WEDNESDAY, 21 JULY 2004

ESTIMATES COMMITTEE E—HEALTH

Estimates Committee E Members

Mr A.I. McNamara (Chair)
Mr S.W. Copeland
Mrs E.A. Cunningham
Mr G.B. Fenlon
Dr B. Flegg
Mr P.J. Lawlor
Mr R.O. Lee

In Attendance

Hon. G.R. Nuttall, Minister for Health

Queensland Health

Dr S. Buckland, Director-General
Dr J. Scott, Senior Executive Director, Health Services (Acting)
Mr T. Hayes, Senior Executive Director, Resource Management (Acting)
Dr M. Young, Manager, Communicable Diseases Unit
Dr P. Lewis-Hughes, State Manager, Queensland Health Pathology and Scientific Services

The committee commenced at 8.31 a.m.

The CHAIR: I declare this hearing of Estimates Committee E now open. I would like to introduce the members of the committee. My name is Andrew McNamara and I am the member for Hervey Bay. My fellow government members are Gary Fenlon, the member for Greenslopes; Peter Lawlor, the member for Southport; and Ronan Lee, the member for Indooroopilly. The non-government members to my left are Stuart Copeland, the member for Cunningham; Liz Cunningham, the member for Gladstone; and Bruce Flegg, the member for Moggill.

The committee will examine the proposed expenditure contained in the Appropriation Bill 2004 for the areas as set out in the sessional orders. The organisational units will be examined in the following order: the Department of Health, the Department of Emergency Services, the Department of Communities and, finally, the Department of Disability Services. The committee will suspend proceedings for the following breaks: from 10.15 a.m. to 10.30 a.m., from 12.15 p.m. to 1.00 p.m., from 3.30 p.m. until 3.45 p.m., and from 5.15 p.m. until 5.20 p.m.

In the event that those attending today are not aware, I should point out that the proceedings are similar to parliament to the extent that the public cannot participate in the proceedings. In this regard, I remind the members of the public that, in accordance with standing order 195, strangers, which is the public, will be admitted to or excluded from the hearing at the pleasure of the committee.

In relation to media coverage of the hearing, the committee has resolved that television film coverage and sound broadcast be allowed for the chair's opening comments and the introductory statements of the Speaker and each minister and during the changeover of organisational units. So when a new department is coming in there will be allowed television film coverage at that time. I would ask that all people present turn off their mobile phones.

I remind members of the committee and the minister that the time limit for questions is one minute and that answers are to be no longer three minutes. A single chime will give a 15-second warning and a double chime will be given at the expiration of those time limits. An extension of time may be given with the consent of the questioner.

The sessional orders require that at least half the time is to be allocated to non-government members. I ask the departmental witnesses to identify themselves before they answer a question so that Hansard can record that information in their transcript. I declare the proposed expenditure for the Minister for Health to be open for examination. The question before the chair is—

That the propped expenditure be agreed to.

I welcome the minister, public officials and members of the public who are in attendance today. Minister, would you like to make a brief introductory statement or do you wish to proceed direct to questioning?

Mr NUTTALL: If I could just make a statement first.

The CHAIR: I remind you that the time for your statement is limited to five minutes.

Mr NUTTALL: Thank you, Mr Chairman and committee members. In the year ahead the Beattie Labor government has committed an additional $500 million to provide better health care to the people of Queensland. That means that we now have a record Health budget of more than $5.1 billion. In real terms it means improved medical treatments, especially in preventive areas; more elective surgery programs; record funding to protect children's health and safety; improved health care through better partnerships with non-government organisations; major hospital developments around the state; new community health campuses; reduced pressure on emergency departments; and funds to improve our aged care facilities. Additional funds will go some way towards improving health care but, of course, money is only part of the answer.

The changes ahead for the government and Queensland Health will challenge decades of thinking about the way in which we have provided health care in the past. The way forward will challenge long-held traditions and policies, rhetorical arguments, vested interests and relationships between the public health system and the private sector, and it will bring back the focus to our work force, who are our front-line staff and who are facing a decline in personal reward and gratification.

Health is not just going to equal hospitals. Importantly, we have started already and, of course, it is working. The government's $20 million elective surgery program to reduce public waiting lists by 30 June this year has been possibly the greatest achievement for Queensland Health in the last five years. I can announce today that hospital staff have far exceeded all targets. More than 4,790 patients over and above normal surgery programs had their surgery fast-tracked before 30 June this year. Some people who were scheduled to wait nine to 12 months for an operation waited only a week. As at 30 June this year, the number of patients waiting longer than normal for category 1 and category 2 surgeries in the majority of our hospitals in Queensland was zero. This includes Cairns, Townsville, Mackay, Gladstone, Bundaberg, Redcliffe, Toowoomba, Redlands and Logan.

Our waiting lists for medical aids under the Medical Aids Subsidy Scheme were as long as 18 months last year. As of 30 June this year they were zero for every single item that we provide. We will commit $40 million to the elective surgery program this year for further urgent and semi-urgent cases and explore the reduction of category 3 or non-urgent surgeries. This has been a great achievement, yet it has met with some hesitation, even resistance. There is a plan to move more than 1,000 public patients into the private sector, because we did not have the specialists in the public sector.

Our next priority is to explore new ways to reduce dental waiting lists, which will include a call on the federal government to provide assistance where currently it provides none. From here on, new ways to deal with old problems are going to be the norm, not the exception. We are in the business of caring for patients. If that means moving patients into the private sector because of difficulties recruiting specialists because of the current shortage of specialists across Australia, then that is what we will do. If it means offering to move patients around the state to be treated faster at hospitals that have shorter waiting lists, then that is what we will do. If it means paying $2,500 for an intensive care bed at a private hospital on the few occasions in winter when the public system is operating at full capacity in our intensive care units, then that is what we will do. It is not just good business sense; it is also good government.

In the past we have been disconnected from the community. We have allowed patients to believe that we are forced to move them to other facilities because there is a crisis. We have allowed the emotive and nonsense arguments about bed numbers and money to cloud the much-needed health reform around the work force shortages, specialist shortages especially, and better ways to provide health care. More money and more beds will not solve the problem. We have jobs that we cannot fill. We have beds that we cannot open because nationally we have a shortage of specialist staff. So we will step up the debate with the federal government over more university places. It is morally wrong to watch 3,500 young Australians a year miss out on studying medicine because there are no university places while Queensland alone brings in 1,200 doctors a year from overseas countries to help us deliver health services around the state.

The CHAIR: I call the honourable member for Cunningham.

Mr COPELAND: Thank you. At the outset, I thank you and your staff—both ministerial and departmental—for the preparation that I know goes into today's hearings. There is a lot of work that goes in. I also thank the staff of the opposition office who have assisted me in preparing for today. I would like to start with Public Health Services, which appears at page 1-33 of the MPS. The third paragraph refers to strategies that include a focus on reducing risks to health in the social and physical environment, including legislative and regulatory measures. Will you support an amendment to the

Environmental Protection (Waste Management) Regulation 2000 to provide stricter controls on generators, transporters and receivers of waste, particularly clinical waste?

Mr NUTTALL: I think in terms of that issue it is always a major problem for hospitals. There is no reason we should not continue to look at improving the way we dispose of waste and those issues. In terms of the regulation that you are asking me to amend, I see no problem in evaluating those issues in my department, and if it is appropriate we are happy to do that.

Mr COPELAND: Still on this issue—I have a number of questions relating to that same section of the MPS—will you advise the committee if all public hospitals in the state have implemented effective waste management plans? If not, can you identify those hospitals that do not have waste management plans as required by regulation?

Mr NUTTALL: Sure. All of our hospitals are required to do that in terms of the regulations in the legislation. I would be surprised if any of our hospitals did not have that, but I am happy to provide the committee with a list of all the hospitals that do that. If there are any that do not, we will address that.

Mr COPELAND: Thank you. I look forward to that list. I understand that hospital waste management procedures compiled with reference to the Environmental Protection (Waste Management) Regulation 2000 and the National Health and Medical Research Council state that facilities which generate clinical or related waste must ensure that the waste is segregated. Procedures are clearly not being observed in some regional areas. What steps will you take to rectify this situation as a matter of urgency?

Mr NUTTALL: We will fix it.

Mr COPELAND: I am glad to hear that. The waste segregation procedures adopted by the health service districts state that clinical waste can be defined as discarded material saturated with or containing free-flowing blood or other bodily fluid. Further, the procedure states that any general waste that is mixed with clinical waste or any clinical waste that is mixed with general waste cannot be separated and must be disposed of as clinical waste. I have some photographic evidence. Mr Chairman, I seek leave of the committee to table this for the information of both the committee and the minister. I have a copy for the minister.

Leave granted.

Mr COPELAND: That shows what looks to be clinical waste in a landfill dump in Townsville. I have also seen photographs of a similar situation in south-east Queensland. If this material is in a landfill, clearly procedures to segregate clinical waste are not being observed. Will the minister undertake an urgent independent operational audit of all clinical waste disposal procedures through all public hospitals?

Mr NUTTALL: There are two things. Firstly, obviously, I have not seen any of the material that you have asked to table. So I would like to have a look at that if I could.

Mr COPELAND: Yes.

Mr NUTTALL: The information that you have tabled clearly would indicate that there is a problem, but it does not necessarily mean that it has come from the public system. So I think that is something that needs to be borne in mind when we make these allegations. They may have come from the private sector. I have no control in terms of the way in which they dispose of their waste, although they certainly have guidelines to meet in their day-to-day operations. I would be very surprised if this was coming from the public system. In terms of your comment in relation to conducting an audit to ensure that we are complying with all legislation and all regulations, I do not perceive any problem with that in my department. I will have my department carry out that audit as a matter of urgency and I am only too happy to table the details of that audit when they are available.

Mr COPELAND: That is good to hear. We look forward to seeing the results of that. That will be statewide audit?

Mr NUTTALL: It will be of all our hospitals. Of course, in terms of the private hospitals I will have to look at what can be done and come back to you.

Mr COPELAND: Thank you. I understand that the Toowoomba Hospital has decreased the amount of clinical waste that it needs to dispose of by approximately 40 per cent over the last 18 months. Has this happened in all Queensland hospitals? How has the material that was previously being disposed of as clinical waste now being disposed of? Would it also be going into landfill dumps?

Mr NUTTALL: As I said to you, I would be surprised if that was happening, but I would like to take that on notice. We will try to find out some information before today's hearing is finished and come back to you on that.

Mr COPELAND: Thank you, I look forward to that information as well. It is obviously cheaper to dispose of waste as general waste as opposed to clinical waste. I would be concerned that waste is being reclassified from clinical to general as a cost-cutting measure.

Mr NUTTALL: I would like to reassure the committee that that certainly would not be a practice that I as the minister or the management of Queensland Health would support or condone. We have strict guidelines in terms of our waste disposal. We would be trying to ensure that those guidelines are being adhered to, and if they are not we want to know why. Certainly we will go away and we will have a look at that. As I said, I want to try to come back to the committee with a detailed response before the end of the hearing today.

Mr COPELAND: Thank you. With regard to the transportation of waste, it is my understanding—and I seek clarification from you—that there are very strict controls, quite rightly, on commercial operators contracted to Queensland Health to transport clinical waste for disposal, including things like sealed vehicles and even refrigerated vehicles in some cases in north Queensland, as I understand it.

I also understand that if Queensland Health transports its own clinical waste up to 250 kilograms then it is not required to comply with the same standards and can in fact transport in any way it likes—in the back of a ute. I am told that that is happening in at least one hospital. Minister, do you think it is acceptable for Queensland Health to transport its own waste with less control than is required of the commercial operators, obviously again as a cost-saving measure?

Mr NUTTALL: No, I do not. As I said to the committee, we will get a detailed response and come back to you before the end of the hearing.

Mr COPELAND: Minister, obviously hospitals are now generating more waste than ever, given the throughput that we are seeing. There are some serious challenges, for example for infection control and protection of the environment. With this evidence, I thank you for the commitment you have given that you are going to implement an audit to ensure these practices are not happening and, if they are, to fix them. Will you then also look at, if required, supporting an amendment to the Environmental Protection (Waste Management) Regulation to provide for the adoption by hospitals and health facilities of waste management procedures, including transportation, in accordance with the industry code of practice for management of clinical and related wastes to reduce the risk of infection and contamination?

Mr NUTTALL: I do not see any problem with that. First and foremost, we need to ascertain whether all of the public hospitals are complying with the current regulations and legislation. I think that is the first and most important thing to do. As I said to you, the material you have tabled today may not necessarily have come from public hospitals. That is something we need to be mindful of. If it does require us to change legislation or change regulations to ensure that the disposal of hospital waste is done in a proper way, we will do that.

Mr COPELAND: Excellent. Thank you, Minister. Is Queensland Health considering the establishment of on-site hospital waste treatment plants? If so, how will Queensland Health be able to keep up with the technological changes that will obviously happen with waste management in the future? If so, where are those considerations being taken?

Mr NUTTALL: I will ask Dr John Scott from my department to answer that.

Dr Scott: We have actually been doing quite a bit of work over a number of years on waste now. We have three zonal officers who are working on waste management procedures for health care facilities. Some of the reductions you are talking about in terms of the waste we have produced have been because, using those people skills, we are now able to better segregate what was in fact something like paper waste from clinical waste, so we are actually managing those more appropriately and saving money.

In terms of things like waste facilities at individual health care establishments, for some of those the costs associated with establishing those waste facilities are actually greater than the cost of transporting waste to treatment facilities elsewhere. I would agree with the minister that these are issues we should be addressing, but I am quite confident that we have procedures in place. I could not guarantee the reach of those procedures to some of the smaller facilities, but in terms of costs associated with waste care facilities in particular locations, I think some of those just do not justify building and it is much better to transport.

Mr COPELAND: So are there any locations where it is being considered to establish on-site disposal facilities?

Dr Scott: We have looked, for instance, in the Torres at on-site facilities. Initially we were transporting because of the cost. Now we have gone ahead and established a facility in the Torres. But in other locations most of the time, because of the small size of the facility, it is not going to be worth it.

Mr COPELAND: Thank you, Minister. I look forward to receiving information regarding those issues. Minister, I would like to move on to specialist services. You referred to this in your opening statement. Page 1-2 of the MPS, under Strategic Issues, states that Queensland Health has commenced the Integrating Strategy and Performance Project. This will provide ways to measure success or, if necessary, change practices or implement new initiatives to better meet the department's strategic directions. As you are aware, in many health districts throughout the state there is a hidden

waiting list to get on the elective surgery waiting list which means that patients seeking specialist services can wait up to six years in some districts. What steps have you taken to diminish the specialist waiting lists? How much funding this financial year have you allocated to a specialist service waiting list reduction strategy?

Mr NUTTALL: We need to get a couple of things very clear here. There is a misnomer about waiting to get on the waiting list. I have to say, I get quite surprised at that theory that there is a wait to get on the waiting list. If, for example, you were to go to your doctor and your doctor wanted to refer you to an ear specialist because you had something wrong with your ear, if you were in the private sector you would have to make an appointment to see that specialist and you would have to wait some time to see that specialist. There is no difference. The same thing applies in the public system. If a doctor who sees you says that you need to see a specialist in our outpatients area, you need to wait. The waiting times for specialist outpatient services do vary quite considerably throughout the state depending on patient numbers, the referral demand, the location and of course the speciality the doctor is referring you to. This has, of course, a great bearing on what time it takes to actually get to see the specialist in the outpatient area.

To try to improve the consistency of practice and promote good data collection, we have recently approved a policy framework for specialist outpatient services which provides instruction, information and guidance to all Queensland Health employees involved in the provision of outpatient services. The management practices continue to be supplemented by system enhancements to the outpatient scheduling system. Further administrative and clinical improvements will be gained following the establishment and implementation of the specialist outpatient service policy framework over this 12 months.

The framework will reinforce standardised principles and practices across the state. All specialist outpatient referrals received by hospitals will be entered on to a waiting list register to enable hospitals to manage their workloads in a more effective manner. We will have a standardised urgency categorisation system similar to that used in elective surgery which will be established for use by hospitals across the state, ensuring that patients are allocated appointments according to the urgency of their clinical needs. The department is also currently establishing work practices to audit outpatient waiting lists to ensure that lists provide an accurate reflection of the number of patients waiting for specialist outpatient appointments.

One of the continuing problems we have is the shortage of specialists in the country. At its last meeting the ministerial council agreed that we again meet at the end of July and that some data be brought forward to that meeting so that we can start addressing the shortage of specialists on a nationwide basis.

Mr COPELAND: Any member of parliament will know, because we see it through our offices every day, that people are waiting significant amounts of time to see a specialist. Regarding specialist wait times, you stated in answer to question on notice No. 215, previous to the estimates, that Queensland Health does not currently collect waiting times for specialist outpatient appointments in a consistent manner. I take it from your comments that that will now be happening. If that is going to happen, will you be releasing that information so that we can all have a look at it and so that you can actually address the problem that we all know is out there?

Mr NUTTALL: We are the only state in the country that has a specialist outpatient service. No other public hospital system in the country has that. We are the only one. You heard my response to your first question in terms of the new systems we are putting in place. We release on a quarterly basis all of the elective surgery waiting lists. In terms of people waiting to see specialists, we will have to get the system up and running. We are not about hiding anything that we do in Queensland Health. It is an open book. We are more than happy to say to the people of Queensland, 'Yes, it is difficult when you have got to see a specialist and it does take time.' We do not hide that issue under a bushel. It is a major problem for all Australians in terms of the shortage of doctors and the shortage of specialists that we have had. In my opening statement I said that 3,500 young people want to study medicine and we say no to them around this country. You cannot be a specialist until you have done your study to be a doctor and you have studied another six or seven years to be a specialist. So that is 14 or 15 years before we bring specialists online. We are trying to do our part.

It is also the responsibility of the federal government. I have spoken to Tony Abbott about that. Actually, today there will be a meeting, which I could not attend, with Tony Abbott and Brendan Nelson, the Education Minister, to talk about this issue. I was invited to attend that meeting today. I cannot be there because I am here, but I will be following that through with them. The only way we are going to reduce the waiting lists for people to see specialists is to have more specialists. It is as simple as that. But the problem we have in this country is that at the moment we cannot say how many specialists are necessarily practising at any one time in the field in what part of the country or how many we are going to need into the future. None of that work has been done and it needs to be done.

I cannot sit here today and give a commitment to the people of Queensland that they will not have to wait to see a specialist until we have enough specialists in this country. The only way we are going to

do that is by providing the education places in our universities and then subsequently in our hospitals to train them.

Mr COPELAND: Thanks, Minister. Minister, I refer to the fourth last dot point on page 1-19 of the MPS concerning the construction of a clinics building at Hervey Bay which will include specialist clinics. How many private specialist clinics are operating within the state's public hospitals and where are those clinics located?

Mr NUTTALL: I do not have those exact details of every hospital. I will pass over to my director-general to answer some of that.

Dr Buckland: As you are probably aware, every full-time specialist who works for Queensland Health has the right of private practice, whether that is under option A, which means that we pay them an allowance and then bill for private patients they see, or under option B, where they can keep up to 100 per cent of a salary base. As part of their condition of service, every full-time specialist in Queensland has the right of private practice.

So right across the state where we employ full-time specialists there will be, in most of those instances, private practice clinics, depending on the specialty. We do not sit down and monitor on a statewide basis which particular clinics run in which particular hospitals. That is a local business decision for the local hospitals and for the local districts who run those hospitals. I would expect that in the major hospitals we would have a significant number of clinics because we have a significant number of specialists who have right of private practice, and in the smaller places where we do not then there will not be any. So it varies across the whole state, but we do not centrally control or intend to control the number of clinics that we conduct.

We have put the federal government on notice through the Department of Health and Ageing to say that, while Queensland is the only state that provides significant public access to specialist clinics, we intend to move that quite deliberately back in line with other states so Queensland is not disadvantaged under the federal payments. In the other states, clearly, if you are referred, you go straight to a practitioner, even if he is in the hospital, to a private clinic. We are the only state that provides significant and substantial public outpatients.

Everything after 1998 under the Medicare Agreement allows us to move those patients into a Medicare billing arrangement. That is not cost shifting. We had to maintain our effort as at 1998. Any new services that we bring on within the state we are entitled to move into a private practice arrangement, and that is a revenue issue for Queensland Health and it is an agreement with the Commonwealth government.

The CHAIR: That concludes the time for the first block of opposition questions. Minister, in what way will the investment of an additional $40 million for 2004-05 for elective surgery affect waiting lists?

Mr NUTTALL: Following the success of the government's $20 million program to reduce the waiting lists in Queensland public hospitals over the last five months, as I said in my opening statement, there will be an additional $40 million that we will spend this financial year to reduce waiting lists even further. That is part of our $110 million commitment in the election campaign and that program will be over three and a half years to reduce waiting lists.

$25 million will be allocated to public hospitals to enhance the number of patients that are treated, specifically targeting areas with the longest waiting lists and highest demand. In situations where public hospitals are unable to further increase their capacity to perform additional surgery, we will continue to enter into partnership arrangements with private hospitals to ensure that the public patients are assured access to surgery. $5 million will be spent specifically on providing joint replacement procedures for approximately 300 additional patients that are waiting statewide, $2.5 million will be allocated to funding an additional 1,000 cataract operations and an additional two eye specialist training positions will be made available.

Other initiatives to be funded this year out of the $40 million also include $2 million for new operating theatres and 10 additional beds at the Caloundra Hospital, $1.5 million for full specialist vascular services to be established at the Nambour Hospital, $1 million for additional orthopaedic surgery at the Noosa Hospital, $1.5 million will help address those Cairns patients waiting longer than usual for ear, nose and throat surgery, and we will employ a specialist ENT surgeon at the Cairns Base Hospital. $500,000 will be allocated to employ six new nurses at the Cairns Base Hospital to expand the hospital's capacity to treat critically ill patients.

On top of all that there will be a further $1 million that will be invested in a Fit for Surgery initiative to avoid postponements that become quite costly and help patients prepare for surgery through programs aimed at weight loss, cardiovascular fitness and, of course, giving up smoking.

Mr FENLON: On page 1-4 of the MPS it states that $3.9 million will be spent on early hearing screening for newborn babies. Can you advise the committee of approximately how many babies in Queensland will benefit from this investment?

Mr NUTTALL: This is a new initiative for us and I think something that is quite exciting for all Queensland families, particularly for those families that are about to embark on having children. Hearing loss that goes unnoticed in young babies can lead to poor language development and limited education achievements later on in life.

We are about to commence a Healthy Hearing program worth an initial $22 million over four years, and it is designed to identify hearing problems as early as possible in babies to ensure that access to treatment is started as quickly as possible. We have about 300 babies that are born in Queensland each year with a serious hearing impairment, and this will make an invaluable difference to them and their families.

For the very first time in Queensland approximately 17,000 newborn babies will receive a free hearing screen test in this year alone. The first hospitals to begin screening are those with intensive care units. The Royal Brisbane and Women's Hospital, the Townsville Hospital and the Mater Hospital all have implementation plans that are now under way. Other hospitals which will begin screening this financial year are Logan, Cairns, Nambour, the Gold Coast, Caboolture, Ipswich, Toowoomba, Redlands and Redcliffe. Screening also will be available in many community health centres across the state.

In the first month of the implementation, the Healthy Hearing program aims to screen at least 30 per cent of babies that are born. Once fully implemented, the target is to screen 95 per cent of all babies born in Queensland. For those babies who may miss out on a hearing screen in hospital, arrangements will be put in place to offer access to the screening. Should hearing problems be identified, a diagnostic and treatment service will be available, expanding our services already provided by Queensland Health. Treatment will be led by a team including audiologist, ear, nose and throat specialists, paediatricians, social workers and speech pathologists. Hundreds of newborn Queensland babies and their families will be assisted every year by this new service.

Another major investment by this government is $3.9 million, which includes an outreach diagnostic and treatment service in the Cape York and Torres Strait region for Aboriginals and Torres Strait Islanders, the establishment costs for screening and diagnostic services and the maintenance care for all existing cochlear implant patients. This initiative is one that I think should be welcomed by all Queenslanders. It ensures that every newborn child in this state will get access to some hearing services, which is marvellous.

The CHAIR: Minister, in response to my first question you mentioned the Fit for Surgery program. I see there is a further $1 million for programs to help patients prepare for elective surgery mentioned on page 1-12 of the MPS. What is the purpose of that allocation?

Mr NUTTALL: As I said, we are making a major commitment to further reduce the waiting times for elective surgery through the allocation of the $40 million. There have been significant improvements that have been made in recent years to the management of elective surgery processes and waiting lists. This has included the establishment of multidisciplinary preadmission clinics. That is where patients can be assessed by medical and nursing staff, anaesthetist and allied health staff.

There is a large amount of patient education that also occurs at these clinics which ensures that patients are well informed about their surgery, what their surgery will involve, how they can best prepare themselves for the operation and what can be done to ensure that their recovery period goes as smoothly as possible. The government's new Fit for Surgery program will build on these existing processes with the aim of reducing costly and inconvenient postponements of surgery and improving outpatient outcomes following the surgery.

There are two parts to the program. Improved monitoring of patients' health prior to surgery can reduce the frequency of day surgery cancellations. We can achieve this through better education of patients and by strengthening partnerships with the patient's general practitioner to ensure that all illnesses or conditions that arise in the lead-up to surgery are resolved prior to the day of operation, and where that is not possible we need to be sure that processes are in place to inform the hospital at the earliest possible time.

The second aspect of the Fit for Surgery program will focus on optimising the patient's fitness prior to surgery. This will help the patient by reducing post-operative complications and improving their recovery after surgery. There will also be long-term benefits associated with the adoption of a healthier lifestyle.

While the negative health aspects of tobacco smoking are well known, there is now significant evidence that stopping smoking prior to surgery will actually reduce post-operative complications. So the $1 million that you have mentioned, Mr Chair, to the Fit for Surgery initiative will increase the enrolment of patients in weight reduction programs, smoking cessation programs and exercise programs, and helping patients to improve their fitness prior to surgery, which of course will assist in their recovery.

We also know that the lead-up to admissions to hospitals for surgery is often a time at which people make major lifestyle decisions. So by introducing the Fit for Surgery program we intend to make

the most of that opportunity to promote healthier lifestyle choices. Not only will the patient be improving the outcomes of the surgery; there will also be longer term benefits for all Queenslanders by reducing the burden of preventable disease. I hope that works.

Mr LEE: Minister, I wonder if you could tell the committee how the redevelopment of the Mater Hospital in South Brisbane will benefit the public health sector.

Mr NUTTALL: There is a wide-ranging rebuilding project for the Mater public hospitals and that will transform them into a more modern and efficient health facility for the public of Brisbane. As most people would know, the Mater Hospital is held in very high regard. We are going to invest $3 million over two years to help plan the Mater Hospital redevelopment. Then there is a further commitment of $9.5 million each year over the next 15 years to finance the $88 million public component of the redevelopment, and this is evidence of our partnership between the government in the public health sector and building on better partnerships.

The existing Mater Mothers' Hospital facility nowadays does not support contemporary clinical practice. The redevelopment of the Mater Hospital at the South Brisbane complex will result in the following: a purpose-built Mater Mothers' Hospital facility adjacent to the existing Mater Adult Hospital with increased capacity for public patients, a refurbished Mater Adult Hospital with increased capacity for adult public patients, and Mater Mothers' Hospital services integrated and consolidated with existing core facilities in the Mater Adult Hospital and the Mater Children's Hospital.

There will be an upgrade of the bridge links and the car parking facilities at the hospital. The new Mater Mothers' Hospital will feature 88 public obstetric beds and 71 neonatal cots, and that brings in an additional 47 public obstetric beds and an additional 11 neonatal cots. There will be 16 delivery rooms. That is an additional two delivery rooms. There will be new antenatal clinic areas and ultrasound facilities that will be provided. There will be an advanced telehealth centre for remote ultrasound assessment for obstetricians and patients who live in regional and rural centres throughout the state.

There will be a fully integrated modern university training centre for midwives, medical staff and other health professionals. There will be a purpose-built facility to assist in the management of pregnant women from multicultural or indigenous backgrounds. There will be physical links to the Mater Adult Hospital. The refurbished hospital will feature the following: refurbished in-patient areas and additional in-patient beds, and a 17-bed intensive care, high dependency and coronary care unit. That is an increase of six critical care beds. There will be a refurbished emergency department including a new eight-bed observation ward and additional resuscitation bays and consultation cubicles, and there will be a refurbished operating theatre complex. So, all in all, a major redevelopment at the Mater Hospital which will be of great benefit to the people of Queensland.

The CHAIR: The deputy chair and member for Cunningham generously mentioned the new clinics building at the Hervey Bay Hospital which we are very pleased about in my area, and thanks for bringing that up. I see in the MPS that there is $165 million to be spent over the next four years on health technology. Minister, could you give some examples of money being spent from this allocation which will benefit the people of the Fraser Coast?

Mr NUTTALL: One of the great parts of the world, I understand.

The CHAIR: Indeed.

Mr NUTTALL: That is right, we will be spending $165 million on new medical equipment. You hear these figures that I keep talking about in my answers. They are significant amounts of money. It just seems to roll off the tongue, but I do not think people should underestimate the commitment by this government, and particularly Queensland Health, to trying to deliver the best possible services that we can, and it is costly. As I said, the $165 million will be spent on new medical equipment to support emergency departments, surgical, intensive care, maternity, neonatal, diagnostic imaging, dental and pathology services. The health service district of the Fraser Coast will receive its share of this expenditure over four years.

For 2004-05, Queensland Health has allocated $1.166 million to be spent on health technology in the Fraser Coast Health Service District. The equipment includes new patient monitoring systems for five departments within the Hervey Bay Hospital including the emergency department, the intensive care unit, operating theatres, the women's unit and the medical ward. We will be replacing these five monitoring systems concurrently, which will ensure continuity in clinical pathways care. In addition to this monitoring equipment, the hospital at Hervey Bay will receive endoscopic equipment to the value of approximately $125,000. New surgical cutting and cauterising units will also be purchased for the Hervey Bay Hospital operating theatres. In order to improve safety for staff and patients during manual handling, the Maryborough Hospital will receive patient transfer equipment totalling $23,000.

The entire Fraser Coast Health Service District will receive dental equipment to the value of $175,000. The Fraser Coast Health Service District will receive similar levels of equipment replacement over the next few years. Some of the items that we are likely to purchase are the following: CT scanner, X-ray equipment, ultrasound equipment, monitoring equipment, operating microscopes, ventilating units, anaesthetic units, haemodialysis units, infant incubators, sterilising equipment, patient handling

equipment and other items for health technology. That should ensure that we deliver modern health facilities and equipment for the people of the Fraser Coast.

Mr LAWLOR: Minister, page 1-12 of the MPS outlines expenditure in elective surgery which includes utilising private sector providers. What are the benefits of these partnerships?

Mr NUTTALL: I think there are lots of benefits. Some people might not agree, but I think there are lots of benefits. One of my primary interests in seeking partnerships with the private sector has been to assist patients who have been waiting too long for surgery and most of us, as members of parliament, would have had complaints by constituents in that regard. This program has upset some medical lobby groups. However, the focus has always been about finding solutions for the patients. The commitment to improve the access of public patients to elective surgery in Queensland public hospitals is a major priority for this government and, of course, for Queensland Health.

As I said, we have injected $110 million over the next three and a half years. Phase 1 was the $20 million which I spoke about in my opening speech for elective surgery. What we did was we went out and made sure that our public hospitals were at capacity, to see what they could do. We did that assessment and we offered additional funding to those hospitals so that they could perform the surgery. Most of the $20 million was actually spent in the public system. However, we did go out to the private sector, but the thrust of the elective surgery program is about treating patients who have been waiting longer than the recommended time and obviously reducing overall waiting times for surgery. We will continue to look at innovative ways of doing business and pursue all opportunities available to achieve our goal of ensuring that people have their surgery as quickly as possible.

The partnerships with the private sector providers were entered into up till 30 June this year in specialities where the public system was at capacity or where we cannot recruit additional clinicians, for example, in the ophthalmology area. Consequently, surgery has been performed in the private sector treating cataract patients who had waited in some cases longer than a year for surgery. Taking this action has resulted in significantly improving the quality of life for these people. The clearing of the ophthalmology backlog has been a major achievement and will substantially improve access to ophthalmology services in the future. Some people would say—and I have heard it said to me—that in some regional areas it is a bit like a pirates convention with everyone walking around with patches over their eyes now that they have had their surgery done. It is wonderful thing for them to be able to have that done.

There are a number of other long-wait patients in other clinical specialities. They have also been treated in the private sector, for example, in cardiac surgery. Although that only relates to a small number of cases, the benefits are obviously quite substantial for all concerned.

Mr LAWLOR: Minister, on page 1-12 of the MPS it is stated that hospitals will perform extra eye and joint surgery as part of the $90 million boost to elective surgery. Why are these types of surgery important to the health of Queenslanders?

Mr NUTTALL: As I have said, one of the specific targeted areas that the money has been allocated to is eyes and joint replacements. Obviously, if we can have people seeing, it is much more beneficial to us. If Mr Jones in the suburbs walks down the back stairs—he has been waiting too long for his cataract operation—and he falls over because he cannot see real well, he ends up in our hospital and it costs us twice as much. If we can get the surgery done quicker, obviously it is more beneficial to everybody concerned. That is why we have had that focus.

We have also got people lining up for second and third hip and joint replacements because they are actually wearing out their first one. I do not mean that in an awful way, but it is true. Once upon a time you had a hip or joint replacement, and that was great, but now they are wearing them out, so we have also had a major focus on those areas as well.

The CHAIR: Two minutes if you need it, Minister.

Mr NUTTALL: Thank you. We have an extra $15 million for 900 extra joint replacement procedures across the state—and that includes hip replacements and knee reconstructions; $3 million for additional orthopaedic surgery, especially for joints, on the Sunshine Coast at the Noosa Hospital; $7.5 million will be invested in two new eye specialist training positions in Brisbane and Townsville, and a further 3,000 Queenslanders will receive cataract operations.

In line with the national trends, the older population in Queensland, as I said, is increasing to the proportion of our population so we need to make sure that we look after them. We are about improving the quality of life for those people, ensuring that where possible they can maintain and improve their independence. Obviously, by doing that, we can decrease their social isolation because they can get out, they can walk, they can see, and obviously, as I said, we can reduce the incidence of injuries associated with those conditions, such as falling over, getting burnt, traffic accidents, all those sorts of things. The additional money that we are pouring into surgery has long-term benefits for everyone, and I think all of us in this room would agree that we are all getting older quicker.

The CHAIR: Thank you, Minister. That concludes the first block of government questions. We will now have another block from opposition members. The member for Moggill.

Dr FLEGG: Minister, in reference to the current review of the Tobacco and Other Smoking Products Act and the Liberal Party's submission, which you will have seen, and the Liberal Party's support for the controlled use of teenagers in compliance activities, you are on the public record as opposing this practice. Given the recent findings of the Queensland Cancer Fund that nearly 60 per cent of tobacco retailers sell cigarettes to children under 18 years of age, why do you and the government continue to thwart the efforts at compliance to stop children obtaining cigarettes?

Mr NUTTALL: A couple of things, firstly. You indicated that I was on the public record as not supporting it. If you check that comment, I said that was a personal viewpoint, and I made that very clear. We are very mindful of the issue. When we put out the discussion paper on this issue, we ensured that that component about young people under the age of 18 being able to go out and do the work in terms of selling cigarettes to minors was part of the discussion paper. I want to make that very clear. We did not shy away from it. We put it into the discussion paper. The discussion paper closes on the 31st of this month.

If I were to state my position before the discussion paper closed and before we evaluated the submissions—and I notice that I have been criticised, and that is fine, I accept that; I am a big boy—I would be criticised as saying what is the point of having a discussion paper if you have already made your mind up—that is what would happen to me—or that there has been a finding by the Queensland Cancer Fund and I have reacted in a knee-jerk way. So I get criticised if I do say something and then I get criticised if I do not say something. I am a big boy; I can cop that criticism. But can I just say that we will consider all the submissions in great detail. We need a proper and comprehensive response and approach to the whole issue of the tobacco smoking matter.

On the issue of using young people to entrap retailers, as I said, the tobacco discussion paper that is currently out for public consultation raises the issue about the type of enforcement activity. It is part of our public consultation, as I have said. However, the enforcement really is only part of our strategy to reduce smoking by young people. We need education programs for young people about the hazards of smoking.

In addition to that, it is not just an issue for governments; it is an issue for parents. Parents have a responsibility here, too. For far too long we get, 'It is always the government's responsibility to fix this problem'. There are a lot of people in this room who have children. I do not want my children to smoke and I try and educate my children not to smoke. I have not been successful with some of them—they have grown up and they are smoking—but it is not a good thing to do. Can I just say that we will be very comprehensive and we will evaluate all the submissions that come forward to us.

Dr FLEGG: Minister, we are talking about compliance. Sixty per cent of retailers are selling cigarettes to children. How many successful prosecutions have been obtained for supplying cigarettes to minors, and what was involved in proving those sales took place?

Mr NUTTALL: There has been a lot of publicity around this issue, and it does serve as a significant reminder to all of us in that regard. During 2003-04 there were two specialist enforcement officers who were appointed in addition to the 60 environmental health officers that we have in the state to conduct enforcement activities specifically related to the sale of tobacco to minors.

Specifically in answer to your question, from 1 January 2003 to 30 June 2004 we conducted 259 surveillance operations which resulted in three successful prosecutions with a further seven prosecutions pending. Since the commencement of the legislation there have now been a total of seven successful prosecutions. There are obviously fines and offences for those prosecutions. We do need a major behavioural change from retailers. As I said to you, we will evaluate that.

Can I just say in terms of Queensland schoolchildren that there was a survey done in 2002 which showed that the smoking behaviour by Queensland schoolchildren showed that of all the 12- to 17-year-olds who smoke, only 25 per cent actually purchase their cigarettes. That has fallen since 1993, when it stood at around 54 per cent. We need to put it in context. While we have retailers who are selling cigarettes to minors, we have still gone from 54 per cent of young children actually buying their cigarettes to 25 per cent. There is still a long way to go. We accept that as a government. That is why we have put it in the discussion paper, to see how we can address it. The retailers have also been asked to make a submission in relation to this issue, and I look forward to seeing what they have to say when the submissions close on 31 July.

Dr FLEGG: Minister, that is a fairly ordinary performance on enforcement. How many prosecutions were unsuccessful, withdrawn or failed to proceed for any reason?

Mr NUTTALL: I do not have those details in front of me, but I will get them before the close of this hearing today. My understanding is it is difficult to get successful prosecutions in terms of the evidence and so on. We have been through, as people will recall, the situation where you cannot sell alcohol to young people under the age of 18. There are always issues around that, the same as there will be around the sale of tobacco to minors. Certainly we can do better in terms of educating retailers in terms

of their requirements. I am sure the retailers will admit that they can do better. We have to evaluate what the submissions say. Part of the submission is in terms of the selling of tobacco in general: do we allow retailers to display cigarettes and do we allow them to display adds for cigarettes. That is part of the discussion paper as well; that is something that we will have to look at.

You have said I am on the public record; I am also on the public record opposing people who smoke. I do not support smoking. I do not smoke. Smoking is obviously detrimental to people's health in the long term. We have to do everything we can to continue to educate our young people. The fact is that we have brought 54 per cent of young people who used to smoke down to 25 per cent. While that is still too high, it is still reasonably successful and we should be pleased with the fact that we have been able to reduce youth smoking in Queensland and in Australia. Indeed, there is always more work to be done; I acknowledge that. There have been people who have said that we should have prohibition on smoking. That simply will not work. I think for all the logical reasons that will not work.

I want to emphasise it is not just the responsibility of government; it is the responsibility of parents to talk to their kids and to educate their kids about the hazards of smoking. We will work with the retailers. Once we have got these submissions in we will have a look at them. But I just want to make it very clear to the committee that we will have a comprehensive response—a comprehensive response. This will not be a bandaid measure. We are committed to improving the health of all Queenslanders. The only way we can do that is to address this issue of smoking in a very comprehensive way, and we will do that.

Dr FLEGG: On another issue relating to the welfare of younger people, can you tell us what your government's position is on the fluoridation of domestic water supplies?

Mr NUTTALL: Yes, sure. I think I have got a personal view about that as well.

Dr FLEGG: Haven't we all.

Mr NUTTALL: You are right. The government supports the fluoridation of water. The Fluoridation of Public Water Supplies Act 1963 basically enables local governments to add fluoride to any public water supplies that they actually control. Our role is limited to administering the act and the Fluoridation of Public Water Supplies Regulation of 1998 and the Code of Practice for the Fluoridation of Public Water Supplies.

As I said, I personally support the extension of water fluoridation wherever it receives the support of the local community. I would encourage all local governments to go through an education program and as much as possible put fluoride in the water. There are four communities in Queensland that actually do that—that is in Dalby, Mareeba, Moranbah, and Townsville; and that also includes parts of Thuringowa.

We are currently participating in a child oral health survey which compares rates of tooth decay of children in Townsville and Brisbane, and that is being conducted by the Australian Research Centre for Population Oral Health at the University of Adelaide. Can I just say to you that I have heard people say that we should have a debate about it. I do not agree with that. I think we have had enough debate. I think we should get on with the job.

As I have said to you, it is the responsibility of local governments who control the water at the end of the day whether they put fluoride in the water or not. If we have a look at tooth decay we are probably the worst in the country and it simply defies logic, for me as an individual, why we have not had fluoride in water for years and years.

Dr FLEGG: On 28 April I asked you a question on notice on the occupancy rates of Queensland public hospitals and your response was that Queensland Health do not routinely collect the data. However, on 27 April in your ministerial statement you quoted occupancy rates for Townsville Hospital, PA Hospital, Royal Brisbane Hospital and Prince Charles Hospital. Would you detail the occupancy rates of the major hospitals in Queensland for this committee and how you determine these figures?

Mr NUTTALL: I will ask Tony Hayes to answer that.

Mr Hayes: Queensland Health collects a variety of data from its hospitals. The focus of our attention in recent times has been about looking at episodes of care, the services that we provide and the make-up of those services within those episodes of care. The issue of occupancy rates is a measure that was around some years ago and it is a percentage that has a whole range of variables that vary from one facility to the other. Its credibility on a national basis is not seen to be high based upon the variables that sit within that calculation.

The issue of what is determined as being an available bed and the counts that take place around the calculation of occupancy cause difficulties across the board. The difficulty is that if we have problems calculating that on a statewide basis and collecting that and compare that across Australia there is a significant problem. So the focus for us in recent times has been concentrating on issues associated with the episodes and looking at the weighted separations within our hospitals as such.

Dr FLEGG: I refer to the staffing levels detailed in the MPS. Your MPS quotes estimated actual figures for 2003-04 and then gives estimates for 2004-05. If you go back to the previous budget,

however, the staffing estimated actual figures have fallen 650 staff short just in the areas of in-patient and outpatient services alone. Can you detail for me what type of staff fell short from last year's budget on in-patient and outpatient services and what makes you think that you can achieve your budgeted levels this year?

Mr NUTTALL: You indicated that it was in the MPS statement; can you give me an idea of where that is?

Dr FLEGG: Under the staffing levels on page 1-10. They have omitted the actual budgeted figures last year so I have included them because there was a substantial budget shortfall on staff targets in acute in-patient services and non in-patient services.

Mr NUTTALL: I will get Tony Hayes to address that.

Mr Hayes: One of the difficulties comparing across output measures and output areas across years is the movement of services across those outputs and indeed the changes that we make within the system. The other thing that is quite pertinent for the last 12 months is the introduction of the Shared Service Initiative across Queensland Health where there has been a change where we have moved certain services into that initiative in that time. You will find that if you compare across the different areas over the last couple of years there actually has been a growth in all categories and that growth, as I said, would have been distorted by some numbers which would have reduced overall growth issues particularly in in-patient services for areas associated with corporate services which relate to shared services.

Dr FLEGG: I would seek leave to table a list of Queensland Health staffing. On last year's budget estimates in every category—in-patients, outpatients, integrated health services, mental health, health maintenance—there was a shortfall. It was not a shift across from different categories.

Leave granted.

Mr NUTTALL: The estimated actual full-time numbers in 2003-04—if you look at the 2004-05 MPS, it shows an actual increase of 690. That is what it actually shows. This estimate understates the additional positions that have been created in 2003-04 and it does not include the positions filled by a further 270 external agency staff who were included in estimates from previous years.

If we have a look at the additional staff, and I am happy to go through that: in mental health across the state, 150 additional staff; stroke rehabilitation services in Logan, Redcliffe, Caboolture, Sunshine Coast, Mackay, Fraser Coast, 40 additional staff; renal services in the nursing area, Cooktown, Thursday Island, Rockhampton, Redlands, Gold Coast and the Sunshine Coast, 19 additional staff; school based youth health services, 15 additional staff; oral health services, nine additional staff—this is across the state—acute hospital care in nursing, Cairns, six additional staff; capacity for preparedness and response to emergent disease outbreaks across the state, six additional staff; cardiac services and nursing, six additional staff at the PA Hospital; radiation oncology, there is a linear accelerator in Townsville, six additional people; current cancer specialist services Royal Brisbane, PA and the Townsville Hospital, six additional people; diagnostic imagining at the Royal Brisbane Hospital, five additional people; acute stroke services in the Townsville Hospital, five additional people; in the area of nutrition, that is the healthy weight in children—and we have all heard about that issue—across the state, three additional staff; allied health services in the cardiac area in the PA Hospital, three additional staff; ear, nose and throat specialists in Cairns and Nambour, three additional staff; in cardiac services medical at the PA Hospital, two additional staff. I think that clearly shows that we are putting on additional staff in the areas of major concern.

The CHAIR: Thank you. That concludes the time for that block of non-government questions. I now call the honourable member for Greenslopes.

Mr FENLON: Page 1-12 of the MPS refers to the redevelopment of the Prince Charles Hospital. Can you outline the purpose of the expenditure and the additional services to be delivered from that site?

Mr NUTTALL: Yes, I can. We are obviously committed to improving access to quality health services right across the state. In keeping with this, we intend to construct at the Prince Charles Hospital an additional 120 general medical and surgical beds, up to four new operating theatres and a new emergency department. That development on current costs is $77 million and that will build on existing specialist services to provide a hospital that is able to provide for the immediate general needs of the local community on the north side of Brisbane which continues to grow.

$5 million of the funds that have been allocated this financial year will be to undertake the planning. The service planning is being undertaken as we speak. The master planning for the site and the project definition plan for this project will follow this. The service planning will define the clinical areas to be provided from the facility to meet the needs of the local community. It is anticipated that the clinical areas to be included will be medical, surgical and renal which will utilise a mixture of updated and day-only facilities.

The user groups will be established in the near future. Preliminary discussions involving relevant medical specialists have already occurred around the orthopaedic and general surgery area. We plan to allocate an additional $67 million in 2005-06 for the construction phase and a final $5 million in 2006-07 for its completion. It is scheduled for completion in 2007. Once we have completed the project we will require—and this will make Dr Flegg happy—300 additional staff. We will need to determine the skill mix profiles. We will start planning that. We have planned an allocation of an additional $30 million to the recurrent budget of the Prince Charles Hospital to support new services once they are finally open.

It is quite a substantial investment for the north side. Basically, what we are going to have is a new emergency department, new beds, new theatres, new additional renal areas, additional surgical areas and additional staff. We will ensure that we have the right mix of staff to support that.

Mr LAWLOR: On page 1-42 of the MPS there is a commitment to spend $103.6 million on a clinical information system that is currently being trialled at the Gold Coast Hospital. Can you explain how this will help the people of Queensland?

Mr NUTTALL: We hope to trial the new clinical information system in the Gold Coast Hospital next year. It is about providing building blocks for electronic health records. The system will provide the ability to match a patient's episode of care to a patient's electronic record. This will enable the transmission of patient information when and where the information is required, obviously leading to more informed decision making and the potential reduction in any adverse events.

A major component of the system will involve a review of current work practices in alignment with the Smart State Health 2020 vision. It also supports Queensland Health's vision of a healthier Queensland through healthier hospitals that provide high-quality, acute and emergency care, integrated, enhanced community based services and healthier resourcing that uses our finite resources to the maximum advantage possible.

The system will impact on the relationship between Queenslanders and Queensland Health in both hospitals and community health services. It will assist in the management of interactions, support patient care decisions and build an electronic health record that can be shared with other partners across the whole care issue, including patients, general practitioners and other health care providers.

The clinical information system will be implemented over several years and will improve information management and the capability for technology to support evolving clinical practices and procedures to meet the needs of future health care systems. The system will replace the ageing and obsolete patient administration system that provides activity information to us at the moment. The clinical information system provides an opportunity for Queensland Health to support information interchange to all health care participants leading to improved information access regardless of the location of their need. This information and knowledge will provide the basis of major reform in the communities participating in health care.

We are trying to ensure that we use technology to its best advantage to ensure that we can get the best possible care for you when you come to our hospitals. It will enable us to punch into the computer and get your data so that whoever is seeing you has a history about you and is able to look after you whether it be for a broken toe or for major surgery. I think it is really important. It is a major investment for us but it is something that we need to do for Queenslanders.

Mr LEE: Minister, could you outline the role of both government and non-government organisations in the implementation of the Queensland HIV, hepatitis C and sexual health strategy 2004-07 referred to at page 1-36 of the MPS?

Mr NUTTALL: It is a topical issue. Yes, I can. There has been an increasing rate of HIV infection. That should be a concern to everyone. I am pleased to be able to give some details of our strategy to try to address that really serious issue. The purpose of the Queensland HIV, hepatitis C and sexual strategy 2004-07 is to provide a direction and to enlist the cooperation and support of government and non-government agencies, clinicians, researchers and service providers, together with community groups and individuals, to reduce the transmission of HIV, hepatitis C and sexually transmissible infections and to minimise the impact of these infections on the Queensland population.

Our role as the service provider in the delivery of this strategy will be outlined in the Queensland government implementation plan, which is currently being developed. The Queensland government implementation plan will indicate how government departments will work towards the achievement of the intended care outcomes by incorporating the strategy as part of their core business.

The following government departments are providing input into this plan to indicate where, within the context of their core business, they have some relevance: the Commission for Children and Young People, the Department of Aboriginal and Torres Strait Islander Policy, the Department of Communities, the Department of Corrective Services, the Department of Education and the Arts, the Office of Youth Affairs in the Department of Employment and Training, the Department of Industrial Relations, the Department of Local Government and Planning, the Department of the Premier and Cabinet, Queensland Health and the Queensland Police Service.

It is proposed that consultation and collaboration with additional departments will be enhanced through the life of the strategy. The strategy identifies opportunities for the development of productive links with other programs, including those outside of the Health setting, and includes strategies to strengthen the links. The effectiveness of the strategy will rely on a partnership approach involving all stakeholders, including government and non-government organisations. Queensland Health, through the Communicable Diseases Unit, will be responsible for the coordination of the strategy, its implementation, its monitoring, its reporting and its evaluation.

The role of the non-government organisation service providers will be to offer a range of services across Queensland and advocate for the interests of affected communities or people at risk with HIV, hepatitis C and sexually transmissible infections. These important organisations offer target populations tailored services and programs which compliment those currently provided by the government.

Mr LEE: I note on page 1-20 of the MPS that Queensland delivered 280,000 adult occasions of service to general dental clients. Could you outline how Queensland public health oral services for adults compare with those of other states and territories?

Mr NUTTALL: I suppose this follows on from the issue of fluoride, really. There has been a comparison of Queensland oral health services with those of other states. We provide the largest and most comprehensive public dental service in the country. In 1996 the Howard government ceased the Commonwealth dental health program and our share of that was $20 million on an annual basis.

We were the only state in this country to fully replace that money from state government funds. All other states and territories either reduced services or introduced co-payments in order to address the shortfall. Only Queensland, New South Wales and the Northern Territory still offer free dental services to eligible adult card holders. The latest available national data on expenditure for emergency and general adult services and an inventory of public dental services in 2001-02 shows that Queensland is well in front with $71.5 million followed by New South Wales with $59.5 million and Victoria with $37.3 million. The Australian total was $226.3 million.

In 2001-02 Queensland provided the greatest adult activity of all states, with over 580,000 visits by eligible adults. This amounted to one-third of the total adult visits provided in Australia. Queensland employs a greater number of dentists and dental therapists than any other state, with a total in the year 2001-02 of 746 full-time equivalents. The state with the closest staffing level to us is New South Wales with 511 full-time equivalents. Queensland employed 36 per cent of the total working dentists and dental therapists in this country. The eligible population of health care card holders and pension card holders was approximately 920,000 to June 2001.

The continued population growth of this state and the increased public awareness of oral health continues to place heavy demands on public oral health services. We recognise that and we have committed an additional $5 million in recurrent funding in 2003-04 and an additional $10 million above and beyond that over three years into the public dental health system. We will continue to lobby the federal government in that regard. What we will need to do is probably look at outsourcing some of that because our dental waiting list is too long. We need to start outsourcing.

Mr FENLON: I noted that as part of $18 million additional funding for cancer, $7 million is being invested in the purchase and running of the first public hospital PET scanner. This is outlined on page 1-17 of the MPS. Can you advise what type of patients will benefit from this?

Mr NUTTALL: There are several benefits for the investment made by this government in a public hospital PET scanner. Medical imaging technology currently available in the public sector includes advanced systems such as MRIs and computerised tomography, known as CT scanning. These machines provide anatomical imaging of the physical structure of the body—that is, it provides pictures of the bones, the muscles and the organs.

In contrast, a PET scan provides metabolic imaging that shows how the body's organ system functions and how cells grow. The PET scan is able to show whether tissue is normal or abnormal based on cellular metabolism. This information can allow medical specialists to assess chemical and physiological changes related to metabolism. The PET images can therefore demonstrate pathological changes long before a CT scan or an MRI would reveal them.

A PET scan can help medical specialists with early diagnosis of a disease and provide additional information that can help predict whether a person is suitable for surgery. It can also help medical specialists monitor a person's response to treatment as well as identify distant secondary cancers that can affect treatment helping to curtail ineffective treatments and reduce unnecessary invasive procedures.

Specifically, a PET scan offers the potential to improve the management of cancer, coronary artery disease, epilepsy and neuro-degenerative conditions such as Alzheimer's disease. More precise cancer diagnosis of many high incidence cancers will enable the selection of the most appropriate treatment adoption and therefore reduce unnecessary and expensive treatments. As well, brain tumours can be better diagnosed in a non-invasive way and the surgical management of epilepsy can also be

planned non-invasively. A PET scan, for example, will enable a medical specialist to identify the area of seizure focus in people with severe epilepsy non-invasively prior to surgery.

To invest that sort of money in that sort of equipment will allow us to far better help people who are in greater need. These things are not cheap. To buy one and to run one costs $7 million. They are not inexpensive.

Mr FENLON: On page 1-35 of the MPS it states that an addition $1 million is being spent to employ 15 extra full-time equivalent school based youth health nurses. What services will these nurses provide and, in particular, in relation to the issue of drug use?

Mr NUTTALL: Obviously it is a really important area for all of us. We currently have 120 specially trained nurses who are the first point of contact for students, parents and teachers on a range of issues such as smoke prevention, alcohol and drug use, mental health, nutrition, violence, suicide and all of those sorts of issues that affect the youth of this state. An additional 15 school nurses will be employed to assist state schools with secondary students, especially in our new schools and our rural and remote schools with no current services and schools that are obviously experiencing rapid growth. The aim of the school based youth health nurse program is to help young people make a safe and healthy transition into adulthood while laying the foundations for health-promoting behaviours and attitudes which continue throughout their life span.

They undertake numerous health promotion activities addressing issues such as alcohol and drug use, smoking prevention, growth and development, body image and nutrition. Where possible, the school based youth health nurse works as part of a team together with the school support personnel like guidance officers to help address the health needs of students. Support is also provided to schools in the planning, development and delivery of health focused teaching and learning activities by acting as a resource to teachers by providing relevant and up-to-date information and advice, for example the most current information and research on drug use and in terms of contributing to the development of relevant teaching and learning resources that lead to the achievement of better educational outcomes. It is important for them to inform the school of emerging health issues both within the school and the wider community and then to help the school to assist in the planning and development of relevant responses to that.

We also work in relation to drug use. The school based nurse health program supports the Commonwealth government. It has a national school drug education strategy and we also have a Queensland school drug education strategy. It contributes to the public health goals of trying to prevent and reduce drug related harm by a number of areas. We try that by reducing the number of students using drugs, reducing the level of drug use, delaying the up-take of particular drugs, reducing the harmful use of drugs, and minimising the harms associated with the use of drugs. The school based youth health nurse program actually reflects our commitment to back to basic care for young people to give the students the tools that they need to face the social challenges that lie ahead of them. The drug and alcohol issue is a continuing problem for all of us, and by putting in these school based nurses hopefully that will help to address that.

The CHAIR: Thank you, Minister. We will go back to another block of opposition questions. I note that we are due to take a break at quarter past 10, so we will just pause the clock at that time. You will not have completed the full 20 minutes.

Mr NUTTALL: Mr Chairman, I just need to know a process here. We have indicated to you that there are some things that we would come back to the committee on before the hearing closed. I am not sure when you want us to do that.

The CHAIR: At any time really. If you have information now, that would be better than running out of time at the end of the day. So when you receive information in relation to a question that has been taken on notice, you can just add that to—

Mr NUTTALL: There were a couple of issues that Dr Flegg asked and we have some answers for Dr Flegg. Do you want to do that now, because I understand that it is Mr Copeland's time? I do not know how you want to handle this.

Mr COPELAND: Go ahead.

The CHAIR: They are answers to opposition questions.

Mr NUTTALL: Okay. I will hand over to Tony Hayes.

Mr Hayes: With regard to the table that was put before the committee earlier in relation to staffing numbers, it actually does not highlight the fact that the shared services staff of 1,671 were removed from the figures. Indeed, as at 30 June 2004, the presentation of staffing numbers is based upon a different reporting methodology where in fact it does not include agency staff. Therefore, because we actually have agency staff, particularly in our nursing areas, coming and going from time to time, that reduces the numbers down significantly as well. But to assist the hearing, I have recalculated what the figures would be across those two periods. Indeed, the estimate in the MPS for 2003-04 is that we would have 42,148. Queensland Health's performance based upon including the SSP and indeed recalculating

those agency staff into the numbers highlights 42,892, which is a growth of 744. Stepping into the next year, our estimate is, including those agency staff, an estimate of 43,754, which is a further growth in 2004-05 of 862. So if you put everything back in that has been excluded by SSI and indeed have the same calculation methodology in terms of how you calculate an FTE, it calibrates that we have had growth of 744 in one year and 862 is forecast for next year.

Mr NUTTALL: There was one other question that Dr Flegg asked about the number of prosecutions for tobacco sales to minors which failed or did not proceed. There were none, just to clarify that.

Mr COPELAND: Was that none or one, Minister?

Mr NUTTALL: No, none. He asked about failed prosecutions.

Mr COPELAND: I just have one question before Mrs Cunningham takes over. I just wanted to clarify one issue regarding the waste issue we were talking about earlier and the audit that you have committed to, which I thank you for. The definition of clinical waste is defined as discarded material saturated with or containing free flowing blood or other body fluid, which leaves the door open to a lot of things that can be discarded as general waste. Obviously there are some things in those photographs like used dressings and those sorts of things which may technically not be free flowing blood or body fluid. Will your audit also examine the types of materials that are being discarded as general waste, because I would think that the general public would be very surprised at that definition and what can be discarded as general waste?

Mr NUTTALL: Yes, we will review all of that. Can I just say to the committee that if there are issues we are not going to try to hide from them. We are going to try to address them and fix them. As I said to the committee at the start, we want to be very open and very accountable for all of those things that we do. If we are doing something wrong as an organisation, we need to fix it. It is not about saying that it is not wrong. It is about saying, 'Okay, we've got a problem. We'll fix it.' You have my undertaking in terms of the audit. It will be a very comprehensive audit. It will cover all of those issues that you have raised. I simply also want to stress the fact that this may not be coming from the public sector. So there are other matters that we have to go away and look at as an organisation in order to see that if it is not coming from the public sector where is it coming from, how does the government respond to that and how do we fix that problem if it is not coming from the public sector. But in terms of the issues that you raise, can I just reassure you that the audit will be very comprehensive and there will be no stone left unturned.

Mrs LIZ CUNNINGHAM: I was interested, Minister, in your comment in relation to the number of clinics that are held at hospitals across Queensland and that that decision is made on a local basis at each hospital and it is a business decision. Could you just clarify whether the number and location of clinics is constrained by the finances available to each local hospital rather than by demand?

Mr NUTTALL: I might get the director-general to answer that.

Dr Buckland: Can I just seek one bit of clarification. I am just trying to get to the point of your question. Was the question—

Mrs LIZ CUNNINGHAM: The minister said earlier that the number of clinics at hospitals across Queensland is a decision made locally at each hospital and it is based on a business decision. But if they do not have the funds available they cannot have the clinics but the demand could be there. I want to know whether the number of clinics is a financial decision or a demand decision.

Dr Buckland: I think it is clearly going to be a combination of both. One of the issues, particularly as you get outside the south-east corner where you have most of the population of clinical specialists, is that those numbers start to diminish quite dramatically as you go into smaller and smaller communities. The issue will be one of two things. First of all, there is the availability of specialists, which the minister has already alluded to. There is a significant shortfall in specialists right across the country, and that increases as you go into smaller communities. The second point is whether those specialists desire to work in the public sector. In some of those specialties, for reasons best known to them, they may choose not to work in the public sector. So even if they are available and even if we made concessions available, they may elect not to work in the public sector. Finally, it then obviously becomes one of resource allocation. But in areas where most specialists are available, the decision to provide those services is a local decision, and it is a local decision based on resources and availability. So it is actually a combination of both. But we do not limit purely on the basis of money. It is really about what the service needs are and whether or not we can get practitioners into those specialties. The biggest issue in rural and regional Queensland is not about the availability of specialists but how you actually cover them after hours, because for some of those specialties there is only one practitioner in town and that is a very difficult situation where they do not want to and we do not want them to be working on call 365 days a year.

Mrs LIZ CUNNINGHAM: On page 1- 3 you talk about the establishment of a 24-hour health hotline to provide access to health information and advice about health services. Will all the staff on the hotline be medically trained? Can you envisage that they will be diagnosing patients by phone call only?

Mr NUTTALL: We are looking at this from a national perspective as well. Can I just say that the ministerial health council is also looking at this issue. I suppose I need to go through it and explain it a little bit. We made a commitment in the election campaign for the establishment of this health hotline. It will be targeted at providing easy access to health advice and information about the most appropriate and accessible services. It will include a triage service operated by fully trained nurses, including clinically proven protocols, and that will be backed up by specialist doctors. We are hoping to have the health hotline operating by the end of December next year. We established a project team in May of this year and we put out a tender for a three-month consultancy to determine the preferred business model for this. That tender went out on 2 June and closed on 17 June. We have not got the details of who the successful tenderer is at the moment. The project will be undertaken in consultation with internal and external stakeholders during August and September of this year to ensure that the model that we come up with will be sustainable and accepted by health consumers.

Work is currently under way, as I said, by the Australian government in consultation with other states and territories to establish a national health call centre network. With regard to the proposed network and governance arrangements, we will have some further discussions at the ministerial council meeting in July of this year—at the end of this month. Queensland Health is actively investigating the proposed national network and what the economies of scale are. We have had some positive responses from the Pharmacy Guild of Australia, the Queensland Division of General Practice, St Luke's Nursing Service, professional associations and the union bodies. I am not sure if I am answering your question, but basically the people who will be doing it will be fully trained. We are not sure what the model will be, though, because it is one of those things that can start out like that and just grow. Where it is clouded for us now is whether we are going to go down this path of having our own, and the federal government has now said it wants to have one as well. We do not want to duplicate services, so we are going to have to talk to it.

Mrs LIZ CUNNINGHAM: Page 1- 4 talks about access to specialist services in remote areas of Queensland. I would say that I am from a regional area, and there are often concerns expressed regarding difficulties in accessing paediatrics and similar speciality services. In this document in the third paragraph you have stated that there is going to be a statewide review of maternity services. Could you clarify what the purpose of the review is and also clarify whether one of the results could be a reduction in the number of hospitals where maternity services will be accessed? That would be a concern, obviously.

Mr NUTTALL: I understand that. As you know, we have just appointed an eminent person, Dr Cherell Hirst, to do the review. We are going to look at a whole range of areas. It is also about childbirth choices. We are going to review the whole range of birthing services that we have. As I said, Dr Cherell Hirst will be the chairperson for the review and she will report to me when that review is completed. Dr Hirst has had over 20 years experience in women's health. I am advised that the final report will be available to me in early 2005. We will review the provision of maternity services—antenatal, birthing and postnatal—including community follow-up right across the state. We will examine existing and future models of care, including midwifery models of care, to enhance the choices available to women within the context of best practice, safety, quality and sustainable care wherever consumers live.

I know that there is a concern, and I think I know what you are getting at. You are asking: is this review going to start reducing further where women can give birth to their children? We would be happy for women to be able to have their children at their local hospital all the time. Again, our problem is best practice—getting the specialists there and getting the doctors there who can actually do that. We have had the insurance issue. A lot of doctors are now hesitant to go ahead and undertake birthing procedures. As an organisation that has made it really hard for us. So what we do is try, where possible, to have best practice. That means that, rather than spread the butter too thin, we have best practice where we possibly can. That has been the challenge for us. It is not about doing a review so that we can reduce birthing services. That is not what it is about.

The CHAIR: The committee will adjourn now for morning tea. I note that the opposition members will have a further seven minutes left when we reconvene at 10.30 a.m.

Sitting suspended from 10.17 a.m. to 10.34 a.m.

The CHAIR: Estimates Committee E is now resumed. The question before the committee is that the proposed expenditure for the portfolio of the Minister for Heath be agreed to.

Mrs LIZ CUNNINGHAM: Page 1-6 of the MPS talks about healthier staff—about Queensland Health investing in its staff capacity to provide services, et cetera. One of the continuing problems in relation to public hospitals is staff safety. I would be interested in hearing what the government is going to do to protect nursing staff at the hospitals.

Mr NUTTALL: It is an important issue and I thank you for the question. One of the problems we have is that people come into our hospital system and, for whatever reason—they may be affected by drugs or whatever—they can become violent. We understand that. As I have travelled the state I have spoken to hospital staff and management as to how they address it. At the moment there is no one model that fits all. The outpatient and emergency department areas will have some signs up saying

'Violence is not tolerated' and a whole range of other things. In other areas they do not have any signs. In some areas they have protective measures for the staff, so when you come to the emergency department you cannot reach across and actually grab the poor receptionist who is there and that sort of thing.

We have established the Violence Against Nurses Steering Committee. That was established on 10 June. I met with the steering committee. It has a responsibility to report to the director-general by the end of this year. That steering committed includes representatives from the Nurses Union and other areas to start to do some work on what else we can do. Just having signs and protection screens is not necessarily enough. So we have asked them to put the steering committee together and we have asked them to report to the director-general in terms of trying to deal with that issue as much as we possibly can.

We are continuing to increase our security where we can in hospitals, where it is practical. I think if you go to some of our hospitals you will actually see that. The staff tell me that it has always been an issue for them. but the fact is that we have a society in which, unfortunately, the drug issue has become more and more prevalent. Because of that, alcohol issues and a whole range of other issues, people tend to become more aggressive. So as an organisation we need to try to make people feel more relaxed. When they come to our emergency departments they are actually very anxious. As you know, we try to triage them between category 1 and category 5 and try to reassure them. But as I said, we have the steering committee. We have some processes. We have some signs in place. We have spoken to the staff. They are aware of it. They are very supportive and we are trying to get it right.

Mrs LIZ CUNNINGHAM: There has been some concern in relation to funding for HIV-AIDS services. Page 1-35 of the MPS outlines some initiatives for HIV-AIDS and hepatitis C. Has there been a reduction in funding for medical treatment of HIV-AIDS and support for HIV-AIDS sufferers? If so, what is the change in funding?

Mr NUTTALL: I am happy to answer that. In actual fact, I will just go through what has happened. In November last year we advertised for the purchase of nine health services in relation to HIV-AIDS, hepatitis C and sexual health. The tenders sought offers for the provision of statewide services. The services have to be provided right across the state. We also wanted to target regional and local areas in particular. We increased the available funding under the HIV-AIDS, hepatitis C and sexual health programs from $4.7 million to $6.3 million. So that is a $1.6 million increase, despite what other people may be saying in terms of the available funding.

We conducted a number of information sessions to assist organisations that were going to put in tenders. The tenders closed in December. They were assessed by a panel. In most cases it was necessary for the panel to seek additional information from the organisations to help it in its decision making processes. In response to concerns from some applicant organisations, a decision was made by the department to have an external probity audit done on the tender process to ensure that the tender process was done properly. The audit has been completed. It concluded that Queensland Health complied with the state purchasing policy.

Due to the delay in finalising the tender process and to ensure continuity of services to the community, all existing projects have been extended until 30 September this year. Now that the outcomes of the tender process have been announced, Queensland Health will work closely with all of the successful organisations to endeavour to ensure a high quality in service delivery through enhanced provider assistance and improved cross-sector networking. I could go on and on.

The CHAIR: You still have a minute if you want.

Mr NUTTALL: Thank you. A record $16 million has been offered to community organisations over three years, which is an additional $1.6 million for more education, prevention and support programs, particularly in regional areas. The Queensland AIDS Council has not been defunded. It will continue to be one of the major providers of these services. Over the next three years the Queensland AIDS Council has been guaranteed a minimum of $3.4 million to help deliver prevention programs. Furthermore, the AIDS Council has been offered considerable further funding to deliver social support as part of the treatment and care tender. Queensland Health has recently reviewed our funding process in many health service areas to ensure that our services keep pace with the changing needs of clients.

The CHAIR: That concludes that block of opposition questions. With regard to mental health services, I note that page 1-25 of the MPS identifies that there will be additional clinical positions for community mental health. Can you advise how many new positions there will be and how this compares with increases in recent years?

Mr NUTTALL: Yes, I can. I have to admit that when I first came into the portfolio I did not realise the extent and the size of the area of community mental health and the difficulties that people have in this state. I did not realise the problem was like it is. I mean it in this way: one in five Australians actually are expected to experience a mental health illness at some stage in their life. That is the thing that really surprised me more than anything. I did not realise that we had so many programs to try to deal with it.

Obviously we need to make significant investments, and we have done that as a government. We have delivered record budgets for mental health services. We have created 464 new community mental health positions across this state. In this budget we have continued our commitment with an allocation of $6.4 million for more than 100 new community based mental health clinicians. The bulk of these positions will be in adult community mental health services, while some will be employed in child and youth services, forensic adult and adolescent services.

These new community mental health clinical positions will enhance the capacity of district mental health services statewide to provide specialist mental health treatment at the local level, which enables patients to stay in touch with family, friends, carers and obviously their community support. This is a continuing increase in community mental health positions. It demonstrates that we are committed to the planning targets in the 10-year mental health strategy in Queensland. Mental health is always a difficult area, but I think not only do we need the support of the non-government organisations—and we fund them—but also providing these new community mental health positions will hopefully assist and support people who need some care in this area.

The CHAIR: Minister, I note that a million dollars has been allocated for the development of a statewide cerebral palsy service. Can you explain how this will benefit children with cerebral palsy but also, very importantly, their families?

Mr NUTTALL: This is a first for us. I met with the Cerebral Palsy League and they tell me that they have been advocating for this since 1969. When you think about it as a society that is far too long. You get lots of bad things when you are the Minister for Health, but you also get to do lots of good things, and this is one of the really good things that we are going to do.

It is estimated that every year between 100 and 120 children are born with cerebral palsy. Services for children with cerebral palsy in Queensland are currently provided in a variety of settings by a number of agencies such as ourselves, Education and the Cerebral Palsy League of Queensland. Sometimes the organisation of services can make it difficult for families to access different services.

The statewide service for children with cerebral palsy will assist families to navigate the variety of therapies and treatments that their child may need at different times in their lives. The establishment of a statewide health service for children with cerebral palsy will provide care coordination for children and their families. This will also improve appropriate and timely access to highly specialised treatments and rehabilitation to assist both the children and their families with managing their physical disabilities.

The service will be based out of the Royal Children's Hospital in Brisbane and will provide improved coordination and management of children with cerebral palsy across the state through the network arrangements with clinical staff in regional and rural centres so that children can be offered the best possible treatment as close as possible to where they live.

The service will include a statewide cerebral palsy register to provide information about the number of children in Queensland who have cerebral palsy. This will allow us to know exactly how many children are affected by the disorder so that we can plan proper services accordingly. This will be a partnership between the Cerebral Palsy League of Queensland and Queensland Health.

The service will also include a statewide program to monitor, detect and manage hip dislocation, which is a common and potentially painful complication of cerebral palsy. There will be a coordinated multidisciplinary approach including input from specialist orthopaedic surgeons, physiotherapists and rehabilitation specialists who will all work with each child's own local doctor or paediatrician. These funds will also help in providing improved access to special drugs therapies, treatments and operations in a whole range of areas, and the state government funding for the statewide cerebral palsy service will increase from $1 million to $2.7 million in 2005-06.

Mr LAWLOR: Minister, I note that on page 1-25 of the MPS there is mention of $1.4 million being spent to refurbish the acute mental health facility on the Gold Coast. Could you please detail what this money will be spent on?

Mr NUTTALL: As you said, it is $1.4 million. We have allocated that to the adult mental health service at the Gold Coast. It is primarily focused on the refurbishment of the ward known as P2 at the Gold Coast hospitals. The renovations will incorporate a separate four-bed intensive care area for patients requiring more intense monitoring and treatment and the creation of two safe outdoor areas.

As a result of the transfer of St Vincent's Hospital at Robina to Queensland Health, a complete review of health services at the Gold Coast was undertaken. The reconfiguration of mental health services on the Gold Coast was proposed in this review. This reconfiguration has enabled the various mental health programs at each of the two sites to be grouped together to increase efficiencies and economies of scale, and to utilise clinical expertise more appropriately across the two campuses. All the adult acute in-patient mental health services are located at the Gold Coast Hospital and all non-acute adult in-patient extended treatment services at Robina.

This approach is consistent with the direction in the 10-year mental health strategy that we have for Queensland Health and aims to provide general hospital based short-term intensive in-patient

treatment for people in the acute phase of their illness and extend in-patient treatment options for people needing long-term treatment and rehabilitation. We are doing the best we can for you down there on the Gold Coast.

Mr LAWLOR: What a great job, too. Minister, could you please outline the proposed expenditure on Queensland Health aged care facilities in 2004-05?

Mr NUTTALL: I sure can. I am pleased you have asked that question because my electorate has a significant number of aged care facilities, both public and private. We have committed $120 million over five years for the government's residential aged care facilities. That was announced in 2001. That program is now well advanced. In order to deliver that program in the capital works area, we have embarked on a development of standardised designs to assist the roll-out of the program and to ensure a high standard of quality accommodation across the state. They have been designed to provide a pleasant and home-like feel as well as being operationally efficient to manage. The new facilities will enhance the quality of life for the most frail aged in our community.

Each resident in the redevelopment facility will have their own bedroom and access to a shared ensuite. All areas in the new buildings will also have airconditioning. All facilities will feature quiet areas to give residents a secondary lounge area or a place for residents to meet quietly with friends and their family. External areas will also have easily accessible landscaped courtyards and provide shaded areas for outdoor enjoyment. The construction activity for the aged care program started in January of this year. The new residential aged care facility in my electorate was the first to start construction. Can I just say that that was on the drawing board before I became the minister. I want to make that very clear and put that on the public record. There will be a new facility at Redcliffe providing 60 places, and that will be completed by Christmas this year, and an additional $4.6 million was required to finish that project.

To commence in January this year was the new building at Redlands which will provide 128 residential aged care places and that will be done on the hospital campus. The new facility will have four houses accommodating 32 residents each. $15.8 million this year will result in the completion of the residential aged care facility by June of next year.

In Dalby there will be a new nursing home and that will benefit from $4.06 million allocated in this year's budget. That will provide a new 80 residential facility of two 40-bed houses. My understanding is that the design and the commencement of that construction is due to start this financial year. In Warwick—and I was at Warwick recently—residents of the Warwick nursing home will see construction activity of their new facility commencing in the first quarter of next year. $3 million has been allocated in this year's budget. There will be 40 residents in a new building there. In Wondai we are also doing one with 46 residents. So it is right across the state, and it is something that we should all be really pleased about.

The CHAIR: Minister, on the issue of residential aged care, what opportunities exist for capital and operational partnerships between state government nursing homes and private sector aged care providers during redevelopments?

Mr NUTTALL: This is a really important question. As I have said earlier, we are very committed as an organisation to working with the private sector. I know in the past it has been a them and us approach, and the director-general and I are working very hard at changing that. We cannot deliver better health services unless we work in conjunction with the private sector. It is as simple as that.

One of our five strategic intentions is healthier partnerships. Under the healthier partnerships we envisage that we will have a closer and more cooperative approach and working relationship with, as I said, not only the non-government sector but also with local governments and national governments, and we need to do that. I expect my officers within Queensland Health to work in these partnerships to provide cost-effective and integrated health services.

We will be looking at opportunities with the not-for-profit sectors in the provision of residential aged care services. One model that I particularly believe has a lot of potential is the colocation of some of our aged care homes, with facilities that are operated as not for profit, and we have started some discussions with non-government providers about applications of this model at both Yeppoon and Eventide. It is crazy to have one nursing home at one end of town and another nursing home at another end of town. We should try to colocate them where we possibly can, and you try to have shared facilities such as laundries and kitchens. So when doctors actually come there—and as we know it is hard enough to get doctors and specialists—they do not have to traipse from one end of town to the other. They can go to that facility there and go over to another facility. If we can do that, it just works better.

When you talk to doctors, allied health workers, nurses and all those people who are involved in the aged care area, they will tell you that in the past the private sector did not talk to the public sector. So we did not know what they were doing; they did not know what we were doing. We were all off doing our own thing duplicating services and then tried to get scarce resources such as allied health workers, doctors and nurses and they are all running around like chooks with their heads chopped off trying to get from that point to that point. If we colocate them it works much better. We cannot do that everywhere but where the landscape allows us to do that we need to do that, and we are working very hard in that area.

Mr LEE: Minister, page 1-18 of the MPS states that $3.3 million will be spent to enhance Queensland's oral health service. Could you outline what further commitments this money will fund and also what impact this will have on oral health services in Queensland?

Mr NUTTALL: Sure. Mr Lee, you will recall earlier I mentioned that it is difficult for us. We have a huge shortage of dentists and these are the forums in which it needs to be outlined. My understanding is that 10 years ago in Queensland we had 45 places in our universities under the HECS scheme to train dentists. That was in 1994. In the year 2004 it is still 45 and yet we have this huge growth in our population. We talk about the shortage of doctors. We also have a huge shortage in the area of dentists.

There are additional places but they are full fee paying, so it makes it really hard. I have met with the dentists association and they will tell you that they would like to see more dentists being trained. As anyone in this room knows, if you ring up your own dentist in the private sector to make an appointment there is a wait. It is hard enough to see your own dentist let alone for me to try to get dentists to come and work in the public system. We need to increase the number of places.

We are going to spend $3.3 million extra on oral health services that we outlined in the election commitment. What we want to do is increase access to dental services. $2.3 million of that will enable the provision of an extra 2,000 occasions of service for those clients waiting the longest for general dental care. It will also allow the introduction of a range of strategies including extending public clinic hours and contracting private dentists to treat patients where the public dentist is not available.

The oral health service networks with the capacity to expand the use of outsourcing to deliver emergency general and other dental treatment in partnership with private dentists and to provide after hours services where we can. In a climate, as I said, of national shortage of dentists, it is often difficult to recruit full-time dentists in rural and remote areas. We will provide an extra $1 million to fund travelling dental teams allowing existing and extra dentists at base locations to travel to rural and remote areas to deliver services.

I was at Longreach recently and a lady came up to me there and said how great that program was that we have these travelling dental teams so people will be able to get dental care. We all sit here but it is nice to know that it is working out there. I think that is really important. I think that is one of the benefits of getting out and talking to both staff and management and also to the people of Queensland to see that the programs that we say we want to implement are getting out there on the ground and actually delivering services.

Mr LEE: Thanks very much. I refer you to page 1-41 of the MPS, which states that over the next four years expenditure of $165 million is expected for medical equipment. Could you outline what types of equipment will be purchased?

Mr NUTTALL: That is a lot of money—$165 million—to buy new medical equipment. The reason we need to do that is obviously to support the staff and the patients in a wide variety of health care settings throughout this state. I have talked about the PET scanner and the MRI scanners. We are getting an additional MRI scanner. We are getting gamma cameras, fixed X-ray units, mobile X-ray units, ultrasound units, stress testing systems, anaesthetic machines and cardiac catheter labs. I do not even know what some of these things are. Some of this equipment is amazing. There will also be haemodialysis equipment, ventilator units, monitoring systems, operating microscopes, operating lights and tables and other small health technology items.

As I said, it is a considerable investment by us to ensure that the clinicians who work for us have access to the appropriate equipment to deliver modern health interventions to the Queensland public. We will expend $56.73 million of the $165 million in this financial year. The major component of that—and I think it is important to know where that money is going—is $19.7 million in central Queensland; $14.2 million in southern Queensland; $10.6 million in northern Queensland; $2.6 million in pathology equipment across Queensland; $5 million for the PET scanner at the Royal Brisbane Hospital; $2 million to Townsville for cancer treatment equipment; $0.6 million for equipment to support the Healthy Hearing Program, as I outlined earlier; and $0.5 million on sterilisation equipment across Queensland. The $2 million in Townsville is for new cancer treatment technology. The new technology will provide access to modern cancer treatment methods in north Queensland for the public in that area.

The CHAIR: Thank you, Minister. That concludes that block of questions from government members. I invite the opposition to ask further questions.

Mr COPELAND: Thank you, Mr Chairman. Minister, I refer to the delivery of information about HIV-AIDS, which has been referred to a couple of times today. The recent decision to separate funding for the provision of treatment and care and the health promotion program has been met with widespread opposition, including from your federal Labor colleague Senator Jan McLucas, who has written a letter to you. Mr Chairman, I seek leave to table that letter.

Leave granted.

Mr COPELAND: That letter states—

This decision will have devastating ramifications for services to HIV positive people and people living with AIDS right across Queensland, particularly in the regions.

It goes on to say—

I am astonished that Queensland Health would believe that funding these programs to two separate agencies would provide any improvement in health outcomes for positive people.

Minister, given her comments and comments from a wide number of people, will you reconsider this decision?

Mr NUTTALL: No, I will not, and I will not do it because I believe that what we have done is the right thing to do in terms of delivery of modern services to ensure that people are appropriately cared for. The honourable senator and I will just have to agree to disagree on this issue. I am happy to meet with the senator and speak to her. I am prepared to brief her on these issues.

This is an important area for us in terms of delivery of services. I know that there are people who are unhappy about it, but my main priority is to care for the people who are sick, to care for the people who have this disease. We are trying to ensure that, where possible, these services are provided right throughout the state. The people who have been successful with their tenders have an obligation to ensure that these services are provided throughout the state.

I have heard the AIDS Council say that it will have to close its offices in Cairns, Townsville and other places. That is not part of the agreement we have with it. It is actually meeting with us next week to continue discussions about the provision of these services. We will ensure that these services are provided right across the state. We are not going to sit back and not keep abreast with modern health care. I think it is really important to ensure that we provide the best service we possibly can. That is why we reviewed what we were doing. We have allocated an additional $1.6 million. We went to a full tender process. Not only did we go to a full tender process; we then had a full probity audit on the tender to ensure that what we did was right and proper and the correct thing to do. This is about proper health care, and that is what we are doing.

Mr COPELAND: Minister, why was the review you undertook prior to the tender process done without any consultation with the people who are living with HIV and AIDS or with the affected community organisations?

Mr NUTTALL: I think this whole issue needs to be clarified once and for all. I understand that a whole range of people have a whole range of issues and a whole range of agendas. I would like to bring Dr Margaret Young to the table to respond to that. Dr Young is the acting manager for the Communicable Diseases Unit within my portfolio.

Dr Young: In recent years Queensland Health has identified a number of trends in the HIV-AIDS, hepatitis C and sexual health program areas that require a significant policy or program response. These have included a sustained high level of HIV notifications. There are now about 10 new infections per month in Queensland. The predominant risk factor remains men who have sex with men. A second trend is changes in illness patterns for people living with HIV-AIDS. New drug combinations improve health outcomes but require management of associated side effects. Thirdly, there is evidence of increased levels of risk behaviour among gay men. Fourthly, but to a lesser extent, there are increased HIV notifications in previously unidentified risk groups, for example people arriving from or returning from overseas countries with a high HIV prevalence.

To better understand these trends, the HIV-AIDS, hepatitis C and sexual health program areas of Queensland Health considered an extensive range of evidence. This includes but is not limited to ongoing information provided through extensive consultation with the affected groups, including through the HIV-AIDS, hepatitis C and sexual health advisory group in Queensland, which includes representation from peak bodies and other relevant agencies, including the Queensland AIDS Council. That advisory committee meets regularly.

Secondly, a review of the Queensland Health HIV-AIDS strategy 1999-2002 provided extensive evidence about our ongoing needs in these areas. There was also the Queensland Gay Community Periodic Survey, which identifies risk behaviours, the HIV model of care project and advice from HIV-AIDS, hepatitis C and sexual health program coordinators, who report to Queensland Health regularly. There are reports from the National Centre in HIV Epidemiology and Clinical Research based in Sydney and, finally, participation at the national level in a range of strategic and advisory groups.

You can see that the information that informed the tenders was quite extensive. The combined evidence from all these and other sources supported the need for significant change to the service delivery models and informed the tender process. The needs of the HIV-AIDS community were identified in the tenders, and these tenders are currently being offered.

Mr COPELAND: Thank you, Dr Young. I suspect there will be a remaining dispute about whether the consultation was adequate. Minister, I will move back on to the area of specialist services. Regarding the specialist clinics in public hospitals, are there patients who present as public patients at public hospitals being referred to private clinics within those hospitals?

Mr NUTTALL: Dr Buckland will answer that.

Dr Buckland: Under the health care agreement, if a patient is named by the referring doctor to a particular doctor then that referral can be managed under the right of private practice. As I said earlier, there are two groups of practitioners who have right of private practice—those under option A, who we pay and bill on behalf of, and those under option B, who fully retain the income up to the maximum level.

The requirement from the Health Insurance Commission is that the patient is named and the doctor is named. As I said, our maintenance of effort is based around the 1998 health care agreement, and any new services that we bring on line allow us to access Medicare. The reality is that there will always be a duplication of services. The range of services available to public patients should be no less than what was available on 1 July 1998. That is the health care agreement. Queensland Health is doing nothing that is in breach of the health care agreement but is actually exercising its right to generate revenue through Medicare.

Mr COPELAND: Minister, is it possible to detail to the committee the numbers of patients who present to public hospitals and are being referred to private specialist clinics as compared to the number being referred to that same specialist in a public capacity at those public hospitals?

Dr Buckland: Those issues are all managed locally by the right of private practice group within each of the hospitals. We actually do not keep that information centrally, so I would not be able to provide that information.

Mr COPELAND: Thanks, Dr Buckland. Minister, I refer to the additional funding of $90 million over three years—I think there is $40 million this year—to address elective surgery waiting lists. Specifically it states—

Contracts were negotiated with private providers to treat patients waiting for procedures, particularly cataract surgery.

Minister, I have examples of two patients—I am sure that there are many more out there; one is in my electorate and one is in the electorate of Hervey Bay, which the chairman will be happy to hear—who have been waiting some time for cataract surgery. The patient in Toowoomba was advised on 31 March that he was to have the operation in a private hospital in Toowoomba. Subsequently it was cancelled because the capacity was not there in the private hospital, so he has gone back on to the original waiting list. In relation to the Hervey Bay example, you advised me in a letter I received this week that there is no capacity for the surgery to be done privately. How many patients would have been advised earlier this year that they were to be transferred to a private hospital only to be subsequently told they were not able to be treated?

Mr NUTTALL: The points you raise are fair and valid. In that first four-month period we had $20 million, so we said that we were going to try to have people's operations done. We wrote to all of the public and private hospitals in Queensland and said, 'What extra surgery can you do for us?' They came back and said, 'This is the extra surgery we can do for you.' Once our public hospitals were at capacity, we then went out to the private sector.

I do not have the exact figure in terms of the number of people who were referred to private hospitals and then subsequently had that surgery cancelled, but it would be very, very minimal. As I pointed out to you in my opening statement, the number of people who have had surgery is quite significant.

The problem in the Fraser Coast area is that the public hospital sector simply cannot recruit the ophthalmologist, and neither can the private hospital. We cannot recruit an additional doctor up there. That is the problem. The private sector cannot even recruit someone, let alone the public sector. I also said in my opening statement that we are prepared to move people around from point A to point B if we have to do that, and we will do that.

I am not prepared to talk about individual, specific people, but I am prepared to talk about the general thrust of the issue.

Mr COPELAND: I would not expect you to.

Mr NUTTALL: I understand that. I am not being critical at all. In relation to those people who were earmarked to go into the private sector, who had their operations cancelled and who were put back on the public list, the $20 million we had allocated has been spent. We were hoping to do 4,000 operations. I think we did about 4,800. We now have another $90 million over three years, with $40 million to be spent this year. If people have missed out on this round they will be targeted to ensure that they get their surgery as quickly as possible. That is the only answer I can give you at this stage.

Mr COPELAND: Just to follow that up I will quote from the letter that you sent to me in relation to one case regarding the services at the Fraser Coast Health Service District. You said, 'The demand for services is such that the health service has been unable to see patients within recommended time frames. The health service has declined to accept any new ophthalmology referrals since February 2003 in an effort to reduce the waiting time.' What happens to the people who actually present and need to be seen but are not being referred because they are refusing to refer?

Mr NUTTALL: I am happy to answer that. It is my understanding—and I might get the director-general to clarify this—that all GPs in whatever area they practice in Queensland are provided with lists of where surgery can be done and cannot be done and what the waiting times are. If you go to your doctor, what your doctor should do is get on that list and say, 'If you are living here in the Fraser Coast area, to get surgery done it may take you four or five years because we haven't enough ophthalmologists in that area and we cannot recruit them and neither can the private sector. However, if you go to this area here the waiting list is substantially reduced.' We have people within the health system who are happy to work with the doctors to try to allocate those people to a suitable area that they are able to get to so that they can get their surgery a lot quicker. Would you like to expand on that, Dr Buckland?

Dr Buckland: The issue really is one of referral. What we are trying to say is where the service can clearly be provided in the public sector and the waiting times are acceptable, then that is really what should happen. Clearly, particularly in ophthalmology, where there is a paucity of a specialist working in the public sector it is in the patient's best interests for those patients to be referred by their GP to the nearest ophthalmologist whether that be public or private. The effort is in looking at the clinical reality. Not all cataracts need to be operated on today; they need not be operated on until they are ripe—which is a medical term Dr Flegg would understand. Until they are ripe they would be put on a waiting list. What we have found throughout this whole process in terms of this $20 million is that a lot of people on waiting lists for cataracts are not ready for surgery. People understand the lead-in time.

What we are trying to say is refer to the most appropriate practitioner and if the private sector is also not available then we will look to move them around the public sector. It is actually saying to people we want to be able to balance that up. The reality in rural Queensland is if you are in Charleville, Roma or Longreach that are serviced by travelling ophthalmologists you probably get quicker access than if you lived on the Fraser Coast.

Mr COPELAND: In that case on the Fraser Coast where it obviously has not been referred to the public facility in Hervey Bay and it might have gone to a private person, does Queensland Health pick up the cost of that?

Dr Buckland: Not for the specialist consultation.

Mr COPELAND: So Queensland Health is not saying, 'No, we cannot take a referral here, go to a private person', and it comes out of your own pocket?

Dr Buckland: If they referred them back to us so that they can refer them to another public facility outside of Hervey Bay.

Mr COPELAND: Where would that be?

Dr Buckland: I honestly cannot give you a direct answer on what the closest one is. The reality behind that is if they need operations and they need to travel obviously we still pay PTS if they need to travel to another town for a consultation. So we actually subsidise the travel if they need to go to another town. The minister's point is that the reality of the specialist work force in Queensland has to be faced up to and that patients will need to travel in those specialties where the specialist will not reside in the town for whatever reason, whether that be public or private. We have to be able to flag that and be able to put in process a more appropriate clinical referral pattern that actually gets people seen in a timely way, whether that be privately or publicly.

Mr NUTTALL: I think what you are trying to get at is we are saying that we cannot take any more because of the waiting lists and how does this person get cared for. That is where we talk to the GPs and say, 'This area here is chock-a-block. We cannot take any more here because the waiting list is too long. You have a patient who needs caring for and needs to have a cataract done.' We are happy to work with the doctor to find whether they go to Bundaberg, Nambour, Mackay or wherever is the closest possible place to get them done. In the past, because the waiting lists have been long, the doctor says, 'Well, look, in the past it has taken two years to get your surgery. What we will do is put you on the waiting list and by then your eye will be ready to be done, because it is not quite ready yet.' When we brought forward some of the programs a lot of people were not ready to be done because the cataract was not ready to be operated on. With people such as this, the emphasis here has got to be on the working relationship between the local GP and the local hospital to sit down and say, 'I have got a patient. I believe this patient is definitely going to need surgery within the next three months', or whatever the case may be for this eye operation. 'You say your surgery is full. You help me find somewhere.' And we will do that.

Mr COPELAND: I suspect the PTS and whether 10c is enough is another area I would like to debate, but we are not going to have time today.

The director-general said you do not have the numbers of patients who would have been told that they could go to a private facility and then have it cancelled and gone back. Would it be possible to have that information provided to the committee?

Mr NUTTALL: We should be able to do that. I am sure it would be minimal. As I said, an additional 4,790 people got their surgery done. In this period that we talked about to 30 June, there were 666 additional cataract operations done above and beyond the norm at a cost of $1.545 million. In terms of anyone who may have missed out, we will go away and do that homework and see if we can get it for you.

Mr COPELAND: Returning to emergency departments, in MPS 1-20, the issue of timeliness, the proportion of patients attending emergency departments treated within the standard time frames for category 2 is an actual of 76 per cent versus a target of 80 per cent, category 3 is a 54 per cent versus a target of 75 per cent, and category 4, 54 per cent versus a target of 70 per cent. They are significant shortfalls. What is going to be done to address that problem of the time frames in emergency departments?

Mr NUTTALL: The attendances of our emergency departments in the last five years have steadily increased and I think no-one would be surprised by that. The comparison of attendance data for the major Queensland emergency departments for 2003-04 versus the same period of 2002-03 reveal that total presentations increased by 23,775—that is a 4 per cent increase since last year and a 16.1 per cent increase on five years ago. There has been a 20 per cent increase since the year 2000 in category 4 attendances and it is most significant that category 4 now accounts for 47 per cent of all emergency department attendances.

What are we going to do? We are going to do a whole range of things. We are about to embark upon major rebuilding programs for emergency departments at the Robina Hospital; the Prince Charles Hospital is to get a new emergency department, additional nurses. I will get some of that data shortly in terms of the additional things we are doing in terms of our emergency departments. But there is a major investment by the Queensland government to try to ensure that our emergency departments can cope. Most of the category 1 patients are seen by the doctor immediately and, despite the fact that there has been a significant increase in overall emergency department attendances in that area since last year, in addition to that, as I said, we are going to have the hotline—that will help. We are going to have $4.5 million over three years to employ 20 additional emergency department nurses at some of our state's busiest emergency departments; $2.1 million over three years to employ additional emergency service department doctors at sites throughout the state. We are looking at setting up four pilot bulk-billing GP clinics that are located near public hospitals, two of those in regional Queensland and, of course, the 24-hour hotline.

We will continue to work, and we have a strategy as I have outlined in terms of our emergency departments, to ensure that people who attend get cared for as quickly as they possibly can. Where people are presenting with category 4 or category 5, if we can refer them to their local GP we would prefer to do that, but where we cannot they will get attended to. Those percentages, as you say, are short but there is a strategy there to try to address it.

The CHAIR: That concludes that block of questions from non-government members. I call the honourable member for Greenslopes.

Mr FENLON: In the $16 million enhancement of renal services discussed on page 1-18, how many patients will benefit from the new renal dialysis unit at the Redland Hospital?

Mr NUTTALL: We have a $33.8 million package for renal services. We have allocated $7.4 million over three years to build and run a renal dialysis unit for the people of the Redland shire and the surrounding communities. There will be at least eight people who will benefit from the first intake which is expected to occur in the year 2006. The unit will have the capacity to benefit up to 32 people and will be able to cater for both medium and low-dependency patients. The nine-chair unit will be a staged addition to the new Redland Hospital at Cleveland. This will be undertaken in conjunction with the redevelopment of the hospital's emergency, pathology, pharmacy and outpatients department. The residents of the Bayside Health Service District will also benefit from the establishment of a CT scanner at the Redland Hospital. While the service is a stand-alone unit and it will be supported by medical staff and five additional nursing positions, it will also have the added benefit of close links with the PA Hospital tertiary services.

There is a demand for renal dialysis. We have adopted a range of strategies to respond to the continued increase. This growth will continue over the next 10 years. The increase in demand is a direct result, as I said, of our ageing population. Building new services at the Redland Hospital is only part of the government's comprehensive plan. Queensland Health will have increased capacity to provide dialysis services at multiple sites including new in-patient dialysis units, independent self care, multiuser sites and home dialysis across Queensland. There will be an increase in the range of health care staff, including medical and nursing and allied health and indigenous health workers to meet the needs of renal dialysis patients. Improved specialist clinic support for regional services will be available throughout the year. We are also working towards increasing the current resources and work force for patients to be surgically prepared to commence dialysis therapies according to best practice standards. This is a significant investment by the Queensland government in terms of the area of renal dialysis. The Redlands Hospital in particular will be a major beneficiary of that.

The CHAIR: As you are aware, of course, there is a new stroke and post-operative rehab unit being built in Hervey Bay. I am pleased that Hervey Bay is not the only place in Queensland that is getting these sorts of services. I see that there is a $6 million investment in stroke services and that $1 million is being spent establishing a stroke unit at Townsville Hospital to service people from north Queensland. Can you tell us when that new service will be up and running?

Mr NUTTALL: We have allocated $1 million to Townsville for the establishment of acute services for stroke victims to enable people in north Queensland to have access to the best possible treatment and rehabilitation. It is an important investment, because unfortunately stroke is the second leading cause of death in Australia for both sexes. While stroke often leaves people with permanent disabilities, the level of disability can be reduced with appropriate treatment and rehabilitation. We know that stroke patients who receive coordinated care in a stroke service are more likely to survive and be independent one year after the stroke than those who do not have access to this type of service.

The $1 million has enabled the Townsville Health Service to review its role in the management of strokes within the health zone and discussions have occurred to develop the best service for the region. The allocation to Townsville is part of a broader allocation of $18 million throughout Queensland in terms of stroke services. The other areas in north Queensland which will link up with Townsville include $600,000 to establish a community based stroke rehabilitation team at Mackay and $330,000 to provide an outreach from Cairns and Townsville to support stroke services to patients and staff in rural and regional areas of north Queensland.

Townsville Hospital will actually provide the acute in-patient care for patients who require the most complex care. Mackay and Cairns hospitals will undertake patient assessment and will treat patients requiring less complex care. That is how we propose to do that. This is a service that is long overdue. We are doing it in a number of areas, but Townsville in particular has been targeted.

Mr LEE: I would like to refer you to page 1-13 of the MPS, where it states that $1 million has been allocated for a Statewide Centre for Paediatric Epilepsy. How will this centre help children and their families?

Mr NUTTALL: Unfortunately, epilepsy is the most common, serious neurological condition found in the child population. In excess of 4,000 Queensland children are estimated to suffer from epilepsy. Although it varies from person to person, most children with epilepsy have seizures that respond well to medication and they do enjoy a normal and active childhood. More than half will outgrow their seizures as they mature, while others may have seizures that continue into adulthood.

The most important aspect of the evaluation of a child or adolescent with a suspected seizure disorder is the clinical assessment by specialist staff. We have allocated $1.03 million in recurrent funding to improve the coordination of early diagnosis and treatment services available for children with epilepsy and their families. The funding will be used to employ specialist medical and nursing staff, improve current facilities and equipment and support the delivery of clinical services, training and support in regional Queensland.

Unfortunately, the diagnosis of epilepsy is not always straightforward and patients may be wrongly diagnosed or not diagnosed at all. Our commitment will improve access to early assessment and subsequent diagnosis and an evidence based early intervention and treatment service. Part of that will be to improve clinical coordination of services across the Mater Children's, Royal Children's and Townsville hospitals. We will establish a centre of excellence at the Mater Children's Hospital where specialist diagnostic and surgical procedures currently not available in Queensland will be offered.

The funding allocated will assist to establish a statewide referral and support framework to provide better access to care and clinical support in regional areas. Queensland families will have greater peace of mind as Queensland Health will have established across the state agreed standardised guidelines for the effective treatment and management of epilepsy.

Funding has also been allocated to provide specialist outreach clinics in regional centres across the state. We have responded to this identified unmet need and will have in place a statewide tertiary service, including improved access to sustainable regional services for Queensland children and their families. It is another initiative long overdue and one that will be very welcome by families who have children who suffer from epilepsy.

Mr FENLON: Recently the role of allied health professionals has changed to meet the demands placed on our oral health services. Can you outline what changes are approved and how they will assist in reducing oral health waiting times?

Mr NUTTALL: When we go back to questions from non-government members I have a detailed response in relation to the waste management issue which I would like to outline. I have approved the code of practice of dentistry by dental therapists and dental hygienists. The code actually came into force on 1 July this year in conjunction with amendments to the Dental Practitioners Registration Act 2001. It allows those allied health professionals to fully use their training and to be professionally recognised for the good work that they do.

These changes enhance the role and status of dental therapists and hygienists and will pave the way for suitably qualified dental therapists to treat adults under the supervision of a dentist. Treatment that can be provided will include general dental work such as check-ups, cleaning and some limited fillings. This will leave dentists free to complete the more difficult procedures for which they are specifically trained. By increasing the work that can be carried out by dental therapists and hygienists and freeing up the time of dentists, Queensland Health will be better placed to provide more treatment for eligible Queenslanders under our oral health program.

The code of practice will ensure that existing high standards of dentistry are maintained by only allowing dental therapists and hygienists to carry out work where they have received formal training and where the Dental Board has recognised that training. The role of dentists as the clinical team leader overseeing all aspects of a person's dental care is recognised and maintained. Queensland is proud of its oral health service. Whilst Australia, and in fact the world, continues to face a shortage of trained oral health professionals, it is only through innovative changes like those I have just mentioned that will enable us to maintain and continue the great service that we provide.

Having spoken to a number of dental hygienists and therapists, I can say that they are particularly pleased that they are able to do that work. Everybody involved in the sector has put in a good effort, particularly the dentists. They have recognised that this sort of work can be done by those people. It does allow the dentist's time to be freed up to do more complex work. I am hoping we can do that with nurses and doctors. That will be coming in the not-too-distant future.

The CHAIR: Healthy development in early childhood is one of the building blocks for lifelong health. At page 1-34 of the MPS there is a reference to the Growth Assessment and Action in Early Childhood program in north Queensland indigenous communities. Would you outline the work this program does and the benefits for indigenous Queenslanders?

Mr NUTTALL: We have lots of programs in Queensland Health. This one is known as the Growth Assessment and Action in Early Childhood program. It was developed in north Queensland in 2000. It was an initiative aimed at ensuring healthy early development for indigenous children. It involves growth monitoring and timely intervention when the growth faltering first occurs. It has already been a success. The growth assessment and action program has grown out of work in developing countries and has been promoted by UNICEF as a way of addressing poor growth in childhood in a systematic way. In Australia, the growth assessment and action program has been used with good success in central Australia and increasingly in other areas of the Northern Territory.

Poor growth in early life is associated with increased infections and delayed development in infancy and childhood and increased risk of chronic disease such as diabetes, heart disease and renal illness in adult life. In north Queensland this issue is particularly relevant for remote Aboriginal communities where we had a recent audit. Some 20 per cent of children had low birth weights, indicating that poor growth is occurring during pregnancy. In the second year of life, the number of children with low weights had increased to between 40 and 50 per cent of children who were actually weighed. Indigenous children are admitted to hospital with a range of conditions related to poor nutrition and growth at rates many times less than those of non-indigenous children. The program has a number of main components, which I will not go through in any great detail. It involves growth assessment. It involves how we address that growth assessment. It also has reporting mechanisms to look at that so we can get some feedback.

We have got almost 100 indigenous health workers, and other child health staff have been trained in communities in north Queensland. The training has been well received by all communities with 98 per cent of participants rating the overall training as excellent or good. With the support for the public health service, health workers are now working with their communities to implement the growth assessment and action plan in a very sustainable way. It is a really important area. Lots of young indigenous kids need lots of support and lots of help. This sort of program will do that. I am really pleased about that.

Mr Copeland asked me what else we were doing with emergency departments. Gympie Hospital will have an upgrade of its emergency department worth $4 million, the Logan Hospital upgrade will be worth $3.3 million, the Redcliffe Hospital upgrade will be worth $13.5 million, the Redland Hospital upgrade will be worth $4.2 million and the Robina Hospital upgrade will be worth $9.5 million. The Prince Charles Hospital has $77 million of the total redevelopment funding. We are addressing those emergency department areas that are most in need.

Mr LEE: In relation to suicide I see that at page 1-25 of the MPS there is to be the development of suicide risk detection assessment and also management guidelines for the use of non-mental health staff. Could you explain to the committee who will be using these guidelines? How is it hoped this strategy will work?

Mr NUTTALL: Suicide is a problem area for society in general. We are serious about what we are trying to do to assist and support where we can. We have the Queensland Government Suicide Prevention Strategy 2003-08 and the Queensland Government Suicide Prevention Action Plan 2003-08. The reducing suicide framework and the Reducing Suicide: Action Plan 2003 represent an important milestone in our government's response to suicide prevention. There are 10 government agencies

engaged in the strategy. It identifies seven priority outcome areas and highlights that we really do need an integrated approach with government, non-government and general community. As part of that, Queensland Health has undertaken a commitment to a range of initiatives targeted at suicide prevention in Queensland.

In April this year we released the statewide guidelines for the management of patients with suicide behaviour or risk. These guidelines are intended to provide mental health professionals with a general framework for the management of patients who have suicidal behaviour or who are at risk and to guide the development of local area policies and practices. The guidelines are not intended to replace individual professional judgment but are guidelines to assist. The development and future implementation of the guidelines for use by Queensland Health non-mental health staff will help build on this and help to ensure that people presenting with suicidal problems or self-harming behaviour problems receive the best possible service that we can give them. It is not an easy area.

At some stage in our lives, most of us are touched by a family member or friend or someone we know who has had that problem. It is a really sad part of life. It is an area that we all struggle with. The best programs in the world do not always stop suicides. It is important for us as a government to work with our communities, but it is more important for us as a society to try to identify where someone is in need of help and that they know that that help is there. We have a lot of community health centres throughout this state. People should not hesitate to pick up the phone and ring Queensland Health if they think someone needs a bit of help.

Mr LAWLOR: Could you outline what was achieved with the specific allocation of funding in 2003-04 to the Medical Aids Subsidy Scheme referred to on page 1-29 of the MPS?

Mr NUTTALL: This is an area that has been very difficult for us in the past. As I said in my opening statement, we have now been able to reduce the waiting list to basically nil. That has been because we have put more resources and more money into the subsidy scheme. It has to be remembered that it is a subsidy scheme. It is there to subsidise the cost of a range of aids and equipment to assist people with permanent and stabilised conditions or disabilities so that we can help them live in their own homes. It is about avoiding early hospitalisation or admission to residential facilities. It is about supporting people so that they can actually stay at home.

We have a high demand for it. We allocated an additional $3 million recurrent and $1.85 million one-off funding in 2003-04. That additional funding provided by us has enabled the MASS to improve its internal processes and establish a statewide scheme to eliminate the waiting lists, and I have to compliment the staff who have been involved in this in my department. They have worked really hard on this project. At the end of June 2003, we had 4,308 clients who were waitlisted—4,308 clients—and it was about $1.9 million. By the end of April 2004, we had been able to find those funds. As I said, by the end of June this year, no-one is now on the waitlist. We have commenced a number of new initiatives for continuing to improve the services. We are trying to improve the services in portable home oxygen and of course the provision of new and replacement power-drive wheelchairs.

We have conducted a trial provision of portable oxygen cylinders for persons waiting for lung transplants. Some $30,000 was allocated for 12 places on the trial. That has been successful. Nine clients received assistance with really good outcomes. The other initiative that I want to bring to the attention of the committee is to eliminate the need for parents to decant oxygen from large cylinders, and portable cylinders are now being provided for babies that require continuous oxygen. That was at a cost of $400,000, but it has had a great impact for 110 babies and their families. That has helped. It is nice to be able to do those sorts of things, and we will continue that service in 2004-05 by additional recurrent funding in the MASS program—that and the provision of power-drive wheelchairs and $560,000 worth of subsidies to 109 first-time users of power-drive wheelchairs. The number of power-drive wheelchairs now funded by MASS is over 537. In addition to that, we have 74 clients who have had their old wheelchairs replaced at a cost of $428,000, and on and on the good news goes.

The CHAIR: Thank you, Minister. That concludes the section for government members' questions. We will move to non-government members.

Mr NUTTALL: Can I just have one moment please, Mr Chairman. Mr Copeland asked about the referral points from both public hospitals referring to private facilitators as well as the private facilitators to determine whether they were cancelled because of clinical or timing issues. You asked how many were cancelled and all the rest of it. We will have to take that one on notice and come back to you in relation to that. In relation to the issue of HIV funding, I said that it went from 4.7 to 6.3. It is actually 4.7 to 5.3 each year. So it is half a million each year. It actually adds up to 1.6 over the three years additional. I said 4.7 to 6.3. So I just want to correct the record.

I want to address the issue of the waste management practice, because I think that is an important issue that has been raised. The legislation regulates waste management processes in both the public and the private sectors. There are also national guidelines for waste management in the health care industry. The legislation requires government departments to have a strategic plan for the management of waste. The legislation also requires generators of clinical and related waste to have a clinical and related waste management plan. Queensland Health produced a generic clinical and related

waste management plan for our facilities in 2001 which have also been adopted by a number of private facilities. Queensland Health meets its legislative obligations for waste management. Private sector compliance is a matter for the EPA. One hundred per cent of Queensland Health sites have waste management plans, and I think that is important. Queensland Health can transport small loads of clinical and related waste provided that it meets these transport requirements. Queensland Health is implementing the hierarchy and principles through its facilities, resulting in waste minimisation and a reduction in costs through appropriate segregation—that is, the proper segregation of general waste from clinical waste which allows for far cheaper disposal of general waste to landfill rather than expensive treatment processes.

This of course is not pleasing a number of commercial operators, particularly in Townsville and Toowoomba, as our savings are obviously reducing industry income. The infection control and waste management is specifically covered in the Queensland Health infection control guidelines of 2001. A full review of all wastes in the Toowoomba Health Service District has occurred over the past two years. This has included identifying appropriate segregation of waste in accordance with the Environmental Protection Act 1994 and accompanying environmental protection policy of 2000. The review was done by environmental health officers and a private contractor. Clinical waste has reduced by approximately 40 per cent. This has been achieved due to now the correct segregation of clinical and non-clinical waste. For example, theatre previously disposed of all waste as clinical but now all theatre waste is segregated into clinical and non-clinical. This practice is one example of how the district has appropriately reduced the amount of clinical waste. I am happy to advise the committee that these processes at the Townsville General Hospital have reduced the annual cost of disposing its clinical waste by approximately $200,000 per annum. I believe that the local clinical waste contractor is unhappy with this situation, but Queensland Health has an obligation to spend taxpayers' dollars wisely, and that is why we are minimising this waste and its associated costs.

In terms of the private health facilities, private health facilities are licensed by the Chief Health Officer in accordance with the Private Health Facilities Act 1999. The licensing process requires the health facility to comply with a range of Environmental Protection Agency legislative based standards and guidelines such as waste management. If there is any evidence of a breach of the standards by any health facility, the matter should be referred to the Chief Health Officer for investigation and attention.

Mr COPELAND: Minister, just to follow up on that answer—and thank you for that information—the reason I had a follow-up question before was to say that the definition of clinical waste is any waste that is discarded with free flowing or saturated blood or other body fluids. That leaves an awful lot of waste that the general public would expect to be discarded as clinical waste I would think—soiled dressings and all sorts of things—that technically may be being disposed of correctly but would not necessarily be what the general community expectation would be. I think that the audit that you committed to earlier to also look at what is being put in as general waste should look at those requirements and whether the regulation through the EPA is in fact stringent enough. The other point I would mention relates to transport. It is my understanding that Queensland Health can transport up to 250 kilos and does not have to comply with any regulation. It can transport it in whatever vehicle it likes. Some 250 kilograms is a lot of waste. If a commercial operator is expected to transport it in a certain way, I think that the public would reasonably expect that Queensland Health as a major organisation and a major producer of waste should be expected to meet the same standards, even though technically it may be allowed to do it the way it is doing it.

Mr NUTTALL: I will just get Dr Scott to respond to that.

Dr Scott: There is actually a requirement on Queensland Health to meet the same obligations as others. So the 250 kilos that can be transported has to be transported in an approved vehicle, the same as other—

Mr COPELAND: If it is below 250, then the same requirements apply to Queensland Health?

Dr Scott: No, it is up to 250. So in other words we cannot use the ute. We have to comply with the legislation the same as the private providers. As far as we are aware, we do. In terms of the matter of what is clinical waste versus what is non-clinical waste—and I think it is an appropriate question—we have certainly worked with the EPA around the waste management legislation and certainly in terms of infection control. The issue that will exist there is this: because it is soiled clinical waste, does it represent an infection risk? We would believe that what we are disposing of in landfills does not, but at the same time the minister is committed to the audit. As we go through that process, we will be mindful of not just meeting the legislation but also the impact that it might have on the sensibilities of the general population.

Mr COPELAND: Thank you.

Dr FLEGG: Minister, I refer you to page 1-36 of the MPS—the third dot point from the bottom—where you say that the objective of the current budget is to finalise the Queensland HIV, hep C and sexual health strategy and implement them through the implementation program. However, you conducted a competitive tender for AIDS treatment and support services resulting in the cancellation of those services to the Queensland AIDS Council and their awarding to St Luke's Nursing Service. I ask:

can you explain how you conducted the competitive tender for treatment and support programs for AIDS patients whilst you have neither finalised nor implemented the Queensland HIV plan?

Mr NUTTALL: Can you just repeat the last part of your question?

Dr FLEGG: I ask: why have you conducted a competitive tender for the treatment and support programs for AIDS prior to either finalising or implementing the HIV strategy? It would be assumed that that would be part of the strategy.

Mr NUTTALL: I think you are missing the point, and I will ask Dr Young to again come to table.

Dr Young: As I indicated before, the information that was used to determine the content of the tenders was based on a wide range of evidence. I acknowledge that there is a new strategy currently under development. This is whole-of-government strategy. It has already been extensively consulted on with all relevant government departments, as has been previously discussed. The treatment and care tender sought integrated and coordinated statewide provision of a range of treatment and care services for people living with HIV-AIDS. The treatment and care needs of the approximately 1,300-odd people living with HIV-AIDS in Queensland are complex, as I previously alluded to. A panel that included external participants assessed the applicants for the tender and on the recommendation of the assessment panel the tender has been offered to St Luke's Nursing Service.

The complexity of the tender is that both social support and clinical services are to be offered. So it is anticipated that St Luke's Nursing Service, which has more than 12 years experience in caring for people living with people with HIV and AIDS, will work together with other existing agencies throughout the state to provide the necessary range of services and to provide the statewide breach of services in areas that may not already be covered by treatment and care services. So this brokerage model is not new and it is entirely appropriate in this circumstance as we seek to use the funds effectively and efficiently to provide these treatment and care services statewide. The funds on offer also require $200,000 each year to be set aside specifically to purchase other services such as respite, palliative care and psychiatric assessments, and the offer to St Luke's also requires that a component of the social support services be subcontracted to the Queensland AIDS Council. This collaboration together with $1.6 million over three years which is being provided to Queensland Positive People will ensure that the necessary range of services will be provided to the affected community.

Dr FLEGG: Minister, I refer you to page 1-20 of the MPS in relation to non-inpatient services—that is, outpatient services. The total number of outpatient services detailed there is 8,656,000. In the previous budget papers the outpatient services were in fact 300,000 more at 8,950,000 outpatient attendances. On 28 April you told parliament that the number of outpatient attendances had increased by 73,000 at the state's 20 busiest hospitals, yet your MPS is showing that there was a 300,000 attendance decline. Can you explain why there has been this decline? Are there not so many patients to see, or do you not have the capacity to see the ones who are there?

Mr NUTTALL: I will go away, have a look at those figures and get them right for you and come back. You are referring to the number of non in-patient occasions of service, including emergency medicine?

Dr FLEGG: Yes, the total.

Mr NUTTALL: And you are saying that the figures there for 2003-04—

Dr FLEGG: Show a decline of 300,000 attendances over the previous year.

Mr NUTTALL: Where does it show that decline?

Dr FLEGG: That figure is in the MPS statement for last year's budget.

Mr NUTTALL: Are you comparing it to the first column?

Dr FLEGG: No, in the MPS for last year's budget, under the estimated actual.

Mr NUTTALL: We will just take that on notice. We will go away and have a look at it and come back to you.

Dr FLEGG: In the March-April edition of the Queensland Nurses Union journal you were quoted as saying that you did not believe that there was a nurse shortage. However, in reply to my question on notice you indicated that you have 16,900-odd nurses, of which last year 2,579 resigned. That means that almost around one in six nurses resigned last year. That is a fairly high figure by any means. Could you explain why the resignation rate is so high among nurses?

Mr NUTTALL: I am happy to do that.

Mr Hayes: The figure that was provided for the response to your question is in fact when nurses separate from Queensland Health. The nature of our business is that a lot of our work force is casual, or temporary, or move around within the system and come and go. Of those who actually resign from a position and leave Queensland Health, that number is core, but a lot of those people would re-enter Queensland Health a number of times throughout the year because of their personal circumstances or otherwise. Quite separate from that, there is also a number of other staff who move around the system.

They move from one part of our health service delivery system to other parts. In that instance, they would not be caught by that separation figure. But there is a significant number—and I do not have that figure before me—of that 2,000-plus figure who re-enter the system at varying times, sometimes up to three and four times in the one year. To actually answer your question about separation, that figure is correct.

Mr NUTTALL: Some of those nurses might resign and go from one facility to another within Queensland Health. I do not know if it really reflects an accurate picture of what is happening. You said that I said that we do not have a nurse shortage. We do not have a shortage of general nurses, but from time to time we have a shortage in specialist areas, like intensive care, acute care and those sorts of areas. That happens.

Mr COPELAND: With reference to staffing, which appears on page 1-8 of the MPS, I refer to Queensland Health's contribution to the whole-of-government priorities and the second dot point in relation to work force issues. I ask: how many times has section 85 of the Public Service Act 1996 been used by Queensland Health to assess the mental and physical incapacity of an employee? In particular, how many times has this section been used after an employee has lodged a grievance against a supervisor, a team leader, or a manager?

Mr NUTTALL: I do not think that anyone would expect me to have those details at hand.

Mr COPELAND: I am happy for you to provide them on notice.

Dr Buckland: Section 85 decisions rest solely with me and with Tony Hayes. Without giving you the figures off the top of my head, I can tell you that I have not signed off any in the time that I have been in the chair. I am not sure that Tony has, either, so in recent—

Mr COPELAND: A couple of months.

Dr Buckland: Yes, but I am going back to November. Certainly, nothing has come across my desk.

Mr COPELAND: Thank you. I refer to page 1-5 of the MPS. At the public hearing of Estimates Committee B, the Police Minister advised that the John Tonge Centre will be outsourcing some work to an accredited agency in the southern states and that your department and the Queensland Police Service currently is in discussion with potential private providers for future services. Is that minister's advice correct? When can we see the results, because we have been hearing from a number of ministers about clearing the backlog at the John Tonge Centre for some years?

Mr NUTTALL: Yes. There are a couple of things that I would like to say about this. One of the things that is happening is that when the police go out to a scene, they will get some DNA and they will send it off to the John Tonge Centre. But they may not have a suspect. So for every crime scene, if they can, they get some DNA and they just send it off without having a suspect. That is part of the problem that has to be addressed.

In terms of the John Tonge Centre, I give the honourable member an open invitation to go out there and have a look for himself. He should go out and talk to the scientists, talk to the management, and talk about what is happening out there in terms of the additional resources that we are putting into the John Tonge Centre to ensure that, when the police have a suspect, when they have a court case coming up—all of those sorts of matters—those matters can be addressed and dealt with very, very quickly.

As I said, the reason there is work waiting to be done is that, if your house has been broken into, the police come out to your house and if there is a bit of skin on the door or something like that, they take that bit of skin and they send it off to the John Tonge Centre. The police do not have a clue who has done it, but they just send it off to the John Tonge Centre.

Mr COPELAND: Is the department in talks with interstate facilities to provide that service, as the Minister for Police advised?

Mr NUTTALL: Peter Lewis-Hughes, who is the manager of the John Tonge Centre, may be able to answer that for you.

Mr Lewis-Hughes: I think the minister is right in that no-one anticipated the increase in workload that DNA technology would bring to the centre. It is a relatively new technique. It has been around in its modern, high-technology form for about the past five years. Police see it as an opportunity to get a lot of police intelligence. They will pick up things like cigarette butts, they will take swabs from blood stains, or whatever, and they will refer it all through to the John Tonge Centre. As the minister said, often there is no suspect. That can be for very low-level crime like wilful damage or car theft.

Obviously, we at the John Tonge Centre have had to prioritise our cases. You will note that, in terms of criminal cases, that is our priority, obviously. The other extreme of that scale is police intelligence—the ones that we have just described. We have put forward a whole plan of action to review all of those cases and do the DNA analysis over the next year. We are putting on significant numbers of new staff. That has a recruitment lag in it. That is well under way now. We are employing

new technology. We are buying the latest sequencing gear. We are also looking at outsourcing 100 samples of that backlog in the low-intensity crime—no suspect, a police intelligence group of exhibits—with a view that perhaps they can help us get rid of that backlog. It is data that goes into the CrimTrac system on a national basis. So again, it is a low priority from the police perspective, it is a low priority from us in terms of the court work, but it may be an opportunity to start to clean up that backlog in conjunction with more staff and better equipment.

Mr COPELAND: So you are already in discussions to outsource?

Mr Lewis-Hughes: Yes, we have, yes.

The CHAIR: That concludes the time for non-government members to ask their questions. I know that we are all very keen to get outside and mingle with the autograph hunters, so that will conclude the examination of the estimates for the portfolio of Minister for Health. I thank you, Minister, and your departmental officers for your attendance.

Mr NUTTALL: Just before you close, could I firstly thank my staff and the staff from Queensland Health for all the work that they have put into this estimates hearing. You always prepare for so much, but invariably something will crop up that you have not prepared for. I also thank the committee for its courtesies today.

The CHAIR: For the information of those attending today, the hearing transcript for this portfolio will be available on the parliament's web site in approximately two hours. The next portfolio to be examined relates to the Minister for Emergency Services. The committee will now adjourn and the hearing will resume at 1 p.m.

Sitting suspended from 12.11 p.m. to 1 p.m.

ESTIMATES COMMITTEE E—EMERGENCY SERVICES

In Attendance

Hon. C.P. Cummins, Minister for Emergency Services

Department of Emergency Services

Mr M. Kinnane, Director-General

Mr J. Higgins, Commissioner, Queensland Ambulance Service

Mr L. Johnson, Commissioner, Queensland Fire and Rescue Service

Mr A. Brunner, Executive Director, Counter Disaster and Rescue Services

Ms M. Smith, Executive Director, Business Support Services

Ms S. Tomson, Executive Director, Strategic Policy and Executive Services (Acting)

Mr G. Taylor, Chief Financial Officer

The CHAIR: Good afternoon, ladies and gentlemen. Estimates Committee E is now resumed. I welcome the minister, Chris Cummins, and public officials who are in attendance today. I would also like to welcome Marc Rowell, the member for Hinchinbrook, and Mark McArdle, the member for Caloundra, who are sitting with the committee today. The committee has resolved that non-committee members be given leave to ask questions.

I remind members of the committee and the minister that the time limit for questions is one minute and answers are to be no longer than three minutes. A single chime will give a 15-second warning and a double chime will be given at the expiration of those time limits. An extension of time may be given with the consent of the questioner. The sessional orders require that at least half the time is to be allocated to non-government members. I ask departmental witnesses to identify themselves before they answer a question so that Hansard can record that information in their transcript. I also ask that all mobile phones be turned off.

I declare the proposed expenditure for the portfolio of the Minister for Emergency Services to be open for examination. The question before the chair is—

That the proposed expenditure be agreed to.

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

Mr CUMMINS: Yes, Mr Chairman.

The CHAIR: I remind you that the statement must be limited to five minutes.

Mr CUMMINS: Thank you, Mr Chair, and members of the committee. This budget delivered by the Beattie government is historic for the state's emergency services. The $658.2 million budget represents a significant commitment to ensuring Queenslanders live in safe and secure communities. Undoubtedly the highlight of this budget is the provision of $5.6 million in 2004-05 for the first wave of an additional 240 Queensland Ambulance Service paramedics over three years on top of the 110 paramedics we have delivered the previous financial year. That is 350 paramedics in total. This is to address the growing demand for Ambulance Services caused by Queensland's growing and ageing population.

Just to illustrate this growth, the QAS reached an extra 8,631 code 1 emergency cases in the past 12 months in under 10 minutes. For code 1 cases, this increase of 8,631 patients is a 10.17 per cent increase on the same period last year. This is an important point as it means that our hardworking paramedics have got to 8,631 more patients in under 10 minutes than last year to administer lifesaving treatment. That really is an achievement.

The Beattie government values its hardworking paramedics. They are the most trusted professionals out there, along with the firies, and they deserve our sincere thanks. The response time performance for the QAS for the state in 2002-03 was 66.60 per cent of code 1 cases attended to in less than 10 minutes. In the 2003-04 financial year, this percentage was an increase to 66.64 per cent. As I have said, we have delivered an extra 110 paramedics last financial year and we have announced a further commitment of 240 paramedics over the three-year term of this government. We will be placing more paramedics in areas of increased demand for ambulance services, and we have announced the location of the first 100 of these new paramedics in this budget. This is part of the $35.9 million commitment over the coming three years.

Of course we have the best paramedics, the best firefighters and volunteers working for the government. We believe they deserve the best equipment available. In recent achievements, $14 million has been spent on the delivery of 38 pumper trucks, including an aerial appliance to upgrade the fire services capability to deal with fire and emergency incidents in high-rise buildings. This includes the

development of the type 3 fire vehicles and the development of dedicated high-capacity rescue vehicles to enhance technical rescue capability.

In other recent achievements, the fire service has constructed and supplied 49 medium response trucks, five heavy tanker cab chassis vehicles and 10 firefighting trailers to rural fire brigades as part of the rural appliance modernisation program. This program has received additional funding under the DES Volunteer Support Package and will ensure that 86 per cent of rural trucks were less than 20 years of age by June 2004, which compares to 59 per cent in 1999. This is particularly important for rural and remote communities, including indigenous communities. These strategies will ensure that ambulance, fire and other emergency resources are applied effectively based on local needs.

Today I have also revealed the plans for the start of the Roma Street project, which will cost $15.75 million. The joint fire and ambulance station at Roma Street plays a vitally important role in emergency responses for the inner city and inner western suburbs. The new station at Roma Street will provide state-of-the-art facilities and resources for our firefighters and paramedics based there. In the Year of the Built Environment, championed by the Minister for Public Works and Minister for Housing, Queensland Ambulance Service capital investments will total $31.1 million including nine replacement or redeveloped ambulance stations, two new stations and one field officer residence for Cooktown. $2 million of this will be spent on improvements in technical communications and operational equipment.

Funding for the Queensland Fire and Rescue Service capital investments and grants total $38.7 million and will include the upgrading of 11 stations or facilities, the relocation of one station and a new facility. The budget also allows for the enhancement of the Emergency Services Cadet Program through the establishment of five additional groups and the establishment of four new joint emergency services units in remote and rural communities including two indigenous communities.

This year's budget also provides for the final $1.9 million towards a replacement Squirrel helicopter for Queensland Rescue. Procurement will also start this year for the replacement of Queensland Rescue's Bell 412 helicopter fleet. $40.8 million has been budgeted for this over two years from 2005-06.

The CHAIR: Thank you, Minister.

Mr ROWELL: I refer to page 43 of the MPS and the number of rescues and medical emergencies involving motor vehicles responded to per annum. What is the number of times the QFRS has sent a bill for road accident assistance within the past year and what was the amount raised last financial year in these call-out charges?

Mr CUMMINS: I thank the member for the question. Let me again reiterate: this is a historic $303.54 million Queensland Fire and Rescue Services budget which will boost staff numbers, provide new and redeveloped stations and new vehicles. The Queensland Fire and Rescue Service is called to motor vehicle accidents to provide three types of primary services: one, rescue services, which is the physical extraction of entrapped persons; two, hazardous condition management, which is to ensure that an accident scene is made safe for accident victims, emergency workers and other road users; three, environmental protection services, which is the protection of the environment from chemical contamination, drainage systems and waterways; to check they are secured to prevent or reduce environmental pollution and includes site clean-up.

The Queensland Fire and Rescue Service is not generally called to motor vehicle accidents to provide treatment services to injured persons. That is the role of the Queensland Ambulance Service. Of course firefighters will always assist ambulance officers at an accident scene to ensure Queenslanders are looked after in the best possible way. If I may, for further detail, refer to Commissioner Johnson of the Queensland Fire and Rescue Service.

Commissioner Johnson: Approximately $150,000 revenue is gained throughout the year. However, this amount includes all chargeable attendances, not necessarily road accidents. It could include other types of fires outside the urban district or other events. So the specific nature is unable to be responded to and the number of times that we sent an account or the particular amount.

Recently we have conducted a review at the request of the minister and had a look at the process to make sure that our charging for attendance at a range of incidents is consistent and equitable. As a result of that review, the Queensland Fire and Rescue Service has never charged for any motor vehicle accident where extrication services are provided, and that certainly will continue. As a matter of reviewing our policy, we have also addressed the need to look at not charging for what could be deemed as minor motor vehicle situations where there is a small amount of clean-up work to be done.

So, in response to the question, we cannot give you the specific details of the number of invoices sent for motor vehicle accidents here today. The overall revenue is around about $150,000 for general charges.

Mr ROWELL: Could you take that on notice, Minister?

Mr CUMMINS: Yes.

Mr ROWELL: I once again refer to page 43 of the MPS and the number of rescues and medical emergencies involving motor vehicles responded to per annum. Is it communication centre policy to automatically send a fire appliance once an accident has been registered with a 000 number? And are officers obliged to make the unfortunate customer aware of the responsibilities of QFRS once they have arrived on site, including the charging regime?

Mr CUMMINS: I thank the member for the question. Again, realising that it is a Queensland Fire and Rescue Service question, I would ask Commissioner Johnson to respond to that in specifics.

Commissioner Johnson: The matter of mobilisation policy: generally most 000 calls for motor vehicle accidents in Queensland are received by the ambulance communications centre. If the motor vehicle accidents details indicate, through their protocols, that the accident is severe enough or warrants the attendance of a fire appliance, that protocol is then carried out—that is, the information is relayed to the fire communications centre and a response accordingly. That would be in the majority of cases.

Sometimes the Fire and Rescue Service receives notification straight up, but that is not generally the case. So there is a standard mobilisation process and policy. When the person who reports the accident is interrogated by the communications operator, the ambulance is looking for their details about the nature of the injuries but they are also looking for what other hazardous conditions may exist at the scene of the accident—electric wires down, fuel spillages, potential chemical involvement. They gather as much detail as they possibly can to protect both the paramedics and inform the firefighters who may respond.

There is, to my knowledge, no protocol to inform individuals at the scene of an accident that a charge for services may be rendered. That is not a normal part of our operations. Our operational officers would go about their duty making the area safe and attending to any extrication or clean-up of the site. So, in relation to that specific point of your question, there is no policy which requires our officer to inform each of the patients because unfortunately the patients may be unconscious and not able to be communicated with. So we do not do that as a matter of course. I think that is all I would like to add for the moment.

Mr ROWELL: I have a different scenario on it, and I know very well that the person who rolled the vehicle got a charge of $420. There was no oil spill of any great nature. The four witches hats were placed. There was a one-hour period where the fire brigade stayed there, and that person got a $420 charge for it.

Minister, you stated in parliament on 16 June this year that there was no charge for RS call-outs, even though numerous people had received a bill for this same service. Did you mislead the parliament? Will you now provide the public with an honest answer? We have heard what you have had to say during the course of these hearings to date, but it is not the experience that I am aware of. There have been others who are concerned about the actual charges that are being placed on them when the fire brigade has attended a road accident.

Mr CUMMINS: I thank the member for the question. Let me start by referring to the comment 'provide an honest answer'. I think all the answers that I attempt to provide are always honest. I do not like the inference there from the member.

Mr ROWELL: I am simply saying it because I am aware that a person was charged this amount of money—$420—for a very minor accident. Somebody rang through to a call-out centre and he received this charge.

Mr CUMMINS: Have you supplied that to me or the department?

Mr ROWELL: I certainly have. There have been no responses yet.

Mr CUMMINS: Thank you very much for that. When the Queensland Fire and Rescue Service attends an accident but is available for immediate redirection to another incident or where the hazardous condition, management or environmental protection service are of a minor nature—that is, less than 30 minutes to resolve—the Queensland Fire and Rescue Service has elected to no longer charge for these services. Motor vehicle fires, where the vehicle is not on prescribed property—that is, a roadway—whether caused by a motor vehicle accident or not are chargeable incidents, except where deceased persons are extricated. Hazardous material emergencies resulting from motor vehicle related incidents or accidents are chargeable incidents where hazmat control or SOP are carried out.

In every case, Queensland Fire and Rescue Service policy enables assistant commissioners to waive the charges in the community interest. In many cases the Queensland Fire and Rescue Service charge for services can be offset against the owner's insurance or against another person subsequently held to be the cause of the incident. The issue of apportioning liability, particularly in relation to motor vehicle accidents, is not, however, a matter for the Queensland Fire and Rescue Service to determine.

The hospital and emergency services levy is intended to cover a reasonable proportion of the estimated costs of providing public hospital services and emergency services, having regard to the number of people who are injured in motor vehicle accidents and who make use of public hospitals and

emergency services as a result of their injuries, or are claimants or potential claimants under the statutory insurance scheme.

There is no conflict in the Queensland Fire and Rescue Service charging for hazardous materials and environmental protection services. The Queensland Fire and Rescue Service has recently reviewed its fees and charging policy to ensure consistency with this approach.

Mr ROWELL: Minister, I refer again to the first dot point at page 15 of the MPS relating to the community ambulance cover. It comes under 'Review of Suboutput Performance'. For each of the past two financial years, what has been the total cost of advertising the promotion of the transition from the subscription scheme to the ambulance levy?

Mr CUMMINS: Mr Chair, I thank the member for the question. As I stated earlier, this is an historic budget, and not only for the Department of Emergency Services. It is a record budget. $300.8 million was budgeted for QAS to boost paramedic numbers and to provide new and redeveloped stations and new vehicles. We will see, as I stated, 240 additional paramedics over the next three years at a cost of $35.9 million. In 2004-05, there will be an extra 100 paramedics at a cost of $5.6 million on top of the 110 paramedics we put on up until the end of the previous financial year, finishing 30 June.

Case management for the five remaining deployees will continue to June 2004. The department has committed $1.029 million in 2004-05—this financial year—for salary supplementation for redeployed staff. Customer service offices throughout Queensland ceased operating as from 1 July 2003, resulting in 111 permanent Queensland Ambulance Service employees becoming registered government deployees. One hundred and six of the 111 Queensland Ambulance Service deployees have found alternative permanent employment in either the Department of Emergency Services or other government agencies or the private sector.

A strategy was developed by the Department of Emergency Services and central agencies, including the Department of Industrial Relations and the Office of Public Service Merit and Equity that included that early deployment; registration for impacted staff with the Office of Public Service Merit and Equity; the Office of Public Service Merit and Equity, promotion to all; directors-general of government agencies seeking their assistance in placement of permanent impacted staff; opportunities to apply for positions with the newly created Queensland Ambulance Service delivery model; and case management assistance from a dedicated case management team. I am very proud of the success of the strategy, and dedicated case management has been demonstrated through the number of Queensland Ambulance Service employees who have gained permanent employment through the redevelopment process.

Mr ROWELL: I did ask about the promotion that was involved in the transition. Did you give me a figure? Promotion as far as the transition was concerned, there was some money spent on that. I did not hear that in the total of what you provided just now.

Mr CUMMINS: You are asking how much extra we spent on promoting people?

Mr ROWELL: On promoting the transition of the scheme.

Mr CUMMINS: Thank you.

Mr ROWELL: I did refer to that in the question.

Mr CUMMINS: I thought you meant the promotion of the employees, but you meant the promotion of the scheme. I refer this to Commissioner Jim Higgins from QAS.

Commissioner Higgins: The transition to the community ambulance cover occurred on 1 July 2003. All of the costs associated with the transition to the new arrangement occurred in the financial year 2002-03. I do not have the precise costs associated with the transition and promotional arrangements associated with alerting the Queensland community to the new community ambulance cover arrangements. However, the cost was a cost that was anticipated by the multiagency steering committee that was involved in determining the transition to the new arrangements. The transition to community ambulance cover occurred well within the budgeted estimates that were tabled during the course of 2002-03.

Mr ROWELL: I refer to the first dot point on page 15 of the MPS relating to the community ambulance cover under 'Review of Suboutput Performance'. Minister, I note that you have stated numerous times that every single cent of the levy goes to the Queensland ambulance centre. The Treasurer stated last week that $5.7 million was swallowed up in administering the levy. Of course it was in the previous year, but substantial funds went into it. When you look at that, there is $5.7 million. If you divide it by $88 you get 64,772 subscribers who have had to contribute as far as the process is concerned. That does not actually clarify the position, and the statement is actually incorrect and misleading as far as the amount of money that is being spent not to promote the scheme but really—

The CHAIR: Ask the question, please.

Mr ROWELL: —to actually go into the levy which is so important as far as running the Ambulance Service is concerned. Quite a bit of money has gone into the administration side of it, and that has been put forward by the Treasurer.

The CHAIR: Is there a question? We have a one minute time limit for questions.

Mr CUMMINS: I think I can understand the question, and I thank the member for it. Let me assure the committee that no-one can doubt that Queenslanders need and deserve an Ambulance Service that is well resourced and adequately funded. The Office of State Revenue collects the community ambulance cover levy, or CAC levy, from energy companies. The Queensland Ambulance Service, the QAS, receives this revenue in the form of a general appropriation from Queensland Treasury. The revenue received as an appropriation is based on the estimated net value that the CAC levy would realise. The QAS then receives this value, regardless of the actual amount collected be the Office of State Revenue. That is, the Queensland Ambulance Service is assured of receiving the full $102.958 million, and any shortfall is met by the Treasury.

I can assure you that 100 per cent of the community ambulance cover revenue, the CAC revenue, after paying the administrative fee will be spent on ambulance services. The Queensland Ambulance Service 2003-04 estimated actual output revenue of $225.353 million includes an amount of $99.252 million. That was the estimated value of net community ambulance cover—CAC—levy receipts for 2003-04. All of this money has been spent on the delivery of ambulance services to Queensland. In 2004-05 the estimated net value of CAC levy receipts, including the output revenue estimate of $246.189 million, is $102.958 million.

The Queensland Ambulance Service revenue from the community ambulance cover is directly applied to the provision of pre-hospital ambulance response service to patients who experience sudden illness or injuries requiring emergency medical care, non-urgent and specialised patient transport services and related services. Related services include provision of community services, and safety and awareness programs. As a result of the introduction of the community ambulance cover, the Queensland Ambulance Subscription Scheme was closed down, which also resulted in the closure of QAS customer service offices around the state.

The following savings targets were agreed with Queensland Treasury in relation to the closing down of the subscription scheme: 2003-04, $2 million to assist funding an additional 110 officers; 2004-05, $2.8 million midway savings target; and 2005-06, $5.6 million final annual savings target. Savings achieved across 2003-04 were used to offset the CAC project costs, the ongoing salary costs for CAC impacted staff, and not to fund the balance of costs for the additional 110 ambulance paramedic staff.

The CHAIR: Thank you, Minister. The time for the first block of non-government questions has expired.

Minister, it has been said that one in every 40 Queenslanders is an emergency services volunteer. I note on page 2 of the MPS that volunteer capacity will be enhanced through implementation of the department's volunteer support package this financial year. Could you please detail this funding and explain what it means for our emergency services volunteers?

Mr CUMMINS: I thank the chair for the question. The Beattie government is continuing to demonstrate our commitment to supporting the State Emergency Service volunteers through a $21.83 million funding package over three years. This initiative is known as the DES Volunteer Support Package, and our government will commit an additional $1.135 million to the package in 2004-05. This extra funding will comprise an extra $935,000 to the State Emergency Service—SES—plus an extra $200,000 to Surf Lifesaving Queensland and the other volunteer marine rescue organisations.

The package acknowledges the many thousands of Queensland volunteers who selflessly devote their time to assist their local community, and it ensures that these volunteers are adequately resourced and able to respond to any challenges. The Department of Emergency Services is providing further funding through the emergency services volunteer support package to increase the level of support provided to SES volunteers, Surf Lifesaving Queensland and the volunteer marine rescue organisation and rural firefighters.

Funding of $3.3 million is allocated in 2004-05 which is part of the $9.5 million over three years for counterdisaster and rescue services to further enhance the volunteer support package. This funding includes support for local governments and community councils through ongoing annual leave local government grants for administration costs; ongoing accommodation subsidies for new or upgraded facilities; ongoing SES motor vehicle subsidies, including motor vehicle accessories, subsidies, registration and insurance; and ongoing volunteer executive allowances.

The department has committed $2.5 million in 2004-05. There is $230,000 for the provision of up to seven replacement flood boats to benefit SES groups. This initiative cannot be understated. While in Cairns on my first day on the job as minister volunteers indicated just how practical this initiative was. There is personal protective equipment, wet and cool weather jackets, to benefit 1,250 volunteers, $150,000; an additional set of overalls for active volunteers to benefit 2,500 volunteers, $230,000; replacement of vertical rescue equipment, $340,000; road accident rescue equipment for up to 19 SES

groups, $180,000; rescue trailers to benefit up to six SES groups, $40,000; a range of communication equipment, $100,000; plus $160,000 in base funding and workplace health and safety support and policy development. All volunteers will benefit through induction training of up to $80,000.

The CHAIR: Minister, page 11 of the MPS notes that some important capital works projects have recently been completed in Hervey Bay and Howard which you and I have been looking at over recent times. I believe there is also another major project planned for Maryborough. Would you please detail those projects and explain how they will benefit my community and the community of Maryborough?

Mr CUMMINS: I thank the member for the question. Mr Chairman, you are very active not only in your community but also by keeping on the tail of the Emergency Services Minister and ensuring that your area receives adequate funding. On pages 10 and 11 of the MPS the Queensland Ambulance Service lists its recent achievements. Among the 13 new or refurbished ambulance facilities listed are, as you stated, the Hervey Bay and Howard stations. More than $2 million has been spent on these two stations. Both stations are state-of-the-art ambulance facilities to serve the growing communities of Hervey Bay and Howard. These stations will serve as a hub for prehospital care, giving the residents of both towns a world-class ambulance station housing some of the best paramedics we have in the world.

The $1.3 million Hervey Bay station will better accommodate the increased number of paramedics to the coastal town and its six emergency response vehicles and one patient transport vehicle. The new Hervey Bay Ambulance Station operates 24 hours a day and replaces the existing facility on the same site. It houses 19 ambulance officers, including an officer in charge and intensive care paramedics. The new building also serves as a first aid training facility used to train locals in CPR and other life-saving skills. The new $710,000 Howard Ambulance Station will reduce the reliance on surrounding Maryborough and Childers paramedics ensuring better response times to local emergency cases and will house three paramedics and two ambulance vehicles.

In further good news for the area, just last week I signed off on funding for a major redevelopment of the Maryborough Fire Station and District Office. The fire station will be extensively refurbished. It will also include a new regional office for QFRS and a new district office for the Rural Fire Service. The existing fire station was built in 1951 and has served the Maryborough area very well, but it needs to be updated to serve the needs of our modern-day Fire and Rescue Service. The new regional office and fire station will help to provide a continuing high standard of emergency response to the local community, as well as ensure a safer working environment for Maryborough's firefighters. The upgraded station will include new staff areas, bathrooms, turnout room and duty office. It will also include a new accessible public entry for people with a disability, new electrical and data services, airconditioning to staff spaces and mechanical ventilation to the engine bays. I look forward in coming weeks to joining with you, Mr Chairman, in inspecting and opening those facilities.

Mr FENLON: Minister, some members have criticised the amount the Beattie government is spending on ambulance vehicles. I note from page 12 of the MPS that the QAS has commissioned 78 new ambulance vehicles. Are these comments shortsighted?

Mr CUMMINS: I thank the member for the question. It was very disappointing to see some members jumping the gun, even before the budget was unveiled, when they alleged that the Emergency Services vehicle budget would be cut. If those people had waited until budget day to see what amount of funding would be allocated they would have seen the real story, which was obviously a different story to that which they were trying to tell.

Page 49 of the MPS shows that the Ambulance Service will invest $9.9 million in 2004-05 to replace 78 vehicles. For the Queensland Fire and Rescue Service, $15.8 million will be spent on firefighting vehicles and trailers. The department has undertaken a significant analysis of vehicle maintenance costs and manufacturers' recommendations to establish the economic life of our fleet. This includes expert advice from our firies and ambos who actually use the vehicles.

We place a lot of thought into what we are replacing and why. There have been claims that the Emergency Services vehicle budget has been cut by millions of dollars. What some members fail to understand is that the budget for emergency services to replace and upgrade vehicles varies from year to year depending on its need. For example, if you have pumped a lot of funding in one year for a certain vehicle needs you may not have to do the same thing the very next year because you may not need to replace one-year-old vehicles. It is a very simple concept but one our opponents do not appear to understand. Sadly, some people are happier to sit back and criticise and try to score cheap political points rather than actually stopping and thinking about what they are saying.

If members cast their minds back to the 1999-2000 budget they will recall that the Queensland Fire and Rescue Service had to inject more than $21 million into the vehicle building program. It was obvious that the previous government had not done enough in this area in the years prior. However, once that big injection of $21 million went through, the budget for the next year—2000-01—returned to around the $14 million mark. If you have to boost funding one year you do not necessarily have to match it the next year, because it is not necessary to replace one-year-old vehicles.

In contrast to last year, the majority of these vehicles will be category 1A and 1B emergency response vehicles as opposed to non-urgent patient transport vehicles. This is a part of our assault on response times. The Queensland Fire and Rescue Service operates a fleet of about 450 urban fire and rescue vehicles of various types. Since 1999 the percentage of urban pumper trucks over 15 years of age has been reduced from 47 per cent to 14 per cent. In the 2004-05 financial year, the urban vehicle program of 30 vehicles will include another 16 of these new pumper tankers.

Mr LAWLOR: On the Gold Coast we have seen an exponential increase in the number of new residents. I note that page 10 of the MPS refers to the growing and ageing population right across Queensland. What has your department done to address the growth in the number of residents with respect to ambulance services?

Mr CUMMINS: I thank the member for the question. Queensland is seeing a huge growth in its population. None of us can argue that. Approximately 86,000 people came to Queensland last year alone, many of them obviously to the south-east corner. May I say to the member that there has been some exceptional growth in both the Sunshine Coast and the Gold Coast regions over the last few years. I completely understand this surge of growth to the Gold Coast region as I am encountering the same growth in my electorate on the Sunshine Coast. Both these parts of Queensland are certainly beautiful places to live.

Emergency services on the Gold Coast and Sunshine Coast will receive a major boost from the Beattie's government's record $658.2 million Emergency Services 2004-05 state budget. A record $300.8 million has been allocated to the Queensland Ambulance Service. Of this the Beattie government has committed $39.5 million over the next three years for 240 new paramedics and $58.1 million to provide new and redeveloped ambulance stations and new ambulance vehicles. This funding will enhance service delivery to the region and help alleviate the pressures on paramedics caused by an increase in demand due to an ageing and growing population.

In 2004-05, $615,000 will go to the Gold Coast area to provide 15 new paramedics to help save lives, maintain emergency response times and enhance the safety and health of paramedics in the Gold Coast region. The Gold Coast region has just received five new paramedics—the member was with me the day that they were welcomed—and three new communication officers as part of the 110 new paramedics we delivered last financial year. Our government's commitment to improving the Gold Coast region's standard of and accessibility to emergency services includes $2 million over two years for the new ambulance station at Nerang. I know that the member will welcome that.

The Sunshine Coast region has been allocated $246,000 for six new life-saving paramedics to assist with the population increase in that area. Further, with the introduction of the community ambulance cover the Queensland Ambulance Service now has a secure funding base for the first time in its 112-year history. Our government continues to respond to the growth we are experiencing in Queensland by providing more paramedics in the areas they are needed most.

Mr LEE: I note with interest on page 39 of the MPS that the Roma Street Fire and Ambulance Station is about to receive a makeover. Could you outline what these changes will entail and also what the benefit to the community will be?

Mr CUMMINS: I thank the member for the question. This very morning, in fact, I have announced that the Roma Street Fire and Ambulance Station will be extensively rebuilt. This year's budget includes funding to start work on this major project, which has a total cost of $15.75 million. It is a very large investment, but as the station is one of the state's busiest it will be money very well spent. It is a joint facility and it is a vital one for the inner city and inner western suburbs. The new complex will include a new four-storey building for fire and ambulance station facilities in administration, additional accommodation for fire and ambulance vehicles, new area office facilities for Queensland Fire and Rescue Service and QAS, plus the demolition of the current training tower.

The current fire and ambulance station was built in 1968 and has served the area very well, but it no longer meets the needs of today's fire and rescue and ambulance services. This upgrade will bring the station to a standard that meets the requirements of our 21st century emergency services.

Our firefighters and ambulance paramedics play a vital role in the community and it is essential they have the best equipment, facilities and training possible. That is why the Beattie government is committed to this major project to redevelop the Roma Street station. The Roma Street Fire and Ambulance Station is one of the most visible stations in Brisbane, being located at one of the busiest intersections of the city. In fact, while I was there making the announcement today the alarms went off for a job for the fire service.

Emergency service crews respond to more than 14,000 incidents each year from that station. Records show that this is made up of about 8,000 Queensland Ambulance Service cases and about 6,000 Queensland Fire and Rescue Service callouts. With the growing number of inner-city unit developments, this callout figure is likely to increase in coming years and the Department of Emergency Services is obviously planning for our future needs.

Mr LAWLOR: Again this year we have a fuel build-up as a result of the growth of grass and scrub and so on. I see that the term 'bushfire preparedness' is referred to on page 34 of the MPS. Could the minister outline what measures are in train to ensure that Queenslanders are prepared for the forthcoming bushfire season?

Mr CUMMINS: I thank the member for his question and I acknowledge his love of the country and rural areas. Increasing urban sprawl, particularly in the high growth areas of the state, and changing climatic conditions are increasing the likelihood of the bushfire threat to communities that are living close to and even amongst the rural environment. The Queensland Fire and Rescue Service is looking to build on its existing assistance to these communities with a major community education initiative to increase the bushfire preparedness of people living in this urban-rural interface which we call the 'iZone'. This is part of a wider Queensland Fire and Rescue Service project that is also looking at planning and development issues in the iZone and operational enhancements to ensure the fire service is better prepared to respond to major bushfire incidents. The budget provides funding to employ five additional iZone trainers to target specific training for permanent staff and volunteers. The Queensland Fire and Rescue Service bushfire-prepared communities education initiative provides advice and assistance enabling householders to better protect themselves and their property and to be ready to respond to a major wildfire incident in a planned manner.

Interstate trials of similar programs have shown the best approaches for providing target communities with the information they need to know in a timely and professional manner. This community education initiative is being done in collaboration with the Rural Fire Service, affected communities and other government agencies such as the Queensland Police Service, the Environmental Protection Agency and local government.

The strategy is to help householders understand bushfire, identify the risks that it may create for them, and provide them with on-the-spot advice and information. There will also be a supportive publicity and advertising strategy that targets at-risk communities to reinforce the themes and messages of the community education component. As much as possible, the community education will involve face-to-face contact with target communities and will seek to provide reassurance and support rather than raising unnecessary alarm.

I attended a conference in February where senior firefighters from across Queensland gathered for their second annual major bushfire planning session concentrating on the iZone. Queensland works closely with interstate fire services to best protect our communities with local crews having high levels of training, quality equipment and public education programs. Among the key issues is to develop best practice joint agency training and exercises, incident management, community bush preparedness and aerial firefighting operations.

The state's 1,600 rural fire brigades have planned and trained to effectively deal with the fire season. As a result of a number of significant initiatives by the Beattie government, rural fire brigades across Queensland are now better organised, better trained and better equipped than ever before.

Mr LEE: With reference to page 42 of the MPS, could you advise of any further developments towards the establishment of the national aerial firefighting strategy and also Queensland's participation in this?

Mr CUMMINS: I thank the member for the question. It is a vitally important question considering that last month I informed Queenslanders that about two-thirds of the state was currently at a high risk of grass and bushfire. At this time, risk mapping information revealed that while not as serious as some previous years at this stage in the lead-up to the fire season, more than half of Queensland is considered as having a high grass and bushfire risk.

On the issue of aerial firefighting, Queensland has participated in the development of the national aerial firefighting strategy to provide for the coordinated deployment of aerial firefighting resources across Australia. Continuing involvement with the NAFS will also provide access to any Commonwealth funding arrangements.

A company to be known as the National Aerial Firefighting Centre Ltd has been formed to facilitate the procurement of aerial firefighting capacity and services on an internationally competitive basis on behalf of its members. This company will also negotiate Commonwealth funding and facilitate the deployment of firefighting aircraft and services on behalf of members as well as manage the procurement of suitable aircraft through a competitive tendering process at a national level.

The Department of Emergency Services, through Counter Disaster and Rescue Services, has a comprehensive database of aircraft suitable for aerial firefighting operations which includes agricultural aircraft. Additional departmental funding will be made available should this need arise. Standing offer arrangements for the supply of suitable aircraft have been negotiated by the forestry section of the Department of Primary Industries and will enable a whole-of-government approach to the procurement of aircraft to be adopted in the future.

Our helicopters can be fitted with Bambi buckets to carry water for firefighting if required. An increased focus on and use of aircraft for firefighting has highlighted the need for the development of

competency-based training in the use and management of aircraft in firefighting operations. Some other states have already developed training courses. The Queensland Fire and Rescue Service is currently coordinating the development of a national training approach with the assistance of the Australasian Fire Authorities Council, AFAC.

Although not as vital in firefighting in Queensland, for various reasons, aerial firefighting is becoming an increasingly important piece of weaponry, particularly for the southern states, when it comes to putting out bushfires quickly. This is especially the case with fires in remote and inaccessible areas where previously we would have had to wait for the fire to come to the ground-based firefighters.

Aerial firefighting also assists us to put out a bushfire before it gathers serious momentum. The decision to deploy aircraft in support of firefighting will always be an operational one based on an objective assessment of the contribution the deployment will have to make to overall operational effectiveness. The objective of our government will remain the delivery of effective fire management services that ensure the safety of Queenslanders and our firefighters.

The CHAIR: That concludes that block of government questions.

Mrs LIZ CUNNINGHAM: I have a follow-up question in relation to the collecting of the ambulance levy. When you replied to my question on notice you stated that you did not know how much is actually raised, nor what actual administration fees are charged. Minister, would you be prepared to find out what the energy companies charge in administration, whether Treasury also takes out an additional handling fee and, if it does, why the energy companies cannot pay their levy directly to your department to avoid possible additional losses of revenue?

Mr CUMMINS: I think I have already stated that we actually receive the money from Treasury. We are not the collectors of that. I think that question would be best directed to the Treasurer, not to me as the Minister for Emergency Services. Treasury collects the fee; we spend it.

Mrs LIZ CUNNINGHAM: The previous minister indicated to me continued support for casualty rooms at ambulance stations. Do you also support access by the community to casualty rooms, particularly cas rooms in towns where there is no other medical service? If so, what action would you take in a situation where all the casualty room signs were removed and anyone who visited that QAS station was required to phone a remote com centre and the individual's needs were covered in many cases by a call-out ensuring a two-hour call-out fee, irrespective of the time the service took?

Mr CUMMINS: I thank the member for the question. I have visited numerous ambulance stations around Queensland. I was at Ipswich yesterday, my home town. We visited the North Ipswich ambulance station at Flint Street which, I think, is 96 years old. I acknowledge the issue that you have raised regarding the treatment of people—if we could call them walk-ins. We acknowledge the difficult areas around the state. We have to work in very well with Queensland Health and ensure that the delivery of various health services for all Queenslanders is paramount. I think that is where the member is coming from. For a more specific answer, I will refer this to Commissioner Jim Higgins.

Commissioner Higgins: The Queensland Ambulance Service has a policy of utilising casualty rooms in those locations where there is a significant reliance on those services, particularly in rural communities. In metropolitan and urban communities it is most likely that ambulance paramedics are mobile and therefore would not be at local ambulance stations. We actually discourage the community from attending ambulance stations to receive emergency medical services. We always encourage the community to contact 000 in the event of a significant medical crisis or medical emergency. That is something that we would like to restate. We are, however, committed to providing rural, remote and isolated communities with improved service delivery. We collaborate significantly with Queensland Health in many locations. We work side by side with Queensland Health in many rural communities to provide an enhanced range of services.

The Queensland Ambulance Service has also indicated a commitment under the initiatives announced for this year by the government for enhancing rural and remote service delivery to provide a broader range of services that would assist communities with limited access to health services in a range of primary care services. In those locations where there is a reasonable range of services provided by Queensland Health, the Ambulance Service would seek to provide emergency medical responses through the 000 system. In rural and remote areas we are very much looking forward to working with the community and Queensland Health to provide a broader range of primary care services, which may include casualty room services in those locations.

Mrs LIZ CUNNINGHAM: In response to a question on notice from, I think, Dr Flegg you have listed, in a very exhaustive spreadsheet, the QAS code 1 and code 2 responses. I notice that for Calliope the percentage of achievement of under 10-minute response has been consistently low in the last six months—around 44 per cent one month and going as low as 25 per cent. Are there extenuating circumstances that have resulted in that low turnout level? This is a single person station. Does it indicate a need for additional staff to achieve better turnout rates?

Mr CUMMINS: I thank the member for the question. Queensland, like Australian states and territories, continues to experience increasing demands for ambulance services, placing increasing

demands on our emergency resources. The Queensland government is addressing this increase in demand by committing a record $300.8 million to QAS in this budget, with $254.7 million allocated for ambulance response services. This funding will deliver an additional 100 paramedics, nine replacement or redeveloped ambulance stations, two new stations and 78 new ambulances in order to improve response times and therefore improve patient outcomes.

Factors contributing to this growth in demand are: population growth—we have seen our population grow by an additional 86,000 people for the full year to 30 April 2004; an increase in the number of people over the age of 65 because we are an ageing population; a reduction in bulk-billing due to the changes in Medicare practices; Commonwealth government policy changes; and greater community awareness is necessary of the availability and value of the Ambulance Service. In spite of the increased demand, ambulance response times for code 1 responses have improved to within a 10-minute time frame.

You specifically referred to Calliope. I think the member will acknowledge, as we all will, that Gladstone has a pretty high growth rate. As you stated, in July it was up to 71.43 per cent. I think you said that in November it was 44.44 per cent and in December it was up to 77.78 per cent.

When it comes to allocating resources and allocating paramedics, it is best that it is not a political decision. The best way to deliver the resources is, in my opinion, to ensure that the experts, not the know-alls—the experts being our well-paid staff—are the ones who allocate them using the best model. I will ask Commissioner Jim Higgins to comment.

Commissioner Higgins: In relation to the specific issue of Calliope, I point out that in rural and remote communities where the workload is comparatively low and our responses occur over a larger geographic area or a long distance it will have a significant impact on response times for that month. Response times can fluctuate in small rural stations quite significantly. We find that it is mostly travel distance that impacts on the response times in rural and remote locations. That is not necessarily an issue that would be resolved by any additional staff. We allocate our staffing on the basis of a comprehensive work profiling and demand analysis which also encapsulates the demographic changes that occur across the community.

The CHAIR: Would the member like to offer the commissioner another couple of minutes to answer?

Mrs LIZ CUNNINGHAM: Yes.

Commissioner Higgins: Almost completed, Mr Chairman. Essentially, we allocate resources on the basis of a significant demand profiling and analysis of workload trends. In those small communities we also notice that the demographic changes are towards a shift from rural communities to the larger populated coastal areas, so our resource allocation has to take account of those sorts of changes. Specifically, we have a number of strategies and programs in place across rural, regional and isolated Queensland to improve response times. But where travel distances are extensive, it is very difficult to reduce the response time to under 10 minutes.

Mr McARDLE: Minister, I refer you to the questionnaire sent to paramedics and other support staff by the North Coast Regional Consultative Committee seeking the opinion of paramedics who have changed rosters on a number of matters, and those questions included: 'Has your working life improved? Do you have more time available to be with your family? Are you more refreshed than others?' Minister, was this questionnaire only conducted within the north coast region or statewide?

Mr CUMMINS: I thank the member for the question. Not only do we have to ensure that by delivering a record budget to the Queensland Ambulance Service and delivering a record amount of more paramedics—110 until the end of the last financial year, and that was 30 June—and the fact that we can roll-out 200 more vehicles over the next three years and roll-out 22 new or refurbished stations, we have to make sure that we do have a work force that can cope and that is a work force that is able to cope with this increased demand. I have mentioned that in the past financial year across the state 8,631 more patients have been treated in under that 10-minute mark—8,631 more patients across the state under 10 minutes—which is an increase of 10.17 per cent. We talk about that, and we also have a slight improvement in the response times for that same year. So our officers are working far harder. There have been over 10 per cent more patients to attend to for codes 1 and 2, and that is very reflective. So regarding whether it was a statewide initiative, no, I believe that it was the Sunshine Coast and north coast region only.

Mr McARDLE: Minister, in relation to the north coast region, can you confirm that in response to the question in the questionnaire, 'Has your working life improved?' only 10 of 43 responses claimed that the roster change had improved their life whilst the other 33 responses included such comments as the one from Maryborough which says—

Question mark! Joking? Can't believe the anger and drop in attitude since commencement of this roster.

Mr CUMMINS: I thank the member for the question. Sorry, but whereabouts in the MPS are you referring to?

Mr McARDLE: I refer to—

Mr CUMMINS: The Ministerial Portfolio Statements for this budget.

Mr McARDLE: It is page 10 of the MPS and the last dot point under 'Recent Achievements'. It states—

Maintained service delivery standards by proactively managing resources.

Mr CUMMINS: Thank you. So you referred to how many, if I could say, disappointed or negative feedback comments?

Mr McARDLE: Do you want me to repeat the question again, Minister?

Mr CUMMINS: No, I was asking—

Mr McARDLE: Minister, 10 responses claimed the roster change had improved their life. Some 10 out of 43 responses included such comments as the one from Maryborough—

Question mark! Joking? Can't believe the anger and drop in attitude since commencement of this roster.

Mr CUMMINS: Thank you. You have referred to one piece of feedback out of 300 officers who are based in that area. If you know as many paramedics as well as I do, I have been out there speaking to them. With regard to the roster reform process, which you have read a critical comment about, I would ask you to ask any paramedic that you meet if they think that after a 14-hour shift—after, as they say, getting flogged and then they are called out for a code 1 or 2 with lights and sirens—whether they feel it is safe for the Queensland community for them to be driving at high speed to an accident. That is one of the reasons that we have to look at roster reform. I do not think that putting anyone under 14 hours of stress and pressure is the best way to get the best outcomes from a good work force.

The Queensland Ambulance Service is committed to caring for its staff. As part of the enterprise partnership agreement from 2002 to 2005, agreement was reached to work together to achieve roster reforms—to work together to achieve roster reforms—that look after our staff and ensure that rosters are aligned to work demand. The traditional 14-hour night shift presented a number of problems. International and national research indicated that lengthy shifts, including those of 14 hours in duration, are not appropriate for staffing workloads in high workload areas. So I would be interested to see whether you personally support retention of the same shifts or whether you support—

Mr McARDLE: These are people employed by the QAS who responded to a survey, and well over two-thirds requested that they wanted something done about this and they were concerned about the roster system. Can you confirm that response ratio?

Mr CUMMINS: To address this issue, the QAS has taken the proactive step of implementing roster reform to reduce shift length times to further improve the workplace health and safety of our paramedics. I have no doubt that a lot of people will object to change—I have no doubt. But the question you want to ask is whether or not you and the Queensland community that you allegedly represent feel that after a 14-hour shift you want someone driving at high speed to get to a code 1 or a code 2. That is the question. All Queensland Ambulance Service regions are actively implementing roster reform, and significant progress has been made in all regions. It is anticipated that further progress will be made once additional staff are brought online during 2004-05. Supporting the roster reform initiative, the QAS uses a comprehensive resource allocation model to ensure that rosters meet the demands for service, hence improving our response capacity and patient outcomes.

Mr McARDLE: Minister, why is the government and the Queensland Ambulance Service persisting with this antifamily roster system when the staff make comments in this survey such as—

Absolutely not. My family is constantly complaining that they never see me.

Another comment was—

No. My spouse states that the divorce rate will increase.

Yet another comment was—

No, you're kidding. We have next to no quality time with our families and the cost of child care has increased 100 per cent going from needing none to 30 to 40 hours per week. The QAS with this roster is no longer family friendly.

Can you explain those comments?

Mr CUMMINS: I thank the member for the question. I find it amazing that this roster reform has made any family take a—

Mr McARDLE: These are your members.

The CHAIR: Order! Member for Caloundra—

Mr McARDLE: These are your members responding.

Mr CUMMINS: Tell me when you want me to answer.

The CHAIR: Yes, just bear with me a second. Member for Caloundra, the minister is entitled to answer the question once it has been asked. I would like to hear his answers without interruption. I

might also add that you are in fact here today with the consent of the committee and that that can be withdrawn at any time. So may we just please have the minister's answer. Thank you.

Mr CUMMINS: With regard to that response that you read out, it would have to be close to ludicrous to suggest that roster reform has put a demand on someone that they now have to spend money on 30 or 40 hours of child care. I mentioned earlier that international and national research indicated that lengthy shifts, including those of a 14-hour duration, are not appropriate for staff working in high workload areas. That is not me saying that. That is not the government saying that. That is what research says. Now, if I can continue.

In consultation with the Liquor, Hospitality and Miscellaneous Workers Union, it was agreed that roster parameters had to be developed to ensure that the above principles are implemented in a logical and consistent manner. In the longer term, the Queensland Ambulance Service will move shifts to no longer than a 10-hour duration. We are talking about some of the most appreciated workers in Queensland, if not Australia, working under maximum stress and duress for a period of 14 hours. I think anyone would realise that that is not the way to get the best outcomes.

The ability of the Queensland Ambulance Service to implement 10-hour shift lengths has been significantly enhanced with the introduction of 240 extra paramedic positions to be deployed statewide over the coming three years. These 230 extra paramedics are in addition to the 110 paramedics our government has already provided to the QAS in the 2003-04 financial year. It is envisaged that the introduction of these additional staff will assist roster reform, providing a safe environment for our paramedics and improving response times for the community. So we are looking at improving things so that there is a safe environment for paramedics and improving response times. Roster reform is fully supported by the union representatives who represent paramedics and ambulance attendants. The Queensland Ambulance Service will continue to embrace a collaborative approach to roster reform with the Liquor, Hospitality and Miscellaneous Workers Union through the partnership steering committee.

The CHAIR: The time for that block of non-government questions has expired. Minister, I am aware that in my electorate the fire service does more than just save lives and property, as important as that is; it also does important work in the area of community safety and education. I see that this is referred to on page 33 of the MPS. Will you advise of the programs that the service runs in this area and the benefits that flow to the community?

Mr CUMMINS: I thank the member for the question. As members would be aware, firefighters are focused not only on fighting structural fires but also on education programs with the aim of preventing them in the first place. Many schools students and preschoolers are safer thanks to intensive school safety initiatives undertaken by Queensland firefighters. Preschool children receive visits from their local firefighters. Firefighters introduce very basic fire safety messages such as 'Ring 000 for emergencies' and 'Firefighters are your friends'. This is alarming evidence that not all Queenslanders actually know how to dial 000 to call emergency services. I think last night through the TV media we saw a very good example of a young girl who got the chance, sadly, to ring 000 when her mother or grandmother, I think it was, had taken ill. So the 000 message is obviously getting out there, and I commend all the young people who are well trained in it.

Year 1 students receive the popular Fire Ed program. Messages that are relayed to the children include ring 000; stop, drop and roll; firefighters are your friends; get down low and go, go, go; get out and stay out; good fires and bad fires; and evacuation plans. In the 2002-03 financial year, more than 51,000 grade 1 students received fire education, which is 96.7 per cent of grade 1 students. The recall of these messages by youngsters is encouraging. My own son has participated in the Fire Ed program through his preschool and he loves to talk about Blazer the Bear, one of my favourites too. I am confident he knows what to do in the event of an emergency and obviously has educated his mum and dad.

The Road Accident and Awareness Prevention program, or RAAP, is delivered to 15- to 25-year-olds with a focus on year 12 students. I met with a group of people who really delivered the message home when they said to me that a young girl who had seen the program a year ago I think was with some young friends who were behaving inappropriately in a car and she asked to get out of that car. Luckily she asked to get out of the car, because the car did then crash and the emergency services people who went along to that scene—it was here in Brisbane—have said that they believed those in the back seat would have been killed. The RAAP program is designed to create awareness of the consequences related to road accidents and to provide strategies for safe behaviour through education and practical demonstration. Road accident rescue is unfortunately becoming an important addition for our local crews who sadly attend many of these incidents. By the end of June this year, more than 24,000 students had participated in the program. Obviously there are others, but time does not permit me to list them all.

The CHAIR: Thank you, Minister. At the outset of these proceedings I note that you mentioned that paramedics are one of the most trusted professions. I see on page 11 of the MPS that 96.2 per cent of patients surveyed were satisfied or very satisfied with their service. Why do Queensland paramedics and other emergency services workers have such a high reputation?

Mr CUMMINS: I thank the chair for the question. I believe that they are rated just slightly above elected representatives. We are grouped with journalists and solicitors, I think. Of course, not only are the paramedics up there but also the firies are up there. I welcome the result of the *Readers Digest* poll announcing paramedics as Australia's most trusted profession, with our firies close behind. That is at the top end. They may have the figures wrong at the bottom end. I am not sure about that.

This is not the first time that our Emergency Services personnel have received a glowing endorsement from the community. In a recent national report on government services, the QAS received a 96.2 per cent satisfaction rating from its users. In the *Readers Digest* poll, 1,500 Australians were asked to rank 26 professions and for the second year running paramedics came out on top. I know that Commissioner Jim Higgins is very proud of that. Consistently the community votes our paramedics and firies the most trusted professions because they are always there when you need them the most. Members may be surprised—nay amazed—to learn that politicians and journalists, along with solicitors, were not up there in those high rankings.

By their very nature, emergency services personnel are compassionate. They are professional and they are highly skilled individuals who have chosen to dedicate their working lives to making the lives of those less fortunate much better. To put it simply, they are just a decent and committed bunch of men and women. This includes many of the emergency services volunteers as well, whether they be rural volunteer firefighters, honorary ambulance officers, members of a local ambulance committee, whom we all have a great deal of time for, or State Emergency Service volunteers.

In order to carry out the job, our emergency services personnel need strong support from this government. While I am travelling across Queensland it is clear that our government is listening. We have provided the largest Emergency Services budget ever through enhancing the volunteer support package and providing additional funding to Surf Life Saving Queensland and Volunteer Marine Rescue. We have enhanced the rural fire brigade and the Emergency Services Cadet Program and increased the ambulance work force to address response times and ensure the safe working conditions of our ambos. If anyone gets the chance to support or visit any of these cadet training programs, I would strongly recommend it. They encourage the young people and it is a very good lead-in for future years.

Our government will continue to not only develop and support our people but also continue to involve them in service development, whether that be about advances in personal protective equipment such as overalls or with advice on the fit-out of our new ambulances. The Beattie government puts the same faith in our hardworking professionals as do the Queenslanders who keep voting them the most trusted around.

Mr FENLON: I am aware of statements being circulated by some critics that community ambulance cover is merely a revenue raiser. I note that page 15 of the MPS states that community ambulance cover has provided the QAS with a sustainable funding base to provide free hospital care and preventive services to all Queenslanders. Could you please expand on how community ambulance cover is assisting Queenslanders?

Mr CUMMINS: I thank the member for the question. It is true that some members continue with their hollow rhetoric about the community ambulance cover and ambulance response times. As I have said, increasing growth in and the ageing of our population have put increasing pressure on our Ambulance Service statewide. This is why the Beattie government made the tough decision to introduce community ambulance cover. I repeat the Beattie government's commitment that money raised through the CAC goes directly to the Ambulance Service.

The 2003-04 budget for the QAS totalled $276.2 million, which enabled the service to employ an additional 110 paramedics in the financial year just ended in June. The last of these hit the ground running three weeks ago. The facts are that a record $300.8 million has been allocated to the Queensland Ambulance Service to boost paramedic numbers, to provide new and redeveloped stations and to provide new vehicles as part of this 2004-05 state budget. The latest funding increase means that since 1998, under the Beattie Labor government, funding for the Ambulance Service in Queensland has risen by about $130 million, which is obviously well above the level of inflation and the CPI. The community ambulance cover is raised only by increases in the CPI each year. Members are well aware that this is the case because this was heavily debated in the last term of the parliament.

Some may also claim a reduction in the emergency services vehicle budget. The budget for Emergency Services to replace and upgrade vehicles varies from year to year depending on the need. For example, if you have pumped in a lot of funding in one year for a certain type of vehicle need you may not have to do the same thing the very next year, because you may not need to replace one-year-old vehicles. Also this year we will be delivering more emergency response vehicles than we did last year. This is part of our assault on response times.

This budget includes funding to recruit the first of an additional 240 paramedics across Queensland over the next three years, making a total of 350 additional paramedics employed throughout Queensland in four years. This shows clearly that the introduction of community ambulance cover provided all Queenslanders with access to ambulance services and ensured a stable and secure funding source for the Queensland Ambulance Service for the first time in 112 years.

Mr FENLON: I understand that the Queensland Ambulance Service and the Queensland University of Technology are close to clinching a deal to sell training courses to China. Could the minister detail these latest developments in what promises to be a substantial economic agreement?

Mr CUMMINS: Yes. I thank the member for the question. Queensland Ambulance Service's Jim Higgins, who sits to the left, was in China last week with the Premier to witness the latest progress that we have made in selling prehospital courses in China. The Premier witnessed a letter of intent just last Sunday, 18 July, during his trade and investment mission to China. This letter is expected to result in a substantial economic boost for Queensland, the creation of new jobs in teaching and a wonderful international advertisement for our world-class ambulance system. This is truly the Smart State in action.It is also a compliment to our ambulance paramedics and executives that Chinese experts have selected the Queensland system as being the best that they examined.

The purpose of the letter of intent between the QAS and the QUT and the Emergency Medical Centre Branch of the Chinese Hospital Association is to outline the education and training needs in China, identify programs and activities to meet those needs and outline the responsibilities of each organisation in delivering those programs. This agreement outlines how the organisations are planning to develop university award courses and other training programs for Chinese prehospital care staff. These programs would be delivered jointly by the QAS and the QUT in both Australia, for international students, and China, providing export dollars for Queensland and the likelihood of new jobs being created.

The Emergency Medical Centre Branch of the Chinese Hospital Association has been looking for a substantial and long-term relationship to help deliver its vision of a national standardised prehospital care system for China. I am advised that 90 per cent of prehospital care in China is still delivered by doctors and nurses who have no specialised training in a prehospital environment. It is a real feather in our cap that China decided that the unique collaboration between our Ambulance Service, in the provision of the operation, and QUT, with its know-how in the provision of university awards courses, was the best.

There are also numerous additional benefits for Queensland. China is in the process of establishing national standards of prehospital and emergency care throughout China. There is a significant opportunity for the sale of QAS and QUT products and learning programs, plus ongoing involvement in the delivery of such programs. The Chinese government has established 300 emergency centres for the delivery of prehospital health care, and the opportunity for export training is enormous.

Once again, this agreement highlights the world-class standard of QAS—not only of our paramedics but also of other front-line staff and our training programs. With the time remaining to me, I will ask Commissioner Jim, who was there on the ground in China, to comment.

Commissioner Higgins: It is indeed very important recognition, from our point of view, that the Chinese Hospital Association has selected the Queensland Ambulance Service as a partner. We have hosted a number of delegations, as have other states and territories in Australia, looking at the provision of emergency medical services. To be chosen by the Chinese to assist them in the development of a comprehensive and standardised paramedic system for their entire country is indeed very significant recognition for the Queensland Ambulance Service and the quality of our training and service provision to the people of Queensland. So we are very proud of that achievement. It is an important step in our capacity to provide advice and assistance to a developing country. We are very proud of the relationship that we have with the Queensland University of Technology, which is clearly seen as delivering very important and highly specialised training for paramedics recognised in the world.

Mr LEE: Page 5 of the MPS refers to the enhancement and expansion of the Emergency Services Cadet Program. Could you expand on this and also tell the committee how the cadet scheme is benefiting young Queenslanders?

Mr CUMMINS: I thank the member for the question and I reiterate that if anyone gets the opportunity to visit the cadets in action they should do so, because it is a marvellous initiative. The Emergency Services Cadet Program remains as successful today as it was in 1995 when it was established by former Deputy Premier Tom Burns. Just as an aside, Tom Burns deserves a mention for his efforts to assist with the enhanced fire services in Vietnam. Recently Tom and I met with a delegation of Vietnamese officials who were looking at our fire service model right here in Queensland. It was a Wednesday night just recently, when the State of Origin was on. It was not that bad that we missed that game.

In 2003 the State Emergency Services Cadet Scheme was managed by the Department of Emergency Services. It was enhanced to become the Emergency Services Cadet Program, which now formally incorporates the Queensland Ambulance Service and the Queensland Fire and Rescue Service into the program. The involvement of the Queensland Ambulance Service and the Queensland Fire and Rescue Service in the Emergency Services Cadet Program will provide the cadets with broader educational and skill acquisition opportunities. This contact with other emergency services may also provide a recruitment base for us into the future.

The program teaches young people skills that will be with them for life. Obviously they get to have fun in the process. The program gives a sense of belonging. It teaches young people to be responsible and it assists them in the development of their self-esteem. In 2004-05 an additional $260,000 will be provided to the Emergency Services Cadet Program to expand the program into up to five additional communities. The Emergency Services Cadet Program budget for 2004-05 is $1.298 million. By 1 June 2004 the program had expanded to 40 groups across the state. New emergency services cadet groups based at Hope Vale, in the Cape York region, Clifton and Dalby have been approved.

The program has been particularly successful in rural areas. In the past year, upon completion of the Emergency Services Cadet Program, 45 cadets joined the SES and six cadets joined the Queensland Fire and Rescue Service. In 2004-05 the following activities will be undertaken within the Emergency Services Cadet Program: enhanced partnerships with AVGCGA and VMRAQ, particularly in the development of training packages; reaccreditation appraisals of all cadet groups; an annual conference for adult leaders to ensure that leaders are aware and informed; and professional development for adult leaders.

The CHAIR: The traditional owners of this country hold a valued place in our culture and in our community. Many indigenous communities are located in obviously the more remote and isolated areas of Queensland. That remoteness presents a unique challenge in terms of service provision. I see that page 3 of the MPS mentions funding provided for a range of indigenous initiatives. Can you further outline for the committee the initiatives that are designed to enhance service delivery in indigenous communities?

Mr CUMMINS: I thank the chair for the question. I know of his interest in this area. The Beattie government is continuing its strong commitment to improving emergency services to our indigenous communities. Our government is well aware of the difficulties that can arise in remote areas of this state and we have introduced a wide range of initiatives and funding to address these issues. In my first few days as Minister for Emergency Services I saw first-hand, during the floods after Cyclone Fritz up north on Mornington Island, how our government is working in partnership with indigenous people to develop and enhance emergency services.

Through our initiatives, firstly, we seek to achieve greater participation by indigenous communities in the establishment of flexible models of service delivery for them, along with improved local access to services and enhanced self-sufficiency. Secondly, we are encouraging more indigenous people to work within emergency services to ensure that our work force more accurately reflects the community it serves.

The state budget announced last month, which we are discussing, included the third instalment of the indigenous Australian service delivery enhancement package. The package was introduced in 2002, providing $2.1 million over four years to improve the delivery of emergency services to rural and remote indigenous Australian communities. This package highlights the department's commitment to remote indigenous communities which includes initiatives such as development of a Palm Island emergency services facility, implementation of disaster risk management guides for indigenous communities, implementation of a remote community volunteer training package and contribution to a new youth development program in Cape York and the Torres Strait.

I have another dozen or so initiatives that I will not go into, but I would also like to place on the public record my support and praise for the director-general, who is very concerned about indigenous communities and is looking at ways to continue to improve the lot they face. Obviously they face problems with distance and other well-documented problems.

The CHAIR: We have another block of questions from non-government members.

Mr ROWELL: I refer to page 15 of the MPS relating to the community ambulance cover under 'Review of Suboutput Performance'. For each of the past two financial years, what has been the total cost to write off ambulance transport accounts and other unpaid debts associated with the subscription scheme?

Mr CUMMINS: I thank the member for the question. The former subscription scheme was well appreciated by Queenslanders for many years. I can remember that at the age of 15, when I started in the north Ipswich railway workshops, one of the first things I did was join the voluntary ambulance scheme. Sadly, we realised that not all Queenslanders contributed. That obviously left a black hole in funding. To ensure that we have a genuine and proper funding base, the government took the brave decision of introducing the community ambulance cover, something I think all members of the government are very proud of.

From 1 July 2003 to 30 July 2004 the Queensland Ambulance Service recorded $4.1 million in bad debts in the operating statement. This is made up of $7.5 million in actual debts written off and $3.4 million in the reversal of prior year provisions for doubtful debts. Does that answer the question?

Mr ROWELL: Yes, I believe so, Minister. I refer to page 13 of the MPS. Under the heading 'Timeliness' the percentage of code 1 responses attended in the recommended period is outlined. I note from your recent response to question on notice No. 724 that you have provided details on the number

of calls to communications centres abandoned. Can you now provide a breakdown of the number of callers that have hung up and the number of calls that have rung out—actually rung out, that were not responded to?

Mr CUMMINS: I thank the member for the question. I want to make sure members know what we refer to when we speak of abandoned calls. Since 1996 the number of 000 calls in Brisbane alone has increased by more than 100 per cent. Further, since January 2003 call volume has increased by approximately 27 per cent. These increases are attributed to an increasing population base, the extended mobile telephone network and an increasing number of mobile telephone users. The answering system used by Telstra to forward 000 calls to QAS communications centres is a manual system through which the caller is directed to the closest communications centre in the first instance. Should the call not be answered due to excessive 000 call volume, it is then withdrawn by Telstra and represented to another communications centre according to an agreed protocol.

Again, I would like to state at this point that whenever anyone rings 000 they need to state not only where they are from but also the state, because I believe there is a Maryborough in other states and quite a few of the same suburb names in more than one state. An abandoned call is a call that is presented to a communications centre and is not answered, normally due to the caller terminating the call prior to it being answered. The impact of this on 000 call delivery is that these representations are recorded statistically as abandoned calls, despite the fact that they are not abandoned but in fact represented to an alternative communications centre. So they may not be taken by one communications centre but they may go to another communications centre. Tracking abandoned call statistics—

Mr ROWELL: I am interested in calls that have rung out, Minister.

Mr CUMMINS: I still have two minutes to go. I think I will answer it if you give me the last two. I will bring it home now.

Tracking abandoned call statistics across all communications centres has been made more difficult by the fact that telephone systems are not standard in all centres. Abandoned call statistics provided by the current system are, therefore, not an accurate reflection of 000 call answering performance by the Ambulance Service communications centres. In order to improve this statistical data capture, the Queensland Ambulance Service has been progressively modernising telephone systems in all communications centres to provide a common system for call handling and tracking. The current call tracking system did not allow for valid data to be recorded for the Brisbane and northern regions.

Based on data available from the remaining call centres, the abandoned emergency call rates are far-northern region, 1.16 per cent; central region, 0.38 per cent; south-western region, 0.16 per cent; north coast region, 1.05 per cent; and south-eastern region, 4.58 per cent. The Department of Emergency Services is progressively examining the overall telephone call statistics to assess the baseline performance standards that may be expected in communications centres for telephone call handling. These will be included in specifications for future system development.

Mr ROWELL: Minister, I did ask you for the number of calls that had rung out. You really did not provide them. You were talking about abandoned calls which categorises the calls that have run out. So I would be pleased if you would take it on notice.

Mr CUMMINS: Let me respond this way—

Mr ROWELL: I have asked you once and you said you wanted more time. I provided more time and you did not really respond—

Mr CUMMINS: No, I did not ask for more time. I am entitled to three minutes and you interrupted me in those three minutes. I only asked that I be allowed to utilise what I am supplied. So if this is a follow-up question I am quite happy to continue.

Mr ROWELL: No, it is not a follow-up question. It is the same question that I asked you before that you did not answer.

Mr CUMMINS: Well, there is no follow-up question.

The CHAIR: The minister does not need to answer the same question twice.

Mr ROWELL: I refer to page 13 of the MPS. Under the heading 'Timeliness', again, the percentage of code 1 responses attended in the recommended period is outlined. Can you provide the average monthly response time for each ambulance station in Queensland for the period January 2003 to July 2003 inclusive?

Mr CUMMINS: I thank the member for the question. We do not report averages. I think you asked for the average. We do not report averages. Queensland, like all Australian states and territories, continues to experience increasing demands for ambulance services, placing increasing demands on our emergency resources. I am very glad that you keep referring to the percentage of code 1 responses attended in less than 10 minutes because, sadly, there were some ill-informed comments coming from non-government members that response times were not being maintained. In fact, I have stated, and I will state again, that 8,631 more patients, which is a 10.17 per cent increase in the past financial year,

have been attended by the QAS. For further information and for further details I would like to refer to Commissioner Higgins

Commissioner Higgins: Thank you, Minister. Response times for the Queensland Ambulance Service are reported as a percentage of total code 1 incidents first unit on scene attended in under 10 minutes. Our response time performance criteria is less than 10 minutes. In 2002-03 we attended statewide 66.6 per cent of total first unit on scene code 1 incidents in under 10 minutes. In 2003-04 we attended 66.64 per cent of code 1 first unit on scene incidents in less than 10 minutes. So the response time performance has very marginally improved in the context of significantly increasing demand for services over that period of time. The QAS continues to confront the challenges of a growing and ageing population. Approximately 60 per cent of our services are consumed by people over the age of 60. Of course, that population group is increasingly growing in our community and consuming more services.

Mr ROWELL: I want an average time from January to July in 2003, though.

Commissioner Higgins: We do not have an average time. Average times include distances. Some of our responses may occur by helicopter or road transport over a number of hours, so the average would be very significantly distorted if we reported average response times. Therefore, we use a cumulative response of the number of cases attended within 10 minutes.

Mr ROWELL: Minister, I refer to Response and Recovery Services on page 26 of the MPS and the relevant operational services provided as outlined in the MPS. How many times over the past year and for the year to date has the Premier, a minister, a member of parliament or any other departmental agency utilised a helicopter? What was the date, cost and purpose of each trip? I am talking about the helicopter on page 26.

Mr CUMMINS: I would sincerely like to thank the member for the question. I can tell you for a fact that the Minister for Emergency Services has not been on any departmental helicopters to this date. So that is the first minister out of the way. Back in the days when your side of politics was in government I think then Premier Borbidge used to use it to fly home, but the percentage that I think you have asked for is zero per cent.

Mr ROWELL: So no government minister, no premier and nobody in any government department has used the helicopter? Is that what you are saying? Okay, fine.

I refer to page 37 of the MPS and the DES voluntary support package. Is it the intention of the draft rural fire code of conduct to prevent rural fire volunteers from making public comment even when they have fought in fires utilising their own equipment? Is it intended for this gag clause to be implemented in other departmental codes of conduct affecting other well-intentioned volunteers?

Mr CUMMINS: I thank the member for the question. Again, I have to reiterate this slowly. We put out a draft code of conduct. What normally happens with a draft code of conduct is that you get comment on it. You have to start the consultation process somewhere, which we did. I have met rural volunteer firefighters right across Queensland, and I hope to meet more and more. Last Saturday I flew back from Longreach and visited other communities such as Blackall, Barcaldine, Aramac and Ilfracombe. I met with numerous emergency services people out there and obviously quite a few rural and regular urban firefighters. Let me assure you that the work the rural firefighters do is greatly appreciated.

My department is in the process of developing a volunteer code of conduct that identifies the broad ethical standard required of rural fire brigade volunteers and fire wardens in all of their official activities. The new code is the result of lengthy consultation and negotiations with the Rural Fire Brigades Association of Queensland, individual rural fire brigades and rural fire brigade groups, and a final round of consultation with the Rural Fire Brigades Association of Queensland is now being undertaken.

The draft code, which covers all rural fire brigade members and volunteer fire wardens, has been developed around the five basic principles established by the Queensland Public Sector Ethics Act 1994, those being respect for the law and system of government, respect for persons, integrity, diligence, and economy and efficiency. As an integral and fundamental part of the Department of Emergency Services, rural fire brigade volunteers and fire wardens play a unique and essential role in the delivery of emergency services in the Queensland community. The role of providing high standards of service and care to the Queensland community is well recognised and highly regarded.

The Department of Emergency Services, through the Queensland Fire and Rescue Service and the Rural Fire Service, is committed to providing and maintaining this standard of service and care in emergency situations, as well as promoting a fair and equitable environment. The code has two main functions—to clearly identify minimum standard behaviours expected of volunteers and to assist volunteers in identifying and resolving ethical issues and dilemmas arising as a result of their official activities. It has been developed with full recognition of the status of volunteers.

The guidance provided by the code of conduct will be a valuable aid enabling rural—

Mr ROWELL: You really did not address the issue as far as the gag clause is concerned.

Mr CUMMINS: I will ask for an extension of two minutes then.

Mr ROWELL: No, no. We went through that process, I think, of responding to a whole range of—

The CHAIR: You do not wish to offer the minister two more minutes?

Mr ROWELL: Well, it is quite clear that the minister does not want to talk about it.

Mr CUMMINS: No, I do want to talk about it.

Mr ROWELL: But you did not get to it.

Mr CUMMINS: No, I know.

Mr ROWELL: You had three minutes to do it and you did absolutely nothing to refer to it.

Mr CUMMINS: That is why I have asked for another two minutes.

The CHAIR: Member for Hinchinbrook, if you do not wish to offer the extension of time, perhaps you would like to ask another question.

Mr ROWELL: Okay. I again refer to page 37 of the same MPS. What level of indemnity is provided to volunteer firefighters and other emergency service volunteers according to the current legislation and the provision of the draft code of conduct? Can the minister provide a guarantee that the volunteers will receive the same level of indemnity as permanent employees and need not fear action being taken against them by the department or a third party?

Mr CUMMINS: I thank the member for the question. I think I have stated in parliament clearly that any volunteer who is doing the right thing is covered. Anyone who is maliciously doing the wrong thing will not be covered, and that is the basic principle. So yes is the answer to your question.

Mr ROWELL: Say a fire was lit by this group and it got on to somebody else's property. They were burning off. Would they be indemnified? If somebody had some other damage done of some sort as a result of a rural fire person getting involved in actions that they believed were necessary, will they be indemnified? That is what I asked you.

Mr CUMMINS: I am sorry, I was just looking around for Geoffrey Robertson, realising we are getting into hypotheticals now.

Mr ROWELL: It is not a hypothetical at all. This can happen. These people go out and—

Mr CUMMINS: You are saying that what you just asked me is not a hypothetical.

Mr ROWELL: Sometimes things go wrong.

The CHAIR: Member for Hinchinbrook, you have been around long enough; you know the deal. You have a minute to ask a question and the minister has three minutes to answer it.

Mr ROWELL: That is the problem. I have been around long enough—

The CHAIR: They do not overlap.

Mr CUMMINS: I thank the member for that hypothetical question. I know that *Hansard* will clearly reflect that it was a hypothetical question.

Mr ROWELL: Well, that is your opinion.

Mr CUMMINS: And to answer—in the case of someone lighting a fire.

Mr ROWELL: They back-burn, Minister.

Mr CUMMINS: I understand that. I do not know that you understand what a hypothetical question is. For further detail I would like to ask Commissioner Lee, who will probably rely on Commissioner Dave Luxton, if the Chair so allows.

Commissioner Johnson: All rural fire brigade volunteers have protection under the Fire and Rescue Service Act and also, in the particular instance that you are talking about, under the recently introduced Civil Liability Act. I think the real test for what you are asking is: were the fire persons—the volunteers—operating within the normal parameters of the act? Was there any malice or intent? Of course we know the instance of that—that it is likely to happen—is extremely rare in any of our volunteers.

But in terms of lighting a fire or conducting a back-burning operation—for example, in fighting a fire—the act does provide the same level of protection to rural volunteer firefighters as urban firefighters.

Mr CUMMINS: So the answer to that was yes.

Mr ROWELL: Thanks. I refer to page 37 of the MPS. What is the number of Rural Fire Service personnel who completed all components of the fire management 1 and 2 training package?

Mr CUMMINS: I thank the member for the question. Again, when we are getting into specifics of the numbers that you require, I would like to ask the Commissioner, Queensland Fire and Rescue Service, Lee Johnson, if he would like to detail the member's queries.

Commissioner Johnson: The fire management 2 package is not yet finally complete; it is very close to being complete. Fire management 1 is the initial package. This will be in a series of four fire management competencies that we are grouping together right up to fire management 3 and 4, which are being developed this financial year. I do not believe that we have here the actual numbers who have completed that, but we can certainly report those to you.

Mr ROWELL: Yes.

Commissioner Johnson: The process within the Rural Fire Service at the moment is, of course, that we have changed to national competency based training, which is in the transition phase across all our volunteers. It does not mean that our volunteers are not trained, but we are now in that transition phase of bringing people across from the previous level 1 and level 2 training packages into a new competency based training system. This system will see Queensland Rural Fire Service volunteers awarded eventually with nationally accredited qualifications. This is a great thing for our service.

That process is well under way. The Rural Fire Service training unit has developed Australian best standard training packages—there is no question about—and they are further developing the rest of those components so that the Queensland Fire and Rescue Service rural arm, if you like, will undoubtedly have the most up-to-date training material available. It will also probably be the first fire service in Australia to meet the new national competency standards.

One of the challenges with introducing competency based training is that it is no longer simply a matter of sitting down and having an eight-hour lecture, and then at the end of that period you are ticked off. Many of the elements of the new training package actually require a demonstration of competence. So the achievement of the various levels will actually take a little bit longer, but at the end of the day the quality of the training and the quality delivered to the volunteers will be vastly superior.

The CHAIR: Thank you. The time for that block of non-government questions has expired. I call the honourable member for Indooroopilly.

Mr LEE: Minister, page 26 of the MPS talks about the recent enhancement of the chemical, biological, radiological, incendiary and explosive response capability which includes counter-terrorism across emergency services. Is Queensland prepared for a terrorism threat?

Mr CUMMINS: I thank the member for the question, and again the answer is yes. The Beattie government is working closely with counterparts at the national level to ensure that our arrangements and legislative approach to counter-terrorism is consistent with the wider national policy. My department's contribution to these efforts draws on a number of existing programs. These are preventive programs which encompass work on security, business continuity, and community and safe staff awareness, responsive programs that deal with major events, the treatment of mass casualties, chemical, biological and radiological hazards and technical rescue, and supporting programs to enhance our ability to deal with the consequences of terrorist incidents through the improved information flow, and command and control of incidents. The vast majority of this work is also applicable to hazards and threats other than terrorism.

The Beattie government also passed the Disaster Management Act in November 2003, which was proclaimed by me and came into force in March this year. The act acknowledges that major disaster events may be caused by human acts, including terrorist attacks, and enables effective consequence management for events requiring the exercise of extraordinary powers.

The Department of Emergency Services plays a key role in managing the consequences of large-scale emergencies including the response to chemical, biological radiological, incendiary and explosive incidents, or CBRIE. Since before the 2000 Olympics, the Queensland government has been developing its capability to deal with terrorist related incidents, including the capacity of agencies to respond to the use, or threatened use, of these CBRIE agents. Key agencies which would be involved in the response to a CBRIE incident are the Queensland Police Service—QPS—the DES and Queensland Health. The Queensland disaster management system would also coordinate a whole-of-government response during the recovery from such incidents.

Within the department there has been an increase in the training provided to individuals focusing on the skills, equipment and coordination arrangements required during a response to a terrorism incident. The Department of Emergency Services also has participated in numerous readiness exercises, including two significant operational exercises at the QFRS training academy at Whyte Island which have also involved police emergency services and Australian ADF personnel.

Mr Chairman, this government—our government—is committed to ensuring that the community is protected as much as possible in the unlikely event of a chemical, biological or radiological emergency.

The CHAIR: Thank you, Minister. Minister, I note on page 11 of the MPS that the Queensland Ambulance Service conducted a rural and remote communities workshop. Would you inform the committee what initiatives are in place to provide emergency services to all Queenslanders, no matter where they live, and particularly those in regional and remote and regional areas?

Mr CUMMINS: I thank the member for his question. I acknowledge his love of the rural and remote areas of Queensland. In fact, there are many Queensland rural and remote communities with limited access to health and emergency services. The Department of Emergency Services is continuously seeking to improve the provision of rural and remote ambulance services, as you asked, and a key strategy was the facilitation by the QAS of a rural and remote workshop to further review service delivery to rural and remote communities.

The Queensland government is funding 240 additional paramedics over three years to improve response times and services across the Queensland Ambulance Service, including remote and rural services. This an allocation of $5.6 million in this financial year. Ambulance services to rural and remote communities is provided through a number of models, including QAS stations, Queensland emergency medical system strategies, hospital based ambulance services, aeromedical ambulance and rescue services, including the Royal Flying Doctor Service, honorary ambulance officers and ambulance attendants, first responder programs, QAS field offices, Aboriginal and Torres Strait Islander services, extended care programs and staff incentives.

In the near future the Queensland Ambulance Service will initiate rural and remote health training for paramedics through a joint appointment with the James Cook University of a paramedic trainer to the Mount Isa Centre for Rural and Remote Health. Earlier this year the Disaster Management Act 2003 commenced operation. The act allows for the establishment of emergency services units within rural and remote areas of the state. Volunteers such as the State Emergency Service—SES—and rural fire brigade members have a long and proud history of delivering emergency services to some of our remote and rural areas.

It is unlikely that most emergency services units will be created through the integration of SES, RFS and ambulance first responders in rural and remote communities, where this is supported by the local governments and/or indigenous community councils. One integrated emergency service unit would allow for a consolidation of the volunteer work force and attract benefits from the combined resources of CDRS, QFRS and QAS. This would result in more opportunity and interest for volunteers through multiservice training and responses, helping create the environment for attracting and retaining more volunteers in these areas.

As I said last week when I was out in those rural areas, you quite often hear people living in remote areas saying that they wear more than one hat, whether they be SES and/or rural fire, and I commend them for pitching in and helping their community. During 2004-05 the Department of Emergency Services will be piloting the emergency services unit program in four locations.

The CHAIR: Still on rural issues, Minister, you may have heard, as I have, speculation that the Rural Fire Service could be consumed by the Queensland Fire and Rescue Service. I note, however, on page 38 of the MPS that there is funding for vehicles and training for rural brigades. What does that say about those claims?

Mr CUMMINS: I thank the member for the question. I would like to take this opportunity to reiterate the Beattie government's policy and add my personal assurances that the magnificent contribution that the rural fire brigades and volunteers make to the wellbeing of Queensland will continue to be respected and supported. As I advised the House on 17 June this year, there is no intention and has been no intention to abolish the Rural Fire Service as was suggested by the member for Hinchinbrook.

Mr ROWELL: I did not say that. That is totally incorrect. I would like that remark struck off, please. A point of order.

Mr CUMMINS: You asked was it the government's intention that the Rural Fire Service was going to be consumed by the Queensland Fire and Rescue Service.

Mr ROWELL: I did not say that.

Mr CUMMINS: You asked.

Mr ROWELL: I did not.

Mr CUMMINS: You did not ask that? Okay then. As I advised the House on 17 June, there is no intention to abolish the Rural Fire Service. The Beattie government has continually supported over 44,000 volunteer firefighters across Queensland who are committed to safeguarding their communities. There are 1,575 rural fire brigades that receive funding for personal protective equipment—PPE—provided at no cost, and subsidised firefighting equipment, communications equipment and firefighting appliances. Queensland has a long and proud history of volunteer involvement in the management of fire in rural areas.

The rural fire volunteers will benefit from the budget with funding of $1.1 million provided in the 2004-05 budget and $2.9 million over three years for rural fire brigade training, communications and network research. The funding will continue to address key issues arising from the Linton coronial inquiry in Victoria and the safety implications for volunteers. Our government has responded by

providing $7.78 million over five years to enable the Rural Fire Service to implement major improvements to volunteer training and safety.

In this year's budget $3.8 million is allocated for the delivery of 15 light response vehicles, 35 medium response vehicles and five tanker cab chassis vehicles. In addition, it is anticipated that 20 firefighting trailers will be delivered to volunteer brigades. As part of the DES Volunteer Support Package rural training initiative a focus has also been given to accelerating the delivery of training to volunteers over the next three years. This has been supported by the Rural Fire Brigades Association of Queensland. Their CEO, Dick Irwin, and I have been discussing recently how to get this training rolled out where it will be of most benefit. I also announced last fortnight the formation of the Rural Fire Advisory Council, a body that will provide me with advice on how best to address the issues associated with bushfires. I would suggest that our government is supporting rural fire brigades more than ever before. I would also like to point out that Dick Irwin was out with us last Saturday when we visited those country areas at Longreach and Ilfracombe.

Mr LAWLOR: I refer to MPS page 4 and congratulate the government on its plans to replace the Squirrel helicopters. Could you please further explain how this plan to in future replace the government helicopter fleet will assist Queenslanders?

Mr CUMMINS: I thank the member for the question. I advise the committee that this budget before us includes funding of $1.9 million to finalise the purchase and delivery of Queensland Rescue's new world-class Eurocopter helicopter. The funding will complete the program to replace the AS 350 BA Squirrel helicopter that is based in Brisbane. The Squirrel helicopter is available to respond to counter-disaster activities throughout the state. It is also used as a backup for Queensland Rescue's Bell 412 helicopters at Brisbane, Townsville and Cairns when they are off-line for major maintenance.

The Beattie government has invested $8 million in the new light twin engine IFR—instrument flight rules—helicopter which will be on call to help safeguard the welfare of all Queenslanders and visitors to the state 24 hours a day, 7 days a week. The introduction of the Eurocopter EC 135 light twin engine helicopter, which will be operational in 2005, will enhance Queensland Rescue's backup aircraft capacity and night flying capability. It will assist our experienced and highly skilled crews to continue to carry out a large range of emergency helicopter services, including search and rescue, air evacuation of critically ill patients, helping people in times of disaster, resupply to stricken communities and fighting bushfires. I am pleased to announce that the government has also allocated funding of $40.8 million for 2005-06 over two years for the replacement of the Queensland Rescue Bell 412 helicopter fleet. The department will commence the procurement process this year.

This funding is a clear demonstration of the Beattie government's commitment to a safe and efficient emergency helicopter network in Queensland. I also commend the member for his strong involvement and support of Care Flight rescue helicopters on the Gold Coast because they—like the Energex rescue helicopters on the Sunshine Coast, the Mackay based community helicopter provider and the Capricorn based community helicopter provider—do a marvellous job. It is the hard-earned funds of the community across Queensland, along with $885,000 from the state government for each of those providers, including additional money for Bundaberg for Energex, that gives us such a great aeromedical response for the majority of Queenslanders.

Mr LAWLOR: The Beattie government has implemented the third year of the $4 million election commitment to enhance disaster mitigation and management. That is on page 21 of the MPS. Could you please detail the programs, plans and exercises undertaken to do this?

Mr CUMMINS: Again I thank the member for the question. I can assure the committee that the state government has allocated $1.8 million in disaster mitigation and management initiatives in this budget. This is the first instalment of a $5.4 million commitment over three years to assist in minimising the impact of disasters on Queensland communities. The initiative continues the momentum gained from an earlier program that provided $4 million over the past three years.

Funding initiatives planned during 2004-05 include: disaster mitigation and disaster management projects, including development and implementation of the Council of Australian Government mitigation initiatives; continued delivery of a comprehensive media campaign throughout Queensland via television and radio advertising for cyclone, flood, severe storms and storm surges; public awareness and delivering disaster public awareness messages to indigenous communities; conducting independent disaster public awareness research; producing and distributing hazard action guides in partnership with Emergency Management Australia; enhanced disaster management training and development of staff from state agencies, local governments and counter-disaster and rescue services; continuing support for the State Disaster Mitigation Committee; conducting disaster preparedness exercises; support for counter-terrorism planning and conducting specific counter-terrorism exercises to test government agency preparedness and business continuity; support for the further development of learning and development strategies and an increased level of regional staffing to support disaster mitigation activities. I believe that this commitment by the Beattie government towards disaster mitigation is part of the commitment to enhance community safety and prevention capabilities. I hope that answers the member's question.

Mr LAWLOR: I refer to the new Whyte Island QFRS academy and live fire training facility and the upgraded project mentioned on page 36 of the MPS. Could you report on training that has occurred there and what is planned for the future?

Mr CUMMINS: I again thank the member for the question. I take the opportunity to reiterate the great work that Tom Burns is continuing to do for Queensland. It was at Whyte Island that Tom and I met with a delegation of Vietnamese officials who were here seeing our training facilities, fire stations and training materials. Obviously, this is part of the Smart State agenda—trying to attract business and train overseas people.

The Queensland Fire and Rescue Service's Professional Development Unit and the QFRS academy have now been operating at the new site at the Port of Brisbane since October 2001. It really is a marvellous facility. I would like to reiterate that any members who have not been down there should take the opportunity to see the facility in action.

The academy consists of two sites: the main campus, which includes a purpose-built education centre and technical rescue training simulations; and the live fire campus consisting of a support building housing classrooms and storage area and live simulations for the delivery of practical training in areas of structural, petrochemical and marine fires.

While the original construction project for the academy was completed in June 2003, new initiatives are planned for the development in the current and future years. In the live fire training area there have been more than 1,800 firefighters and officers trained in the compartment firefighting section. This is a really great achievement. We are not sitting still in the state-of-the-art live fire training facility. The Queensland Fire and Rescue Service plans in this financial year to introduce maintenance of skills training in tactical incidents planning and control for station officers as well. A pilot course was conducted in the month past—June. The live fire pad continues to attract attention from other fire services who seek assistance in a variety of ways, ranging from tuition, construction design for compartments and assistance in conducting training courses. No other fire service intends to simulate the Queensland Fire and Rescue Service academy complex. The live fire pad is recognised as the level other Australian fire services aspire to.

Mr Chairman, when you visit the academy you cannot but be impressed by the world-class technology on display. Instructors are able to simulate fires in many different scenarios to put fire service recruits through their paces. Fire recruits and student paramedics also undergo intensive training, such as multiple vehicle crashes with multiple casualties. As well as these scenarios, the academy also offers advanced rescue training which includes vertical rescue, confined space rescue, trench rescue, urban search and rescue—which simulates a multistorey building collapse—and swift water and flood rescue.

In line with Queensland's Smart State agenda, the academy has continued to evolve with an online campus now established to ensure that training is at its most accessible and effective. The Beattie government has invested more than $14 million in this facility to ensure the latest in learning technology and firefighting training techniques can be adopted right here in this state.

The CHAIR: We will go to a final block of questions from non-government members. I call the honourable member for Caloundra.

Mr McARDLE: In response to question on notice No. 364, when you were asked how many heart attack call-outs were dispatched to fire and rescue as a result of a lack of ambulance availability, you responded, 'The Queensland Fire and Rescue Service do not carry out the role of the Queensland Ambulance Service.' How then do you explain the case on the Sunshine Coast on December 29 last year when a fire crew, as a result of a call from the QAS, were dispatched to a cardiac arrest at Noosa Heads due to compromised ambulance coverage at that time?

Mr CUMMINS: I thank the member for the question. In peak periods I am sure that the community of Queensland would expect our emergency services to work together, as they have always done, for the benefit of all Queenslanders. The fact is that the Queensland Fire and Rescue Service does not—does not—carry out the role of the QAS, the Queensland Ambulance Service. I reviewed the correspondences tabled and it is true that staff from the Queensland Fire and Rescue Service attended an incident and administered treatment. Firefighters are trained in senior first aid and I am advised that there are instances where the Queensland Fire and Rescue Service administer first aid pending the arrival of the nearest QAS unit. This is standard procedure in all high-performance contemporary ambulance services. However, the data on these occurrences is not routinely recorded.

I have referred this particular incident to the director-general. When the Queensland Fire and Rescue Service is called or utilised to provide emergency life support or first aid in support of or prior to the arrival of ambulance or medical services, these services may include first aid services, assistance with oxygen therapy or assistance with CPR—cardiopulmonary resuscitation—or expired air resuscitation.

The Department of Emergency Services is a multiservice community safety agency. The various divisions provide assistance to each other to pursue an integrated and cohesive approach to illness, injury prevention and other community safety activities. The firefighters who attended the incident in

Noosa Heads on the night of 29 December 2003 are to be commended for their prompt response and providing assistance to the Ambulance Service and the victim. Within minutes the fire service was on the scene and deploying basic life support measures to a cardiac arrest patient. The fire crew continued CPR until the ambulance crew arrived. Tragically, the result was not positive in this instance. However, I again praise the firefighters for their efforts and dedication in providing professional resuscitation and assistance to the Queensland Ambulance Service.

Mrs LIZ CUNNINGHAM: In relation to a question that was asked by the member for Hinchinbrook about firefighters who take part in, say, a controlled fuel reduction burn and the fire gets away, you responded by saying that a volunteer firefighter would be covered unless his actions were malicious. Is the qualification of what is malicious set down somewhere so firefighters can clearly understand that term or is the judgment made by someone higher up in the fire department? If so, who is that?

Mr CUMMINS: I thank the member for the question. It comes back to a very basic principle. Sadly, we will find a very small minority of volunteers sometimes doing something malicious or against the explicit instructions of someone higher in the department or against better advice.

When we talk about what a reasonable person would do in similar circumstances it is open to legal interpretation. I assure the committee that the Civil Liability Act provides the best level of volunteer protection in Australia. It provides a significant level of comfort to the volunteers operating under the auspices of the department and community based organisations across the board. In appropriate circumstances, the Civil Liability Act prevents civil liability attaching to volunteers.

I think it is pretty simple. It can be easily proven whether someone did something they were told not to do or if someone acted maliciously. This happens regularly in a court of law. Malicious is the word. I will again go back to the draft code of conduct. That was introduced due to CJC, now the CMC, recommendations. It was not something that we whipped up for the sake of trying to get people off side.

When we sit down with people like Dick Irwin who have major concerns with this and walk them through it and assure them that they have the best cover for volunteers anywhere in Australia, it normally puts their minds at ease. I was fronted by a very large rural volunteer in Bundaberg. He said he is one of those troublemakers—or whatever words I used in parliament. When I explained to him the process and what we were going through, he and the large group of rural fire volunteers with him had their minds put at ease. If anyone has an issue with it, I continue to say that the door is open. I would be very willing to talk to and meet with those people.

I understand that there is concern out there. I want to do whatever we can to make sure that volunteers realise they are appreciated. We are trying to do the best thing for them, not the worst. I think the member will acknowledge that.

Mr ROWELL: I refer again to the staffing table on page 8 of the MPS. How many fire and rescue shifts in the last financial year did not meet the recommended one-in-three crewing levels? When is it estimated that every crew in Queensland will meet the one-in-three crewing levels on every shift?

Mr CUMMINS: I thank the member for the question. The one-in-three crewing levels is an issue that continues to be raised. The United Firefighters Union is continually discussing the issue. Yesterday I was at the Ipswich fire station and talked to members, including one bloke who was in the same class as I was at school and another bloke who played football with me, about this. I know well the life of a firefighter. I have had quite a few friends over the years who have been firefighters.

This government has, in consultation with the United Firefighters Union, implemented various strategies to establish and maintain a minimum one-in-three crew. Since July 2003, all fire stations where emergency response is provided by permanent staff have been able to maintain one-in-three crewing to a predetermined level. Prior to January 2000, 57 urban fire stations had the capacity to roster crews of one-in-three and only 30 fire station were able to maintain one-in-three in any form.

The Queensland Fire and Rescue Service rosters and maintains one in three for approximately 98 to 99 per cent of all rostered shifts across 75 urban fire stations where emergency response is provided by permanent staff. I will refer this to the Commissioner of Queensland Fire and Rescue Service, Lee Johnson.

Commissioner Johnson: The issue of one-in-three staffing has been around since I joined the Fire Service 29 years ago. It would be fair to say that probably since 2000 the improvement in staffing strategies has been illustrated by the minister in the figures that have been read out.

The union's position is always total manning all of the time. As a matter of fact, the matter is currently before the Industrial Relations Commission. I will not go into too much detail about the nature of that case before the commission at the moment. Since late last year we have completed the target of being able do this rostering at the 75 urban stations which have some form of permanent staffing attached. That has been a significant achievement.

The other point is that, as the responsible officer, I need to ensure that we have some control over overtime expenditure. This is not just open slather for people to utilise and make provision for overtime

arrangements. So we keep some form of control. Currently the matter is before the commission and we are having further discussions with the union about it.

The CHAIR: That concludes the time for non-government questions.

Mr FENLON: On page 12 of the MPS the First Responders program is mentioned. How does this program fit with contemporary ambulance services in communities throughout Queensland?

Mr CUMMINS: I thank the member for the question. I acknowledge his interest in the First Responders program because the continued training is of great benefit to Queenslanders. It is through the First Responders initiative and the commitment and dedication of the many volunteers that ambulance services in regional areas are being given an added boost.

Our government, in its commitment to enhancing assistance to Queenslanders in need, has supported the development of these community based groups throughout the state and will continue to expand and reinforce this service through the creation of at least three additional units to support the QAS in providing prompt life saving responses to rural, isolated and rural communities. There are 23 locations currently participating in the First Responders program. They are: the Bay of Islands, Blackbutt, Carnarvon, Cherbourg, Allora, Coochiemudlo Island, Cooyar, Cungulla, Greenvale, Hamilton Island, Imbil, Karragarra Island, Kenilworth, Kilkivan, Lamb Island, Macleay Island, North Stradbroke Island, Proston, Russell Island, Samford, Talwood, Yuleba and Woodgate.

The aim of the First Responders program is to have a group of trained volunteers attend the scene of a medical emergency and provide life support as well as scene stabilisation for the responding paramedic and ambulance crew. I make it very clear that the first responders do not replace a QAS response. There is a simultaneous dispatch of QAS paramedics by the communications centre at the same as the first responders are alerted.

As part of this budget the Beattie government has allocated a record $300.8 million to the Queensland Ambulance Service to boost paramedics numbers and to provide new and redeveloped stations and new vehicles. The government is committed to a three-tiered response of paramedics, honorary and ambulance operators and first responders providing people across Queensland with contemporary ambulance services. I congratulate all those who dedicate their time and skills as first responders and the LACs, the local ambulance committees, that support them.

Mr LEE: I refer to page 3 of the MPS regarding the increased funding for the Neighbourhood Watch program. Could you explain to the committee what this funding is for?

Mr CUMMINS: I thank the member for the question. I have no doubt that members are very well versed in the Neighbourhood Watch system. It is a great system across Queensland that many of us actively encourage. The Queensland government is committed to creating safer and more supportive communities. We are building on existing partnerships between Neighbourhood Watch volunteers, Queensland Police and Emergency Services by broadening the support provided to Neighbourhood Watch units.

These initiatives are designed to increase awareness and improve community safety practices. They include the Child Injury Prevention Project and the Community Safety Project which is a broadening of the current Neighbourhood Watch program. The Child Injury Prevention Project has come about due to partnerships with other government agencies. An important alliance has been forged with Queensland Health to foster innovative and leading edge injury intervention strategies in two pilot communities, Mount Isa and Mackay.

Over a three-year period the aim of this project is to reduce the high incidence of injury in children zero to four years of age in rural communities to rates similar to those for children in urban areas. The Community Safety Project has Emergency Services and Queensland Police working together to broaden the focus of the existing Neighbourhood Watch crime prevention program to incorporate a stronger focus on injury prevention, particularly in the home.

The project involved Emergency Services working closely with police and Neighbourhood Watch committees in Mackay, Maryborough and Camp Hill from March to May 2002 to increase the level of community safety in Queensland communities. Following the success of this pilot, the project was rolled out into another six Neighbourhood Watch communities for a 12-month period in 2003-04. These communities were: Kirwan, Riverview, Toowoomba, Upper Mount Gravatt, Logan Central and Edmonton. A further three-year roll out of the project into neighbourhood watches in at-risk Queensland communities in partnership with the Department of Housing, through the Community Renewal Program, is currently in progress. The collaborative approach which Emergency Services in relation to these two initiatives will enable a range of services to be delivered to address local needs. I will ask the director-general to make a further comment.

Mr Kinnane: The Department of Emergency Services is very excited about this project. This is a real example of a collaborative project involving, as the minister said, the Police Service, the Department of Communities and our department. What it really means is that this a project to invigorate

the 800-plus Neighbourhood Watch units around the state. We are working with the Police Service to broaden the role and the meaning of community safety.

Mr LEE: I refer you to page 33 of the MPS with respect to the BOLA legislation and budget accommodation. The Premier recently reported to the House on the Queensland Fire and Rescue Service's budget accommodation inspection process. I note the MPS states that the inspections have significantly contributed to increased safety within the backpacker accommodation and tourism industries. Could you outline the progress made in this area of fire safety?

Mr CUMMINS: I thank the member for the question. Members would realise with regard to the BOLA legislation that Local Government is one of the lead agencies that we are working with. I believe it was raised in the estimates hearing yesterday. None of us would like to see another tragedy like the Childers backpacker fire. As we are all aware, on 11 April 2002 the Building and Other Legislation Amendment Act 2002, known as BOLA, was passed by the parliament. It commenced operation on 1 July 2002.

The BOLA legislation establishes a range of five safety criteria, including the installation and maintenance of various fire safety systems and the requirement for a fire safety management plan. All budget accommodation buildings, irrespective of the date of construction, were required to have a fire safety management plan by 1 July 2003. Those buildings that were built, approved for construction or applied for approval prior to 1992 were also required to have early warning and emergency lighting as a minimum by 1 July 2003. We are now up to BOLA stage 2, and for some of the 1,300 buildings this may involve structural alterations or additional fire safety features to comply with the remaining elements of the fire safety requirements.

To assist with the completion of stage 1 and in preparation for stage 2, a statewide education campaign on the fire safety standards will be carried out to target owners of budget accommodation buildings to provide them with easy-to-use standardised information on the various laws. Some $700,000 will be spent employing additional community fire safety officers to continue the excellent work already being done by serving officers. The MPS reference to the BOLA legislation is notably listed under 'Recent Achievements'. The BOLA inspections have ensured that the minimum level of safety mandated by the government has been achieved. This outcome has significantly contributed to increased safety within the backpacker accommodation and tourism industries. We will continue to do that, because it is in everyone's best interest and benefit to have the best possible fire safety budget accommodation buildings in Queensland. The Beattie government wants budget accommodation buildings to provide fire-safe accommodation for residents, whether they are tourists, people on low incomes or people with a disability.

The CHAIR: Thank you, Minister. The time allocated for the consideration of the estimates for the Minister for Emergency Services has expired. I thank the minister and his departmental officers for their attendance and assistance to the committee today.

Mr CUMMINS: Mr Chairman, I just want to finish with some closing comments. I want to take this opportunity to thank the officers of my department for their involvement in the budget and estimates process. This process, I believe, is a great opportunity for the department to review departmental outputs and align our services with the Beattie government's priorities. Mr Chairman, I again thank you for your stewardship of the estimates committee today. I and the department now look forward to delivering the marvellous initiatives that we have outlined for the people of Queensland from the Gold Coast to the cape and west to the border. Thank you very much and have a good afternoon.

The CHAIR: Thank you, Minister. For the information of those attending today, the hearing transcript for this portfolio will be available on the parliament web site in approximately two hours. The next portfolio to be examined relates to the Minister for Communities, Disability Services and Seniors. The committee will now adjourn and the hearing will resume at 3.45 p.m.

Sitting suspended from 3.32 p.m. to 3.47 p.m.

ESTIMATES COMMITTEE E—COMMUNITIES, DISABILITY SERVICES AND SENIORS

In Attendance

Hon. F.W. Pitt, Minister for Communities, Disability Services and Seniors

Department of Communities

Ms L. Apelt, Director-General

Mr B. Swan, Assistant Director-General, Corporate and Executive Services

Mr P. Allan, Director, Finance and Asset Management Branch

Disability Services Queensland

Ms L. Apelt, Director-General

Mr B. Swan, Assistant Director-General, Corporate and Executive Services

Ms B. Kill, Assistant Director-General

Mr B. Elder, Director, Finance and Administration

The CHAIR: Good afternoon all. The Estimates Committee E hearing is now resumed. I welcome the minister and public officials who are in attendance today. I also welcome Jann Stuckey, the member for Currumbin; Shane Knuth, the member for Charters Towers; and Rosemary Menkens, the member for Burdekin. The committee has resolved that non-committee members may be given leave to ask questions today.

The organisational units of the Department of Communities will be considered in this first session. I remind members of the committee and the minister that the time limit for questions is one minute and answers are to be no longer than three minutes. A single chime will give a 15-second warning and a double chime will be given at the expiration of those time limits. An extension of time may be given with the consent of the questioner. The sessional orders require that at least half of the time is allocated to non-government members. I ask departmental witnesses to identify themselves before they answer a question so that Hansard can record that information in its transcript. I also ask that all mobile phones be switched off.

I declare the proposed expenditure for the portfolio of the Minister for Communities, Disability Services and Seniors to be open for examination. The question before the chair is—

That the proposed expenditure be agreed to.

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

Mr PITT: Thank you, Mr Chairman. May I by way of introduction introduce to the committee witnesses I have brought with me today. Sitting to my right is Ms Linda Apelt, the Director-General of the Department of Communities. Sitting to my left is Mr Brad Swan, Assistant Director-General of Corporate and Executive Services, and Mr Peter Allan, Director of the Finance and Asset Management Branch.

Mr Chairman, this year's historic first budget for the new Department of Communities has provided the funding to allow the department to work in partnership across government, local communities, the non-government sector and the private sector to make a real difference to the lives of Queenslanders. It recognises that Queensland is comprised of communities that have varying needs and aspirations, face a variety of challenges and rely on diverse industries for their livelihoods. It delivers on issues of central importance to Queenslanders—support for children and families, a regime of youth justice that produces real results and the need to ensure that child care facilities provide a safe, secure environment for our most precious assets.

This is a budget that provides for Queensland youth. It delivers on the government's commitment to improve the quality of life of our young people by supporting the development of policies, programs and services that meet their needs. A major commitment has been made to the area of youth justice. The budget contains an increase of $13.1 million to youth justice programs, including an extra $8.7 million to expand youth justice services statewide. As announced in the budget, an extra nine youth justice services will be established throughout the state. Today I am happy to announce the locations of those services. Two new youth justice services will be established in Brisbane, one at either Fortitude Valley or Bowen Hills and the other at either Buranda or Coorparoo. Services also will be established at Cairns, Mareeba, Mackay, Rockhampton, Maroochydore, Southport and Toowoomba. These will build on the success that has been achieved at the five existing youth justice services at Ipswich, Logan, Townsville, Hervey Bay, which also services Maryborough and Bundaberg, and Caboolture-Redcliffe.

Another important aspect of the budget for the Department of Communities includes an increase of $10 million for prevention and early intervention services across the state. This funding through the

Queensland Families: Future Directions strategy will provide prevention and early intervention services for young people whose families are in crisis or lack the means to ensure that their children advance at school and beyond. This will allow us to continue to develop and deliver the strategy's pilot program of prevention and early intervention services through the department and non-government services. Another feature of the budget for the Department of Communities is the emphasis on ensuring that child-care facilities provide a safe, secure environment for Queensland children. The government has allocated an extra $1 million to boost child-care licensing and monitoring services to cater for the significant and rapid growth in the number of licensed child-care services available to Queenslanders.

Mr Chairman, I want to take this opportunity to explain for members of the committee that I understand that some people may be unaware of the transfer of the adoptions section from the Department of Communities to the Department of Child Safety. Recent administrative arrangements have determined that, while both ministers administer the act, in terms of decision-making responsibility that responsibility rests with the Minister for Child Safety.

In conclusion, this first historic budget for the Department of Communities is proof that the 2004-05 Beattie Labor budget is a budget with heart. It has charted a clear way forward for a safe, secure and equitable Queensland. With the permission of the committee, I would like to table an amendment to the response to non-government question on notice No. 1 asked by Mr Copeland, the member for Cunningham, in relation to internal audits conducted by my department over the 2003-04 financial year.

Leave granted.

Mr PITT: Two minor typographical amendments have been made to the answer within the response of the Department of Communities. The answer as tabled stated that 15 audits and reviews were completed in 2003-04 with a further nine in progress and that prior to February 2004 32 audits and reviews were completed with 10 outstanding. The answer has been clarified to show that the number of audits completed prior to February 2004 is 17. The number of audits completed after February 2004 is 15. The total number of completed audits and reviews for the 2003-04 period is 32. There are 10 audits and reviews currently in progress. The tables attached to the answer were and are still correct. The answer clarifies the audits that were undertaken prior to the machinery of government changes in February 2004—that is, audits undertaken before and after the establishment of the Department of Communities.

The CHAIR: Thank you, Minister.

Mr KNUTH: I refer to the staffing table on page 1-8 of the MPS. What is the number of former Department of Families staff retained by the Department of Communities and what roles are they currently engaged in?

Mr PITT: For the member's information, because that is an internal departmental matter, I will refer to my director-general to give you a more detailed answer than I would be available to provide myself.

Ms Apelt: Committee members may be aware that the Department of Communities and the Department of Child Safety are engaged in a transition process at the moment to set up two separate departments—the Department of Communities and the Department of Child Safety. During that transition period staff who will eventually be employed in the Department of Child Safety are technically members of the Department of Communities. It is expected that at the start of December there will be a separation of those staff who will be working specifically in the Department of Communities and those who will be with Child Safety. So at the moment most of the staff who were in the former Department of Families are working across both Child Safety and the Department of Communities. When the two departments are fully established, we will be able to provide information on the specific staff members for both departments.

Mr PITT: As indicated, Mr Knuth, that information will be available in the future and I will make sure that it is made available to you.

Mr KNUTH: Thank you. I refer to the staffing table on page 1-8 of the MPS. What re-education courses, background checks or probationary periods did these former Department of Families staff have to undergo prior to their re-employment by the Department of Communities?

Mr PITT: Again I will ask the director-general to respond to that.

Ms Apelt: All staff across the Department of Communities, which includes those members who will eventually transition to the Department of Child Safety, have been engaged in a series of workshops and awareness raising sessions that will continue through until the end of July. Those workshops have been in relation to awareness and culture change workshops in relation to the Forster blueprint and the CMC inquiry. There will be another set of workshops that will relate to a choice that members will be able to make to be able to determine whether they would prefer to work in the Department of Communities or the Department of Child Safety. There will then be a process of selection where members will be appointed to either department. In conclusion, there have been a number of awareness raising workshops. There have also been a number of culture change workshops, and now we are

moving into a phase where people will be able to make a selection as to which department they believe they are best suited to.

Mr KNUTH: Minister, I again ask another question regarding staffing and refer again to the staffing table on page 1-8 of the MPS. Minister, is it correct that staff in the Department of Communities will work with children and families as the key provider of early intervention services and will often be the front line in lodging initial notifications of harm? Would you then agree that the critical responsibility of identifying and notifying a significant risk of harm should be carried out only by staff who have undergone stringent training and background checks similar to the training undertaken by Department of Child Safety staff?

Mr PITT: To answer the member's question, all staff within the department are required to have a criminal history check before they are employed by the department. As you would be aware, the issue of child safety will cross two portfolios—the Child Safety Department headed up by Minister Reynolds and my own department, the Department of Communities. Our role in the Department of Communities is prevention and early intervention. We will have officers engaged in that process. You are right; they will be frontline officers. But I think you need to not confuse our role regarding people who are notified as in need of care and state support as opposed to people who are at an early stage of requiring some intervention to keep them away from that particular system.

Mr KNUTH: Thank you, Minister. I refer to page 1-15 of the MPS and the investment of $2.4 million for an additional 21 youth support coordinators, and the MPS refers to the allocation of youth support coordinators. What is the funding split for these positions between Education Queensland and the Department of Communities? How many coordinators will work in the community and how many will work in schools? How many will be allocated in the Charters Towers electorate?

Mr PITT: I think that I will answer the last part of the question first. It is a big ask to ask me to break down these issues electorate by electorate. As you would be aware, the department is being organised into 10 regions and the regions will have allocations of personnel and they will be deployed within those regions to meet the need. So I think that we can dispose of the electorate question to start with.

In 2003-04 in the budget, funding of $18.6 million was allocated over three years to establish the non-government sector and employ 100 additional youth support coordinators to enhance the original 13 coordinators. This is part of the government's Education and Training Reforms for the Future initiative. Under the terms of the 2003 memorandum of understanding with Education Queensland, funds will be transferred to the Department of Communities on an annual basis. An additional 21 youth support coordinator positions were created in 2003-04 during that funding round, bringing the total currently working in schools to 34. On 23 December 2003 the Minister for Education announced that the Education and Training Reforms for the Future senior phase of learning trial had been so successful that the government would expand it in 2005 to include the rest of the state. This then means that 48 additional youth support coordinators, initially scheduled to commence in July 2003-04, will now be delayed until January 2005. The remaining 31 youth support coordinators previously scheduled to commence on July 2005 will be brought forward to January 2005. This will allow the department to provide funding for 79 new youth support coordinator positions to commence across the state from January 2005.

Mr KNUTH: Thank you very much. That might have been a difficult question, but my electorate would be very happy that I brought it up.

Mr PITT: I commend you for that.

Mr KNUTH: I refer to page 1-10 of the MPS. I note that one of the department's prevention services included regulating and monitoring the provisions of child care and out-of-school-hours care. What is the estimated number of child-care workers who have not completed all of the core training requirements to comply with the Child Care Act?

Mr PITT: I am pleased to provide you with some information about the highly successful child care statewide training strategy, which is a joint initiative between the Department of Communities and the Department of Employment and Training. Over 4,000 child-care workers have enrolled in the training strategy and more then 1,267 child-care workers have gained an approved child-care qualification over the last three years since the strategy commenced. I might add that this includes 38 workers located in services in indigenous communities in far-north Queensland.

While these outcomes are very positive, I am concerned that some remote and rural communities continue to experience difficulty in recruiting and retaining qualified staff. I also recognise the need for work force planning to address the range of issues that impact upon the ability of child-care services to meet the legislative qualification standards. While this is not the responsibility of the government alone, I am keen for my department to work in partnership with the child-care sector to seek strategies to address these issues.

I have committed to continue the allocation of $900,000 per annum in 2004-05 to target the training strategy more effectively to meet the demand for qualified child-care workers in rural, remote

and indigenous communities. This means that communities with identified high needs will be targeted and provided with additional support to access the training strategy. In addition, the strategy will enable me as minister to assist people who are intent on making early childhood education a career to transition into this process. It is the aim of the government and a requirement of the legislation that within a defined period everyone have those qualifications. Where we find difficulties in getting people up to speed, you can be assured that my department will take measures to provide incentives and support to do that.

Mr KNUTH: I refer to page 1-35 of the MPS and I note that one of the future developments is the finalisation of the implementation of a two-year community engagement improvement strategy across the government. What will be the final cost of the implementation of this strategy across government and what does this strategy involve?

Mr PITT: Involving communities in government decision making is a key initiative of this government. The community engagement and improvement strategy is an important component that assists public servants to engage communities more effectively. The community engagement and improvement strategy supports public servants to achieve a number of things. One is greater citizen community awareness about how to access government services and processes. Another is more effective policies, programs and services that take into account the diverse community needs and views across Queensland and, in addition, greater opportunities for community members who do not normally get involved with the government to participate. In addition to providing a broad framework for public sector engagement, the strategy highlights a number of specific initiatives.

I might add that progress has been made in relation to these initiatives in a number of ways as well. Firstly, three guides have been released to support public sector engagement and two more will be published this financial year. In addition, community engagement competencies have been developed for inclusion in the national public sector training package. An on-line calendar and workshop based learning program has been developed in partnership with the Open Learning Institute of TAFE and the Department of Industrial Relations. That is designed to build the skills of the public sector middle managers to effectively manage engagement processes. Thirteen regional workshops and three Brisbane based workshops will be delivered by September 2004. As well, a set of on-line tools have been delivered in partnership with the Office of Public Sector Merit and Equity to build community engagement skills and capabilities into recruitment, selection, induction and performance appraisal processes for public servants at all levels. A number of measures designed to strengthen and integrate regional coordination and engagement, including the Regional Queensland Council, a new model for ministerial regional community forums and an enhanced role for regional management forums, were endorsed by cabinet in May. You might be aware that only last Monday we had the first round of those forums and my initial feedback has been that they were highly successful.

Many strategies have been implemented to share community engagement knowledge, including the publishing of an on-line resource library and a monthly on-line bulletin, the hosting of showcasing events and the convening of cross-agency and cross-sector workshops, working groups and seminars. Partnerships have been established for the Office of Youth Affairs and Disability Services Queensland to explore and implement innovative models of engaging young people and people with disabilities. A number of on-line engagement processes have been implemented, including e-petitions—I notice that Mr Copeland is a heavy user of that particular process—the Internet broadcast of parliament and an on-line consultation tool called ConsultQld. I might add that ConsultQld is currently seeking a new aquatic emblem. Today I am putting in my bid for Nemo. I come from far-north Queensland.

You asked about the costs. In 2003-04 the expenditure was $170,000. That includes $50,000 for community engagement tools and guidelines and $90,000 for the learning program, $45,000 of which is from the Department of Communities.

Mr KNUTH: I refer to the first dot point on page 1-3 of the MPS, which states that a strategic focus of the department is to develop the organisation more efficiently to deliver its core business through continuing to modernise. Will the minister investigate making all departmental regional boundaries similar so that the work performed by each department is more efficient, consistent and predictable?

Mr PITT: Could you just clarify that? You are asking about the internal working of my department or are you talking about departments across government?

Mr KNUTH: I refer to the first dot point on page 1-3 of the MPS, which states that a strategic focus of the department is to develop the organisation more efficiently to deliver its core business through continuing to modernise. Will the minister investigate making all departmental regional boundaries similar so that the work performed by each department is more efficient, consistent and predictable?

Mr PITT: I am not too sure that you have the right MPS there. I think that you might be mixing this up with the DSQ. But to explain to you as best I can, the new Department of Communities will consist of 10 regions. Those 10 regions have been carefully thought through. We have taken into consideration statistical detail from the Commonwealth. We have looked at the electorates of the members of this House, local government areas, and any other departmental organisations from other departments across government and have identified 10 geographical areas that best suit the Department of

Communities itself. Remember, that is my core business. My role is to deliver the service that I have to provide, but if I can do that in conjunction with other departments, I guess the synchronising of the regions and/or districts of those departments would be an advantage.

I think you could accept that every department has its own priorities. Let us take the Police Service, or the transport system. The Transport Department revolves around railway lines or roads. We are not confined by those things; we are confined by the concept of community. You know as well as I do that people who live in north Queensland identify themselves a little differently from those who live in the deep south. As a matter of fact, in my part of the world, when you get to Cardwell, we are talking about Mexicans.

Mr KNUTH: Thank you very much. I might have given you a question coming from the portfolio of Disabilities. So I may not need to ask that question later on.

Mr COPELAND: It is still relevant.

Mr KNUTH: I refer to page 1-26 of the MPS where it is noted that one of the future developments is to examine the issues associated with actioning the recommendations of the CMC report. Given that many cases and clients will be held in dual responsibility by both the Department of Communities and the Department of Child Safety, what assurance can you provide that children and families will not be flicked between departments or fall between the cracks?

Mr PITT: I am pleased to advise the committee that steps are being undertaken to forge a very strong partnership not only between my department and the Department of Child Safety but also with other government agencies and the non-government sector to ensure the continuity of support to children and families. Our aim is to ensure that an integrated continuum of care is provided to support families and protect children and young people from harm or further harm. This approach supports the Crime and Misconduct Commission's recommendations for the government to maintain its commitment to prevention and early intervention as a means of controlling the increasing levels of reported child abuse. It also supports the blueprint's call for a partnership across the service continuum to ensure the integration of services, the better utilisation of resources, the identification of gaps—and that is the central point that you are making—and the reduction of any duplication.

Links will be established at the service delivery level to ensure that, where families come to the attention of the Department of Child Safety but do not require statutory intervention, they can be referred to support services provided by my department that are matched to their needs. Additionally, there will be clear referral protocols to ensure that where significant child protection issues are identified, my department can inform the Department of Child Safety. Links are also being made at a program and policy level between the two departments to clarify each department's role and responsibilities to ensure the successful implementation of the blueprint.

An effective partnership between the Department of Child Safety and the Department of Communities will be supported through a range of formal arrangements. These will include the Director-General of the Department of Communities, participation in the Child Safety Implementation Committee and the Child Safety Coordination Committee, the new position of director, child safety participation, and the seniors office working group on the child safety blueprint and implementation. I might add that Minister Reynolds and I share a very, very strong commitment to the roles that have been assigned to us. In political terms, we are joined at the hip. Quite often I have told Minister Reynolds that it is my job to do him out of a job. Unfortunately, all of us here understand that, because of the issues surrounding child safety, that is probably not going to happen. But if we have that aim in mind and we pursue that goal, I am sure we can do better for Queensland children.

Mr KNUTH: Thank you.

The CHAIR: The time for that block of opposition questions has expired. We will have a block of questions from the government side. Last night, two young offenders absconded from the Brisbane Youth Detention Centre at Wacol. What assurances can you give the committee about preventing similar incidents in the future?

Mr PITT: It is funny that you should ask that question, because when I woke up this morning it was the first item on the news bulletin. Thank you for the question. I can confirm to the committee that two young offenders did indeed abscond from the Brisbane Youth Detention Centre at Wacol last night. Police were called immediately and the pair was apprehended early this morning. I understand that those two young people appeared in court this morning on a number of charges relating to the incident.

At the outset, I would like to thank the Queensland Police Service for their prompt action in locating and apprehending the two young people. I would also like to thank the staff of the Brisbane Youth Detention Centre who responded quickly and professionally to the incident, enabling them to stop a third young person from absconding.

While I am happy with the response by both the police and staff at the centre, obviously I am not happy about the incident itself. I can assure committee members that I and my department already have taken steps to determine exactly how this happened and what needs to be done to prevent a similar

incident. An internal investigation has begun and a review team headed by an independent investigator has also been appointed, and that team will be assisted in its investigations by an officer with detailed experience in auditing and inspecting youth detention centres. It is expected the independent investigator will have completed a preliminary report within a week. If the investigations into the incident recommend changes to procedures at the centre or improvements to security, that will be taken on board. I can assure you I take very seriously my responsibility to ensure that those young offenders whom the courts have sentenced to a period of detention are kept both secure and safe.

I can inform the committee that as soon as I was made aware of the incident I visited the Brisbane Youth Detention Centre with my senior policy adviser and a senior departmental officer. I wanted to obtain a first-hand understanding of what happened. I think I was two hours on the ground there, and I must say that the staff at the centre were both professional and cooperative in providing me every opportunity to ascertain to the best of my ability the response that had been implemented to ensure that the right protocols were carried through and that the right people were notified. As a matter of fact, I was very pleased to note that I was notified personally as minister within one hour of the incident. Bearing in mind the time it took to respond to the incident, to organise police and obey protocols that are set down by the department, I thought that was very good indeed. I would hope that is a benchmark that many other departments would follow in notifying their ministers when critical incidents occur.

Senior staff at the centre gave us a detailed briefing, and my staff and I were kept informed of developments as they occurred. I expect to continue to be informed as matters progress. Last night's incident was the first time any young offender has absconded from the Brisbane Youth Detention Centre since it opened in 2001.

Mr LEE: Minister, 1-3 of the MPS states that the Department of Communities is investing an additional $2.4 million to enhance service delivery in Queensland's youth detention centres. Could you explain how you are planning to invest these additional funds?

Mr PITT: The department manages two detention centres—the Brisbane Youth Detention Centre at Wacol and the Cleveland Youth Detention Centre at Townsville. The Brisbane Youth Detention Centre is the only youth detention centre in operation in south-east Queensland. It accommodates young men from the south of the state north to Rockhampton and young women from all areas of Queensland who have been refused watch-house bail, remanded in custody or sentenced to detention. The Brisbane Youth Detention Centre is a state-of-the-art facility which provides unobtrusive security with young people accommodated in distinct units and able to access a wide range of programs and services in a centrally located area on site.

The number of young people detained at the centre continues to be consistently lower than the high numbers experienced in 1998-99 and 1999-2000, which had an average daily number of 94.5 and 86.1 respectively. During the period July 2003 to April 2004 the average daily number of young people detained at the centre was 72.9. Service delivery to detained young people has been maximised as a result of the department working in partnership with Education Queensland, Queensland Health and the Department of Employment and Training to develop an operational programs plan for the centre.

The Cleveland Youth Detention Centre in Townsville is the only youth detention centre in the north of the state. It accommodates young men from north of Rockhampton. The centre does not accommodate young women. The redevelopment of the Cleveland Youth Detention Centre has resulted in approved purpose-built accommodation units, health facilities, visiting areas, educational and vocational facilities, administration and staffing areas, stores and improved security. The construction of a second 24-bed accommodation unit will be completed in late July—in a couple of weeks' time.

Videoconferencing equipment at the centre has proved to be of particular benefit to indigenous young people from remote communities, enhancing their contact with their families. Service delivery to detained young people has been maximised as a result of the department working in partnership with Education Queensland, Queensland Health and the Department of Employment and Training to develop an annual program schedule for the centre.

The additional recurrent funding of $2.418 million in 2004 will provide a number of things. It will provide for a more intensive supervision model called the alternate program area at the Brisbane Youth Detention Centre. It will provide for additional escort officers to provide security during the movement of young offenders who are accessing enhanced education and health facilities. It will provide the capacity to open an additional unit at the Cleveland Youth Detention Centre at Townsville as the need arises and improved training and support for staff in security in workplaces. As well, it will provide increased case planning for the young offenders in the centre.

Mr FENLON: Minister, 1-3 of the MPS states that the Department of Communities is providing an increase of $10 million through Queensland Families: Future Directions to provide prevention and early intervention services. How will this additional funding support families and protect children and young people from harm?

Mr PITT: I am pleased to advise that the Beattie government has provided additional funds of $10 million in the 2004-05 budget for prevention and early intervention services for vulnerable families

and children at risk. These funds will build on prevention and early intervention models trialled under Queensland Families: Future Directions, which specifically sought out innovative models and responses to reduce the likelihood of families falling into crisis and to strengthen people's ability to cope and protect themselves.

The $10 million will be made available later this year to expand successful models, ascertained through the rigorous evaluation process, to other sites across the state as well as to fund additional services. In allocating the funds, I will be guided by the findings and recommendations of the Crime and Misconduct Commission inquiry into the abuse of foster care in Queensland and the findings of the future directions trials and analyses of local needs for services.

Prevention and early intervention responses are about supporting families as a way of protecting children and young people from harm. Community based organisations across the state deliver vital family support services that help families cope with the challenges of parenting, ensuring that parents and carers have the skills, the knowledge and the resources to care for their children. A range of service models can deliver on these aims, including outreach or centre based services and services targeting families for specific needs. I can assure you that I am committed to Aboriginal and Torres Strait Islander families having access to prevention and early intervention services wherever they reside.

Minister Reynolds and I are forging a strong partnership between the new Department of Child Safety and the Department of Communities to make certain that children are safe by ensuring that we have a continuum of services. That continuum will span from prevention and early intervention for vulnerable families and children and young people at risk through the statutory intervention and associated services for children and young people who have been harmed or who are at risk of harm.

Mr LAWLOR: Minister, 1-3 of the MPS refers to investing $1.4 million in whole-of-government and community based crime prevention activities. How is the government planning to spend this money to enhance public safety initiatives and who will benefit?

Mr PITT: As part of this government's commitment to reducing crime and the causes of crime, we are investing $10.5 million over the next four years on crime prevention programs. This includes $1.4 million in 2004-05 and over $3 million in 2005-06 and future years on a range of initiatives to enhance community safety. Our commitment includes $500,000 per year to continue funding to organisations that work to prevent youth crime in regional Queensland and $100,000 per year to continue the successful Graffiti Solutions initiative. It includes funding to support the government's new legislation to address volatile substance misuse. Under the legislation, police are able to take those affected by volatile substances to a place of safety. The funding will support the establishment of five trial places of safety in Cairns, Townsville, Mount Isa, Logan City and inner Brisbane where those affected can recover, receive support and counselling, and be accommodated overnight if necessary.

Our commitment also includes $667,000 per year for Crime Prevention Queensland to continue whole-of-government implementation of the Queensland crime prevention strategy Building Safer Communities. A key initiative undertaken by Crime Prevention Queensland is the Smart State, Safe State: Partnerships for a Safer Queensland initiative through its leading corporations, academic institutions and community organisations partnered with the state government to develop and implement community safety projects. A good example of this is BizSafe, launched in May this year, which is a security risk and management program directed at small businesses operated through the Queensland Police Service and the NRMA. An additional $21,000 is allocated to address safety issues for seniors, including joint work with the Queensland Police Service.

The government's crime prevention funding commitments announced in this year's budget also include $1.55 million per year from 2005-06 to continue the implementation of the strategic framework for community crime prevention, and specifically the establishment and operation of local crime prevention action teams. These teams, called Building Safer Community Action Teams, consist of members from local council, police, business, community services and government agencies in each local area. They develop and implement action plans to address high priority crime and community safety issues. These are based on relevant local data and are done in consultation with their local community. Queenslanders statewide, I believe, will benefit from this investment in crime prevention, from volatile substance misuse, graffiti programs and senior safety to BSCATs and youth prevention programs aimed squarely at addressing local community safety issues.

Mr LAWLOR: Minister, 1-42 of the MPS outlines capital expenditure enabling the department to upgrade its information technology systems and support to staff. One of the key recommendations of the Crime and Misconduct Commission report entitled *Protecting children: An inquiry into abuse of children in foster care* was the need for the department to upgrade its information technology capabilities. What has been done to progress this?

Mr PITT: This is an important initiative for this agency as part of delivering on the recommendations of the Crime and Misconduct Commission inquiry into the abuse of children in foster care. Following the Crime and Misconduct Commission's report *Protecting children: An inquiry into abuse of children in foster care,* a blueprint for implementation of the recommendations was approved.

The blueprint identified a number of improvement strategies. Some enhancements to technical infrastructure have already occurred, and planning is under way to progress significant improvements in other areas in the latter half of this year. By that time the department's objective of providing integrated management and intelligent reporting systems will be well progressed. The department will have redesigned and significantly improved its systems to capture more useful, timely and higher quality information that it needs to best look after its clients. Better reporting and analysis information will be made available to those internal and external stakeholders who have the legitimate requirement to access it.

This initiative will allow service delivery staff to receive reliable information that was not previously available, and senior executives and other key stakeholders will then have timely access to critical performance information to also help assist in their decision making.

The CHAIR: Page 1-27 of the MPS refers to an initiative to enhance service delivery to Aboriginal and Torres Strait Islander young people at the Brisbane Youth Detention Centre to help improve the ways that the centre meets the needs of indigenous young people. As the Brisbane Youth Detention Centre has a large percentage of young people who are indigenous, and it is important to address the specific cultural needs of indigenous young people, can you provide details about this initiative?

Mr PITT: Yes, I can. The Brisbane Youth Detention Centre has an indigenous strategy that aims to create an environment which seeks to strengthen and encourage the learning and understanding of Aboriginal and Torres Strait Islander values, cultures and spirituality. This is being done by enhancing connections between the Brisbane Youth Detention Centre and Aboriginal and Torres Strait Islander young people, their families and their communities.

On 22 June 2004 the Brisbane Youth Detention Centre hosted a conference titled 'Our shared future'. The purpose of the conference was to invite Aboriginal and Torres Strait Islander elders and stakeholders to the centre to discuss strategies through which the community and the centre can work together to provide support to the young people while in secure care and once they leave the detention centre. The conference was a collaborative initiative on behalf of the Department of Communities, Education Queensland and Queensland Health. The centre currently provides a wide range of programs, cultural activities and services for indigenous young people. Some of the programs include men's place, cultural education, cultural garden, indigenous art and dance, and I had the pleasure of going out to the centre earlier this year to officially open the cultural garden.

All young people at the Brisbane Youth Detention Centre as part of the structured day activities have the opportunity to participate in a range of vocational education and life skill development programs such as anger management, addressing offending behaviour, legal awareness, sexual health, horticulture, first aid, welding and violence intervention. The 'Our shared future' conference covered topics such as programs for Aboriginal and Torres Strait Islander young people, education for indigenous young people, health issues for indigenous young people, transition issues and mentoring and visitor programs.

There are 41 indigenous staff employed at the Brisbane Youth Detention Centre plus a number of indigenous program providers on contractual arrangements. The centre works collaboratively with Aboriginal and Torres Strait Islander staff from Education Queensland and Queensland Health. Prior to their release from detention young people have a support plan developed that will assist in their reintegration into the community. Support plans include assisting the young person to comply with any community based juvenile justice orders, linking with employment and vocational programs and developing relationships with their families. Additional support, such as youth worker assistance and access to the MATES mentoring program, is available should they be required.

I might add that Aboriginal and Torres Strait Islander young people are well and truly overrepresented in the criminal justice system. In my role as minister with responsibility for youth justice, I will be doing my very best over the years ahead to reduce that number.

Mr FENLON: Minister, page 1-12 of the MPS broadly outlines initiatives targeting older Queenslanders. As the Minister for Seniors, can you explain what the government is doing to support and plan for the needs of Queensland's ageing population?

Mr PITT: As I am fast approaching that cohort in our population, being Minister for Seniors has come as a boost to me. I am genuinely delighted that in April this year the Premier made me Minister for Seniors. That is a move that will ensure Queensland seniors' needs will receive a high priority in this government. I welcome the opportunity to outline the development of the Queensland Strategic Framework for Ageing 2005-09. The current cross-government strategic framework, Our Shared Future: Queensland's Framework for Ageing 2000-04, ceases this year. The Department of Communities has commenced planning for the Queensland Strategic Framework for Ageing 2005-09. The new strategic framework will provide a policy and planning framework for ageing and intergenerational issues in Queensland and will demonstrate a strong commitment to the Seniors portfolio.

The Queensland Strategic Framework for Ageing is necessary to guide the complex task of coordinating all areas of government activity including policy and planning, legislation, service delivery and community education to address ageing and older people's issues.

The process for developing the strategic framework will take advantage of the broad policy dialogue on ageing and intergenerational issues that has developed within the government and with non-government groups in recent years. It is my intention that the development of the Queensland Strategic Framework for Ageing should build on the outcomes on the Queensland 2020: A State for All Ages project. This should include a focus on better cross-agency responses to issues such as social isolation and fear of crime as well as intergenerational and healthy ageing issues.

The CHAIR: Thank you, Minister. That might do for this block of government questions. I call the honourable member for Currumbin.

Mrs STUCKEY: Thank you very much, Mr Chairman. I wish to thank you for giving me the opportunity to ask questions of the minister, and I also thank the Deputy Chairman. Good afternoon, Minister. I refer to dot point 1 on page 16 and dot point 1 on page 21. Just a few minutes ago you spoke about enhancing access to government services for former child residents of Queensland institutions. Now that your ministerial colleague Liddy Clark has met with Aboriginal groups with offers of compensation for stolen wages, can you please tell me what is the situation concerning reparations for other groups affected by stolen wages, particularly those who are former residents of institutions? If you cannot tell me then I ask why not?

Mr PITT: My answer to this will be rather brief because our role is reasonably limited, as you would imagine. You may be aware of a group called the Esther Centre. We do contribute funds to the Esther Centre and a number of other groups, but that one particularly comes to mind. The funding for the Esther Centre is through Micah Projects Inc., which operates the Esther Centre itself. It receives a range of funding from the Department of Communities in this year, 2003-04.

Going through the list here, for the Forde Foundation secretariat there was $82,554. That was to provide an early intervention and family support service. The Esther Centre itself, as I mentioned previously, received $84,258 to provide a counselling, support and advocacy service to former child residents of Queensland institutions. Young Mothers for Young Women received $34,620 to provide an early intervention and family support service. Micah Inner City Services received $170,643 to provide counselling and support for people at risk of homelessness. The CAS Inner Brisbane Public Intoxication Program received $173,000 to provide for the management of a public intoxication program. Again, Micah Projects at the Esther Centre received $172,860 to provide a support service for victims of crime.

I am also pleased to be able to inform the member and the committee that my department has continued to work towards increasing the range and quality of services and programs provided to young people in detention centres by external, community based agencies. Securing the care continues to provide for increased participation of families and community agencies in the development and review of secure care plans for young people at the centres. Also there are a number of community organisations and individuals involved with the delivery of programs and services for young people in detention.

The Brisbane Youth Detention Centre has commenced a comprehensive strategy of engaging indigenous people in a broad range of functions at the centre. This commenced with a 'breaking the spell' Lighthouse project aimed at enhancing family and community support in connection programs, staff training and a particular developmental model for indigenous young people regarding loss, grief and the reclaiming of identity through culture. A conference for indigenous stakeholders called Our Shared Future took place at the end of June and focused on making connections with indigenous agencies and individuals who could offer support or programs to detained young people. The engagement strategy will conclude with a display of artwork by young people at Parliament House in September 2004.

I think it is evident by that range of programs that we are engaging indigenous people and other groups in attempting to assist them in transition in life. In summary, we provide a range of services for former residents but we do not, unlike other agencies, provide reparations.

Mrs STUCKEY: Thank you. I was asking about the reparations.

Mr PITT: I thought I would use the opportunity to tell you of all the good things we are doing.

Mrs STUCKEY: Thank you so much for that, Minister. I have another question. What is your position about implementing recommendations from the Forde inquiry and providing compensation to those abused in government and church run institutions such as Rockhampton's infamous Neerkol orphanage? Have you read the charter of redress from the Historical Abuse Network, and what is your position? When will you meet with victims of historical abuse?

Mr PITT: Let me make it clear: we do not provide compensation or reparation. That is not the role of my department. We provide services to people. As far as meeting victims of abuse in institutions is concerned, I have a meeting with the director-general lined up very shortly to visit the Esther Centre. I

have already had some private discussions with one of the key members of that group. On his invitation I will be making a visit to the centre.

Mrs STUCKEY: Thank you. Minister, I draw your attention to dot point 7 on page 1-12 of the MPS. It talks about the implementation of the schoolies three-point plan. Point 3 of the plan is awareness of rights and responsibilities. In consultation with school leavers in southern states, it has been brought to my attention that, while Queensland students receive education on the social aspect of schoolies, no education is provided to southern states. Is it your department's policy not to provide information to schools from southern states?

Mr PITT: I will come to the last part of your question, but in general I will refer to the good work that is being done in respect of schoolies. As part of the Queensland government priorities to protect our children, enhance community safety and deliver responsive government the Department of Communities is taking a lead role in implementing this year's Gold Coast schoolies week three-point plan. This is an issue I had the opportunity to discuss with you and the member for Surfers Paradise when we met on Monday.

The three-point plan, announced by the Premier on 15 May 2003, sets out the priority areas for government action to achieve better coordination and improve safety and awareness of rights and responsibilities for the tens of thousands of school leavers who go to the Gold Coast to celebrate the end of their school years. A review of the government's responses in 2003 identified Gold Coast schoolies week 2003 as the safest and the best coordinated schoolies week to date. This review incorporated feedback from the Gold Coast City Council, participating government agencies, volunteers, residents and the schoolies themselves. Additional police numbers and over 1,200 volunteers contributed to a safer and smoother festival. A full program of diversionary activities also played a major role in crowd management and satisfaction.

Planning towards the event of 2004 is under way, with 25 government agencies participating in a coordinated effort towards the delivery of support and services for a safe and enjoyable event. Significant consultation with community and sectoral leaders has been under way since May of this year. One hundred and thirteen key community leaders, businesses and resident groups have been invited to an information session scheduled for 28 July at Surfers Paradise. I would hope the member and her colleagues on the Gold Coast would make the most of the opportunity and attend that.

The New South Wales Department of Education and Training does its bit, too, because, as you quite rightly point out, many of the young people who attend schoolies on the Gold Coast come from interstate. Having responsibility for that state, the New South Wales Department of Education and Training does its bit to inform young people who are coming to Queensland about their rights and responsibilities, dangers and safety issues, et cetera.

I understand that the postcard we produce has already gone out to students in New South Wales. I also extend to you the invitation I gave you on Monday to assist all of us to make sure that the 2004 schoolies is even better than that of 2003 by becoming involved and spreading the information that these young people need to make the most of a wonderful event. Also, advertisements will be appearing in the Victorian schools periodicals for students. So we are trying our best to go interstate to inform young people about this marvellous event.

Mrs STUCKEY: Thank you, Minister. I refer to *Budget Highlights 2004-05* for the Department of Communities, which states under the banner 'Strengthening Queensland Communities'—

- To respond to major community issues, including homelessness, drug misuse ... the Budget provides $0.58 million in 2004-05 to implement initiatives under the Brisbane Place Project.

Can the minister please advise what is happening to deal with homelessness on the Gold Coast? Given the loss of 20 beds for men at Still Waters, Southport, Blair Athol offers the only crisis accommodation on the Gold Coast. It provides service to between 10,000 and 12,000 people annually and has had no staff increases in 10 years. Will this stretched service provider be given extra funding? If so, when can this be expected?

Mr PITT: Before I answer this question, would you allow me to add a bit of information to a previous answer about the Esther Centre? My staff have just checked my diary. That meeting is set down for 24 August.

Mrs STUCKEY: Thank you very much, Minister.

Mr PITT: As you know, the Gold Coast local area is currently experiencing a significant reduction in the availability of affordable and low-cost housing options. This is due in part to a high level of interstate migration and a boom in the housing market. The Gold Coast area also has the highest youth homelessness rate in the state and has been identified as the area of highest need for the Supported Accommodation Assistance Program, SAAP. The Supported Accommodation Assistance Program is a joint Commonwealth-state program. It provides financial assistance to community organisations for the operation of a variety of accommodation and support services for homeless people in crisis and those at risk of homelessness.

The Commonwealth Department of Family and Community Services and the Department of Communities jointly fund the SAAP program. At present there are no unallocated triennial funds available in the SAAP program, and no further enhancements in Commonwealth funding are anticipated during the life of the current SAAP agreement. That agreement concludes in 2005. It is understood, however, that the national SAAP Coordination and Development Committee is conducting a national project to examine funding allocations that have traditionally disadvantaged Queensland prior to negotiating the next SAAP agreement for 2005.

Organisations within the Gold Coast region currently receive approximately $2.5 million in Supported Accommodation Assistance Program funds annually to provide a range of services for people who are homeless or at risk of becoming homeless. In order to provide the most effective response to homelessness with the limited funds available, it is imperative that agencies work collaboratively and cooperatively. The SAAP funded agencies on the Gold Coast have a strong history of working closely together and hold regular network meetings to facilitate this process.

There is currently one SAAP-funded crisis accommodation service at the Gold Coast which provides emergency accommodation for up to seven young people aged 12 to 18. There are two medium-term SAAP services for young people. There is one residential service and four alternate care placement services for young people who are subject to departmental intervention. I would appeal to the member to use whatever influence she may have with the current federal government to squeeze a few more dollars out of it to ensure that Queensland's historical underfunding as part of this program is rectified.

Mrs STUCKEY: I defer to the member for Gladstone.

Mrs LIZ CUNNINGHAM: Minister, you have just listed five new places of safety for children: Cairns, Townsville, Mount Isa, Logan and Brisbane. Can you clarify where children from that very huge geographical mid section, central Queensland above and below, are going to go?

Mr PITT: The member asks a very good question. If I were in your position I could ask the same question for far-north Queensland or the same question for Brisbane or wherever else it may be. You must understand that this is a trial program. Five places of safety have been chosen on advice from the department through its investigations of issues. That does not mean that we do not have problems elsewhere. This is a joint state/federal program. The federal government is a major funding partner in this program and has worked with us to identify the trial areas. As a matter of fact, the federal government still has to sign off on some of the agreement surrounding the actual positions within those trial centres.

To answer your question, I cannot give you a guarantee that everyone within the central Queensland region will be able to access these services at this stage because, as you understand, it is a pilot program. We will monitor its success and, should it prove successful, no doubt we will be going back to the Commonwealth and asking them to assist us to spread the network of support throughout Queensland.

Mrs LIZ CUNNINGHAM: Up until this transition period both domestic and overseas adoptions were under your portfolio. In relation to the last year—and if you have the previous year that would be excellent—can you clarify for me the number of domestic adoptions and the number of overseas adoptions that might have been completed?

Mr PITT: You would understand from my opening statement that issues relating to adoptions—although we have some joint responsibility with the legislation, the actual detail of the adoptions process now rests with the Minister for Child Safety. As such I have not taken an active part in issues surrounding adoption, so I am unable to answer your question.

Mrs LIZ CUNNINGHAM: On page 1-33 of the MPS it states that user charges were well under expectation and you explain in subnote 2 why. Could you clarify in what areas you expected to generate income—it is $10 million—that did not come to fruition?

Mr PITT: My understanding is that this relates to the slower than anticipated take-up on the Smart Service Queensland roll-out. I might ask the director-general to add further to that.

Ms Apelt: Smart Service Queensland currently delivers five services: vehicle and vessel registration renewals, camping permits, vehicle service permits, stocked impoundment permit services and energy advisory services. In addition, Smart Service Queensland also delivers a wide range of information and referral services and campaign activities such as the schoolies week hotline. The transition services into Smart Service Queensland have been slower than was originally anticipated. However, this has been primarily due to the difficulty of developing services via multiple channels across a range of agencies. In addition, the application of a range of the methods to make these services come online has been particularly complex.

However, the following services are on track for delivery by Smart Service Queensland in the next six to 12 months. This is the Office of Fair Trading licensing inquiries, liquor licence inquiries, business name registrations and renewals, general purpose payments, release financial interests, requisition and

amendment financial interests, lists of licensed premises and premises detail reports, bills of sale, register of encumbered vehicles, boats and wrecked vehicles, miscellaneous department of services, community services—which will be a human services cluster—Wageline, events permits, grants, Seniors Card and concessions. Smart Service Queensland will then be delivering 22 services plus information and referral services. This will mean that because Smart Service Queensland operates on a fee-for-service arrangement, those services which will come online at a later date will pay a fee for the service that Smart Service Queensland provides. Therefore, we will see the projections for user charges actually increase once these services come online.

Mr COPELAND: My question is regarding your position as being responsible for youth affairs. I am glad that the Premier remembered that there was a minister responsible for youth after forgetting about it briefly after the election. Previously at estimates I have stated my disappointment that the Office of Youth Affairs has not had its own line item so that you can look at exactly what is involved. I put that on record again this year and hope that in next year's budget papers we might see some more detail. Likewise I am still unsure about the efficacy of the numbers of people participating in the Duke of Edinburgh Award scheme as a real measure of participation of young people. Again I put that on record.

MPS 1-37 refers to young people participating in government decision making. It records 135,000 in the year 2003-04. Could you provide a breakdown of the participation by activity of that 135,000, please?

Mr PITT: In relation to a couple of the issues you raised regarding the Office of Youth Affairs, I will give you a heads up: it is my intention to integrate all youth activities within my department to a continuum. The Office of Youth Affairs will cease to exist at some point in the future, as will the designated Youth Justice Program. I intend to amalgamate those into an Office of Youth to attend to details regarding young people as a continuum.

As to your second point regarding the Duke of Edinburgh Award program—it is a wonderful program, but you are right; it is just a program. It is one of many programs that we need to become involved in. I thank you for your participation recently in the youth parliament—another good program. It is my intention as minister to enhance the offerings for young people to participate in activities like that.

The Office of Youth Affairs within the Department of Communities has continued to implement the Youth Participation Strategy which has a number of principal components. The State Youth Advisory Council is one component of the strategy. The council provides a voice for young people across Queensland on a range of issues including health, education, transport and housing. Two key priority areas for the current council have been supporting the implementation of the Queensland Youth Charter and the Education and Training Reforms for the Future. The GENERATE youth web site provides information and connections between young people and the Queensland government. The site has become increasingly popular with more than 146,400 user sessions recorded during the period 1 July 2003 to 31 March 2004. That was double the target that was set for 2003-04. The Get On Board initiative aims to increase the number of young people on government boards and committees. The Office of Youth Affairs has worked with the Department of the Premier and Cabinet to adopt a central register of nominees to include a stronger youth focus.

The Office of Youth Affairs will assist in promoting the new register when it is launched and implement strategies to support the participation of young people on government boards and committees. In 2003-04 $0.29 million was allocated to projects that increased young people's participation in their local community through youth participation grants totalling $250,000 that were allocated to organisations across Queensland and the Yes! You grants, totalling $40,000, were allocated directly to young people.

Back to the Duke of Edinburgh Awards, the number of young people participating in the Duke of Edinburgh Awards amounted to a massive $22,000. That is a huge program and one that I am determined to see spread across the length and breadth of Queensland into schools wherever they may be.

Mr COPELAND: In relation to the 135,000, have you got the breakdown of that?

Mr PITT: I do not have that detail with me. We will find out the detail and provide it to the committee at a later date.

The CHAIR: I would like to invite members of non-government parties to ask one more question so we can keep the timing of questions between the different sides even during this examination of the Department of Communities.

Mrs STUCKEY: I have another question on schoolies, Minister. On the schoolies web site there is detailed information about many aspects of schoolies. I congratulate the department on a very thorough discussion on the site about drink spiking and sexual health. I did notice some absences. One of the problems associated with the schoolies festival is violence—not just sexual violence but also alcohol-fuelled violence. Why is it that physical violence and wilful destruction are not discussed on the web site? I understand there is a link to a drink site, but even that is difficult to find and does not give much information.

Mr PITT: As you would be aware, the problem of alcohol intake and behaviour resulting from that is not just confined to young people. One of the things that has been impressive in the government's response to need on the occasion of Gold Coast schoolies week is the increased police presence and also the increased work being done by the Liquor Licensing Branch, as well as a whole host of volunteers who support young people who unfortunately over-imbibe and put themselves either at health or personal safety risk.

I am informed that the Gold Coast schoolies web site is being continually developed. I think that what you have raised here today is an important issue and I will ensure that my department takes it on board and if necessary, if it is not clear in the present web site, we will provide further information to assist regarding the issue you have raised today.

The CHAIR: The time for non-government members in this section has expired. I call the member for Greenslopes.

Mr FENLON: MPS 1-36 states some of the initiatives to respond to the contribution of volunteers. As 26.8 per cent of Queensland's volunteers are young people, what is the Queensland government doing to recognise the efforts of these exemplary individuals?

Mr PITT: I welcome the opportunity to report on the Queensland government's initiative to recognise the efforts of young volunteers in our community. ABS data shows that between 1995 and 2000 the biggest growth area in volunteering was youth, with a recorded increase in participation of 16.6 per cent to 26.8 per cent. As this statistic indicates, young people volunteer in significant numbers. The Youth Volunteer Awards were created on International Volunteers Day 2003. The awards respond to research identifying that young people, despite being a significant volunteering group, were not having the extent of their contribution to the community acknowledged. These awards provide an avenue to recognise, reward and promote the outstanding volunteer efforts of young Queenslanders. Over 120 nominations were received from across the state and on 13 May this year, during National Volunteers Week, the inaugural Youth Volunteer Awards were held here at Parliament House. I had the pleasure of presenting cash awards of $2,000 to 15 young people in recognition of their contributions to the community.

These young people support their local sporting clubs, care for our environment, assist the community in times of crisis and they provide companionship to the sick and the frail and provide support to families and individuals through community and charitable organisations. I will give, by way of example, a list of some of the winners: five members of the Beenleigh Area Youth Service Young Parent Steering Team were winners for their work in facilitating the Beenleigh Young Parents Program which regularly visits parenting groups to speak on issues relevant to young parents, assists young parents with access to services, coordinates fundraising activities and works to raise the profile of the Young Parents Program. Louise Clout from Cairns was recognised for her work with Queensland Wildlife Rescue. Louise spends time after school each day caring for injured animals by preparing their food, feeding them, cleaning cages and dressing wounds. These are just two examples of young volunteers who are making an enormous contribution to the lives of all Queenslanders.

The awards link with Engaging Queensland, the Queensland government's policy on volunteering. This policy was launched in May 2003. It outlines the Queensland government's plan for the support and development of volunteering in Queensland over the next five years. One of the underlying principles of the policy is that volunteers are highly valued. The Queensland Youth Volunteer Awards support this principle by providing the Queensland government with an opportunity to formally recognise the voluntary contributions of young Queenslanders and generate positive media coverage for youth and volunteering in general. Those of us who took particular note of the Olympic Games, not just the action but what was happening behind the scenes, would have seen that the number of young people volunteering was quite significant and contributed to the huge success of those games. It is indicative of what Australians are all about; give them a good cause and they will step up to the mark and volunteer.

Mr LEE: At page 1-21 of the MPS it states that the department will evaluate the Domestic and Family Violence Protection Act 1989. Considering that thousands of Queenslanders are affected by domestic and family violence each year, what other initiatives does your agency provide to support the victims?

Mr PITT: The Department of Communities commits $25.8 million every three years to provide a range of services to people affected by domestic and family violence. Of this $11.9 million provides services to men, women and children who are affected by domestic and family violence and $13.8 million provides for accommodation services to assist women and children escaping violent relationships. A range of services is funded to respond to domestic and family violence. These include: court support and counselling services; regional domestic violence services; research, education and evaluation services; telephone counselling and referral services; perpetrator programs; and indigenous healing services.

The indigenous healing services are an innovative model of service delivery. They each provide a mix of traditional and contemporary therapeutic models of support and counselling as well as referral,

advocacy and community education. Each service is tailored to the community in which it is situated. Locations for the services are: Pormpuraaw, Napranum, Cunnamulla, central Queensland and Injinoo.

The department funds two domestic and family violence statewide services, DV Connect and the Queensland Centre for Domestic and Family Violence Research. DV Connect provides counselling, referral and support to all who are affected by violence through three separate telephone lines. The first is a counselling, support and referral line for women and their children and men who are experiencing domestic and family violence. The second is an information and referral line for male perpetrators of domestic and family violence. The third is a support line for service providers.

The Queensland Centre for Domestic and Family Violence Research is collocated with the Central Queensland University in Mackay and provides research, education and evaluation on domestic and family violence. My department and the centre are working collaboratively with non-government domestic and family violence services in Queensland in the evaluation of the Domestic and Family Violence Protection Act 1989. The $11.9 million funding for domestic and family violence services includes an additional $3.4 million committed by the Beattie government in the 2002-03 budget over three years for new court counselling and support services for people in non-spousal relationships who are eligible for protection under the Domestic and Family Violence Protection Act 1989.

The CHAIR: Page 1-11 of the MPS states that the department will be continuing to develop and deliver prevention and early intervention services through Queensland Families: Future Directions. Are any initiatives in this programs specifically designed to meet the needs of indigenous families?

Mr PITT: In June 2002 the government launched Queensland Families: Future Directions as its central policy platform for vulnerable children and families. The budget increase was $148 million over four years, $32 million of that in 2003-04. Of the 27 Future Directions initiatives, several focused on meeting the needs of vulnerable Aboriginal and Torres Strait Islander families and addressing the concerning overrepresentation of indigenous clients in both the child protection and youth justice systems.

In consideration of how this year's additional $10 million for early intervention will be allocated, my department considered the types of services that will best meet the needs of indigenous families as well as other vulnerable families in our community. In considering the types of models that may be funded in the coming years, we are drawing on the well-documented evidence of successes in early intervention gathered over the past 18 months.

Worthy of particular mention are two family support centres that opened in Rockhampton and Beaudesert at a cost of $750,000. The centres aim to keep indigenous children out of the statutory systems through practical and culturally appropriate family support. The Darumbal Community Youth Service opened the Eaglehawk Indigenous Support Centre. Eaglehawk achieved life-changing outcomes such as finding accommodation to keep families together, making links with necessary health services, the reversal of high truancy or non-attendance at school, and obtaining access to transport and improving financial management skills.

The Mununjali Jymbi Centre in Beaudesert commenced in early 2003 with three aims: to provide family and cultural development such as an elders network and language reclamation program; to provide family support, emergency housing and accommodation; and to provide healing and intervention services. The outcomes of the service include working with real estate agencies to attain entry into the private rental market and negotiating and developing cultural programs in schools.

For the first time in a number of years, local police and the indigenous community have reported negligible incidents involving clients of the service. The evaluation of both centres found them to be highly effective and showed significant value for the government's investment. For example, 36 families, comprising over 160 family members, were assisted. Of these, 13 family members were assisted to gain employment, 10 families were assisted to gain stable accommodation and the school attendance was enhanced for 29 children.

Mr LEE: Pages 1-3 and 1-4 of the MPS outline your agency's key priorities for 2004-05. From the over $140 million provided in funding to non-government organisations, what initiatives are being funded to respond to the emerging needs of Queensland families?

Mr PITT: Funding to non-government organisations constitutes the largest expenditure item in the Department of Communities' annual budget. It amounts to just over 50 per cent of the total budget. In fact, the MPS shows on page 1-45 that we are budgeting $146.8 million in grant outlays in 2004-05. Some of the major initiatives for families include funds for prevention and early intervention services which will be sourced from the final instalment of $10 million from the Future Directions initiative, expanding public safety initiatives, including investing $1.4 million in whole-of-government and community based crime prevention initiatives, and $1 million for additional licensing and monitoring staff to fulfil the government's obligations in the area of child care which assists working families throughout the state.

The department will continue to fund a wide range of community services to support vulnerable families. Funding is provided in the areas of homelessness, support for victims of crime, domestic and

family violence prevention, seniors, child care, young offenders and neighbourhood centres. Some examples of services for vulnerable families which will be funded in 2004 include the Rural and Isolated Accommodation Service offered by Anglicare out of Rockhampton. It is funded to the tune of $450,000 per annum to provide a support service for homeless families. Also the Victim Support Service auspiced by Relationships Australia will be funded up to $890,000 per annum to provide a support service for victims of crime. Indigenous domestic and family violence healing services operating at Rockhampton, Pormpuraaw and Cunnamulla included in these services each receive $230,000 per annum. The seniors inquiry line auspiced by Lifeline Brisbane receives $0.2 million per annum to provide a telephone information and referral service for older people.

The Jabiru child care hub, auspiced by Jabiru Community Youth and Children Services Association Inc., receives $69,000 per annum to provide a hub service to respond effectively to the diverse needs of children and families. Neighbourhood centres across the state such as two centres in Gladstone and Mackay, which each receive funding of some $75,000 per annum, provide a community centre based development and support service.

Mr FENLON: Page 1-27 of the MPS refers to an initiative to enhance service delivery to Aboriginal and Torres Strait Islander young people at the Brisbane Youth Detention Centre to help improve the ways that the centre meets the needs of indigenous young people. Young people at the Brisbane Youth Detention Centre recently held an art show at the centre to display their work and another show is planned for later this year. What is the purpose of these shows and where do the profits go from any sales?

Mr PITT: The art show project will provide an opportunity for young people of the Brisbane Youth Detention Centre to publicly demonstrate talent that may not have been otherwise recognised. It also provides an opportunity for them to learn new vocational skills and perhaps even consider a future career option.

In the lead-up to the art exhibition to be held at the Parliament House Annexe in late August or early September, the young people displayed their works of art at the Sharing the Futures Conference, which I indicated in an earlier question was held on 22 June this year. I will meet with the young artists and their families on 24 August and present them with participation certificates in recognition of their efforts. This function will be videotaped and distributed to the families of young people not attending the function.

Young people at the Brisbane Youth Detention Centre have been actively involved in the decision-making processes surrounding the display of art works. The families and friends of the young people had an opportunity to view and purchase art works at an organised family function on Wednesday, 23 June. Proceeds from the sale of young people's exhibits have been and will be deposited into their respective trust accounts. This has encouraged the young people's willingness to be involved in the art projects and promotes an opportunity for the young people to obtain a lawful income and be actively involved in constructive activities.

I think we all understand that it is a distinguishing human trait to express ourselves, our frustrations and our innermost anxieties through art. Such artistic expression is a very positive avenue for the young people of the Brisbane Youth Detention Centre to express themselves in ways which have not been previously available to them.

Cultural expression in this form and others is very important to both the indigenous and the non-indigenous young people at the centre. I am happy to see my department working with other agencies of government to ensure that interested and talented young people have every opportunity to develop their artistic expression and any consequent benefits which may accrue from that process.

The CHAIR: Page 1-35 of the MPS refers to something dear to my heart—regional engagement and coordination. Can you tell the committee what the government has done to give a voice to rural Queensland?

Mr PITT: I am pleased do that. As part of this government's commitment to building Queensland's regions and delivering responsive government, the 2004-05 budget includes $700,000 to support and to improve ways to give regional Queenslanders a voice in government. We are improving the regional ministerial community forums, which currently provide an important link between cabinet ministers and regional community representatives. The forums, which were introduced by the government in 1999, provide regional Queenslanders with better access to government and the opportunity to influence decision making and policy development. Forums also assist cabinet ministers in better understanding and appreciating regional needs, issues and priorities.

Following a review conducted earlier this year, the government has approved an enhanced model where forums will be a number of things: they are going to be more flexible, with increased opportunities for engagement with the community; they will have a stronger focus on developing local solutions; they will have a more streamlined administrative process; and they will draw on a wide range of community resources, including community agencies, business and industry and local government.

I am also very pleased to say that, for the first time, forums will now cover all Queensland communities, not just those along the coast. I had opportunity prior to the first forum to visit some of our central-western and south-western centres to promote the concept of their involvement in the forums. I can tell you that they are looking forward to that process. That process is now started, with individuals from those parts of Queensland now firmly ensconced as part of the forum process as members of the forum.

The role of regional managers forums, now called Regional Managers Coordination Networks, will also be supported and enhanced to ensure that government programs in the regions are delivered in a coordinated and streamlined way. The Department of Communities will provide executive support to RMCNs to undertake their enhanced role and will encourage innovative approaches to regional service delivery for communities.

The networks will also play an important role by working closely with forum members to provide advice on issues, identify local solutions and possibly work with forum members in resolving some issues. In addition to the enhanced forums and networks, I have established a backbench advisory committee on regional issues called the Regional Queensland Council. I note that the chairman is a member of that council. It will provide the government and I with another means of feedback and monitoring of current and emerging issues challenging rural and regional Queenslanders, including government service delivery at a local and regional level.

The RQC has 10 members of the parliament representing the 10 regions across Queensland, which align with the regions in the Department of Communities. All of Queensland is covered by the work of the RQC, which will meet with me regularly and provide reports highlighting issues of concern to people in their regions and ways that we can better coordinate and streamline service delivery. The RQC will be supported through my office. Members will attend ministerial regional community forums and, where necessary, regional manager coordination network meetings to provide feedback on issues that are raised at those forums.

Mr LEE: Page 1-35 of the MPS refers to e-democracy initiatives. Could you explain how these initiatives are encouraging more Queenslanders to participate in the governing of their state?

Mr PITT: The Beattie government has demonstrated, I believe, its long-term commitment to delivering responsive government with the allocation of $2.4 million over the next three years to further develop Queensland's internationally recognised e-democracy initiatives. There are currently four e-democracy initiatives—the e-petition service, the Internet broadcast of parliament, the trial of online community consultation, and the Get Involved community engagement web site.

These initiatives are using the Internet to improve and increase public access to our parliament and participation in government decision making. The e-petitions service allows members of the Queensland public to start, join, locate and follow an e-petition via the Internet. Since the service commenced on 26 August 2002, 39 e-petitions have been lodged with the Queensland parliament and more than 11,000 electronic signatures have been collected.

The Internet broadcast of parliament initiative was launched on 1 April 2003—what a precipitous date, 1 April. Since then there have been more than 5,100 unique requests for the broadcast with an average time of two hours 36 minutes. This shows that interested people are using the service to follow what their elected members are raising and debating in parliament.

The online community consultation initiative called ConsultQld commenced on 6 May 2003. ConsultQld is an innovative mechanism which allows Queenslanders to respond online to particular issues under consideration by the government. It is located on the Get Involved web site. There have been six online consultations conducted since the launch of ConsultQld, addressing issues from the middle phase of school to a review of the Retail Shop Leases Act.

As at 30 June 2004 over 496 unique respondents had made over 1,000 online submissions. Over 4,000 nominations for Queensland's aquatic emblem were received online via ConsultQld. I am pleased to report that the review of Queensland tobacco legislation by Queensland Health is currently open for comment also on ConsultQld. The e-petition service and ConsultQld do not replace off-line opportunities for engagement between the community and the Queensland government and its parliament. They are simply using information technology to enhance people's access to decision making and the processes of government and parliament any time, anywhere. The Get Involved web site includes information about Queensland's democratic processes and community engagement.

The CHAIR: Thank you, Minister. That completes the committee's questions in relation to the Department of Communities. The committee will now take a short break to allow a changeover of officers for questions in relation to Disability Services Queensland.

Mr PITT: Mr Chairman, I would like to thank the members of your committee for their questions and the interest that they have shown in the Department of Communities. I would also like to thank the staff from the Department of Communities who have assisted with this process.

The CHAIR: The committee joins with you in that. The committee will resume at 5.20.

Sitting suspended from 5.17 p.m. to 5.24 p.m.

The CHAIR: Estimates Committee E will now resume. The question before the committee is that the proposed expenditure for the portfolio of the Minister for Communities, Disability Services and Seniors be agreed to. The organisational units of the Department of Seniors and Disability Services Queensland will be considered in this session. I ask departmental witnesses to identify themselves before they answer a question so that Hansard can record that information for its transcript. I also ask that all mobile phones be switched off. I now call the member for Burdekin.

Mr PITT: Mr Chairman, could I be afforded the opportunity of making an opening statement?

The CHAIR: Strictly speaking, no, you only get five minutes and you had it. It would require the indulgence of the rest of the committee to do that.

Mr COPELAND: A short one.

The CHAIR: Okay, a short statement.

Mr PITT: Thank you very much, Mr Chairman. I want to advise the committee that to my right are Ms Linda Apelt, the Director-General of Disability Services Queensland, and Ms Bette Kill, the Assistant Director-General for Disability Services Queensland, and to my left are Mr Brad Swan, the Assistant Director-General of Corporate and Executive Services, and Mr Bernie Elder, the Director of Finance and Administration.

It is with a great deal of pride that I present the budget for Disability Services Queensland to this committee. The Beattie government has demonstrated its commitment to the core social responsibility of caring for the community's most vulnerable with a very significant funding boost for Disability Services. The total operational budget for Disability Services Queensland has increased to $454.7 million for 2004-05. That includes a $220 million injection of new money over four years. This represents an 18 per cent increase over the 2003-04 budget. I remind members of the committee that last year's budget also contained a very significant funding increase of $200 million over four years. I acknowledge that historically this very important area has been underfunded and, to a certain extent, we continue to play catch-up. However, this year's massive budget funding increase, particularly coming on top of another big increase last year, means that we will make a real difference to the lives of Queenslanders with a disability, their families and carers.

About 1,900 more individuals and their families will receive quality services and support this financial year. There will be an extra $106.4 million over four years to increase support for adults with a disability, which is almost $19 million more than this financial year. There will be almost $64 million extra over four years to increase support for families and children, which is an additional $10.6 million this financial year. There is almost $50 million more over four years to support communities and infrastructure, an extra $10.5 million this financial year. By 2007-08, state government funding for Disability Services will be more than 240 per cent higher than when the Beattie government came to office.

Other important aspects of the budget I would like to inform the committee about include an extra $12.8 million recurrent and non-recurrent funding to improve viability in the non-government sector; an extra $10.7 million for adult lifestyle support; an extra $6 million for families of people with a disability; an extra $4.7 million for young adults with a disability; an extra $4.4 million to provide more respite for families; an extra $1.2 million for new and enhanced childhood therapy; $600,000 for the disability sector quality system; $1.5 million in new money to support communities through an expanded local area coordination program; and trials of innovative community supports. On top of that, the budget also includes a number of new funding initiatives: $2 million for an intensive behavioural support team pilot; $500,000 to assist people with a disability living in private hostels and boarding houses; $2 million has been allocated to fund alternative services to hostel care to support people with a disability with high-support needs and challenging behaviours; $1.5 million has been allocated for innovative and support in housing in Townsville, while funding has also been improved to build an innovative house at Ipswich; and $500,000 has been allocated to establish a rural accommodation support option for people with high-support needs and challenging behaviours. The budget signals an exciting time for Disability Services in Queensland as we are determined to put this very significant financial boost to the very best use for people with a disability and their families and carers.

The CHAIR: Thank you, Minister.

Mrs MENKENS: Thank you, Mr Chairman, for the opportunity to appear here and also thank you for indulging me to appear somewhat out of order on the Seniors area. Minister, I refer to page 1-1 of the MPS and the work undertaken by the Seniors Interests Unit. What projects has your department and Queensland Health undertaken to analyse the level of need for transitional health care, and has the Seniors Interests Unit undertaken research into the need for additional providers of convalescent care or stepdown facilities for seniors?

Mr PITT: There has been an ongoing and extensive statewide consultation on this matter. It is my information that the report is about to come to me. Until such time as I receive that report, I am not in a position to make any further comment.

Mrs MENKENS: I appreciate that. Thank you, Minister. Minister, I refer to page 1-1 of the MPS again and the work undertaken by the Seniors Interests Unit. I am aware that the federal government wrote to all states and territories in early February of this year encouraging them to take advantage of an additional $25.5 million in funding to allow the states' Seniors Card holders to access concessional fares on public transport when travelling outside their home state. Minister, on what date did Queensland sign up to take advantage of this additional funding? When can Queensland seniors take advantage of these changes?

Mr PITT: Methinks you have been speaking to De-Anne Kelly.

Mrs MENKENS: No, actually.

Mr PITT: We have not signed up to this offer from the Commonwealth for the very simple reason that it is not a good offer for Queensland in the long term. The state government already provides $430 million a year in concessions for concession card holders, including seniors. The federal government's proposal has been considered and a formal response is currently being prepared. As you can appreciate, until the Commonwealth has been formally advised, no further public statement needs to be made in this area. However, what I can say and have said previously is that my concern with this federal government proposal is whether John Howard is pulling an election year hoax on Queensland seniors. The main problem with what Mr Howard is proposing is that he will not commit to continue federal funding for these concessions into the future. The federal government has a nasty track record on this type of issue. I know that there are many community groups around Queensland who have been victims of the federal government's funding hoaxes in the past. What it did was it funded the pilot projects of community groups for a number of important projects around the state, and many of these groups did fantastic work. Some even won awards, but then the federal government refused to keep funding them. I do not want to see a similar hoax pulled on Queensland seniors. What I am saying is that, unless the federal government is prepared to commit to the long term, I am not going to be party to a situation where we sign up for an interim and then be left holding the financial burden for the taxpayers of Queensland to pick up what was initially a federal government initiative.

Mrs MENKENS: Yes, I understand that the Northern Territory and Western Australia did pick up this one.

Mr PITT: As you would know, member for Burdekin, we in Queensland are different.

Mrs MENKENS: Minister, I refer again to page 1-1 of the MPS and the work undertaken by the Seniors Interests Unit. I refer to a ministerial media release issued by the Premier on 16 February 2004 announcing a new task force to fight crimes against seniors. Minister, in light of the recent spate of bag snatching and break-ins in the Brisbane region targeting elderly residents, what work has been undertaken by the Seniors Interests Unit towards the crime task force as a result of these attacks, and what is the proportion of the unit's budget that is dedicated to senior safety issues?

Mr PITT: The Seniors Interests Unit does not engage in this work per se itself, but we do have a statewide crime prevention strategy. I just want to let you know that the Seniors Interests Unit is going to become an Office of Seniors shortly with an enhanced head office and an allocation of resources, and we will have throughout the 10 regions of Queensland offices dedicated to work with and on behalf of seniors. I think that is good news. Central to the Queensland government's commitment to reducing crime and the causes of crime is the Queensland crime prevention strategy, Building Safer Communities. Crime Prevention Queensland drives the implementation of this important strategy and supports the government in achieving its priority of enhancing community safety. CPQ provides leadership and assistance to develop innovative, evidence based targeted crime prevention across Queensland and the community.

CPQ's key achievements in these areas during 2003-04 include the development of Smart State, Safe State: Partnerships for a Safer Queensland; the continued implementation of the government's strategic framework for community crime prevention, including the establishment and operation of seven community action teams; and support for the government's new legislation regarding volatile substance misuse. On the issue of seniors, I think that you as well as I would understand that we are all mortified when the very vulnerable—whether they be young, disabled or the elderly—are the targets of crime. There is no crime that is less worthy I guess of condemnation from the public than crimes against the elderly. However, I think there is also scientific data or collective data to indicate that sometimes with our senior citizens it is the fear of crime that is just as damaging to them as the actual crime itself.

Statistics also show that seniors are not more prone to be the victims of crime than any other section of society. It is just that I think that we have a very strong abhorrence for crimes against seniors. I might inform you that in a previous role as a member of a backbench committee I supported very strongly the concept of establishing seniors volunteer police to assist sworn police officers in helping senior victims of crime. As it is now, of course, a senior who is a victim of a break-in perhaps or

something like that is visited by police officers—and they do a wonderful job—but they have to move on to other duties. It is my belief that we need to have dedicated people who will then work with those people for a period following that to ease them back into a feeling of security in their own communities.

Mr KNUTH: I just want to say that it is an honour for me to have the shadow portfolio for disabilities. It is an issue that I am very passionate about and I am quite sure that the minister shares that view. I am happy to see that we have a minister who comes from the same territory as I do, north Queensland. I look forward to working with him in the next two and a half years. I refer to page 2-3 of the MPS and the section titled 'Quality and Accountability' which refers to the disability sector quality system, which also applies to funded non-government providers. What disciplinary action has the department initiated against any departmental staff, members and management committee or care officers implicated in the Adult Guardian's report into Care Independent Living Association on Bribie Island? Does the minister believe that this association should continue to operate?

Mr PITT: My department has recently received a copy of the Adult Guardian's report into concerns about Care Independent Living on Bribie Island. The department is examining the report and will consider whether changes are needed to Disability Services Queensland's policies and procedures.

Let me state at the outset that the government and I as minister take very seriously allegations of sexual assault or any other kind of abuse. The contents of the Adult Guardian's report are confidential and I am unable to comment on its findings. I understand that some matters are still the subject of police investigations. However, I will make these general comments: as the Minister for Disability Services, I will be seeking to strengthen the role that the government has to ensure that people with a disability are treated fairly and with dignity. I am currently seeking advice on how the government can go about this. I have been taking a keen interest in what the Queensland advocacy group has been stating about a stronger system of accreditation of service providers. This year, the government introduced the Queensland Disability Service Standards, which outlines 10 standards for improving the quality of services in the disability sector. That is a priority for the government and there is a priority for me as minister. In relation to care, I can confirm that Disability Services Queensland is closely monitoring and working with the organisation and I will shortly be looking into the recommendations for the future of Care Bribie Island.

Mr KNUTH: I refer again to page 2-3 of the MPS and the section titled 'Quality and Accountability'. What amount of funding has Care Independent Living received over the past two financial years? What amount of money has it been allocated for the forthcoming financial year?

Mr PITT: Care Bribie Island as an organisation does not receive direct funding from Disability Services Queensland. It is a provider that has attracted to its programs individuals who have received packages. As part of the empowering of people with a disability process that has taken place over the last few years, individuals with a disability are provided with packages and they can then select the carer or the provider at which to spend this particular package. In this case, the residents of Care Bribie Island were people who were funded by DSQ who then had the capacity to choose the provider for themselves. Given some of the circumstances surrounding the history of Care Bribie Island, one could say that that choice was not a good one.

Mr KNUTH: I have just one more question. I refer to this same issue and again to page 2-3 of the MPS and the section titled 'Quality and Accountability'. What steps does the department intend to take to relocate any residents of Care Independent Living who are in receipt of DSQ funding? Where are they going to be relocated? What additional support is going to be made available following their traumatic treatment at this facility?

Mr PITT: Since the allegations were made in June 2003, the care staff involved have been dismissed and DSQ has ceased referring any clients to the service. Since that time a total of 11 individuals have been assisted by the department to find alternative accommodation. DSQ will continue to monitor the quality of the support for the remaining 11 people who have chosen, of their own volition, to continue living at Care. You can be assured that we are keeping a very close eye on Care Bribie Island.

Mr KNUTH: I refer to page 2-11 of the MPS and the government's commitment to $0.5 million recurrent to establish rural accommodation support options. When will rural accommodation support and innovative housing options be established in central Queensland? What measures is the government putting in place to support the 15 per cent of people with a disability who live in rural and remote communities?

Mr PITT: This is a very important issue. Those of us who live in regional Queensland realise the need for the government to be involved in areas outside the south-east corner and to provide suitable accommodation for clients in need. The rural accommodation support option in central Queensland will enable the purchase of a rural property in that area to support adults with a disability who have had difficulty maintaining support arrangements in urban settings. The clients of this initiative will all have existing funding packages from Disability Services Queensland and a non-government organisation will be contracted to operate the accommodation support service.

As you would be aware, the budget was brought down only recently. 1 July was only two or three weeks ago. DSQ is working on the issues of accommodation, particularly this rural accommodation support option in central Queensland. As soon as I have an indication that we are prepared to move on that matter, I will certainly be informing you. Construction has commenced, though, on two purpose-built houses at Morayfield and Wacol as part of an overall program that is designed to meet this need. They will become pilot sites of innovative support and housing. Service provision is expected to commence late in September. So if you can understand the time lag between calling for tenders, construction, and then being able to locate clients in those centres, it will be some months down the track.

Mr KNUTH: I refer to page 2-18 of the MPS and the output titled 'Community and Infrastructure Support'. Currently, autistic-specific services exist only in Brisbane. What is the government doing to support the work of Autism Queensland in its quest to establish services in north Queensland?

Mr PITT: It was only about three months ago—I forget the exact time—that I think you and I were at the conference in Townsville for autism and Asperger's syndrome. I think that it is one of those areas of disability that has for too long not been recognised as one of great need. In my view, we can make a huge difference to the lives of people with autism and those around them if we intervene early in their lives to provide support and programs to help them deal with their condition, and I am committed to doing that. Disability Services Queensland remains committed to providing funding for a range of services and support for adults and children, including autism spectrum disorder. This includes family and early childhood teams, respite, professional and specialist services, accommodation support services and the Family Support Program. The department also provides services to adults with a disability, including autism, through individual funding packages under its Post School Services—Adult Lifestyle Support Program as well as funding for non-government organisations. Currently, the department provides individual funding through these programs to 408 adults with a diagnosis of autism spectrum disorder. In 2003-04, the department provided funding to the Autism Association of Queensland in the range of $2 million to provide accommodation support, respite and family support services for this group of clients. A further $21,000 was approved in 2003-04 in viability funding to the Autism Association of Queensland. Departmental officers estimate that approximately 179—that is 25 per cent—of families who receive recurrent funding under the department's Family Support Program will support a child or adult with a diagnosis of autism spectrum disorder either as a primary or a secondary disability.

During 2003-04 the department also increased funding to more than $3.3 million to provide a new and enhanced early childhood therapy service that is operated by the department, which will benefit children with autism aged from zero to six years. I must say that Mr Pat Comben, a former member of this House and a former minister, is heavily involved in the autism sector. He has been to see me to put before me a proposal by his organisation to expand its services into north Queensland. That proposal itself has not come to me as yet, and until such time as it does and I can ascertain whether or not we are able to help and how it stacks up, I cannot give a definitive answer on whether anything will occur.

Mr KNUTH: I refer to page 2-18 of the MPS and the output titled 'Community and Infrastructure Support'. What number of rehabilitation units for people with acquired brain injury are currently available? How many people are currently waiting for additional assistance?

Mr PITT: Currently the department funds six disability providers across Queensland recurrently to assist people with acquired brain injury. It assists them to link them with appropriate support services and to facilitate community development, training and education about this disability. In 2003-04 the department provided more than $480,000 to the Brain Injury Association of Queensland, the Headway centre, Charleville Health Services, Bay Support Services Group, Warrina Services, and Blue Care Toowoomba. The Brain Injury Association of Queensland also received $90,000 under the innovative funding program to establish a behavioural intervention mentoring service. In addition, the Acquired Brain Injury Outreach Service, auspiced by the Brain Injury Association of Queensland, receives departmental funding of $362,468 for adult lifestyle support packages for individuals and service development funding for $77,000. People with acquired brain injury can also access a range of supports and services operated and/or funded by the department, including local area coordination and respite, as well as accessing funding under the department's Post School Services—Adult Lifestyle Support Program.

As of 1 May 2004, there were 532 people who have applied for the adult lifestyle support program, identifying acquired brain injury as their primary disability. A further 318 people who have applied for this program identify as having an acquired brain injury that was not listed as their primary disability. The department regularly consults with sector stakeholders, including other government departments, to develop an evidence base to inform decision making and the provision of disability services to people with acquired brain injury. In 2003-04, the department commenced a project with other key stakeholders to examine the barriers to housing and accommodation services for people with a mild intellectual disability or acquired brain injury. This project is continuing in 2004-05. I might add that people with an acquired brain injury tell me that one of the issues facing them is the maintenance program with their rehabilitation. As you move further and further away from the south-east corner, as you move further and further away from the major regional centres, this becomes more difficult to

achieve. In my own electorate, I am working with a group who call themselves Stroke Survivors. I am working with them to try to establish a maintenance program in their local hospital at Innisfail.

The CHAIR: That concludes the time for that block of questions from non-government members. At page 2-5 of the MPS mention is made of new funds commencing from 2004. Would you like to expand on that new funding for benefit of the committee?

Mr PITT: It has taken a Beattie Labor government to put support for people with a disability back on the agenda. Prior to the Beattie government coming to power in 1998, fewer then 5,000 Queenslanders with a disability received help from the state government. The 1997-98 coalition budget allocated an abysmal $125.8 million to supporting Queenslanders with a disability.

With a strong focus on reducing inequity and improving people's quality of life, the Beattie government has moved to address the historic underfunding of Disability Services. As the graph behind me shows, it has continued to increase funding in this sector. Today, thanks to successive record budgets, Disability Services Queensland provides support to almost 14,000 people with a disability.

By 2007-08, state funding for Disability Services will have increased by a massive 240 per cent. This represents an increase of $301.2 million over the 1997-98 funding levels. In 2004-05, the Queensland government allocated $345 million in state funding to Disability Services Queensland to provide services and support for people with a disability, their families and their carers.

Over this year, $40 million in additional funding for Disability Services Queensland will be allocated, with $18.9 million to enhance support for adults, $10.6 million to enhance support for families and children, and $10.5 million to increase community infrastructure support. As I have already outlined, this commitment is well supported into the future.

Over the next four years, Disability Services Queensland will receive $220 million in an injection of new money. That is on top of increases promised in last year's budget. These funds will include $106.4 million to enhance support for adults, $63.8 million to enhance support for families and children, and $49.8 million to increase community infrastructure support.

Unfortunately, the Commonwealth has not matched Queensland's commitment to address historic underfunding. Its proportion of funding to Disability Services Queensland in 1997-98 was 33 per cent. By 2007-08 the Commonwealth, on present trends, will contribute only 21 per cent towards DSQ's costs. The Beattie government, however, will not shy away from its responsibility to provide services and support to people with a disability, their families and carers. It will continue to strive to make the funding dollar go further, provide more people with better services and support mechanisms to improve the quality of life for people with a disability.

I might add here that it has been very heartening to receive a letter from the Leader of the Opposition indicating his party's support for a bipartisan approach to the issues of disability service. I think all political parties can hang our heads in shame at the historic underfunding that has occurred in Queensland. It is not for us to look to the past; I think we should be looking to the future. I anticipate that with you as the shadow spokesperson we will continue that bipartisan approach in the interests of Queenslanders with a disability.

Mr FENLON: Minister, page 2-18 of the MPS refers to viability funding provided to non-government organisations. Could you please outline how this funding was expended and what additional resources will be provided to assist non-government organisations with their viability issues in 2004-05?

Mr PITT: In 2003-04 the state budget provided $13.5 million to assist service providers experiencing severe viability issues. Grants paid to service providers totalled $14.4 million. Queensland Treasury approved an advance from the department's 2004-05 appropriation in order to meet this cost. The Endeavour Foundation, for example, received an additional $8.1 million in recurrent funds. This was to allow it to maintain a level of support provided to 34 adult training and support services and 70 accommodation units. This brings my department's recurrent commitment to Endeavour in 2003-04 to in excess of $31 million.

The Paraplegic and Quadriplegic Association received recurrent funds of $428,667 to allow the service to maintain its home lifestyle and accommodation service. Pine Lodge in Burpengary received $253,048 to enable it to continue the provision of emergency respite. Kith and Kin in Townsville received $84,000 to meet salary increments and cover insurance costs. Gladstone and district respite care received $69,457 also to recover insurance costs and meet salary increments.

In 2004-05, the state budget has provided new funds of $12.8 million to assist in addressing viability issues of non-government specialist disability service providers, bringing the total allocation to $26.3 million. Overall, $116.5 million has been allocated for viability funding over the next four years. Information about this initiative is available to the public on the department's web site, and applications for funding close on 30 July 2004. All applicants will be notified of the outcomes of their applications from 30 September 2004. The department has developed application kits to support the application process for viability funding.

This government remains committed to strengthening the non-government disability services sector and to assisting address viability pressures faced by services funded by my department. I can assure you that DSQ will continue to work closely with the Endeavour Foundation and other service providers to assist in sustaining support services throughout Queensland.

Mr LEE: Page 2-14 of the MPS refers to support for children. Could you outline the range and also the availability of different services for children with a disability?

Mr PITT: The state budget has provided additional funding of approximately $1.2 million in 2004-05 for DSQ-operated family and early childhood services. The total amount of additional recurrent funding will rise to approximately $3.4 million by 2006-07. Family and early childhood services are provided by DSQ through six dedicated early childhood teams and seven other professional teams offering a combination of early childhood and other services.

In addition, most area officers deliver outreach services to various locations. There are 570 young children and their families across the state receiving family and early childhood services. The new funding will allow for the expansion of existing services and expertise, it will allow for the establishment of the services in new locations, particularly in rural and regional locations using models appropriate for the location, it will allow for research and development of approaches that will best assist children with autism as well as indigenous children and families, and it will allow for therapy equipment and resources.

In 2003-04, an additional $6 million was allocated to the department's family support program. This program currently provides ongoing support to more than 700 families, with total funding of $16.2 million. In 2004-05, a further $6 million has been allocated to the program, enabling up to 230 additional families to be supported through the program, including families in high and critical need where a child is at risk of out-of-home placement. It is estimated that more than 8,400 children received some form of disability support funded by the department in 2003-04. The types of services provided include therapy, early childhood intervention, behaviour specialist intervention, learning and life skills development, recreation and holiday programs, and respite services.

The CHAIR: At page 2-24 of the MPS under 'Capital Acquisitions' there is a reference to additional respite and family support services. Are you able to tell the committee where those additional services will be?

Mr PITT: Family support and respite services play a critical role in keeping families together and strengthening families' ability to care for their family member with a disability. This includes families with carers who are ageing or who are children. Just recently in my own home town palliative care unit I was quite surprised to come across a 12-year-old girl who was the carer for both her mum and her dad, and I made it my business through Queensland Health to follow her through the hospital system to ensure that when she went home after the passing of one of her parents she was going to get adequate support. It quite surprised me that someone that young would be given that burden in life. Respite services provide a range of support to families depending on need. These can include in-home support, centre based respite, community based support, host family respite, vacation programs, sibling support, parenting support, emergency respite and other appropriate supports.

During 2003-04, $1.5 million was allocated to enhance 30 existing respite services funded by DSQ across the state. The upgrade of the department's respite service at the Gold Coast was completed and the upgrades at Townsville and the Sunshine Coast have commenced. Townsville has been allocated approximately $730,000 and the Sunshine Coast has been allocated approximately $650,000 to complete these upgrades. Once operational, the respite service in Townsville is expected to support up to 66 families. The Sunshine Coast service is expected to support up to 48 families.

$2.7 million has also been allocated over 2004 to 2006 to establish an additional respite service operated by the department in Hervey Bay. In addition, $300,000 in non-recurrent funding was allocated to 22 services across the state for minor capital works to assist with the enhancement of respite service provision to more Queensland families. The purpose of the additional funding was to increase the availability of respite services particularly during peak periods such as weekends and school holidays. This was achieved by increasing the number of available respite hours and increasing the range of services available to families. The enhanced services were selected using predetermined selection criteria and demonstrated ability to respond to the identified support needs in their local communities.

In 2004-05 additional funding of $2.5 million recurrent and $0.2 million non-recurrent has been allocated to enhance respite service delivery. This will increase the recurrent funding base for respite services to $23.5 million in 2004-05.

Mr LAWLOR: On page 2-24 of the MPS the Capital Acquisition Statement refers to innovative housing. What does innovative housing deliver in the way of service to people with a disability?

Mr PITT: Innovative support and housing is an initiative providing purpose-designed housing suitable for people with complex behaviour support needs. The needs of this group frequently generate crisis in disability support and housing services and create safety issues for carers and for staff. Construction has commenced on two purpose-designed houses at Morayfield and Wacol which will

become pilot sites for innovative support and housing. Service provision, as indicated in an earlier answer, is expected to commence in late September 2004. Tenders have been let for the provision of support services and for the evaluation of the pilots over the first three years of operation. In 2002-03 the department expended $850,000 to develop a policy and service model and to purchase some of the project's land requirements. In 2003-04 the department allocated $6.5 million output and equity funding on this project. Approximately $2.4 million was expended on housing designs, further land purchases, construction costs and the design and development of service specifications.

Increasing construction costs associated with the recent property boom and the sourcing of suitable land in the nominated areas have resulted in delays to the staged construction of houses under this initiative. Accordingly, the 2004-05 program will be undertaken with funds rolled over from 2003-04 and additional non-recurrent funds of $1.54 million. These funds will be used to progress the project including the completion of construction and fitouts of the houses in Wacol, Morayfield and Townsville and the commencement of construction of a house in Ipswich. The pilot is aimed at supporting adults with an intellectual disability whose complex behaviour support needs are not being met within their existing support arrangements. The Wacol and Maryborough house designs include six bedrooms. The houses in Morayfield, Townsville, Ipswich and Loganlea will be four-bedroom homes. Once all the pilots are operational, the support services provided will accommodate a maximum of 28 people at a time.

Mr LEE: I refer you to page 2-19 of the MPS, which discusses supporting Queensland athletes competing at the 2004 Paralympic Games in Athens. Could you tell the committee what contribution Disability Services has made to the Australian Paralympics team competing in Athens?

Mr PITT: Yes, I can. I am proud to report that Queensland has 28 members in the 143-strong Paralympics team. In 2002 Disability Services entered into a two-year sponsorship agreement with the Queensland Paralympics Association and provided a total of $150,000 over two years with the most recent payment of $70,000 being made in May 2004. This sponsorship is credited with the Queensland paralympics association consolidated revenues account and has provided funding for at least seven athletes to train and to travel to Athens. The sponsorship agreement has benefited both the team and the wider community as the squad has been very active, particularly in regional Queensland, providing positive role models and demonstrating the same spirit that all elite athletes have—to rise to a challenge and to achieve a personal best.

This initiative known as Sportzlink has provided opportunities for people with a disability to participate in sport and recreation through Queensland's Paralympian networks. It has also enabled the Queensland Paralympic Committee to conduct a campaign championed by Paralympian athletes. The campaign is designed to influence community acceptance of people with a disability participating in sport and recreation in their local areas. It is also designed to encourage the provision of access for people with a severe disability seeking to participate in sport and recreational activities and also to build stronger role model relationships between Paralympians and other people with a disability.

Sportzlink has enabled our stakeholders to work with a Paralympics athlete to identify community issues related to sport and recreation and develop plans for positive results. I believe that the forthcoming 2004 Paralympics and associated publicity will continue to build support within the wilder community for people with a disability to be included in sporting activities and many other aspects of community life. Tomorrow, as part of Disability Action Week activities, I will be meeting with the Paralympians as they embark on their journey to pre-Paralympic training and events.

It was only last week that I had the opportunity before breakfast to venture to Suncorp Stadium to take part in wheelchair rugby with the Queensland Crocs. They were playing the Queensland Reds. As part of that process I was invited to take part in that activity. Anyone who has seen the TV clip of my bedraggled look at the end of my short stint on the court will understand how fiercely these people compete. Not only are they fierce competitors; they are also cunning competitors, because I was given some very, very poor advice. The advice was that when you are having difficulty catching the ball, let it run along the ground or the court, and you move your chair to it and you put your hand down and wedge it between your hand and the chair. What happens then is they jam your hand, don't they? It is a very good game. I enjoyed the experience, but it is something I will be wary of next time I get a chance to participate.

Mr LAWLOR: Thank you, Minister. I did not think they would catch an old Queensland croc like you. I refer to page 2-2 of the MPS where it states that the Australian government has responsibility for the administration of employment services. How will the federal government's proposed restructure of employment services impact on disability services delivery in Queensland?

Mr PITT: The Australian government, under the auspices of the Commonwealth-State/Territory Disability Agreement, administers Disability Employment Services. Since 1996 the Australian government has embarked on a program of reform with the stated aim of creating a more efficient and equitable system of disability employment service provision. The latest reforms include the introduction of a quality assurance system, the introduction of case based funding and a review of business services for people with a disability. The cost shift to Queensland as a result of the reforms, including the

implementation of the funding package, is estimated to total at least $57 million cumulative over the next four years.

Under the quality assurance system, all Disability Employment Services must undergo a certification process by 31 December 2004. Certification requires that services provide award based wages to service recipients. Over the last two years the disability sector has expressed significant concern about the impact of the Disability Employment Services reforms on both current and future clients. Of particular concern are those clients with high support needs and low productivity. Some Disability Employment Services may need to reduce the number of services provided should individualised funding not be sufficient.

Access to Disability Employment Services for future generations is not addressed, and this also has the potential to result in pressure on state funded services such as community access and accommodation support. I would encourage every member of the committee to look into their own electorates to business services provided by some of the major providers—whether they be Red Cross, Endeavour or others—and speak with people there about their fears as to how they will be placed under this new regime. It is something that I believe the Commonwealth needs to rethink and it needs to be a lot more generous in its support for people with disabilities to whom work is not just an important part of life so far as earning an income; it is part of their whole social fabric. They gain great enjoyment from the social interaction they receive at these business centres. It is not just the output of work; it is the workmates they meet and the socialising they do before, during and after work. I would encourage the federal government to rethink its policy.

The CHAIR: Thank you, Minister. We will return to another block of questioning by non-government members. I believe the honourable member for Gladstone has a question.

Mrs LIZ CUNNINGHAM: Thank you, Mr Chairman. I would have to concur with your last comment, Minister. The member for Hervey Bay asked a question in relate to my electorate; thank you very much. In the last paragraph of question on notice No. 4 it says—

The recent state budget allocated an additional $69.9 million for the department and the non-government sector to continue to provide and enhance support services delivered across Queensland.

I would have to say both government and non-government agencies in my electorate do an excellent job under often trying circumstances. I wonder if you have a breakdown from that $69.9 million as to what additional funding would be coming to the electorate of Gladstone.

Mr PITT: I am sorry, member for Gladstone, we do not break issues down electorate by electorate. As you know, the department is a 10-region department now. I could give you the figures for the region. As per electorates—if there are specific providers or recipients of funding within your electorate and you want to notify my office of those, we can give you as much information as possible to enable you to come to that figure yourself.

Mrs LIZ CUNNINGHAM: I will do that. In an answer to a question on notice from the member for Cunningham in the area of disability services, it was very concerning to see the level of assets not available to be recognised at stocktake. In total approximately $120,000 of goods were missing. There was only one allocation—one laptop—that was listed as stolen. The rest were not found at stocktake. Twelve computer bases valued at $54,997 and 13 laptops valued at $49,793 were in that list. Could you clarify what actions the department has taken to try and find that lost equipment?

Mr PITT: As you would be aware, I do not carry out the stocktake personally, but I would defer to Mr Brad Swan, who will be able to answer your question more fully.

Mr Swan: Following the stocktake, the computers that you mentioned were part of the rolling replacement of computers and other equipment that is replaced on a triennial basis through the department. Corporate Link, as our shared service provider, manages the replacement of those computers. Following the information that they were not found at stocktake, we followed up with them and found that they had been taken by Corporate Link into the replacement of computers. Asset stocktakes are undertaken annually by Disability Services Queensland. If an asset is not located in any year, then it is notated on the register and there would be follow-up in relation to that.

Mrs LIZ CUNNINGHAM: So they are not misplaced; they are in a rotation of replacement?

Mr Swan: When the stocktake was undertaken, they were found not to be within the stocktake. When we followed up on what had actually happened to those computers, we found they had been taken by Corporate Link for disposal.

Mrs LIZ CUNNINGHAM: That sounds better.

Mr Swan: The written-down value of those computers was nil in that they were very old computers. It was their replacement time.

Mr PITT: I am glad you asked that question. You have a very relieved minister now as well.

Mrs LIZ CUNNINGHAM: I had some concerns expressed to me—and no doubt to other members of parliament—in relation to HACC funding. There are a lot of people in the community who

rely on HACC funding for socialisation as well as access to essential services. There is a concern expressed by the Queensland Community Care Coalition at the low level of funding for HACC services. In the budget, do you see any significant improvement in the amount of funds allocated to HACC?

Mr PITT: I am advised that HACC is a federally funded service and much of their money, I think, is channelled through Queensland Health. Our relationship with them does exist, but we are primarily not responsible for the funding.

Mrs LIZ CUNNINGHAM: The state government does not contribute at all?

Mr PITT: There would be some contribution, but it is not a Department of Disability Services function; it would be a Queensland Health issue. I think those estimates have already gone, but I am sure if you write to the Minister for Health he will provide the details for you.

Mrs LIZ CUNNINGHAM: On page 2-5 of the MPS there is a breakdown of the 2004-05 state budget allocations. All of the areas, as you mentioned earlier, in terms of disabilities are important, but I am interested in some more information on the $6 million to support families who care for people with disabilities. If the government was required to replace those services with fully funded services it would be quite an extensive exercise.

Mr PITT: The extra $6 million funding in the department's Family Support Program provided in the 2003-04 state budget assisted an additional 228 families with children or adults with a disability who have high and critical support needs. In addition, more than 640 families have been provided with financial support. This year's budget further increased funding by $6 million, resulting in total funding of $22.2 million, which is expected to enable up to 230 additional families to be supported recurrently in 2004-05. Based on recent years experience, up to 570 families may also be assisted with one-off financial supports.

The Family Support Program commenced in 1999 to support birth or adoptive families caring for children with a disability under the age of 18 years whose needs were not being met within the existing service system. The program is delivered directly by DSQ services and seven non-government organisations in 21 locations throughout Queensland. In 2003-04 the department extended the program to include adults with a disability living at home with their families, and increased support for families in high and critical need whose child or children were at risk of placement in out-of-home care.

The department has developed a process to reassess families' ongoing needs for support and to reallocate resources accordingly. This process is designed to meet the changing needs of families and will ensure the most effective and efficient use of program resources. The program provides support to strengthen families' capacity to care for their child or adult with a disability, provides built-in informal and formal supports, increased knowledge and skills, and aims to prevent family breakdown and out-of-home placements.

I think we all agree that family and other carers who support people with a disability do a magnificent job, and if that burden were to be placed upon government alone the Treasury could not sustain the pressure.

Mrs LIZ CUNNINGHAM: In that same column there is $4.4 million to provide more respite to more families. What additional coverage will that provide?

Mr PITT: This is a very important issue. I think we all accept the fact that if people with their relatives or carers looking after someone with a disability do not get some respite for themselves, their functionality as carers can be reduced, and it is important that we put extra resources into that.

Family support and respite services provide a critical role in keeping families together and strengthening families' ability to care for their family member with a disability. This includes families with ageing or child carers. Respite services provide a range of support to families, depending on need. These can include in-home support, centre based respite, community based support, host family respite, vacation programs, sibling support, parenting support, emergency respite and other appropriate supports.

During 2003-04 $1.5 million was allocated to enhance 30 existing respite services funded by DSQ across the state. In addition, $300,000 in non-recurrent funding was allocated to 22 services across the state for minor capital works to assist with the enhancement of respite service provision to more Queensland families. The purpose of the additional funding was to increase the availability of respite services, particularly during peak periods such as weekends and school holidays. This was achieved by increasing the number of available respite hours and increasing the range of services available to families.

The enhanced services were selected using predetermined selection criteria and demonstrated ability to respond to the identified support needs in local communities. In 2004-05 additional funding of $2.5 million recurrent and $2 million non-recurrent has been allocated to enhance respite service delivery. This will increase the recurrent funding base for respite services to $23.5 million in 2004-05. So in the recent budget the government has allocated additional funds to this very important area.

Mrs LIZ CUNNINGHAM: Thank you. On page 2-25, in the Capital Acquisitions Statement, there is a line item 'software development'. The budget for 2003-04 was $4.1 million in round figures. The estimated actual expenditure was just over $700,000. I note that the estimated expenditure for 2004-05 is now $11.6 million. What caused the delay in that acquisition?

Mr PITT: I am going to ask my numbers man, Brad, to answer this for you.

Mr Swan: The software development relates primarily to the development of a disability information system. In 2003-04 the budget was allocated for software development. The department has commenced the process for request for offer and that request for offer was not completed. It is just about completed now, and the project will be continuing in this current financial year. As a result of that, the funds were carried forward to enable the department to complete the purchase of that disability information system over 2004-05 and 2005-06.

Mrs LIZ CUNNINGHAM: Thank you very much. This is my last question. Over a period of previous ministers a lot of people with disabilities were housed in community housing either alone or in two- or three-bedroom units, if you like, or houses. Does the Department of Disabilities regularly audit those individuals or groups of individuals in houses to ensure that the continuity of care is to a standard that ensures their safety and security?

Mr PITT: For the houses that are operated solely by DSQ, there are regular monitoring processes in place. For other accommodation providers, we have service agreements with them. You would realise that public expectation regarding the care and safety of people with a disability has risen dramatically over the last few years. The government intends to respond to that, and has been responding to that. It is a matter of priority to myself, as minister, to ensure that people with a disability—whether they be in a DSQ establishment or they take a funded package or they have a provider who is directly funded by DSQ—are given the best possible care, attention and support they need. We are taking steps to ensure that not only are service agreements adhered to but also the disability standards process is reached within the time frame we have set and to assist organisations or individual providers in respect of that to meet those standards.

I must say I am very strong on this issue because I think that we have a responsibility not only for people who are in accommodation supported by DSQ or in private accommodation but also to any person with a disability, whether they receive funding or not. That is a personal view and it is something that I will be taking up with the department.

Mr KNUTH: Minister, I refer to page 2-18 of the MPS and the budgeted allocation of $1.5 million for the local area coordination program. Can the minister outline how the need for the LAC program is determined and what shires will be next to benefit from this program?

Mr PITT: The increase in the number of locations in which the local area coordination program is based provides coverage for an additional 10 local government areas and improved coverage to existing areas. This includes Thursday Island, Weipa, Cooktown, Mareeba, Atherton, Mossman, Mount Isa, Cloncurry, Normanton, Emerald, Longreach, Mundubbera, Murgon, Kingaroy, Hervey Bay, Gympie, Noosa, Chinchilla, Roma, Goondiwindi, St George, Cunnamulla and Charleville. The expansion of this initiative has also resulted in an increase in coordinator positions, bringing the total number of coordinators to 35. This will increase services for an estimated 475 additional individuals and families being assisted by the initiative. The local area coordination program also provides significant support to Aboriginal and Torres Strait Islander people with a disability, with an estimated 29 per cent of all people registered with the program identifying as indigenous.

The 2004-05 state budget has allocated additional recurrent funding over the next three years for further expansion of local area coordination. This initiative is recognised as a highly cost-effective approach to supporting Queenslanders with a disability and their families. The program attracts a high degree of positive feedback from service users and has a strong focus on building communities in rural and remote areas of Queensland.

Mr KNUTH: I am quite confidant that the Charters Towers electorate has one of the highest per capita rates of people with disabilities. When I attended a meeting three years ago—I am not quite sure of the figures now—I learned that the township of Charters Towers had the highest per capita rate in Queensland of people with disabilities. I just wanted to bring that forward to you.

Mr PITT: The member can be assured that Charters Towers figures highly in my life. That is where I met my dear wife, so it is a very important place. In mid-August I will be in Charters Towers and if we can have a discussion between now and then I can guarantee that you and I can meet when I am up there and discuss this issue further.

Mr KNUTH: Thank you, Minister. I refer to page 2-14 of the MPS and to the departmental output 'Support for Children and Families'. There is increasing evidence that suggests that early intervention can make a great difference to children born with disabilities. What additional funds have been allocated for early intervention programs? Can the minister guarantee that quality programs such as the community children's therapy service in Townsville will continue to be supported?

Mr PITT: As the member would know, I am an old chalky and I firmly believe in early intervention and prevention for a whole range of things—or getting to the subject matter very early in the piece. It is the same thing with people with a disability. The sooner we can come to grips with the issues and the sooner we can provide support, the better chance we give people with a disability of leading a wholesome life and taking full advantage of what society has to offer.

The state budget has provided additional funding of approximately $1.2 million in 2004-05 for DSQ-operated family and early childhood services. The total amount of additional recurrent funding will rise to approximately $3.4 million by 2006-07. Family and early childhood services are provided by DSQ through six dedicated family and early childhood service teams and seven other professional teams offering a combination of early childhood and other services. In addition, most area offices deliver outreach services to various locations. There are 570 young children and their families across the state receiving family and early childhood services.

The new funding will allow for the expansion of existing services and expertise; it will allow for the establishment of services in new locations, particularly in rural and regional locations, using models appropriate for those locations; it will allow for research and development of approaches that best assist children with autism as well as indigenous children and families; and it will also allow the provision of therapy equipment and other resources. As to the particular service in Townsville, support for that service will continue.

Mr KNUTH: Minister, I refer to dot point 4 on page 2-10 of the MPS, which refers to the independent evaluation of the Resident Support Program. What is the total number of people with disabilities currently residing in private hostels or boarding houses and how many complaints were received last year regarding these types of placements?

Mr PITT: The department is not in a position to give figures of people residing in private accommodation. We do not have that data. Like all other Queenslanders, people with a disability find housing in both the private sector in rental accommodation and in public and community housing. The department has discontinued referring people with a disability with complex support needs and challenging behaviours to private hostels and boarding houses for long-term placement. As you can see, we are not referring people there. In the past, when we were making referrals we were keeping a tab on that. Because no referrals are being made that information is not available.

An independent review of Disability Services Queensland's processes for referring people with a disability to private residential services is expected to be completed by November 2004 with a view to identifying improvements in referral practices which can be implemented statewide. DSQ is a member of the Queensland government's interagency response group that assists individuals affected by hostel closures. Under this protocol every effort is made to relocate people with a disability with high and complex needs to more suitable accommodation. In 2004-05 the department has allocated funding for alternative services to hostel care to support people with a disability with high support needs and challenging behaviours. The new funding will provide people with a disability with complex support needs and challenging behaviours with more appropriate accommodation and support options.

The CHAIR: The committee has resolved to allow another small block of non-government questions through until 6.35.

Mr KNUTH: I refer again to page 2-10 and the independent evaluation of the Resident Support Program. What is the number of people who have been offered a placement in private hostels and boarding houses within the past two years?

Mr PITT: As I said before, we do not collect that information. In the last 12 months, as I already indicated, no people have been referred.

Mr KNUTH: I refer again to page 2-10 and the independent evaluation of the Resident Support Program. I know that you might not collect data, but what is the number of young people currently in nursing homes? I believe this is an important issue. How many young people have been offered this type of placement in the past two years?

Mr PITT: This is an issue dear to my heart. I think it is heartbreaking for any of us to see a young person, who may have not only a disability but also medical needs, placed in an aged care facility where the average age of residents can be 80 years or more. For that person social isolation becomes a severe problem. I have first-hand experience of two young people in my part of the world in far-north Queensland. One is an ex-footballer who is in an aged cared facility and one is a young fellow who was the subject of a suicide attempt. They were placed there because they were the only places that they could find to provide the disability service support and at the same time provide the medical attention they need.

This is one of those issues that government has to come to grips with. It is between the two departments: Health and Disability Services. However, it is not just a state government issue alone. As you would know, the federal government is responsible for aged care facilities. So we have this difficulty. Recently I have initiated interaction between my own department and the Department of Health for us to work up a paper so that at least in Queensland we can agree on what the procedure should be or how

we should tackle this problem. The intention is then to approach the federal government regarding its responsibilities and hopefully come up with some sort of result for people who I believe are being seriously disadvantaged, mainly through falling through the cracks—not being able to be placed in one place or another.

I want to clarify one point on a previous issue: we do not refer people with challenging behaviours to hostels or boarding houses. Sometimes individuals may be referred but certainly not people with challenging behaviours. I clarify that in case in the previous answer I may have given you the wrong information.

A question on notice was asked by you on 20 May, and I refer back to the answer to that. I did list the number of people in the category you mentioned. In 2001 one person was referred to a boarding house and 17 people were referred to private hostels. Then in 2002 there were two; in 2003 there were four; and in 2004 to June two people were referred to aged care facilities and five people to private hostels. That information was provided in a previous answer to a question on notice. The answer regarding the aged care facilities is that two people were referred to aged care facilities, mainly because they had medical conditions which we as a department are unable to meet.

Mr KNUTH: I refer to the non-government prehearing question on notice No. 3. I note that almost $120,000 worth of items that could not be located at stocktake have been written off the capital items register. This includes large items such as laptops, dishwashers and refrigerators. Minister, do you think it is acceptable for taxpayer funded equipment to be written off in this fashion? What process have you put in place to prevent this occurring again?

Mr PITT: I will call upon Mr Brad Swan to respond to that question.

Mr Swan: Asset stocktakes are undertaken annually by Disability Services Queensland. If an asset is not located in any year a notation is made in the asset register to this effect. The item is not written off and the written down or depreciated value of the asset is represented in that year's annual statement of financial position. Should an asset not be located in the subsequent year's stocktake then the asset is written off the asset register and the remaining value of the asset is expensed as I mentioned previously in relation to computers, that those assets had been transferred to Corporate Link as part of our disposal of assets. The written down value of those assets was about $30,000.

Mr KNUTH: The Statement of Financial Position on page 2-30 of the MPS, note 21, indicates that roughly $10 million worth of projects were deferred or delayed last financial year. Can you provide an outline of what those projects were and the reason for the delay?

Mr PITT: I will call on Brad Swan to answer that question for you.

Mr Swan: There were a range of programs that were deferred. The minister mentioned the innovative housing projects. This was due to the slowness in the ability to find land and the construction boom. There was also the issue raised in the answer to the question from the member for Gladstone about the purchase of the disability information system and the slower than anticipated process to go through the request for offer. Those funds were carried over and rolled into the following year. In addition, there has also been some redevelopment of the Basil Stafford site at Wacol and the construction of new houses on that site which has been slower than anticipated. They are probably the major items that were carried forward.

Mr COPELAND: I will finish off with a very parochial question regarding the changing of the regional boundaries within the department which was referred to earlier by the shadow minister. I have written to you regarding the inappropriateness of the regional office being located in Ipswich for Ipswich and the south-west. Could you again look at locating an office in Toowoomba which geographically and, in community interest terms, is far more appropriate. You have written back saying that it is under review at the moment.

Mr PITT: It is under review. You can read into that my intention to ensure, over a period of time, that the 10 regions of the Department of Communities are matched by 10 regions of Disabilities Services Queensland. That is not going to happen overnight. We have to work towards that. I can assure you that the communities region of Darling Downs south-west will also play a significant role in the figuring of DSQ.

Mr COPELAND: Excellent, thank you, Minister.

The CHAIR: There being no further questions, that concludes the examination of the estimates for the portfolio of the Minister for Communities, Disability Services and Seniors. I thank the minister and departmental officers for their attendance. Did the minister wish to make any concluding remarks?

Mr PITT: Thank you, Mr Chairman. I would like to thank the members of the committee for your questions and for your genuine interest in Disability Services Queensland. I would also thank the staff from Disability Services Queensland who have put in so much work in relation to this process. I would also like to thank my personal staff who had the unenviable job of trying to make a silk purse out of this sow's ear.

The CHAIR: For the information of those attending, the transcript for this portfolio will be available on the parliament's web site in approximately two hours. That concludes the committee's consideration of the matters referred to it by the parliament on 18 June. Before closing, I would like to thank Ms Deborah Jeffrey and Ms Michelle Benham and the secretariat staff, the staff of Hansard and the parliamentary attendants as well as my parliamentary colleagues who attended and helped make today run very smoothly.

Mr COPELAND: On behalf of the non-government members, I also extend my thanks to all of the staff—Hansard, secretariat staff, attendants and the minister's ministerial and departmental staff—who have attended today.

The CHAIR: Thank you and good evening.

The committee adjourned at 6.39 p.m.