with again for the original offence. Over 150 adult offenders were diverted in the first three months of the program.

Ms BARRY: Minister, I have a number of mental health questions. In what way will the evidence based guidelines mentioned on page 35 of the MPS improve services to patients who have coexisting mental health and substance use or dual diagnosis?

Mrs EDMOND: This is an increasing area of concern. We had an expert out from the UK talking about this topic this week and some of my staff went and found it very, very interesting. The aim of the dual diagnosis project is to provide a more integrated service for people with a dual diagnosis in Queensland. There are different types of dual diagnosis, and I want to make it clear that here I am talking about people with a mental health and drug problem rather than people with a mental health and intellectual disability program that we also deal with at different times.

The evidence based guidelines are one component of the dual diagnosis strategic plan and have been informed by extensive work already undertaken on this issue. The guidelines will include policy and service delivery principles to provide clear directions about how services to people with a dual diagnosis should be provided.

Through statewide consultations with key stakeholders, including consumers, carers and service providers, the need for the guidelines has been identified as a priority to ensure the provision of high-quality services to this consumer group. The dual diagnosis strategic plan, which identifies a range of strategies, including the guidelines, will be finalised by the end of July 2003, and the background work to this has also informed a range of other demonstration projects, which will commence in July this year.

Four projects are currently being funded: in Cooktown, the Logan-Beaudesert health service district, the Sunshine/Gold Coast health service districts and the Prince Charles/Royal Brisbane health service districts to provide early identification and treatment for people with a dual diagnosis. In addition, the Sunshine Coast health service district is planning a project to evaluate the effectiveness of an integrated model of care for people with a dual diagnosis and their carers in the Sunshine Coast health service district.

The mental health advisory line is a project at the Prince Charles Hospital health service district to provide a confidential statewide 24-hour mental health advisory line as part of the alcohol and drug information service. The mental health advisory line will provide support and information to the general public, consumers, carers and families who have concerns regarding relatives and friends with a substance use and mental health problem.

The strategic plan and guidelines have also identified the relationship and linkages between the primary care sector and specialist mental health services as an area of particular importance that needs to be addressed. In response to this, Queensland Health will pilot primary care/early intervention mental health positions in six district health services across Queensland for two years.

Ms BARRY: On page 23 of the MPS it identifies that there are to be 40 new community mental health positions. Can you please detail what categories of staff will be employed and where they will be located?

Mrs EDMOND: The government has allocated an additional \$2 million for the creation of an additional 40 positions this financial year, which will result in the creation of 33 new clinical staff and at least seven non-clinical staff in the 17 health service districts. The new community mental health positions will be provided in the following health service districts. Logan will receive an additional seven positions, which, as I mentioned earlier, represents a full team to provide community treatment in the Browns Plains catchment area. Townsville, which is a high population

area, will receive an additional five positions. The Cairns district will have an outreach psychiatrist to provide mental health treatment to the Innisfail and tablelands district.

An additional four positions will be provided to the Gold Coast, four to the Sunshine Coast and three to the PA Hospital. That recognises the continued expansion and increasing demand for community mental health services in those three very rapidly growing areas. An additional three positions have also been provided to the Prince Charles Hospital, three positions to Mackay, one position to the northern downs and one position to South Burnett, which I mentioned earlier to the member.

A new psychiatry registrar position has been provided for Redcliffe/Caboolture and an additional child and youth clinician has been provided to the Mackay district mental health service. Non-clinical support positions have been provided, as I mentioned earlier, to indigenous child and youth mental health services in Rockhampton and the Royal Children's Hospital. The Fraser Coast, Prince Charles Hospital, Logan, Southern Downs, West Moreton, Bowen, Rockhampton and Royal Brisbane Hospital health service districts will each receive funding to employ additional administrative support for the community mental health services, thus freeing up time for those people who are providing that important service. An additional travel allowance of \$75,000 has been provided to the Cape York region to ensure that people living in the region are able to access mental health services locally and that the mental health services are suitably resourced to travel around this extensive region all year round.

The continued expansion of mental health services throughout the state, including rural and remote areas, is ensuring that Queenslanders are able to have access to essential mental health services as close as possible to where they live. These additional positions also demonstrate this government's ongoing commitment to the implementation of the 10-year mental health plan for Queensland, in particular to the progressive expansion of community mental health services, providing people with the ability to be cared for as close as possible to their family and loved ones.

Ms BARRY: On page 23 of the MPS there is an allocation of \$1.1 million for the expanded needs of the PA mental health unit to be built in the next financial year. Can you tell the committee whether this is in addition to the allocation of the \$8.5 million identified on page 24?

Mrs EDMOND: I am pleased to say that the expanded mental health service and purpose-built special unit at the PA is well under way. It should be on time and on budget, as most of our capital budgets are. The \$8.5 million referred to on page 24 represents a capital cost for the construction of that new mental health facility. The new mental health unit will contain 64 in-patient beds, a high-dependency unit and dedicated support facilities, teaching and administration areas. Patient facilities and accommodation will be located on the ground floor, with teaching and administration on part of the upper floor.

The 64 in-patient beds comprise 52 general beds, four swing beds for either general or high-dependency use based on demand, five beds in the high-dependency area and three special-purpose beds. The additional nine beds will enable the new unit to operate a higher dependency unit for the management of severely disturbed patients who require a high level of individual care and monitoring.

The key feature of the new mental health unit design incorporates domestic style accommodation that provides much improved facilities for mental health customers in line with contemporary care models. It is a model that we are pursuing right across the state in terms of providing that care to make it as homelike as possible. Tenders for the construction of the mental health unit were called by Project Services on behalf of Queensland Health. The successful tenderer was A. W. Edwards, which is progressing well with the works. The project is due for completion in February 2004.

The \$1.1 million referred to on page 23 of the MPS is funding for the additional recurrent cost of operating the five new high-dependency unit beds plus four additional ordinary beds, which will be part of the new mental health unit at PA and is in addition to the \$8.5 million for capital costs.

Ms BARRY: Overall, with respect to the process of mental health reform and the capital works program, has the rebuilding program led to an increase or a decrease in the number of beds available?

Mrs EDMOND: Overall, there has been an increase in the number of beds available, but the dispersal of them around the state has been quite different. Rather than being concentrated in a couple of areas, they are now dispersed right across the state. There were 1,427 mental health

beds in Queensland in 1993. As the mental health capital works program draws to a close, there is an increase in beds, with total mental health beds of 1,450 in 2003.

The mental health capital works program has involved the redevelopment of the three large stand-alone psychiatric hospitals at Toowoomba, the Park and Charters Towers—the Park being the old Wolston Park area—with the beds being redistributed throughout Queensland. This allows people with a mental illness to have access to specialist mental health treatment as close as possible to where they live and to their support networks.

In the latest stage of the program, there have been 18 major projects. The community care centres are at Charters Towers, Windsor—on the old Rosemount site—Redcliffe, Mooloolaba and Strathpine. There is an acute mental health unit at Toowoomba Hospital; psychogeriatric units at Charters Towers in Eventide; Wynnum, in the Moreton Bay Nursing Care Unit; Ipswich, Redcliffe and Nambour. There are acquired brain injury units at Wynnum, Sandgate and Townsville, and secure units at Chermside and Townsville.

Minor capital works projects have also been completed at Cape York, Royal Brisbane Hospital and the Inala community mental health centre. There are now acute units at each regional hospital including Cairns, Townsville, Mackay, Rockhampton, Bundaberg, Maryborough, Nambour, Logan, Gold Coast, Robina, Caboolture, Redlands and the Royal Brisbane and Women's Hospital. That may not be all of them, but at all the significant regional hospitals. A new mental health facility will be constructed as part of the ongoing redevelopment of Princess Alexandra which we have already talked about. I should add that the \$100 million mental health capital works program will be completed in 2004 with the construction of the 10 bed psychogeriatric unit in Townsville as part of the Townsville nursing home project. The government has delivered the largest sustained building project undertaken in the history of mental health services in Queensland.

The total mental health capital works expenditure over the period of the 10 year mental health strategy for Queensland is \$232.6 million which includes the \$100 million mental health capital works program. This reflects additional expenditure under the Beattie government's 10-year statewide health building program on developing acute in-patient facilities, community mental health centres and high dependency units within acute in-patient facilities to ensure more effective management of highly disturbed patients.

Mrs SMITH: Minister, demands for medical aids has increased steadily over the past few years. What has this government done to address this?

Mrs EDMOND: This is an area where we are seeing increasing demand certainly outstripping population growth. It is an area that does cause some angst for us about how we are going to manage this into the future with more and more people going on the list. As you would be aware, the Medical Aid Subsidy Scheme subsidises the cost of a range of aids and equipment to assist people with stabilised or permanent disabilities to remain living at home. The range of aids and equipment includes permanent loan items such as manual wheelchairs, power-drive wheelchairs, which can be extremely expensive, wheeled walking aids, non-mobile commodes, mobile floor hoists and slings. In addition, consumables such as continence aids, domiciliary oxygen and surgical footwear are also subsidised.

Demand for aids and equipment through the Medical Aids Subsidy Scheme is always extremely high and the number of people receiving items through the scheme increases by approximately 9.5 to 10 per cent each year. However, between 2000-01 and 2001-02 the demand increased by 12.4 per cent. There is no waiting period for urgent aids and equipment. These include the supply of oxygen, repair and maintenance of existing equipment, ongoing continence supplies to existing clients, supply of equipment to enable a public hospital discharge and equipment required for safety purposes. The state government has committed additional funds to the Medical Aid Subsidy Scheme over the past few years in recognition of the growing demand and the increase in cost of medical aids.

Election commitment funds of \$2 million one-off was added to the MASS budget over the 2001-02 and 2002-03 financial years. These funds were targeted to the MASS waiting list at each quarter. In addition a further \$1 million one-off and \$1 million recurrent was added to increase the MASS budget in last year's budget. I am pleased to announce that an extra \$1.5 million recurrent funding has been allocated in the 2003-04 budget towards the increasing costs of medical aids provided by the Medical Aid Subsidy Scheme. This will be used to address clients who are currently approved and waiting for equipment.

Mrs SMITH: It is acknowledged that the ageing population will create additional demands on the delivery of health care. Minister, what strategies are being developed to respond to the needs of the aged in our communities?

Mrs EDMOND: One of the things I keep telling people is that we are all going to have to work extra hard at keeping fit so that we have a healthy ageing population. I think that is important. We can joke about it but I think it is very important that if we are going to have a sustainable health system then people have to get out there and keep fit and take some responsibility for their own health. I am also pleased to be able to announce that Queensland Health has developed the Aged Care Strategy 2003-2007 in response to the increasing proportion of older people in the population. This strategy has been developed to guide Queensland Health towards providing even better health services to older people.

Many people wish to stay in their homes longer and remain part of the community as they age and the provision of choice based community services is essential to achieving this. Older people and their carers currently have access to many health and aged care services, and their delivery by a dedicated and highly skilled work force in the acute residential and community sectors is one of the strengths of our system. I acknowledge also the invaluable contribution provided by carers and volunteers. In the future, as now, many hospital in-patients will be older people and hospital services must remain available to them. The strategy focuses on ensuring Queensland Health continues to deliver quality services to our ageing population. The strategy also recognises the need to support continuing good health and provide services for those whose health status has been compromised. In addition, Queensland Health will continue to work with the Commonwealth government to maximise resources for aged care services.

I am proud to say that the Aged Care Strategy 2003-2007 will build upon best practice models and innovative initiatives already operating across Queensland, but with improvements such as the integrated assessment system, greater access to a range of services for people living with dementia, integration of community care services to improve systems and better meet older people's changing needs as their condition deteriorates. All services will provide care in a culturally respectful way for Aboriginal and Torres Strait Islander people.

The CHAIR: Thankyou, Minister. The time allocated for questions by government in this block has expired. I call the member for Maroochydore.

Miss SIMPSON: Minister, I would also like to ask a question about the Medical Aid Subsidy Scheme on page 29 of the portfolio statement. I acknowledge the extra funding that has been allocated for that scheme this year. I refer to the excessive wait times for the frail and infirm for medical aids such as up to a year for wheelchairs, six months for incontinence pads and six months for a shower transfer bench. Obviously there are long waits in a number of key areas. What guarantee will you give that the \$1.5 million is enough to fix these excessive and painful waits?

Mrs EDMOND: One of the things we found is that as we increase the funding the demand goes up. I think that is part of the problem we are facing. It has always been identified that this is a subsidy scheme. It is not attempting to provide the whole service. What I can say, and what I said before, is that there is no waiting period for urgent aids and equipment. So if somebody has a wheelchair that needs to be replaced, once that is assessed that happens. Ongoing continence supplies for existing clients and the supply of equipment to people who were being discharged from hospital is done as quickly as it possibly can.

I should also add that as well as the state funding increase of \$1.5 million for the first time I have been able to negotiate with the Commonwealth government an increase of \$1.5 million to go towards continence aids. I have been lobbying for this for several years but in the past I was told that it was not able to be done. My understanding is that continence problems is one of the largest causes for admission of people to nursing homes. It is absolutely appropriate that HACC funding, which is aimed at keeping people out of nursing homes, be targeted towards things such as continence aids. Therefore I am pleased to announce that as well as the state funding that is going in, \$1.5 million from the Commonwealth will be going to HACC eligible clients for continence aids. I hope that in the future they will continue to fund that because these are ongoing supplies we need to provide, not one-off supplies.

The director-general is just clarifying that it is actually out of the HACC funding, but it is the first time that we have been allowed to use it for that. It is not any extra money coming from the Commonwealth. That will enable us to free up other resources to hopefully target other areas of need such as wheelchairs et cetera. But I repeat, it is a subsidy scheme. It has never been

intended to meet the whole cost, but I am pleased that for the first time we have been able to get the Commonwealth to contribute because all of the other funds that go towards MASS are state funds.

Miss SIMPSON: Minister, just a further question with regard to MASS. I understand that the subsidy levels, in other words what you agree to pay for items, has not increased since 1992. I would like you to confirm that because people may have to pay huge amounts of money towards the item. It still is owned by Queensland Health under the scheme but the subsidy levels have not increased for a number of years.

Mrs EDMOND: It depends on the cost of the item. There are many things where people pay nothing in terms of wheelchairs et cetera. They do not pay anything towards the costs but there are some where the cost of the item, particularly because it may have some personal features, invokes some extra cost. In those places Queensland Health pays the first—it depends on the cost. I think what you are reflecting is that some wheelchairs are now costing \$15,000 odd, which is an enormous amount. In general Queensland Health pays so much and then the patient contributes a certain amount over that which is usually in the vicinity of, say, \$3,000, whereas we pick up the first item of that or special features. It is not done as a set percentage that has not changed. Most of these things are individual and it is done at the individual base. As I said, the cost of a wheelchair can vary from a couple of thousand dollars to \$15,000 or \$16,000 depending on the need of the individual patient. It is not a set percentage.

Miss SIMPSON: It is listed as a set amount.

Mrs EDMOND: How much we pay towards those particular items depends on the item. In terms of incontinence pads, for instance, we pay for a certain number per adult per year and then they pick up the extra cost. Some people might say that they pick up a lot more cost because they use a lot more, but we pay for a certain number of those per year. As I said, some will pay virtually nothing on the different items but each case has to be looked at separately. Some members of parliament have said that they are aware of people. I have certainly had different members of parliament look at ways that they could support an individual who have a particularly expensive wheelchair, for instance, and how the local service clubs could pick up that gap.

Mr JOHNSON: Minister, the question I want to ask in relation to health is from the Ministerial Portfolio Statement at pages 1-11 and 1-12. In 1-11 it says funding of \$350,000 was provided to employ a director of renal medicine for the Townsville renal hub, enabling the provision of outreach services to satellite services such as Palm Island, Home Hill and Mackay et cetera. On page 1-12 you mention in future developments that there will be \$13.1 million for the provision of renal dialysis services to both hospital in-patient and home-based patients, including \$4 million for services in north Queensland. I also note in the same statements, Minister, that you are putting new renal facilities in Bamaga and Weipa. Could you tell the committee, exactly and precisely, is this a part of indigenous health or is it an area covering the whole of north Queensland? That \$4 million, is that covering the whole of north Queensland out to Mount Isa and Townsville, too, or is it just a section around Townsville?

Mrs EDMOND: Each of the zones has been drawing up a plan on end-stage renal treatment. In the northern zone that has been quite significant. The northern zone goes from just south of Mackay right through to the Torres Strait. This is an area with a significant indigenous population which has a significant percentage of renal. In terms of the particular funding, we are actually rolling out quite a program after considerable consultation. You would know Dr Peter de Jersey, a renal physician in Townsville. He has made a sterling effort over 25 or more years providing services to people in north Queensland, including outreach services. He has got indigenous people doing community dialysis at Mornington Island, Palm Island and so on as part of this strategy. This is an increase this year.

We are trying to recruit—and I do not know whether it has been successful or not yet—another renal physician for Townsville to support Dr de Jersey in providing those increased outreach services. There is also funding for a second renal physician to provide extra outreach services on the cape. The figures are \$2 million for Cairns and \$2 million for Townsville. Some of that is to increase demand in the existing centres. But we have also got a new centre that is ready in Weipa.

Mr JOHNSON: Weipa and Bamaga, according to the statements.

Mrs EDMOND: Yes, Weipa and Bamaga. We are also building a new centre in Mount Isa which will provide further outreach services. Some of the people who will be treated in those are currently on our books being treated in, say, Mount Isa or Cairns, but this will allow them to go

home. It is a whole package. It is important that we have renal educators in there to prevent renal disease getting to end stage. There are increasing numbers. One of the biggest growth areas in health care is end-stage renal failure. It is much better if we get in there and try to prevent the diabetes that is linked to it and the other things causing it. Part of the package in the cape—I think it was in last year's package—was also to have an educator to provide support and try to get the messages across. I do not know if you have been to any of the indigenous communities such as Mornington—

Mr JOHNSON: I certainly have.

Mrs EDMOND: Have you seen the people in the community health centre? We have put in two chairs and they have been educated to look after themselves; there are people on the board if there is an emergency.

Miss SIMPSON: I would like to ask a question with respect to palliative care, the latest Health Care Agreement and Queensland's negotiations in that process. There is some concern that palliative care dollars will no longer be quarantined. Can you give a guarantee that palliative care dollars within Queensland will remain quarantined for palliative care?

Mrs EDMOND: As you are probably aware, when I became minister in 1998 there was palliative care provided in hospitals. But in addition to that there was \$500,000 to provide palliative care services across the entire state of Queensland. At that time the Cancer Fund provided \$400,000 for palliative care in Townsville and \$400,000 for palliative care at the Mater Hospital in South Brisbane. As part of what I have done as the Health Minister I have increased the palliative care funding in the community from the 1999 budget. In fact, it was increased by a half, by \$2.5 million, in the 1998 budget and in 1999 we went to \$5.1 million across the state. Unfortunately, at that time we also saw a drop in the support provided by the Cancer Fund, so that meant there was a reduction of \$800,000 in palliative care from the Cancer Fund per year across the state. But there was a significant increase in what was provided by the state. That has continued.

The funding for Toowoomba hospice was on top of that. But we have also provided a range of expanded community health services. You would be aware that on the Sunshine Coast there is a consortium that includes Blue Care, Cittamani and Little Haven in Gympie. In terms of whether we will continue funding that, we are committed to continuing the funding for palliative care. I only hope that the Commonwealth government would also show some faith and commit to funding appropriately health services across-the-board in Queensland.

Miss SIMPSON: Will you keep it quarantined, though, as palliative dollars have to be quarantined? That is fine.

Mrs EDMOND: It is provided. When I became minister, we had people crying while on a waiting list for palliative care. They were on a waiting list to get support while they died, for heaven's sake. I am glad to say that we do not have that anymore.

Miss SIMPSON: I saw the nods. You are confirming that, yes, it will remain quarantined.

Mrs EDMOND: Yes, I have said that three times.

Miss SIMPSON: I would like to ask you a question with regard to indigenous health, particularly health care in remote Cape York. This week it was reported in the *Courier-Mail* that a Dr Wieland is quitting that post, which has been a joint post with the RFDS and Queensland Health. She is quoted as saying that it is getting to the stage where just nobody will work for Queensland Health in remote places like Kowanyama. What does Queensland Health need to do to ensure that the packages and conditions are adequate and that the staff working in these areas of indigenous health are provided with the support necessary to do the job?

Mrs EDMOND: Thank you for the dorothy dixer. We have done an enormous amount of work on the cape and in other remote areas on indigenous health. When I became the minister, the average turnover was about six weeks. We had almost entirely but not all agency staff on the cape. If you go back a bit further to when the Labor government got in in 1990, I went up to the cape and went around those Aboriginal communities and they were disgusting. The health clinics were something I would not put my dog in. They had dirt floors. There were many dogs wandering in and out. They were shocking. We have rebuilt the health facilities in all of the indigenous communities and provided them with excellent care. You can now get ophthalmologists doing laser surgery on diabetic retinopathy in Kowanyama, Lockhart River and all of the indigenous communities, and cataract surgery at Weipa. That is how good the clinics are now. That is the first thing we have done.

The second thing we have done is improve significantly the accommodation. They now have really great modern accommodation with airconditioning. One of the complaints was that the airconditioning did not quite suit the doctor involved. Most of the people who live in these communities do not have airconditioning but Queensland Health staff do.

We have also provided a significant range of support services across-the-board and we have the most stable health services up there that we have ever had since I have been minister. I noted that one of the things she complained about in some of her letters was that she has been there three years. That is wonderful; that shows great stability. She also complained about some of the nursing staff leaving. I understand those nursing staff have been there over two years and they are leaving Kowanyama to go to Lockhart River, which is another indigenous community on the cape. The stability of care and services on the cape has been fantastic. I should ask the DG to answer this question, because this lady is not employed by Queensland Health. She is actually employed by the Royal Flying Doctor Service, with which we have a contract to provide some services. You might like to comment on the pay she receives and her conditions on the cape, too.

Dr Stable: The minister and I were in Kowanyama only three months ago and nobody raised any issues at all with us at that visit. The doctor concerned is an employee of the Royal Flying Doctor Service under contract. We contract the RFDS to provide the services. Interestingly, it was supposed to be 100 per cent funded by the Commonwealth. It is not. We have to put in about \$250,000 a year to support this service. They work two weeks on, two weeks off. We provide vehicles for after hours. We provide the accommodation. The doctors' package is in the order of \$133,000 each per year, I am told by the RFDS. We believe that whilst there are certainly difficulties recruiting to these remote communities because they are remote, the package that the RFDS offers as an employer under the contract that we have with it is by all standards a quite reasonable package, I would argue.

Miss SIMPSON: With regard to staffing, of the occupants of the Queensland Health building at 147 to 163 Charlotte Street as well as the Queensland Health occupants in the Forestry Building at Mary Street, which employees and the number of employees are paid under the Public Service Award and which employees and the number of employees are paid under the District Health Services Employees Award (State)?

Mrs EDMOND: Overall, at 6 June 2003 there were 822 Public Service positions and 231 public sector positions located within and attached to the corporate office.

Miss SIMPSON: How many are employed under the District Health Service Employees Award (State)?

Dr Stable: Within corporate office the Health EB actually applies to all staff except SES and SO officers, and that actually is the EB that is done under the District Health Services Employees Award. The separation is an historical one that we have had for a long time, although we have tried to improve it over the last several years. For example, because pathology services and information services report to the general manager (health services), which is a district service position, we have been moving them as the jobs become vacant into the district health services category of employment. It is a difficult comparison to make. It causes all kinds of difficulties because of salary sacrifice and all kinds of issues that are relevant in terms of PBI status hospitals and not in corporate office. It is very confusing. Of the positions—these are permanent and temporary positions—I cannot give you a clear answer as to exactly how many at a point in time are employed through the district EB arrangements, which is probably the easiest clarification, and the Public Service arrangements.

Miss SIMPSON: Could you take that on notice?

The CHAIR: While that is being clarified, I might mention that the committee has resolved to give the opposition members a further block of eight minutes of questions and then close these hearings at five minutes past seven.

Mrs EDMOND: We are not quite sure what you are trying to determine. You might want to give it to us in writing.

Miss SIMPSON: If you can take that question on notice that would be terrific.

Mrs EDMOND: Can you clarify what you are trying to determine?

Miss SIMPSON: I will put the question I have asked down in writing and then you can take that on notice. I would like to ask a question with regard to alcohol and drug services. In particular, I noted in the answer to a question on notice to government members that you noted that a range of services is provided that have an alcohol and drug component when clients come in

contact with the health services. My question, though, is specifically in relation to those employed in direct clinical services, alcohol and drug services, in Queensland Health. How Queensland Health workers are there in the districts providing direct clinical services who are classified as providing alcohol and drug services specifically?

Mrs EDMOND: I am not trying to be difficult, but it is a difficult question because many people in the mental health area, for instance, would be involved in caring for people with alcohol and drug problems, particularly dependency. There are a range of things.

Miss SIMPSON: I guess that is why I wanted to narrow it specifically to those who are employed in alcohol and drug services rather than, say, general nurses who may have a patient with a number of issues that they are treating. So it is specifically alcohol and drug service clinical workers.

Mrs EDMOND: The other thing, of course, is that many of the alcohol and drug services are NGOs; in fact, the vast majority of drug services are. Are you wanting NGOs, because we do not have those figures?

Miss SIMPSON: No, I have had correspondence with the minister about the NGOs. That is why I am wanting to know the amount for Queensland Health workers.

Mrs EDMOND: We also have in our indigenous communities indigenous health workers who are also trained in ATODS but also do other work. So it is really quite difficult to find out. I am sorry; the general consensus is that it will not mean anything giving people. We could give you the people who have A&D in their title, but that is a far underestimation of the people who work in this area, because there is a whole range of other people who are involved who are not alcohol and drug specialists.

Miss SIMPSON: But it gives us an idea as to the specialist services or the dedicated services for alcohol and drugs across the district. I acknowledge—

Mrs EDMOND: I think it does not do that, because the vast majority of them that are funded from Queensland Health and the Commonwealth are actually delivered through NGOs.

Miss SIMPSON: But when it comes to things like detoxification services—

Mrs EDMOND: We have a fairly small group of people who provide support services to them and advice, et cetera, and speciality areas rather than the people who are providing—

Miss SIMPSON: You have clinical staff who are running your methadone programs?

Mrs EDMOND: You see, the methadone program is a classic example. The vast majority of people who are providing methadone support are pharmacists out there in the community. They are Joe Blow pharmacists in Longreach—

Miss SIMPSON: But what about the clinical staff who are reviewing those patients, though, in relation to the methadone program—

Mrs EDMOND:—and also—

Miss SIMPSON:—and who come in contact with Queensland Health?

Mrs EDMOND: Excuse me. In terms of our needle availability program, it is often the staff at the rural hospitals who are providing the needle availability program. So that is what I am saying: the number of people involved in providing alcohol and drug services and all sorts of different things will include mental health workers, it will include nurses and it will include doctors in emergency. It would be just so huge that I think it is very misleading to try to just target the handful of people or the small number of people who actually sit under the alcohol and drugs banner in Queensland Health where they are mostly concerned with things like the Drugs and Dependency Unit monitoring what doctors are prescribing and prescribing habits. I think it could be quite misleading.

Miss SIMPSON: Minister, in that case I will ask you a question with regard to aged care, particularly Meals on Wheels. I noted on page 1-27 of the portfolio statement that there had been a fall-off in the reported demand for meals on wheels, which seemed to be a disparity given the increasing ageing population. There were less meals than the target. Could you please explain why this is so?

Mrs EDMOND: Not really. Again, I think it is a service that we assist people to provide through organisations which do a wonderful job right around the state. In many instances, our local hospitals, the small hospitals in particular, will do the work in the kitchens to provide those meals that are delivered. I guess it is a case of getting demand. Maybe because we have more

and more food outlets around the state providing prepared food, people are using those rather than relying on, as they did in the past, Meals on Wheels. The Commonwealth determines the indexation.

A small number of Meals on Wheels organisations seem to be a bit thrown by the data you have to keep for the Commonwealth to pay up. These were set requirements or standard data that they had to collect for the services to be funded. Some of them found that onerous and did not want to do it. What we are doing is working with the Meals on Wheels peak body to see whether the peak body can undertake some of the reporting work for them to make it easier on those smaller organisations. But I have to say that the number who have complained about that have been a very small number. In other areas such as Maryborough-Hervey Bay we actually have some services which say that they are bursting at the seams. In that area we are trying to negotiate with neighbouring Meals on Wheels services to perhaps change the boundaries so that if one can take more clients in one area sitting next to one that feels that it is at maximum stretch they can work together.

One of the biggest problems we are finding is that a lot of the volunteers from Meals on Wheels are getting older. In fact, I am surprised that some of them I meet are actually delivering and not receiving. But they do a fantastic job and all credit to them. I am not aware of any particular reason why the numbers have fallen off. Basically, we pay on demand. We just respond to the numbers that people ask us for. It is not a case of us setting a limit and capping it or anything like that.

The CHAIR: Thank you, Minister. There being no further questions, that concludes the examination of the estimates for the portfolio of the Minister for Health. Thank you, Minister, and advisers for your attendance. Thank you also to the Hansard staff, who covered the hearing today. The transcript of this part of the hearing will be available on the Hansard Internet quick access web site within two hours from now. I would also like to thank Ms Lyndel Bates, our research director, who took over from Ms Anita Sweet at very short notice and did an excellent job providing advice and assistance to the committee as well as Luke Passfield, Andrea Musch and the other staff who have assisted us today in conducting these hearings. That concludes the committee's consideration of the matters referred to it. I will pass over to the minister for a final comment before closing officially.

Mrs EDMOND: Thank you, Mr Chair, for your chairmanship of the committee and all of the committee members. I have been involved with many of these committees over the years. Each one is always different, of course. I would also like to put on record my thanks to Hansard and all the staff and everybody here today for the work that they have done in making it run smoothly. I would also like to say a big thank you to all of the Queensland Health staff. I know we all accept that that is part of the accountability of government in being here and going through the estimates, but I do not think people realise just how much work is involved for all of the department to go through all of their different areas and come up with answers to any possible question that could be asked. And, as you can see, we have covered an awful lot of possible questions. Mr Johnson has been in this position, so he knows what it is like. I really would like to place on record a heartfelt thanks to Queensland Health for the sterling effort they have made not only managing the health system but also being here and supporting it today.

The CHAIR: Thank you, Minister. I declare this public hearing closed.

The committee adjourned at 7.07 p.m.