WEDNESDAY, 12 JULY 2006

ESTIMATES COMMITTEE B—HEALTH

Estimates Committee B Members

Mr AI McNamara (Chair)
Ms PK Croft
Mrs EA Cunningham
Mrs RN Menkens
Dr B Flegg
Mrs CA Smith
Ms BG Stone

In Attendance

Hon. S Robertson, Minister for Health

Queensland Health

Ms U Schreiber, Director-General
Mr M Kalminios, Executive Director, Corporate Services
Mr M Kissane, Senior Director, Funding and Resource Branch
Mr T Mehan, General-Manager Central Area Health Service
Prof. A Wilson, Executive Director, Policy, Planning and Resourcing
Dr A Groves, Director, Mental Health
Dr S Duckett, Executive Director, Reform and Development
Ms M Montgomery, District Manager, Redcliffe-Caboolture Health Service District

Committee met at 8.30 am.

CHAIR: I declare this meeting of Estimates Committee B open. I would like to introduce the members of the committee. I am Andrew McNamara, member for Hervey Bay. My fellow committee members are Dr Bruce Flegg, the deputy chair and member for Moggill; Ms Peta-Kaye Croft, member for Broadwater; Mrs Liz Cunningham, member for Gladstone; Mrs Rosemary Menkens, member for Burdekin; Mrs Christine Smith, member for Burleigh; and Ms Barbara Stone, member for Springwood.

The committee will examine the proposed expenditure contained in Appropriation Bill 2006 for the areas allocated to the committee. The organisational units will be examined in the order of Queensland Health, Department of Child Safety, Department of Corrective Services and the Queensland Police Service. The committee will suspend proceedings for the following breaks: from 10.25 am to 10.40 am, from 12.20 pm to 1.20 pm, from 3.35 pm to 3.50 pm, and from 5.25 pm to 5.40 pm.

I welcome the Minister for Health, the Hon. Stephen Robertson, public officials and members of the public who are in attendance today. I remind members of the committee and the minister that the time limit for questions is one minute and that answers are to be no longer than three minutes. A 15-second warning will be given at the expiration of those time limits. An extension of time may be given with the consent of the questioner. The standing orders require that at least half the time is to be allotted to non-government members.

In the event that those attending today are not aware, I point out that the proceedings are similar to parliament to the extent that the public cannot participate in the proceedings. In that regard I remind members of the public that, in accordance with standing order 206, strangers—that is the public—may 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 photography be allowed during the chair's opening statements and the introductory statements of each minister. I also ask that all mobile phones and pagers be switched off now.

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

That the proposed expenditure be agreed to.

Minister, would you like to make a brief introductory statement or do you wish to proceed direct to questioning?

Mr ROBERTSON: Thank you, chair. The Queensland government has committed to reforming the Queensland health system through the *Action plan—building a better health service for Queensland* in October 2005, that is our Health Action Plan. This marked the start of the transformation of the Queensland public health system through the investment of almost $6.4 billion in just over five years for health service delivery, of which $4.431 billion is new money. The *Special Fiscal and Economic Statement October 2005*, released with the action plan, detailed a number of immediate investments for health service delivery in elective surgery, emergency departments, intensive care units, cancer, cardiac and mental health services.

The action plan is a five-year plan to drive reform of the Queensland public health system. It delivers reform through a focus on renewing services, systems and structures; restoring trust and accountability; and respecting our workforce. Queensland Health's renewal of services, systems and structures has commenced with: more funds for services such as cancer and cardiac treatment, mental health, emergency departments, intensive care units and elective surgery; freeing up and opening up an additional 99 public hospital beds in 2005-06 to ease pressure on emergency departments and progressing work to open another 170 beds in 10 public hospitals in 2006-07; increasing the numbers of available doctors, nurses and allied health professionals through enhanced recruitment efforts, scholarships, more training places and programs—by the end of April 2006, 272 extra doctors, 1,082 extra nurses and 413 extra allied health staff had been appointed; devolving decision making by creating three area health services and transferring 1,150 corporate office staff to support delivery of health services; cutting bureaucracy by abolishing 168 corporate office positions and providing savings to public health services; ensuring services get the right resources through a new funding model based on population and regional needs and casemix funding for hospitals; developing a statewide health services plan to guide the development of new health services in Queensland over the next five years and drive system reform through new models of care that emphasise prevention, early intervention and enhanced clinical roles; engaging clinicians in planning and priority setting; and working in partnership with general practitioners, private hospitals, non-government organisations, the Australian government and other stakeholders to improve the delivery of seamless, patient focused healthcare.

The action plan addresses a number of issues by restoring trust and accountability through: a new, strengthened Health Quality and Complaints Commission, one statewide Queensland Health complaints database and the appointment of district complaints coordinators; the implementation of a new clinical governance framework with area clinical governance units, area credentialling and privileging committees, district safety and quality committees and a statewide patient safety and clinical improvement service; establishing clinical networks so that the knowledge and experience of clinicians can be used to improve the quality of care for patients and the efficiency and planning of Queensland's health services; and greater public reporting of health system performance through mandatory public hospital performance reports, as well as new 'Our Performance' related reports on hospital activity, monthly; elective surgery waiting times, quarterly; emergency department performance, daily; and staffing reports, monthly.

Respecting our workforce is an important element of our Health Action Plan. This is fundamental to any sustainable long-term health system reform and centres around workplace culture and leadership. Initiatives include: development and implementation of a new code of conduct for Queensland Health; establishing a new workplace culture and leadership centre; measuring organisational culture through a climate and culture questionnaire that will be undertaken by a quarter of the staff every six months—which will involve all staff over the next two years; implementing new leadership development programs for senior Queensland Health staff, including clinicians, supplemented by performance management and mentoring programs; and providing supervisor programs to some 4,500 staff.

A Smart Health Research Grants Scheme will provide funding for research proposals prepared by public sector employees, which were assessed as fundable but which just 'missed out' on funding under the National Health and Medical Research Council Project Grants Scheme. Funding for the scheme increases from $1 million in the first year to $3 million in the third year and will be subject to regular reporting and performance management. The initial five-year scheme will be reviewed in 2008.

In 2006-07 the Health budget is set to grow to $6.649 billion, which represents a 24.2 per cent increase over the 2005-06 budget. As part of the Queensland government's commitment to the Health Action Plan, an investment of almost $6.4 billion in just over five years was announced to relieve pressure on health services delivered across the state. Following the 2006-07 budget, the total investment has grown to $9.7 billion in just over five years, an increase of $3.3 billion.

CHAIR: Thank you, Minister. The first of the questions will come from opposition members.

Dr FLEGG: With reference the mental health output statement on page 1-21 and the references contained therein to mental health beds, I refer the minister to the case of a young Gold Coast woman left handicapped in a motor vehicle accident who has been locked in a secure mental health ward under sedation for the past five months even though she is not mentally ill. It has been reported that this woman has been abused and is in fear, being maintained in an inappropriate mental health bed. I ask: why can you as minister and your department not adequately protect this patient and provide her with more suitable accommodation given the nature of her illness and disability?

CHAIR: Minister, I make the point at the outset that this committee is here to examine the portfolio expenditure of Queensland Health. Merely referring to a page in the MPS is not going to justify, either from the point of view of the standing orders or other state laws such as the Mental Health Act, the examination in detail of individual patient histories. I direct the member to ask questions in relation to budget expenditure. The minister is not going to be in a position to discuss individual patient histories and facts. I invite you to ask another question.

Dr FLEGG: With respect, Mr Chairman, we are dealing here with mental health beds. There is specific reference to the failure to increase mental health beds. We have here evidence that mental health beds are being inappropriately used for non-mental health patients. It is a relevant budget question.

CHAIR: Thank you, member for Moggill. The minister obviously can comment on general issues in relation to funding for mental health, but I would not expect that the minister is able to comment on individual cases.

Dr FLEGG: The minister is able to answer the question in any way he wishes. I am asking a question in relation to the appropriate use of mental health beds.

CHAIR: Minister, bearing in mind your obligations, as you are well aware, to various state acts regarding patient confidentiality, you may answer any part of that question you see as relevant.

Mr ROBERTSON: I have been made aware this morning of a newspaper report which I suggest Dr Flegg is referring to. Needless to say, that matter is being followed up. As you quite correctly point out, it is not appropriate that we deal with individual cases in an environment such as this. But I can say that the Gold Coast mental health service has experienced a significant increase in demand for services due to a rapidly increasing population. I remain committed to the provision of quality mental health services in Queensland.

In 2005-06 this government provided the Gold Coast mental health services with recurrent funding of some $582,866 for community mental health staff, and Gold Coast community mental health services will be further enhanced in 2006-07 by the provision of approximately $1.115 million to fund various positions which are currently being recruited for. In 2005 this government also provided funding of some $533,000 to establish a mental health child safety therapeutic support team at the Gold Coast. This funding will increase to approximately $1.1 million in the 2006-07 financial year.

So what we are actually seeing is an increase in funding for mental health services statewide and, in particular, on the Gold Coast. As we will see later this week when COAG meets, further details with respect to the initiatives announced jointly by the Commonwealth and the state will be put into effect which will further add to the services that we are able to provide the mentally ill.

Dr FLEGG: Minister, again with reference to the strategic issues Health Action Plan and page 1-7 of your MPS, I refer to the adverse findings of the Davies royal commission regarding Mr Mike Allsop, which include statements that Mr Allsop was careless and incompetent in his duty towards patients in allowing the situation at Hervey Bay Hospital to continue as he did. Minister, given that Mr Allsop has previously demonstrated that he is incapable of running a safe hospital in a professional manner, how can you justify his reappointment to a senior position that will directly affect the delivery of Queensland Health's much needed capital works program? And what special qualifications does he hold in relation to planning and capital works that would lead to I point out a reappointment, not a demotion, that would put him ahead of any other applicant for that job?

Mr ROBERTSON: I should point out that since we are talking about competency I noted the allegations made against this person earlier this week included Dr Flegg saying that this individual had resigned from Queensland Health. Once again, you are caught out not telling the truth. So if we want to be accurate about individual cases such as this, then I would suggest to you, Dr Flegg, that you stick to the facts and do not particularly mislead the media with made-up stories, as you did earlier this week. As to the full details of this matter, I will ask my director-general, Ms Schreiber, to provide details as to this particular case.

Ms Schreiber: I would really like to answer this particular question because there has been a whole lot of misinformation about this issue. Clearly, as you know, I was the decision maker in considering the recommendation from the Davies inquiry, and there are many difficult issues to weigh up when you determine accountability, which was my role in this context.

I just thought I would briefly take you back and explain to you what has actually happened here. You know that Mr Allsop was employed as the district manager of the Fraser Coast Health Service District. He in fact had joined Queensland Health in a regional director position initially in the equivalent of a DES1 position in 1992. He became team leader for a project commissioning the Royal Brisbane Hospital in 1997, and in 1999 was promoted to a DES2 position as a director of finance at the Royal Brisbane Hospital. He was again promoted when he became the district manager at Fraser Coast district.

He decided in April 2005 to take unpaid leave from his position with Queensland Health and he travelled to Aceh to work as an adviser to the CEO of a hospital in East Timor. In September 2005, he was offered a position there as a team leader for a construction program in Aceh for an extended period. At this time, he had to make a decision about taking up that position in Aceh or in fact returning to his work in his position as district manager in the Fraser Coast.

In September 2005, he proposed that he would remain employed by Queensland Health on leave without pay for the remainder of his contracted period but that he would relinquish his position while remaining employed. What that means is he continued to be an employee of Queensland Health but no longer owned a position on Fraser Coast. What then happened is of course very clear. On 30 November, the Davies inquiry reported and he returned to Queensland still on leave without pay.

CHAIR: Member for Moggill, would you like to have more time for the continuation of that answer or is that sufficient?

Dr FLEGG: No, I think we will go to the next question.

Mr ROBERTSON: That is not surprising.

Dr FLEGG: Minister, I again refer to findings of the Davies royal commission in relation to Mr John Youngman and evidence that Mr Youngman ignored complaints of Bundaberg surgeons in relation to the work of Dr Patel. How can you justify the appointment of Dr Youngman to head the new Health Quality and Complaints Commission when he has a proven history of ignoring serious complaints that have led to the deaths of innocent Queenslanders?

Mr ROBERTSON: I think what you have just demonstrated, Dr Flegg, is a propensity by you to play the man and not the ball. The fact that you will not allow an extension of time for my director-general to provide the full details of the Allsop matter because you are not interested, having been once again caught out telling lies about this particular matter, says volumes for the approach that you are taking. Once again, I will ask my director-general in the time that is available to provide you with an answer with respect to Dr Youngman.

Ms Schreiber: Obviously, the decision about Dr Youngman being appointed to the position of the Health Quality and Complaints Commission was very carefully considered by the minister. I think what is important in that context is that Dr Youngman is a leading medication safety expert who has worked as a general practitioner and a hospital and medical superintendent and is formerly a fellow of the Royal Australian College of General Practitioners and the Royal Australasian College of Medical Administrators. As you rightly point out, he has also worked at a senior level in the Queensland Health system and he has served on a number of national committees in relation to health and formation and quality and safety issues.

Clearly, one of the important functions of the new commission will be to oversight, review and improve the quality of health services, which is a strong commitment of the government as outlined in the action plan and as generated by the events around the Davies inquiry. This will involve the development of standards frameworks for implementation of health services, it will involve assessing the performance of health services in meeting these standards, and it will involve making recommendations for improvement.

In performing this new function, the commission will ensure that hospitals, doctors and other health service providers establish processes to improve the quality of their services, and they will now be expected to monitor the quality of health services that they provide. The commission has also taken over a complaints function, as you know, which will have enhanced investigation powers and will be able to act on its own initiative and on health service staff information.

Dr Youngman will work with assistant commissioners and the staff of the commission to establish its new functions. He has already assisted in the preliminary work on the establishment of the commission. The commission will focus on healthcare standards development, quality monitoring and revising the processes for managing complaints. This is really important work—work which will receive a significant boost when a chief executive officer and other senior managers are recruited to the new commission. As you know, we have advertised for those new positions, attempting to draw a strong pool of applicants.

CHAIR: Order! Time is up.

Dr FLEGG: Minister, in reference to the output performance on page 1-08, I refer to the lucrative $8.7 million deal with Aspen Medical to operate the Caboolture emergency department, and I ask you to detail all the meetings or contact between yourself and officers of your department, representatives of Queensland Health, and Aspen Medical prior to the granting of that contract.

Mr ROBERTSON: You have already asked me that question in parliament and I provided you with an answer that, to the best of my recollection, I met with Aspen once prior to the awarding of the contract, something that you took great theatre in laughing about. I actually checked and my recollection was correct. I appreciate the fact that you have no experience in these matters, but there is nothing wrong with the minister actually meeting with the private sector to assess capabilities of the private sector to provide services. That is something that ministers across all departments and all governments do on a regular basis. I would have actually thought that opposition spokespeople, as an alternative government, would do the same thing in terms of policy formulation, but clearly that is a new concept to you.

There have been a number of meetings where I was briefed about progress in terms of how we restored services to Caboolture, which was our commitment to the people of Caboolture—to restore those services as soon as possible. As you are aware, we have referred the full dealings to the Auditor and we expect that the Auditor—the independent arbiter, if you like, or analyser of these kinds of matters—will be reporting in the not too distant future. We will find out once and for all whether your slanderous approach to the people involved in this has any veracity or whether in fact the appropriate levels of probity and process were utilised by my department in the awarding of this contract.

Dr FLEGG: Given that you have not made any reference to it, I would ask you now: can you confirm that the district manager for Caboolture and Redcliffe went to Canberra to hold secret meetings with Aspen Medical prior to the granting of this contract?

Mr ROBERTSON: It would be unlikely that I would have knowledge as to where individual officers in my department travelled to. Again, that is just further slander. This is now the sixth question in a row you have asked attacking individual public servants, and frankly—

Dr FLEGG: I am not attacking anybody; I am just asking about the meetings.

Mr ROBERTSON: No, you did, by implication when you said 'secret meetings'. That was the implication, Dr Flegg. We know where you are heading.

Dr FLEGG: If we have asked you a dozen questions and you have not revealed it, it has got to be a secret meeting.

Mr ROBERTSON: This is just another public servant in my department whom you are attacking. I think it is incumbent on you to desist from those kinds of attacks. Nevertheless, as I have explained to you previously, the matter of the Aspen contract and what went on in terms of the processes that were undertaken by the department is currently before the Auditor, as the appropriate arbiter of these kinds of matters. I expect that the Auditor will publicly report on this matter in the not too distant future. We will then be in a position, with the benefit of the Auditor's report, to determine whether the department or individual officers acted appropriately or not.

CHAIR: Member for Moggill, just before you ask your next question, the process is that you have a minute to ask a question and the minister has three minutes to answer. If you interrupt the minister with a supplementary question, we will reset the clock for three minutes from the end of the supplementary question.

Dr FLEGG: Thanks, Mr Chairman. Minister, again with reference to the lucrative $8.7 million contract between Queensland Health and Aspen Medical, why have you and the Premier both failed to declare that one of the contract conditions is a requirement for Queensland Health to pay a $750,000 penalty to Aspen Medical should the government not decide to extend the contract by a further 12 months?

Mr ROBERTSON: I do not think either the Premier or I did any such thing in a deliberate way. We have been open all along about our dealings with Aspen. As I said, this matter is before the Auditor. If the Auditor finds something untoward in terms of the contract conditions, I am sure he will report publicly accordingly.

Dr FLEGG: So you are confirming that—

Mr ROBERTSON: No, I have done no such thing.

Dr FLEGG: It sounded very much like it. I wish to move on to the output performance on breast screening. In light of revelations this week that two women did not have their cancers detected despite breast screening, can you confirm that a review was undertaken of approximately 1,000 breast screen results in Cairns? Can you further confirm that your director-general was so concerned about your political situation as to have prepared a response to a possible parliamentary question, yet there do not appear to have been efforts made to inform patients about the event?

CHAIR: Member for Moggill, I am struggling to see the relevance of this question to the Ministerial Portfolio Statements. The broadest possible interpretation is that you are interested in the funding for breast screening.

Dr FLEGG: It is a review of 1,000 mammograms; that is a major budgetary expenditure.

CHAIR: Well, the minister may choose to talk about the broad area.

Mr ROBERTSON: Again, if I recall correctly, the situation with respect to Cairns was that a review was undertaken—and I am going off memory here because we are talking about the forward estimates; this is something that occurred in the past financial year—because an issue with respect to the images that were taken over a period of time at Cairns was discovered. A review of those images was undertaken, and that may have been the 1,000 that you are referring to. Out of that, I think there was a portion whereby questions were raised as to the quality of the imagery, and those women involved in those particular cases were contacted. Again, just going from memory, they were offered a further scan to ensure that nothing had been missed in terms of the level of accuracy that you would otherwise expect.

Dr FLEGG: Just for clarification: is that the three cases?

Mr ROBERTSON: Off the top of my head, I cannot recall. I cannot recall the numbers but I am aware of the case. I am certain, I am sure, that the necessary follow-ups, where a question had been raised, did in fact occur.

CHAIR: That concludes that block of questioning. The next questions will come from the government members.

Mr ROBERTSON: If I have recalled anything incorrectly, I will take advice during the break and correct the record if need be.

CHAIR: Obviously, Minister, you can take any question on notice. The MPS on page 1-3 refers to substantial government funding increases and enhanced wages and conditions for Queensland's public sector doctors and nurses. Do these landmark wage deals make Queensland more competitive with other states as an employer? What do the pay increases mean for average doctors and nurses?

Mr ROBERTSON: In recent months the Beattie government has delivered nearly $2 billion worth of salary increases, better allowances and better conditions for our public hospital doctors and nurses. The new enterprise agreements with our doctors and nurses reflect how much we value them and the important work that they do. They also make Queensland a very competitive and attractive employer compared to other states so we can recruit the extra clinical staff we need for our hospitals. It will also make working in the bush more attractive for doctors and nurses.

With respect to our salaried doctors, Queensland Health doctors' salaries are now highly competitive with known interstate remuneration packages. Salaries have been improved through wage increases, the introduction of a new classification structure, reduction in doctors' ordinary hours of work and increases in allowances. For example, a fourth-year trainee staff specialist in Queensland who was earning $75,155 a year prior to the EB agreement will now earn $88,548 a year by the end of the agreement. A first-year senior medical officer in Brisbane who was earning $100,436 a year will now be earning $152,519 a year. The same position in a regional area rises from $100,436 a year to $163,817 a year. A first-year staff specialist working extended hours in an ED in Brisbane who was earning $139,800 a year will now be earning $228,359 a year by the end of the agreement. The same emergency department position in a rural area like Mount Isa rises from $150,000 a year to some $248,000 a year by the end of the agreement.

My department is also developing better career paths for senior medical officers other than specialists which will benefit medical services and patient safety and contribute to better health outcomes particularly in non-metropolitan areas. We have also improved doctors' professional development leave entitlements including the provision of an allowance of $20,000 a year for senior doctors and $1,500 a year for junior doctors. Remote area allowances ranging from $6,900 to $48,300 a year will also help us to attract more doctors to live and work in the bush.

With respect to our nurses, the new EB agreement provides for a 25.3 per cent compounded wage increase for nurses over three years. That makes Queensland Health a very competitive and attractive employer, and will help us recruit and retain nursing staff. For example, level 1 nurses, the bulk of our nurses, currently earning $53,525 a year, will earn $64,496 by the end of the agreement in 2009. This will result in our Queensland nurses receiving the same wage rates that their New South Wales counterparts will be receiving at the end of their agreement in June 2008.

Ms CROFT: Minister, can you please expand further as to how these wage rises and better working conditions are making Queensland more attractive to interstate and overseas based doctors and nurses? Can you also tell the committee about the government's interstate and international recruitment campaign?

Mr ROBERTSON: The enterprise bargaining agreements for both doctors and nurses make Queensland Health salaries highly competitive with known interstate remuneration packages. The government's recruitment campaign, along with my department's enormous efforts in improving wages and working conditions, is directly resulting in the employment of clinicians within Queensland Health. We continue to recruit aggressively interstate and overseas for clinical staff, and we are getting results. Our concerted effort on medical recruitment, in particular in the weeks during and following the Premier's trip to the UK in May, saw the number of expressions of interest received by my department almost triple from around 60 to 150 per week.

I need to emphasise, however, that it will be a number of months before we start to see these clinicians progressing through the recruitment process. For example, during the Premier's UK visit, 157 doctors attended dedicated recruitment functions. Some 101 of those doctors have now formally advised that they are interested in a position, and 47 are currently being considered by our districts. It is important to remember that it takes a minimum of four to six months from the time a clinician makes a decision to relocate to Australia to the time they arrive and are ready to commence work. Why does it take so long? Well, simply, it takes this long because these clinicians have lives, work and family commitments in their home country. They may need to sell property, personal possessions et cetera, they may have children nearing the end of a school year which they do not want to disrupt, and they may have a partner who has employment commitments.

We are now also seeing the results of recent nursing campaigning, with an increasing number of expressions of interest received from nurses wanting to work for Queensland Health. As at 22 June, a total of 2,768 applications have been received and 179 extra medical nursing and allied health staff have either commenced, been appointed or are in the process of being appointed or have been offered jobs through this process alone. To date, the hard returns from the expression of interest process has been a total of 96 positions offered to doctors, with 24 already having commenced work. A further 461 are currently being considered for positions. There were 52 positions offered to nurses, with 23 having already commenced, and a further 91 are being considered. Twenty-seven positions were offered to allied health professionals, with 20 having commenced, and a further 80 are being considered. Four positions were offered to dentists and pharmacists, with three having commenced, and another 12 are being considered.

Ms STONE: Morning, Minister.

Mr ROBERTSON: Good morning.

Ms STONE: I recall an undertaking by the government to deliver a Health Action Plan, and I was wondering how many doctors, nurses and allied health professionals Queensland Health employs now compared to June 2005. Is the government on target to meet its Health Action Plan? Do we actually deliver on our undertakings? How are the medical workforce recruitment targets for December 2006 going?

Mr ROBERTSON: That is a great question. The government instigated the Queensland Health Systems Review, which identified critical areas of workforce shortages in the occupational streams of medicine, nursing, allied health professionals and scientists. In response, Queensland Health has aggressively recruited clinical staff both within Australia and overseas in the past 12 months and, as we heard in the previous answer, has achieved considerable success.

We have committed ourselves in the Health Action Plan to recruit an extra 300 doctors, 500 nurses and 400 allied health professionals by December 2006. I am pleased to report today to the committee that we have met and surpassed all of our recruitment targets set by the Health Action Plan, and we have achieved these targets six months ahead of schedule. In June 2005 Queensland Health employed 4,552 doctors including VMOs. As at June 2006 Queensland now employs 4,863 doctors. That is an extra 311 doctors employed to work in our public hospitals, so we have achieved 104 per cent of our December 2006 target of 300 extra doctors.

That good news also applies to recruitment of nursing and allied health staff. In June 2005 Queensland Health employed 21,911 nurses. As at June 2006 we now employ 23,269. That is an extra 1,358 nurses employed in 12 months to care for patients in our public hospitals. So we have achieved 272 per cent of our December target of 500 extra nurses. In June 2005 we employed 5,806 allied health professionals. As at June 2006 we now have 6,352 allied health staff. That is an extra 546 allied health staff in 12 months, so we have achieved 137 per cent of our December target of 400 extra allied health professionals.

This performance shows that we are getting on with the job of recruiting the clinical staff we need for our health system and we are getting results, but we still need more. That is why the government will continue to recruit aggressively both within Australia and overseas to ensure our public hospitals have the doctors, nurses and allied health professionals they need to continue to provide quality health care for all Queenslanders.

Mrs SMITH: Minister, those are very impressive figures, but I wonder what new recruitment and retention strategies the government has in place to attract and retain more doctors and nurses in the public hospital system.

Mr ROBERTSON: Member for Burleigh, thank you. My department has implemented a number of workforce strategies to address workforce shortages in the short to long term. Quality education and training are critical factors in recruiting and retaining a health workforce. That is why I have recently announced a ministerial task force on clinical education and training. The task force will consider related issues across the medical, nursing and allied health professions. The major focus will be on undergraduate and vocational medical training opportunities to develop clinical training networks and support for new and returning clinicians. The task force will provide its report before the end of 2006.

Key members from universities, speciality colleges, private sectors, unions and relevant professional bodies, including the AMA, have been or will be appointed to assist the task force and ensure a range of views are considered. A centralised recruitment team has also been established to manage online recruitment. As of 22 June this year, a total of 2,768 applications have been received and 179 extra medical, nursing and allied health staff have either commenced, been appointed or are in the process of being appointed through this process alone.

My department has developed and relaunched its 'Work for us' internet recruitment site, and a team has been established to provide comprehensive orientation, training and support to international medical graduates—a recruitment, assessment, placement, training and support team. Queensland Health is increasing its number of internships by more than 100 training positions between now and 2009 to meet the training needs of graduating medical students, and the number of medical scholarships offered through the Rural Scholarship Scheme has increased from 20 to 30 places in 2007. My department is providing bonded scholarships for 235 undergraduate medical places at Griffith University over five years. Some $3 million has been invested to improve workplace culture, which includes a new leadership development program and a new code of conduct with zero tolerance for bullying.

A total of 742 nursing graduates have been employed in 2006 Queensland Health start-of-the-year programs. Queensland Health is doubling to 300 its pre-enrolment places for nurses at TAFE. Funding has also been provided for 20 nurse practitioner scholarships to provide a career path for specialist nurses. Twelve of those scholarships have already started training. Twenty additional specialist registrar training positions have been allocated to 10 hospitals statewide. An additional 55 posts will be made available between 1 July 2006 and 1 January 2007. We will continue to press the Commonwealth for an extra 325 medical undergraduate places at Queensland universities. I am sure we will hear more about that at COAG later in week.

Mrs SMITH: In addition to those strategies, can you outline what initiatives the government is implementing to improve training and career opportunities for doctors and nurses?

Mr ROBERTSON: My department is investing an additional $730,500 per year from 2006-07 to increase to 300 the number of funded clinical placements for the pre-enrolment diploma in nursing. Increasing the clinical placement funding from 150 to 300 students will assist in increasing the number of enrolled nurses trained and postgraduate education for registered nurses, important to foster high-quality health care. Registered nurses employed by Queensland Health are able to undertake transition to practice nursing education programs. These clinically focused programs are offered free of charge to Queensland Health nurses and articulate into postgraduate university awards. There are approximately 150 QH facilities using the TPMEP programs, with more than 200 nurses currently enrolled.

In addition, the new nursing enterprise agreement recognises the importance of ongoing professional development. All permanent registered and enrolled nurses employed at the time of certification of the agreement will receive an immediate one-off payment of $2,000 as an immediate contribution to their professional development. From 1 July 2007, all permanent registered and enrolled nurses will be entitled to three days per annum paid professional development leave. In addition to this paid leave, nurses will also receive up to $2,500 per annum to cover costs associated with professional development.

When it comes to doctors, senior medical officers have an entitlement to study and conference leave. They have had their existing travel allowances of approximately $8,000 per five-year period and actual travel expenses increased to $20,000 per annum. This entitlement, as well as 3.6 weeks of professional development leave per annum, has also been provided to international medical graduates in senior posts, contract and Public Service medical officers as well as doctors with a right of private practice in rural locations. All resident medical officers in the vocational training program will be entitled to the payment of a vocational training subsidy of $1,500 per annum.

In addition, all resident medical officers other than interns have an entitlement to one week of professional development leave per year in addition to existing exam leave entitlements. Interns will receive an internship training program during work hours. In addition, from January 2007 a standard intern orientation week incorporating cardiac life support skills training will be implemented prior to the annual changeover of junior doctors. $1.2 million in non-recurrent funding will also be made available

over the life of the EB agreement to improve access to education and training for junior doctors, with priority given to projects that facilitate access for doctors in non-metropolitan areas. An additional 20 registrar training places were implemented in 2006, with an additional 55 due to come online between 1 July 2006 and 1 January 2007. Queensland Health is also increasing the number of hospital internships available for medical graduates from the current 319 a year to 420 by 2009.

Ms STONE: Minister, what changes have been made to the Medical Board of Queensland's procedures to speed up the registration of doctors wanting to practise medicine in Queensland?

Mr ROBERTSON: The Medical Board of Queensland is a statutory authority separate from Queensland Health and the state government which must act independently, impartially and in the public interest in discharging its functions. The board is established under the Medical Practitioners Registration Act 2001, which states as its primary objects protection of the public by ensuring health care is delivered by registrants in a professional, safe and competent way, upholding the standards of practice within the profession and maintenance of public confidence in the profession.

We need to get new doctors joining Queensland Health started in our hospitals as quickly as possible. That is why I have asked the board to enhance and streamline a system of registering doctors wanting to practise medicine in Queensland. From February to June 2006 the board approved 1,092 registrations including 524 international medical graduates granted special purpose registration. Approximately 4,000 registrations have been granted for 2005-06.

They have picked up the pace as a result of changes that we have been implementing which include the commencement of the Medical Practitioners Registration Act 2006 on 1 June 2006. That gives the board more flexibility to perform its registration functions promptly and to have simpler processes in place for doctors applying for registration. This act expands the board's power of delegation to allow board members, the executive officer, staff or a committee, including at least one board member, to approve registration applications. This change is expected to reduce registration time frames by three weeks and to increase staff availability for processing.

On 17 May the board and the UK's General Medical Council agreed to electronically exchange certificates of good standing for speedier processing times and a higher level of authenticity in requiring the board to report to the minister if it fails to decide a registration application within 25 working days of receiving it. This change will maintain board accountability and institute actions to avoid any such matter recurring. The board has advised that there have been no applications that met this reporting requirement as at 30 June 2006, that is, they are meeting that time line of 25 days to process applications.

From 31 January the board allowed registrants to start work under supervision while degrees were independently verified. Registrants must be supervised by Australian qualified doctors and degrees must be submitted for verification before applications will be approved. These enhancements do not compromise Australia's most stringent medical registration system and comprehensive registration requirements, which include complete professional disciplinary history from each and every jurisdiction where applicants have trained or worked, remain unchanged.

CHAIR: The government has signalled its commitment to improving health services in rural Queensland. Can you outline for the committee what initiatives the government is offering doctors and nurses to live and work in rural and remote communities?

Mr ROBERTSON: As announced in the state government's $9.7 billion Health Action Plan, Queensland Health will be increasing places in the Rural and Remote Isolated Practice Nurses Program by 2009. The Remote Area Nurses Incentives package will be extended to include enrolled nurses. As part of our commitment to maintain and improve the health status of rural communities, we are investing $3 million a year in our Rural Scholarship Scheme. Seventy-one scholarships are offered annually to undergraduates in dental, medicine, nursing, pharmacy, physiotherapy, podiatry, psychology, occupational therapy, radiology, social work, speech pathology and oral health. Scholarship holders are provided with financial assistance to support them during their full-time tertiary study in their chosen field. Following graduation, scholarship holders are contracted to be employed by the health service districts in rural healthcare facilities throughout the state, providing rural communities with essential health services. There are currently 170 undergraduates studying their chosen health career and 110 postgraduates providing health services in rural communities.

This year we increased the number of rural medical scholarships from 20 to 30, an increase of $840,000 over a four-year period. We are also funding 235 new medical student places at Griffith University in response to the federal government's continuing failure to supply Queenslanders with enough doctors. The state government is investing some $60 million to train the additional students who will be bonded to work in areas of priority that will include rural and regional areas. Thirty-five of these bonded students began their studies this year.

Our government is also investing an extra $31 million over four years to deliver higher training to rural and remote doctors specifically. We are rolling out the rural generalist training and career pathways and creating 30 additional rural generalist positions for doctors.

CHAIR: That concludes our block of government questions. The next block is for non-government members. Just before we begin, I note that Mr Terry Rogers, the member for Redcliffe, has joined us. I welcome Mr Rogers. Would you like to seek leave?

Mr ROGERS: I would.

Leave granted.

Dr FLEGG: With reference to page 1-11, I refer the minister to the timeliness measures published in the output statement and in particular to the figures for elective surgery patients receiving their category 1 and category 2 treatments within the specified time frames. Given that it appears that the government has spent more than $250 million more than was originally budgeted for during 2005-06, why has your government failed to meet even its own benchmarks of 95 per cent and 75 per cent respectively for elective surgery timeliness for Queenslanders waiting for category 1 and category 2 procedures, despite the spending of more than $250 million of their taxes?

Mr ROBERTSON: In terms of the elective surgery reports—the quarterly reports that we have been publishing over the last 12 months—the reasons for particular changes in the amount of elective surgery performed on an individual hospital basis are there for everyone to see. We publicly report not only how we are performing with respect to elective surgery but also the reasons why there may be declines in some hospitals. That is part of our increasing transparency and public reporting of our performance. As you would be aware, the additional investment in elective surgery goes to meet the increasing wages and salaries that we pay to our doctors and nurses as well as overall cost increases in health. As you would be aware, the health cost index rates anywhere between eight and 12 per cent on an annual basis compared to a CPI of around three. We need to continue to invest a significant amount of money into health just to keep pace with the rising costs of health care in this state.

So it is not correct to suggest that this, in fact, is what we were doing, that somehow additional money that we have invested has not been put to good use. It certainly has. What needs to be also understood is that, as a result of record numbers of emergency surgery being performed in our hospitals, that does have an impact on elective surgery. But I suggest probably later on in these estimates we will be hearing about specific initiatives of how we are trying to get that balance right and about ensuring continuing elective surgery throughput while meeting the increasing demands that we are seeing come through our emergency departments.

Dr FLEGG: I refer to the figures pertaining to acute in-patient episodes of care. Given that you are budgeting to spend an additional $383 million, or around a 14 per cent increase on my figures, within this output, why is it that Queenslanders can only expect to see an increase of a pitiful 1.4 per cent in episodes of care and almost no increase in weighted episodes of care?

Mr ROBERTSON: They are estimates that are provided, of course, by the department. We have provided a significant funding injection to health in 2006-07 as we have seen an increase of some 24.2 per cent over the 2005 budget. That funding is increasing primarily because employee expenses are increasing for two very important reasons: one, we are employing more people than ever before and, of course, we are paying them a lot better.

With respect to the targets that are set, obviously if we exceed those targets then we are not going to be turning people away from those doors. They are estimates that are provided by the department about what we expect to see come through our hospitals. If they are exceeded then we will meet those targets. As you are aware from previous estimates, these figures are based on historical growth. As I said, if they do increase, then we meet those increases. I might get the director-general to provide further information in relation to those particular figures.

Ms Schreiber: The only additional point I make is that we have, of course, looked at how we are trending given that this is a very important performance indicator for us. We have, therefore, converted some of our historical data into the current reporting phase to understand the trend analysis better. That shows us that our growth equates to 3.3 per cent in 2004-05 and to 2.5 per cent in 2005-06 with a top end for 2006-07 MPS targets representing 4.6 per cent growth. So we are certainly seeing some considerable improvements there.

Dr FLEGG: From the published estimated actual figures for last year and the estimated figures for this year it appears that you intend to spend an additional $383 million overall on acute in-patient services. Given this increase of $383 million, why is it that expenditure on employee expenses is budgeted to increase by $425 million, and where is the $52 million being cut from within this output?

Mr ROBERTSON: Sorry, you have to explain what you are about there.

Dr FLEGG: You have budgeted for an increase of $383 million in the output for acute in-patient services, but the MPS reveals that there is an increase in employee expenses of $425 million. Obviously there have to be cuts from other areas within the output.

Mr ROBERTSON: I might get the appropriate officer, Michael Kissane, to provide the answer.

Mr Kissane: I think the honourable member is referring to page 1-12 and comparing the 2005-06 estimated actual for the acute in-patient services versus the 2006-07 estimate. If you look at the expenses and go down line by line it is correct to say that there is an increase in employee expenses,

there is an increase in supplies and services, there is an increase in grants and subsidies, there is an increase in depreciation and there is an increase in other expenses. The line item that has decreased by over $50 million is the finance and borrowing costs. I can get additional information on this, but I think this refers back to where the government has written off the loans in relation to hospitals going back a number of years.

Mr ROBERTSON: That is right. That is the inherited debt from the old hospital boards which we have wiped which Dr Flegg wants to bring back.

Mr Kissane: I can get some additional information before the end of the session. The movement is $59 million from 2005-06 on finance borrowing costs and they have now gone down to zero in 2007.

Mr ROBERTSON: Thanks for that question.

CHAIR: Before you go, can I clarify are you taking that on notice or are you actually going to provide something today?

Mr Kissane: It is up to the minister.

Mr ROBERTSON: Do you want to provide further information, Michael?

Mr Kalimnios: I do not think we need to take that on notice. The information that Mike Kissane gave is correct. The difference is to do with those finance borrowing costs which have now been eliminated because the loan was paid as part of the fiscal statement that was made last year.

Mr ROBERTSON: I am happy with that.

Dr FLEGG: I refer the minister to the timeliness measures published within the output statement tabled and in particular—

Mr ROBERTSON: Sorry, what page?

Dr FLEGG: Page 1-16—and in particular to the figures for patients being treated in emergency departments within standard time frames. Given that it appears that the government has spent $106 million more than originally budgeted for during 2005-06, why has the government failed to meet its own benchmarks in categories 1, 2, 3 and 4 by failing to treat Queenslanders within these time frames despite spending more than $106 million extra from their taxes?

Mr ROBERTSON: The very simple reason is that, as I have pointed out now on numerous occasions, our emergency departments are busier than ever before. We are seeing a record number of patients come through our emergency departments and there are a number of reasons for that. One, of course, as you would be very well aware, Dr Flegg, is the absence of bulk-billing doctors in many areas, particularly around that Caboolture-Redcliffe area, which I think is a real problem, that result in patients who would otherwise go and see GPs having to present themselves to emergency departments—and thank goodness we have that Aspen contract underway, otherwise the people of Caboolture-Redcliffe, because they cannot access a bulk-billing doctor easily—

Dr FLEGG: We are talking about categories 1, 2 and 3. They are not GP patients.

Mr ROBERTSON:—would be suffering accordingly.

Dr FLEGG: This is a rave.

Mr ROBERTSON: No. You are talking about all categories. You asked the question.

CHAIR: We have a procedure. You ask the question and the minister answers it.

Mr ROBERTSON: What we have seen is record numbers of patients come through our emergency departments. If more doctors offered bulk-billing services, particularly in those lower categories, that would take significant pressure off our emergency departments. What you also need to appreciate is that we have embarked upon a significant investment in expanding emergency departments in a number of places throughout the state. I was down at Robina on the Gold Coast last week seeing progress on the expanded emergency department. Whilst we are seeing increased growth of numbers coming through our emergency departments we are responding through a very aggressive and very well resourced capital works program that is about meeting that increased throughput that we are seeing in our hospitals.

Dr FLEGG: Given the increasing importance of mental health within our community—and I refer to page 1-21—and given that it is an issue that is so important it has been a topic of significant discussion at recent COAG meetings, why is it that your government is refusing to increase bed numbers and therefore limiting access to much-needed services for those within the community with mental illnesses requiring serious in-patient treatment?

Mr ROBERTSON: We are not, but what we are waiting on is the completion of our statewide mental health strategy. It is acknowledged, as you say quite correctly, that this is going to be an extremely important issue at COAG later this week. We have certainly increased the amount of funding going into mental health. We have seen that in the mini-budget of last year and further in the budget that we are analysing at this point in time. We are obviously cooperating with the Commonwealth in what it has been proposing through COAG.

What you also need to appreciate is that the Queensland government has undertaken a $100 million mental health capital works program which actually represents the largest mental health capital works program ever undertaken in Australia. Additionally, what we have seen is the expansion or replacement of a number of acute mental health in-patient units which have been included in the general hospital redevelopment and expansion program, resulting in a total of some $232.5 million investment in mental health in-patient facilities since 1993.

I recognise the need to maintain pace with population increases in terms of building additional mental health in-patient facilities and future infrastructure. This is part of Queensland Health's overall planning process, and a report regarding this will be presented to cabinet by the end of the year. What we are determined to do is get our planning right. So I am acknowledging the need to increase the number of beds. We need to ensure that we do it in the right way and in the right places.

Dr FLEGG: I refer to page 1-22 of the MPS which shows an increase of $60 million or around 14 per cent for mental health acute in-patient episodes of care or acute in-patient care, yet there has been a reduction in the number of episodes of care for acute in-patients of approximately 10 per cent over the previous year. Can you explain to us why the mental health in-patient services have actually declined and where the $60 million extra has gone?

Mr ROBERTSON: I will lead off, but Aaron might want to provide the details. What we are actually seeing is a change in the way that we treat people with a mental illness. Whilst there is one indicator there of in-patient care, that does not represent the total spectrum of care that we provide under mental health services. I will ask the director of mental health to provide a more detailed answer on how that kind of treatment is progressing.

Dr Groves: I thank the honourable member for his question. He has clearly identified that the episodes of care projected for 2005-06 will be reduced by 10 per cent. There are a number of reasons for that, the most obvious of which relates to the increased complexity of people whom we now see within mental health services within this country, and particularly in this state. That is the result of a very clear national direction over the last 13 years that is part of the National Mental Health Strategy, which is about trying to ensure that people are provided care closest to home and in the community wherever possible. The consequence of that overall policy decision means that those people who then end up in in-patient facilities are those who have the most severe problems. That is in the context of a growing epidemic of drug and alcohol related illness which makes the sorts of presentations that people with mental illness have in the public sector much worse. The overall consequence of that is that the length of stay of people who are in in-patient care increases. If your bed numbers are roughly the same then that means that the overall total number of episodes of care actually goes down.

There is another statistical anomaly that also accounts for the problems with episodes of care. When people are in an in-patient unit for long periods of time, which is becoming an increasing problem within this state, it means that people may not separate during a particular year. So therefore technically your number of episodes of care can actually reduce as well. That really gives you an overview of the sorts of reasons people in in-patient care tend to be more acute, stay longer and the episodes of care reduced.

Dr FLEGG: I refer to page 1-26. Given the necessary service provided by carers within our communities, why is the Beattie government reducing the number of hours for which home based and centre based respite care is provided?

Mr ROBERTSON: If you go to the notes in the MPS you will find at point 4—

The difference between the 2005-06 Target Estimate and the 2005-06 Estimated Actual units of service delivered reflects the fact that at the time of making the estimates the total program funding for the year is not known. The identification of specific local needs and priorities as part of the annual HACC planning process has not been completed.

So you are incorrect in asking, 'Why has the Beattie government reduced it?' This is a joint Commonwealth-state program, as you are aware. At the time of the preparation of the MPS the necessary agreement and discussions between the Commonwealth and the state for 2006-07 had not been completed. But if you want to join me in speaking to your federal counterparts about increasing their contribution to HACC I would certainly welcome your support.

Dr FLEGG: In a similar vein, the number of Meals on Wheels meals to be provided has declined significantly in this budget. Could you explain why the number of Meals on Wheels meals is declining?

Mr ROBERTSON: The same points on page 1-26 that I outlined in response to your previous question apply in this case as well. Point 10 actually says—

Meals on Wheels actual outputs will vary depending on demand for meals during any given period.

So they are your estimates in terms of what you know at this point in time, but obviously if there is increased demand then you meet that demand.

CHAIR: We will go to another block of government questioning. The MPS highlights on page 1-1 plans to open more beds to ease pressure on hospital emergency departments. That is certainly a topic that has been aired in my part of the world. Can you inform the committee how many beds are available in Queensland public hospitals now and how many new beds are coming on-stream in the future?

Mr ROBERTSON: I think this is probably the most important question that will be asked in today's estimates, because the crucial aspect of the bed argument is how many properly staffed beds we have operating in our public hospitals. This affects common issues such as access block and patient flow through our hospitals.

Based on preliminary figures reported to me just this week, as of June 2006 Queensland had 9,679 beds open in public hospitals. That is an increase of 339 over the June 2005 figure of 9,340 beds and does not include the 477 beds in our dedicated psychiatric hospitals such as The Park—Centre for Mental Health or Baillie Henderson. Nor does it include 598 neonatal cots in our public hospitals.

Our government is opening up more and more beds as we are finding the capacity to do so. Just last week I opened another 20 beds at Robina. We have a further 170 beds across Queensland on the way this financial year and another 330 beds between now and July 2008. So if you add up our various activities you find that in just three years we plan to open approximately 860 more beds in our public hospitals. Put simply, we are working to increase our total statewide capacity from 9,340 last year to approximately 10,200. We are already well on the way to achieving those targets.

The committee might recall that the opposition's health policy is to open an extra 500 hospital beds. We have not only almost achieved that target already but we will beat it by around 360 beds within the next two years. The hospital beds we are counting are those published nationally by the Australian Institute of Health and Welfare. We have been working very hard to develop strategies that will increase beds to an appropriate level whilst also maintaining sustainable health services across the state, including in our increasingly sparse populations in rural and remote areas.

People need to understand that it is not just a matter of sticking a bed in a spare space within a hospital. You need proper facilities such as suitable wards and you need clinical staff. The increase in hospital beds over the past year shows that our strategies are paying dividends. They included a program of announcing an additional 99 beds throughout Queensland in 2005-06. In addition, as I mentioned earlier, an additional 10 beds at Robina were opened in 2005-06 and another 20 were opened just last week.

Moving forward, we have an extensive plan to open up more beds right across the state. I have already announced that this year an additional $36.6 million will be spent in 2006-07 to open an extra 170 beds in 10 public hospitals from Brisbane to Cairns. The very simply message is: if you want to support the coalition they will give you 500 beds; if you want to stick with the Beattie government we will give you 860.

CHAIR: I understand the member for Broadwater is keen to explore this issue further.

Ms CROFT: I certainly am. Thank you very much, Minister. That does sound very encouraging. Can you please explain if there are any other government initiatives to improve patient flows and reduce what you refer to as access block in our hospitals?

Mr ROBERTSON: As we have said earlier, our hospitals are busier than ever and treating more patients than ever before. We have a growing and ageing population which is driving the ever-increasing demand for hospital services. On average, 2,170 patients are admitted to hospital every day. That is an average of some 60,830 patients a month. Some 24,000 outpatients are treated in Queensland Health hospitals every day. That is 720,000 a month. During 2005-06 our public hospitals provided over 733,000 acute in-patient episodes of care for admitted patients, 360,000 same-day episodes of care and 9.1 million non-in-patient occasions of service, including emergency department presentations.

One of the state government's top priorities in improving our health system is increasing patient flows and addressing access block problems in public hospital emergency departments. In addition to the significant funding boosts allocated to emergency departments and projects that will open over 860 extra beds across the state, we have also allocated $3 million recurrently to help our area health services implement strategies that improve patient flows and reduce access block in emergency departments.

One strategy involves identifying opportunities to reduce unnecessary duplication of clinical services and to improve the scheduling of diagnostic and treatment services. The funding is also being used to review and redesign discharge processes to ensure patients are appropriately discharged home and supported where required through community health services. In addition, hospitals are reviewing how they can improve the management of frequent and avoidable admissions and better manage patients with complex chronic diseases.

Early outcomes from these projects include area health services working more closely with the Queensland Ambulance Service in coordinating and improving both emergency and non-emergency transport of patients to and from hospitals, community health service providers and home. This initiative will ensure patients are transported to the most appropriate facilities for their required level of care. Area health services have also implemented strategies to centrally monitor and coordinate bed management over the winter period to improve access to healthcare services and the re-establishment of partnerships with general practitioners, local nursing homes and other community health service

providers. This will improve patient referral and access to acute care facilities. In particular, the hospital and nursing home initiative has included the provision of training and support to nursing home staff, including new guidelines to assist in the management of postacute patients being discharged early.

To ensure continued access to beds over the winter period, the department is in the process of establishing agreements with the private sector to purchase available bed capacity for public patients. Area health services are also implementing strategies to open additional beds and public hospitals where available to cater for the increased demand over the winter period. To reduce postponements and long waits for elective surgery, a number of larger hospitals will provide surgical sessions on weekends. The emergency department clinical networks in collaboration with other clinical networks are actively involved in developing and implementing other strategies to address access block and patient flow issues.

Ms CROFT: Thank you, Minister. Queensland is certainly growing in population. Often my constituents ask me how Queensland compares with other states and territories on elective surgery waiting times. I was wondering if you would be able to answer that for me today. Also, could you please explain what new funding has been provided to improve elective surgery output?

Mr ROBERTSON: Despite all of the bluster from the opposition, it is a fact that Queensland leads the rest of Australia and has the shortest waiting times for elective surgery, and the government is committed to further improving consumer access to elective surgery services in Queensland public hospitals. We have an ever-increasing demand for surgery from our growing and ageing population and our hospitals are busier than ever and doing more surgery than ever before. However, it is important to remember that patients requiring lifesaving emergency surgery and trauma surgery must always get priority over elective surgery patients. We are spending an additional $259.7 million over five years to improve our elective surgery performance and enable hospitals to maintain appropriate levels of service commensurate with the increasing levels of demand for elective surgery. Some $109.5 million is allocated in 2006-07 to support elective surgery services. An additional $27.3 million is also being invested in 2006-07 to support a number of selected hospitals in utilising spare capacity specifically for the treatment of long wait category 1 and 2 patients.

Queensland's elective service performance compared to other states is reflected in two recently published national reports—the Commonwealth's *The State of our public hospitals* annual report and the Australian Institute of Health and Welfare's report *Australian hospital statistics 2004-05*. Both reports show Queensland continues to perform well in comparison with other states and territories with regard to waiting times for elective surgery. In 2004-05 some 91 per cent of Queensland's elective surgery patients were admitted within the recommended time compared with 82 per cent nationally.

The Commonwealth's report also compares the medium waiting times for a group of 10 elective surgery procedures selected by the Commonwealth Department of Health and Ageing. These procedures include cataract extraction, cholecystectomy, hysterectomy, herniorrhaphy, tonsillectomy, total hip and knee replacements, varicose vein stripping and ligation, and coronary artery bypass grafts. It showed Queensland was again the best performer, reporting a medium waiting time of 21 days for these selective procedures compared with the national average waiting time of 29 days. Of particular note, Queensland reported the shortest waiting time in the country for elective lens procedures, including cataract surgery, with a medium waiting time of 33 days. This is an extremely pleasing result when compared to other states and territories, including New South Wales with 182 days, the ACT with 240 days, Victoria with 44 days, and the Northern Territory with 167 days. Additionally, the Australian Institute of Health and Welfare's report also showed that in Queensland 90 per cent of elective surgery patients were admitted for their surgery within 105 days. This is less than half of the 217 days reported as the national average waiting time for patients.

Ms STONE: Minister, will you please outline what the government is doing to improve waiting times for specialist outpatient appointments?

Mr ROBERTSON: It is important to acknowledge that approximately only 30 per cent of patients who have a surgical specialist outpatient appointment are assessed as having any need for surgery. The remaining 70 per cent not requiring surgery are referred back to a GP for ongoing management of their condition. Queensland Health is developing a statewide plan to overhaul specialist outpatient services, including a number of future initiatives to improve specialist outpatient services in Queensland. The strategic objective of the plan is to provide better information to general practitioners about waiting times at various outpatient clinics, to identify the information needed to undertake the triage process more effectively and expediently, identify the diagnostic test to be provided, develop more efficient methods of making referrals, and develop a process to strengthen general practitioner engagement with hospital outpatient services.

The department is investigating a number of options for developing a statewide specialist outpatient services web site. It is envisaged that this web site will be designed to enable greater access to information for general practitioners about what outpatient services are available within Queensland Health facilities, as well as providing some specialist clinical waiting times information. Improving integration with GPs in the acute public hospital sector will also be progressed through the plan by

investigating the feasibility of establishing general practice liaison officer positions in major hospitals; further development of standardised referral processes across the state, including the investigation of electronic referral tools such as the service coordination tools currently being implemented in Victorian public hospitals; and cooperative engagement between Queensland Health and the Queensland Divisions of General Practice to establish and agree on referral and communications systems and processes.

My department is also continuing with the statewide rollout of the policy framework for specialist outpatient services. This framework is aimed at improving the consistency of work practices in specialist outpatient services across the state and to promote a more reliable and robust data collection. This work is being progressed through the Specialist Outpatient Advisory Committee comprising expert specialist outpatient staff from across the state. Other work being carried out by the department aimed at improving waiting times for specialist outpatient services includes identifying potential mainstreaming opportunities for proven and innovative models of care within the specialist outpatient environment. For example, the department has begun expanding the Fit for Surgery program currently operating at Ipswich, RBWH, PA and Townsville. The Fit for Surgery program aims to maximise the number of patients who are fit for surgery within the elective surgery program, thereby reducing the number of cancellations, improving post-operative rehab and, in some cases, finding alternative therapies other than surgery. Through established orthopaedic physiotherapy screening clinics, the program has been extremely successful in improving access to orthopaedic services for category 2 and category 3 patients at the participating hospitals.

CHAIR: Minister, it has been nearly three months since the Caboolture Hospital emergency department reopened with full services 24 hours a day seven days a week. Will you outline for the committee how the department has been performing under Aspen Medical and how many patients it is now treating?

Mr ROBERTSON: Unfortunately the member for Moggill is not here to hear this answer because it would be really instructive for him as to how we have been going, because since 24-hour services resumed under Aspen on 18 April the Caboolture Hospital emergency department has treated some 7,326 patients.

CHAIR: Could you repeat that, Minister?

Mr ROBERTSON: Some 7,326 patients. On average, the department has seen 665 patients a week. Medical staffing issues in the emergency department have also been satisfactorily resolved and the ED is fully staffed. Three ED specialists, including the acting director of the department who had previously resigned, have rescinded their resignations and remain working in the Caboolture emergency department. A new director of the emergency department will commence next month. Two new registrars have been appointed as well as an extra senior house officer with the potential to take on a registrar role. Aspen has also commenced a review of the emergency department to identify opportunities for improvement in workforce, service delivery and efficiency as per the requirement of the project's objects and deliverables.

Aspen's performance against emergency department key performance indicator benchmarks, project objectives, deliverables and tasks are currently being assessed by the project board. Emergency department KPIs include waiting time and complaint handling benchmarks. The project objectives include the development and implementation of an appropriate model of care for an outer metropolitan emergency department; the development and implementation of robust HR strategies, including planning of short- and long-term workforce requirements and recruitment of staff to fill those requirements; the identification and implementation of systems that support ongoing development and retention of staff, including but not limited to education, research and professional and career development; identification of policies and procedures to support hospital operations and ensure ongoing accreditation within the Australian Council on Healthcare Standards and the Australasian College of Emergency Medicine; increased efficiencies through streamlining systems and processes; and provision of best practice emergency care for an outer metropolitan emergency service.

The question remains: what has the member for Moggill got against the provision of emergency department services by Aspen at Caboolture? When you consider that 7,326 people in that Caboolture-Redcliffe area have received treatment at that reopened emergency department, you have to ask the question: why? What is his problem? I suspect it is simply politics.

CHAIR: Thank you, Minister.

Mrs SMITH: Minister, on page 1-14 of the MPS it is noted that a project to extend the emergency department fast-track area at the Gold Coast Hospital was successful in reducing waiting times for patients with minor injuries. Can you advise what other initiatives are being implemented to reduce waiting times and improve the performance of hospital emergency departments?

Mr ROBERTSON: Member for Burleigh, thank you. This year Queensland Health established an Emergency Department Task Force and developed a 10-point plan to address significant issues facing emergency departments. Part of the 10-point plan was to rapidly establish clinical networks in each of

the three area health services. The membership of these emergency department clinical networks include clinical representatives from all of the major emergency departments in this state. The Emergency Department Task Force identified access block as a major problem. As an immediate response, the Queensland government moved to open a significant number of hospital beds around the state to provide greater hospital access for patients presenting to emergency departments.

In 2005-06 an additional 106 public hospital beds were opened. Extra beds included 99 in several south-east Queensland and major regional hospitals and around 60 beds alone on the Gold Coast. Our government has also announced a further 170 hospital beds by the end of 2006-07, as well as a number of projects involving new medical wards with additional beds. The emergency department clinical networks in collaboration with other clinical networks are actively involved in developing and implementing other strategies to address access block and patient flow issues. These strategies should improve bed access for emergency department patients requiring in-patient treatment.

The task force has also identified staffing as a significant issue. The southern area emergency department clinical network has developed several comparative staffing models, and as a result funding has been allocated to hospitals for major staffing enhancements. This enhanced staffing will improve patient management and flow processes that will support timely access to quality care for all patients attending emergency departments. The central and northern area emergency department clinical networks are also developing similar models for staffing of their emergency departments. All emergency department clinical networks are recommending the standardisation of fast-tracks or see and treat areas within emergency departments across Queensland. Fast-track areas have demonstrated that significantly reduced waiting times for ED patients with minor injuries and illnesses can be achieved.

Another strategy being recommended and supported by the emergency department clinical networks is the streaming of specific patient groups. Examples of streaming that have improved patient flow and reduced waiting times include the early pregnancy assessment clinic in the Gold Coast Hospital emergency department which has decreased waiting times and improved access to appropriate treatment and services for women with bleeding in early pregnancy; emergency psychiatric services based in emergency departments that provide timely and appropriate care and management of patients with acute psychiatric symptoms; and rapid assessment teams to commence initial assessment treatment of patients presenting to EDs. The emergency department clinical networks are supporting and working towards standardising advanced nursing practice and nurse initiated treatment. This includes the nurse practitioner models of care currently being trialled at the Redcliffe and Redlands hospital emergency departments.

CHAIR: Thank you, Minister. That concludes that block of government questions. I call the honourable member for Gladstone.

Mrs LIZ CUNNINGHAM: Thank you, Mr Chairman. Minister, in relation to question on notice No. 11, with reference to the consultancies and particularly the Health Outcomes International consultancy, was any hospital's funding reduced as a result of the review of population and casemix? In relation to Allen Consulting group, did patients face higher pharmaceutical copayments, again as a result of that consultancy?

Mr ROBERTSON: I am sorry; what was your question?

Mrs LIZ CUNNINGHAM: In relation to Health Outcomes, was any hospital's funding reduced as a result of that review of the population and casemix? In relation to Allen Consulting, are patients now facing higher copayments for pharmaceuticals?

Mr ROBERTSON: I might have to take that one on notice. I will just confer. I will ask Andrew Wilson to provide an answer in relation to that.

Prof. Wilson: Your question refers to two consultancies that have been undertaken as part of looking at funding models and opportunities for revenue raising. The first of those is Allen Consulting, which related to looking at opportunities for increasing the revenue streams which have come into Queensland Health. That review was completed and the advice was provided to cabinet and government decided, essentially, that most of the recommendations would not have generated additional revenue to Queensland Health because of the penalties that we would have incurred from the Commonwealth in that regard.

The context of that was that the Health Systems Review final report recommended that Queensland Health examine all alternative methods for funding and provision of those services. The Allen Consulting Group, which is referred to, looked at a whole range of them. One of these was looking at the special arrangements which exist in Queensland to supplement the existing Commonwealth Pharmaceutical Benefits Scheme safety net requirements—this is for patients in hospital. As I say, that is a uniquely Queensland addition. They said that there was no obligation for us to continue to do that if we did not want to, but the government decided that it wanted to continue that additional safety net arrangement in relation to the pharmaceutical scheme.

Your second question relates to the work which is still ongoing and which relates to the Health Outcomes International consultancy, which is looking at the methods in which we distribute funding to health services in Queensland. That consultancy is ongoing. No decision has been made as yet as to how that funding arrangement will exist. At this point in time there is no situation where a hospital would have funding reduced.

Mrs LIZ CUNNINGHAM: Again in relation to question on notice No. 11, and particularly Aon Consulting, what was the result of the occupational health and safety audit of Queensland Health facilities? What funds have been allocated in this budget to address deficiencies?

Mr Kalimnios: As you mentioned, Aon Consulting did a review of workplace health and safety compliance for Queensland Health in all our districts. That was part of a whole-of-government initiative. There were a number of recommendations made out of that. Certainly, there were issues identified in terms of our compliance with workplace health and safety. We have taken those on board. We have developed a fairly comprehensive response to that. In our current budget allocation proposed for this year we have allocated approximately $20 million to try to address those issues. That will be distributed across the state into various districts and areas to address the concerns raised in the Aon report.

Mrs LIZ CUNNINGHAM: Thank you. In the paper today there is an article about a tragic incident at Cherbourg. It is certainly a challenge for staff to differentiate between violent behaviour and panicked concern. What funding will be available to better equip hospitals, particularly those in more volatile areas, to attend to patients or carers demonstrating poor, confronting or violent behaviour?

Mr ROBERTSON: As you quite rightly point out, that was a tragic episode in Cherbourg which, of course, will be analysed—quite appropriately so—by the coroner. Also, district management will be looking into it. I expect to receive a report on that particular tragedy in the not-too-distant future. It highlights issues with respect to security.

Over the past 12 months we have had a trial at the PA. We have put a police shopfront in the PA to deal with a number of issues. One is the unfortunate increasing amount of aggression that we are witnessing in our emergency departments, which is disturbing. But that is not the only reason the police shopfront is being trialled in the PA. There is actually a lot of day-to-day police work that goes on in hospitals, anyway. We are having a look at to how effective that is.

We provide security in most of our major hospitals throughout the state, particularly in emergency departments. The case that you mentioned—and I really do not want to talk about the specifics of it—highlights how difficult it can be for doctors and nurses on the ground to make very, very difficult decisions that often go to their own personal safety and the safety of the patients whom they are treating. We tend to treat it on a case-by-case basis, but my assurance to you is that it is something that I, too, take very seriously.

You can actually see—and I assume this is the case in Gladstone—the campaign that Queensland Health has to encourage people not to exhibit aggressive behaviour and trying to get that message through in emergency departments. Quite frankly, I have a zero tolerance approach to that kind of behaviour. I cannot think of a more disgraceful act than to perpetrate aggressive behaviour on people who are trying to treat the sick and injured. That is why we will be keeping a very close eye on these kinds of trends.

Mrs LIZ CUNNINGHAM: Queensland Alliance has said that the state budget does not have one newly announced health dollar for non-government mental health organisations. They also say that it has continued on the trajectory of failed investment in high-cost public services while families and non-government services are left to pick up the pieces. Are non-government agencies handling more mental health patients? If so, why are they not being allocated appropriate government funding?

Mr ROBERTSON: I think it must be understood, in putting Queensland Alliance's comments in context, that the large injection that went into mental health came through the mini-budget of last year. That included a significant increase in funding to the non-government sector, because I acknowledge the important role that the non-government sector plays, particularly in mental health services. While you may not see a specific initiative in the 2006-07 budget, as I have mentioned earlier today, what we are wanting to do, firstly, is finalise the discussions at COAG, which is later this week, where the Commonwealth and the states will hopefully be signing off on that national mental health initiative. Secondly, and just as importantly, we want to complete by the end of this year our mental health services plan, which will inform government as to where we need to invest money and additional money to expand mental health services in the future. I am happy for the Director of Mental Health to come up and add to what I have been saying.

Dr Groves: I thank the honourable member for her question. Just to follow on from what the minister has said, an important aspect of what we have needed to consider around the $5 million of non-government sector funding, which was announced in October last year, is that in April, prior to the Commonwealth budget being developed, the Prime Minister made a very strong statement about what the Commonwealth government was going to invest in the non-government sector. In fact, it is quite clearly on the public record what the federal government is going to invest. Of that, we estimate that

around $40 million could be understood to be invested within the non-government sector in Queensland. What really needs to occur now is the discussion between the state and the Commonwealth as to the detail of what the Commonwealth is going to do so that we do not duplicate what the Commonwealth is doing. It is just simply a matter of making sure that our funds are best invested where they should be and where the Commonwealth is going to invest their funding.

Mr ROBERTSON: For example, one of the things that is being discussed by the Commonwealth is providing 900 places in the non-government sector. We need to know how that is going to work before we can come in and, as Aaron quite correctly said, not duplicate our effort with respect to the resourcing of the non-government sector but rather do a true partnership. There are some good politics happening here insofar as the Commonwealth and the states are cooperating in how we best invest in the non-government sector.

Mrs LIZ CUNNINGHAM: In relation to mental health, the minister's representative talked earlier about hospital patient care for mental health patients. There seems to be a nexus in terms of the community's perception, particularly the carers of people with mental health issues, of the clinical decision to place a person in hospital versus the doctors ascertaining that they can be treated outside. The carers of those people have a great deal of frustration trying to cope with the behaviours and the instability of those patients. I wonder, in the process of answering, whether there is additional money for more in-patient care—perhaps not clinically based but at least concerned family based.

Dr Groves: There are a number of aspects to the question that you are asking. With respect to in-patient care, we need to have the balance of what our act clearly states, which is to treat people in the least restrictive viable option. So where people should not be treated in a hospital we should be trying to treat them in the community. That is consistent with the United Nations principles on the rights of people with mental illness.

I think we also need to understand that there is currently an understanding between the Commonwealth and the states that the states are responsible for treating those people with the most serious forms of mental illness and that the Commonwealth is responsible for funding that care, which is provided through the private sector and primary care, which is around those people with mild to moderate illness. One of the difficulties that we have had is that the state and the Commonwealth have not really been working terribly well in being able to provide a comprehensive package of care. So it often falls between what the Commonwealth's responsibility is and what the state's responsibility is.

With respect to providing better care for carers and family members when the people who have mental illness require care, one of the things that we are doing as part of the state planning process is determining what aspects of what we need to do through the non-government sector can be used to provide better support for those people when they are caring for somebody in the community. That has been a very strong focus of what the non-government expenditure, which was announced on 25 October last year, will be about.

Mrs LIZ CUNNINGHAM: In June you wrote and advised that the Gladstone oral health service is offering general dental examinations for patients registered since December 2002. What budget allocations have been made to more quickly deal with the waiting times and the waitlist for oral health in the Gladstone area?

Mr ROBERTSON: I have some general detail here about the overall expenditure with respect to Gladstone. I am not too sure that we can break it down at this point in time to the oral health program. Needless to say, the 2004-05 state budget for the Gladstone Health Service District was $25.654 million. There was an increase during that financial year. So the year-to-date expenditure to 30 June 2006 was actually $26.1 million. I am happy to provide details if you want to put that question on notice on what various programs are being funded for 2006-07.

Mrs LIZ CUNNINGHAM: Thank you.

CHAIR: Can I just confirm that you will place that question on notice?

Mrs LIZ CUNNINGHAM: Yes. As a follow-up to that, there is a colocation program for oral, mental and community health into the hospital precinct of Gladstone. It has been happening over the past financial year. To your knowledge, is there an increase in the number of dental chairs to be included in that colocation?

Mr ROBERTSON: We might take that one on notice, with your permission.

Mrs LIZ CUNNINGHAM: Yes, that is fine. Page 1-15 of the MPS refers to the 13HEALTH number. I have had some feedback in my electorate about that, particularly from people who are perhaps in more straitened financial circumstances. They find it really difficult. They used to ring the hospital and get some clinical advice from a nurse, and now they are immediately referred to 13HEALTH and they are made to wait a long time—up to 30 to 40 minutes wait time on the phone. Will funding be made available so that that wait time is reduced?

Mr ROBERTSON: We are actually becoming victims of our own success. So popular has 13HEALTH been that for a period of time we were seeing an increase in callers having to wait an extended period of time before they would be connected with an operator. That resulted in us increasing the number of operators. But it is not simply a matter of taking someone off the street and giving them an earpiece. They obviously have to be appropriately skilled and trained operators to work in the 13HEALTH call centre. So that has in fact occurred. I am confident that what you will see is a reduction in waiting times and the concerns that have been expressed to you, member for Gladstone. It is simply because we have been amazed at how popular 13HEALTH has been. So it is, again, something that we need to watch. I was there a month or so ago to meet with the operators at the call centre and they were telling me that even they were amazed at the number of calls they were receiving. As a result, we have recruited more staff, and that is something we need to keep pace with. As calls continue to increase we will have to continue to resource that service.

Mrs LIZ CUNNINGHAM: Will there be an audit done in terms of ensuring that after a period of time—say, 12 months—the clinical outcomes of patients referred through 13HEALTH are appropriate or whether some of those should be immediately referred to, say, an outpatient hospital rather than 13HEALTH?

Mr ROBERTSON: I will ask the Director-General to provide details.

Ms Schreiber: Part of the whole 13HEALTH hotline or telephone service is in fact a detailed evaluation program. What we are doing is evaluating in detail after 12 months and then again over a period of time so that we can be absolutely certain that the results that are achieved through that service are really what people need and that the service provided meets people's needs in a quality and safety sense. So detailed evaluation comes with that whole program.

Mrs LIZ CUNNINGHAM: On page 1-14 of the MPS you talk about renal services and $5 million being provided in 2005-06 for renal services. It is my understanding that there has been a specialist or an additional person appointed in Rockhampton for the renal service. Is that appointment a trigger to allow for a full renal dialysis program to be established at the Gladstone Hospital, the reason being that in the past it has been stated that there was no specialist to oversee it?

Mr Mehan: To put into context how we are approaching renal services in that part of Queensland, we have a renal network whom I met with last week. One of the particular issues that we discussed was the models of care that we could provide in the central Queensland area. One of particular importance was the service that was in Rockhampton. The approach that we will be taking there in the short term will be to provide an outreach service from Royal Brisbane to support a local specialist in Rockhampton. In addition to that, we are increasing the number of chairs that are in place in Rockhampton and along the coast. The success of that service would indicate to us where we could also extend similar arrangements down the coast and, of course, Gladstone would be considered in that context.

So to answer your question, yes, there is active planning occurring in terms of how we may develop services in what we call a hub and spoke model and a satellite model and how we can use a hub such as Royal Brisbane that can attract specialists who prefer to live in the city and also how we can use telemedicine and telehealth to support places such as Gladstone.

I am very encouraged by the attitude of the clinicians to look at different models of care. The fact that we are going to do that in Rockhampton is an excellent step forward, and it certainly bodes well for opportunities in places such as Gladstone. In terms of specific details and times of when a service may be introduced, I can take that on notice or provide further information. But to give you the general context, yes, we are looking at renal services expansion in that central Queensland area. We are looking at that through new models of care. We are looking at that through the clinical network, and it is a high priority for us.

Mrs LIZ CUNNINGHAM: Thank you.

CHAIR: Mr Mehan, will you be taking that on notice and providing further information?

Mr Mehan: If the member wants specific details in terms of what may occur in Gladstone, I cannot give that now. But if the member was happy with the general context of how we are undertaking planning, I will not need to provide any further information.

Mrs LIZ CUNNINGHAM: That is fine.

CHAIR: That concludes that block of non-government questioning.

Proceedings suspended from 10.20 am to 10.39 am.

CHAIR: The committee will resume its hearings in relation to the portfolio area of Health. I call the honourable member for Broadwater.

Ms CROFT: Minister, I understand that you have some further information about a matter that was in the *Gold Coast Bulletin* this morning and was raised by the member for Moggill. Can you please explain?

Mr ROBERTSON: I think it is most appropriate given the circumstances to ask the Director of Mental Health to provide further information to this committee.

Dr Groves: Thank you for the opportunity to further clarify the issues that were raised this morning by the member for Moggill. I am obviously bound by confidentially, like all of the other spokespeople who have commented in relation to the particular matter that is in the public. However, it is important for me to make a couple of observations. The first is that I am advised that there are several factual errors in the article which the *Gold Coast Bulletin* has published this morning. I am further advised that currently all people who are in the mental health in-patient unit on the Gold Coast are there appropriately under the provisions of the Mental Health Act. So I hope that that can help clarify some issues.

I also wanted, though, to take the opportunity to clarify the issues in relation to those people who suffer from an intellectual disability and who may also have a mental health problem or a frank mental illness. It is well recognised throughout the world that those people who have an intellectual disability have a much higher likelihood of having a mental illness. It is a common problem that people have both. That is the first thing that needs to be understood.

The second issue is that within Queensland we had a recent decision in March this year when the Guardianship and Administration Tribunal determined that the capacity for DSQ to hold people with restrictive behaviours was something that they did not have a legislative basis to do. That has then meant that Queensland Health and DSQ have been involved in a substantial number of negotiations around how to best deal with a situation where somebody who has primarily an intellectual disability and who requires care and treatment is able to receive that, irrespective of whether they have a mental illness. It is entirely appropriate that mental health services have something to contribute to those people who have an intellectual disability, and we continue to work very closely with them in providing the best care for people who have an intellectual disability, whether they have a mental illness or not.

Ms CROFT: Minister, can you please update the committee on the $91 million regional accommodation program and advise how many new properties have been acquired to date?

Mr ROBERTSON: The regional accommodation program consists of a housing acquisition strategy, and where suitable housing cannot be sourced for purchase a construction program will be implemented. Through the program, Queensland Health expects to build or purchase 280 homes or dwellings to house approximately 420 rural and regional doctors, nurses and allied health staff. My department has to date acquired 28 houses and 22 residential units in rural and remote areas across the state. The total value of these purchases equates to approximately $15.8 million. There are currently a further 10 houses, 20 units and four blocks of land that are under contract or awaiting settlement. The total value of these properties is approximately $9 million. Another five houses, 18 units and one block of land to a total value of approximately $7 million have been successfully negotiated and contracts are in the process of being signed.

The quality of accommodation achieved to date has been of a high standard, with the majority of housing being new or near new. As anticipated, some problems have been experienced in identifying suitable properties for sale in the more rural and remote areas of the state. As such, a construction program will be implemented for 240 units of accommodation to a total value of $47 million. It is anticipated that the acquisition component of the Regional Accommodation Program will near completion by the end of 2007.

To ensure our accommodation is of an acceptable standard, a benchmarking project was conducted with other states, and relevant professional representative groups—such as the Rural Doctors Association—allied health and nursing bodies have been consulted. The initial response has been positive. An expression of interest document was issued to the market on 29 March this year, which sought the registration of suitably qualified contractors to work with my department to complete these projects. Eighteen firms have responded, with interest expressed across the state.

Tenders for three houses were issued during the week of 19 June 2006, and the remaining tenders are anticipated to be released by the end of July. The first group of houses are predicted to be completed by the end of November this year. I stress to the committee that this is about lifting the standard of accommodation to an appropriate level—a standard which will not disadvantage those doctors and nurses who make the commitment to live and work in regional and remote areas to care for our patients.

CHAIR: The opposition often claims that health service delivery is hampered by what it calls a bloated bureaucracy. Will you advise whether the Queensland Health system is cost efficient and, in particular, how much of Queensland Health's total budget is spent on bureaucrat wages?

Mr ROBERTSON: This is a common misconception too often peddled by the opposition. The truth is that Queensland has one of the best and most cost efficient health systems in Australia. The recent *Australian Hospital Statistics 2004-05* report shows Queensland has the lowest cost per casemix-adjusted separation performance of any state. This index is recognised nationally as the indicator that measures the efficiency of a health system.

Queensland's cost per separation was $3,057, compared with the national average of $3,410 per separation. In comparison, the cost per separation in New South Wales was $3,551 per patient, while in the ACT it was $4,237 per separation. Queensland also had the lowest administrative cost component at $171 per patient, compared to a national average of $250. That means the impact of bureaucrat costs per patient in Queensland is the lowest in Australia.

Queensland Health's budget for 2006-07 is a record $6.6 billion but, if we look at how much of that budget will go to bureaucrat wages, the impact is minuscule. The key wages components are: nurses, $1.56 billion, or 23.5 per cent of the total Queensland Health budget; doctors, $906 million, or 13.6 per cent of the total budget; allied health, $468 million, or seven per cent of the total budget; and administration labour costs, $743 million, or 11 per cent of the total budget. Administration includes all clinical support staff at hospitals, plus corporate office employees. Most are not classified as bureaucrats.

If we look at bureaucrats, Queensland Health has 640 head office staff. Their wages represent 9.9 per cent of the $743 million administrative wages component. That means bureaucrat wages represent less than two per cent of labour costs and just $74 million, or one per cent, of the total $6.6 billion Health budget.

It is also worth noting that the member for Moggill's coalition mates in Canberra employ approximately 4,400 bureaucrats in the Commonwealth Department of Health and Ageing and that will increase by 254 staff this year, or 6.1 per cent. Not one of those 4,400 Commonwealth bureaucrats treats a single patient.

Ms STONE: Earlier there was a question by non-government members on hospital boards, and I want to go back to that and find out a bit more. I believe the opposition plans to reintroduce local hospital boards to run the health system. Why are hospital boards not considered a desired structure? What impact would local boards have on the delivery of statewide health services?

Mr ROBERTSON: There are 313.4 million simple reasons why the opposition's hospital boards are not appropriate for a 21st century health system—$313.4 million is the debt on borrowings left for taxpayers by the National Party's 58 local hospital boards before they were scrapped by the Goss government in 1991. We saw the member for Moggill quite helpfully and graphically point out what that debt servicing cost was just this morning. The cumulative debt bequeathed as a result was $493 million, which until last year Queensland Health was still paying off at $30 million a year. Fortunately, the Beattie government has retired that debt and that $30 million per year is now being spent on services to patients.

The independent Forster review into Queensland's Health system warned a re-establishment of local hospital boards was a bad idea. It said that hospital boards and separate trust authorities were found wanting as the scale, size, complexity and need for integration of our health services became more pressing. Former hospital board chairs and general managers of hospitals reported a number of hospital board deficiencies including: the inability of boards to properly understand or influence the growing complexities of health service delivery requirements; the difficulties of maintaining separate influence over wage and salary structures; boards were focused on the running of hospitals and not on the range of community and population health services that are now provided by health service districts; there was parochialism on these boards in that certain hospital appointments were made for reasons other than merit; and the fact that members were appointed politically rather than apolitically caused some dissatisfaction and led to a lack of trust in the board structure. The Forster review reported that the most pressing argument against the creation of separate hospital authorities and associated boards today is the unprecedented need to properly integrate public health services across Queensland.

The Queensland Health Action Plan provides for a structure for a 21st century health system. It provides appropriate devolution of decision making through cutting Queensland Health's central bureaucracy by abolishing 168 corporate office positions and putting these savings back into local public health services, ensuring services get the right resources through a new funding model based on population and regional needs and casemix funding for hospitals, transferring 1,150 corporate office positions from head office to area health services to support clinicians and improve local health service delivery, and giving clinicians more say in decision making. This is the system structure that will support the delivery of improved health services to Queenslanders.

There is no place in a modern health system for the opposition's local hospital boards. They are anachronistic, irrelevant and not appropriate for the management of sophisticated health services in the 21st century. Public health services today are far more sophisticated and are increasingly delivered far beyond the scope of local hospitals. To even suggest such a broad and complex range of services could be run by local hospital boards shows just how out of touch and backward looking the opposition is.

Ms STONE: The MPS on page 1-2 refers to the commitment to greater public reporting by Queensland Health. Will you please expand on developments in this area that honour the government's commitment to greater openness and accountability in Health?

Mr ROBERTSON: This represents a new era of openness, transparency and public accountability for Queensland Health. Following the Forster review and the Davies commission of inquiry, the government committed itself to legislating to ensure that all relevant data about waiting lists and all measured quality reports about individual hospitals will be provided in an annual State of Health report. We amended the Health Services Act 1991 last November to include part 4A concerning annual public hospitals performance reports. A ministerial advisory panel has been established to determine an appropriate format and content for the report.

The act now clearly states that information concerning the number of patients waiting for elective surgery and for surgical outpatient appointments must be released on an annual basis. The act also states that the number of patients receiving elective surgery and attending a surgical outpatient appointment will also be published. Queensland Health has also implemented a statewide quality monitoring system which routinely measures and utilises performance data relating to clinical efficiency, patient satisfaction and community integration, and future preparedness of health services. The clinical indicators are selected due to their clinical significance, which includes a burden of disease and volume of patients diagnosed. The data is routinely collected and provided by hospitals, thereby not creating an additional data collection onus for clinicians.

Prior to the amendment of the Health Services Act, my department published the Measured Quality Hospital Reports for 2003 and 2004 as part of its commitment to greater transparency and accountability. The 2005 reports will be released in the near future, once clinicians have had an appropriate opportunity to investigate identified variations in service provision.

In 2006, selected hospitals will be provided with the results of the core set of clinical performance indicators and advice provided on where significant variation in performance has been identified. While the reports provide results for all clinical indicators, attention is drawn to those results where performance is significantly different to their peers, and it allows hospitals to focus their efforts to target improvement strategies in particular clinical areas. This information is to be published through the public hospitals performance report.

Queensland Health has also created an 'our performance' section on its web site which contains the following: an emergency department status report; elective surgery waiting time reports; patient satisfaction surveys; an action plan extra staff report; a 10-year staffing summary, which is updated annually; detailed hospital activity data, which is updated monthly; and a hospital activity 10-year summary, which is updated annually.

Additionally, the Queensland Public Hospital Specialist Outpatient Services Report was published on 2 May 2006 as a commitment to improve access to outpatient services and to educate the public. I want to finish by assuring Queenslanders that the Beattie government is committed to keeping them fully informed of all aspects of health care and the performance of our public hospitals.

Mrs SMITH: School based vaccination has proven to be an efficient and sustainable way of delivering vaccines to adolescents. Can you advise on the status of school based vaccination programs in Queensland?

Mr ROBERTSON: In 2005-06, Queensland Health distributed approximately 108,000 vaccines for secondary school programs in Queensland. I am pleased to report that the government has reviewed the current situation in Queensland and has decided to introduce a new strengthened vaccination program in all our secondary schools. We will deliver savings to the Queensland Health system and improve the lives of Queenslanders by offering free vaccinations to all eligible school students next year.

Queensland Health will introduce a school based vaccination program to protect Queenslanders against chicken pox, hepatitis B, diphtheria, tetanus and pertussis, or whooping cough. It will cost Queensland Health some $2.5 million a year. The initiative will result in the protection of our young people against these important diseases that could affect them in their school years or indeed in later life. From 2007, unvaccinated grade 8 students with parental consent will be immunised for hepatitis B and chicken pox, and grade 10 students will receive the diphtheria-tetanus-pertussis vaccine.

Professor Ian Frazer's breakthrough vaccine against cervical cancer, developed in Queensland, may also be included in the future, depending on national deliberations currently underway. Local councils and other service providers will receive state funding to conduct the program at both public and private secondary schools. As a result, around 200,000 students are expected to be vaccinated each year including those in areas of the state that currently do not have access to school vaccination programs. The program will bring Queensland into line with other states and territories.

I applaud local governments that are currently providing school based vaccination programs. However, access to this program across the state is currently inequitable. With this funding, we will be able to provide a coordinated statewide school program so that as many adolescents as possible are vaccinated against these diseases. Last year there were 372 whooping cases and 68 hepatitis B cases notified amongst Queenslanders aged 10 to 19 years. Hundreds of chicken pox cases also occurred.

Vaccinations are administered through a range of providers including local government, private GPs and Queensland Health. Children aged less than five years also receive vaccines under the national immunisation schedule funded by the Commonwealth and largely administered by states.

Professor Frazer's cervical cancer vaccine could possibly be included in the adolescent vaccination schedule in the near future. The Australian Technical Advisory Group on Immunisation is considering the human papillomavirus vaccine and will make recommendations to the Pharmaceutical Benefits Advisory Committee including appropriate target groups and costs. The committee will then advise on the vaccine's inclusion. A Queensland Health representative on the national immunisation committee will work with the Commonwealth to ensure the recommendations are introduced appropriately here in Queensland.

Mrs SMITH: Thank you, Minister. Would you also outline the reform initiatives being implemented by the government to improve workplace culture and leadership in Queensland Health?

Mr ROBERTSON: The Director-General and I are giving the improvement of workplace culture and leadership within Queensland Health our utmost priority. Workplace culture is of such significance that it is one of the six key dimensions in Queensland Health's new integrated performance reporting policy. Areas, districts and other health service providers will report on workplace culture measures in their ongoing performance reporting. Cultural change is complex, and a range of approaches is required. Major initiatives are already being completed or are underway to meet this need.

Reform initiatives to include culture and leadership include a new code of conduct, comprehensive measurement of organisational culture, an extensive leadership development program, performance appraisal and development, and improved resolution of workplace conflict and harassment. The new code of conduct was implemented in March 2006 after being developed with significant involvement of staff and unions. The code emphasises Queensland Health's new values of caring for people, leadership, respect and integrity alongside the ethical principles derived from the Public Sector Ethics Act 1994. Statewide training on the code of conduct including online training has commenced, and a pamphlet summarising the code has been sent to all employers with their pay slips.

The first round of better workplaces staff opinion surveys commenced for 25 per cent of Queensland Health staff in April 2006 including eight health service districts and the information division. Survey results will be reported back to the executive management team at some stage during this month. Information from the surveys will be used as a basis for making improvements to culture and for monitoring progress over time. A further 10 districts and three divisions will be surveyed in September this year, and all Queensland Health staff will be surveyed by the end of 2007. Funding has also been given to the district to participate in the surveys so that managers can make the changes needed locally to improve the working lives of staff.

CHAIR: Thank you, Minister. That concludes that block of government questions. The next questions will come from the non-government parties.

Dr FLEGG: Minister, I would like to talk about the mental health situation again, referring to page 1-21. In a previous answer your department tried to explain the alarming 10 per cent decline in mental health in-patient services by claiming that there was an increase in complexity and that more cases were cared for out in the community. When we examine your Ministerial Portfolio Statement, the length of stay of in-patient mental health patients declined from the previous year, of an average of 12.3 days, to only 11.8 days. This does not support the hypothesis that the complexity increased. Also, we saw an insignificant increase in patients cared for in the community of only about 1.5 per cent. Neither of these suggests that the reasons given were justification.

CHAIR: Is there a question, honourable member for Moggill?

Dr FLEGG: I am asking the minister, in relation to the budget overrun of $33 million and the huge increase in the budget for mental health from 444 to an estimated 603, to explain why we treated 2,223 fewer mental health in-patients.

CHAIR: Member for Moggill, I take this opportunity to remind you that under standing order 180 you are entitled to ask a question, not make a speech.

Mr ROBERTSON: I will get the director of mental health to provide the answer.

Dr Groves: The average length of stay in 2003-04 was 10.5 days. In 2004-05 it was 11.3 days and it is projected to be 11.8 days in 2005-06. They are the figures that I have. That is a 10 per cent increase in length of stay and is commensurate with a 10 per cent decrease in episodes of care. My comments about case complexity remain the same.

Dr FLEGG: From 2004-05, you said it was 12.3 days?

Mr ROBERTSON: No.

Dr Groves: 11.3 days.

Mr ROBERTSON: For 2003-04 you have 10.5 days; for 2004-05, 11.3 days; and for 2005-06, 11.8 days.

Dr Groves: This is also consistent with the national trend of increasing length of stay in mental health in-patient episodes.

Dr FLEGG: Okay. I will have a look at those. Thank you. I would refer to the staffing numbers in the Ministerial Portfolio Statement. I note in a memo from the director-general that staffing levels increased from 42,842 to 46,030. That is an increase of 3,200 full-time equivalent positions. On the numbers that you have given us for clinical staff, for doctors, nurses and increased allied health professionals—which are headcounts, in any case—they are nowhere near the 3,200. This shows that there has been a substantial blow-out in non-clinical staff rather than clinical staff. How can you stick by your statement on page 1-1 that you are reducing bureaucracy?

Mr ROBERTSON: No, I gave you the figures of the number of positions that had been cut from corporate office and I gave you figures of the number of positions that had been reallocated from corporate office to the area and district level. They are the figures that I gave you.

Dr FLEGG: The figures I am referring to, Minister, are almost 2,000 additional non-clinical staff that have been employed.

Mr ROBERTSON: I will get Michael Kalimnios to provide further information on that.

Mr Kalimnios: I think the problem with the figures that you are looking at is that you are not comparing apples with apples. The data that the minister was referring to is the data that we publish on the web site, which is basically headcount data. So it represents actual numbers of people that Queensland Health employ. Part-time, full-time and contract staff are recorded as one person on the data that is on the web site. The full-time equivalent data is a resource allocation number which just represents the financial effect of a full-time equivalent. So comparing the two sets of data is not a valid comparison.

To illustrate that, the headcount data will represent a part-time person as one person, whereas the FTE data will represent a part-time person as less than one person. What you need to do to look at the way the staff numbers move over time is compare the same sets of data. If you look at both full-time equivalent data and headcount data, they both indicate that our increases are significantly in clinical staff. There have been increases in admin staff in both sets of data. They have all occurred within district health services generally, but it is certainly commensurate with the increase of service delivery focus. By far and away, our biggest increases have been in clinical staff levels.

In Queensland Health we probably have three or four different ways of counting full-time equivalent or staff numbers depending on what you are looking at. Headcount is used very much for workforce management or workforce data reasons, and that is why it is on the web site. FTE data is much more budget focused or resource focused and is used to allocate dollars. Depending on what you want to do and what you want to compare and how you want to compare that, you need to select the right kind of activity data. Across government you will find there is something like 11 different ways, at least, of measuring staff depending on what it is that you are trying to measure.

Dr FLEGG: Thanks for that answer. Clearly the memo that was released and printed in the media that I have a copy of here shows an increase full-time equivalent of 3,200 staff. Nothing that has been released by the minister today or at any other time suggests that we have had anything like that increase in clinical staff.

Mr Kalimnios: To clarify that, again, the data that you are referring to is financial data. The figures that the minister releases on the web site do not include things like overtime, agency staff or non-employed staff. The FTE you are referring to is budgeted FTE or financial FTE. So, when we calculate that, we will bring into account a whole series of costs of staff which includes all those external and overtime costs. So, in reality, whilst the web site and the headcount data will reflect a number, it does not reflect the full financial impact of the resources we are applying in terms of clinical resources to our staff because we do employ, for example, a lot of agency nursing staff and some medical nursing staff. Our doctors work overtime, which is part of their normal scope of service. All of that is calculated in a financial FTE. That is the issue of the difference between a headcount, financial FTE and other types of FTE that we look at. You really need to be very specific about what kind of data you are looking at and what you are trying to achieve by comparing that data, because they are used for very specific different purposes.

Mr ROBERTSON: This is the debate that has been going on now for many years. One of the things I wanted to do was to be able to provide consistent data that we can all have arguments over. That is what we have done with respect to the publication of the numbers that you see on our web site. If we are to have an argument about staff, then we do it comparing apples with apples and try to avoid the complexity of the argument that Michael has just outlined in terms of how you come up with overall staff numbers.

I have witnessed these arguments now over many years. It is something that we struggle with. What I have been trying to do in terms of the figures that we publish is ensure consistency. If you want to have an argument about the number of doctors we employ, those numbers are consistent year in, year out so when we compare this year with last year they are the same numbers. The director-general has indicated she might want to add to that as well.

Ms Schreiber: You were just referring to the media advertising of those memorandums and in particular the meeting that I actually called to get district managers and other managers in the organisation to come together and tell us what those positions were and where those positions were coming from. Of course, we would not want to be in a situation where we have an increase in bureaucratic positions or administrative positions at the cost of clinical positions. We are actually committed to driving that change.

People at that meeting advertised by the *Courier-Mail* clearly outlined that the majority of those positions were, in fact, clinical positions and increases in clinical positions or in clinical support positions. I think it is very important to understand that we are committed to ensuring that there is no blow-out of bureaucratic positions anywhere.

Dr FLEGG: I want to just continue on this. So what we are being told here makes a mockery of any sort of staffing figures that have been released.

Mr Robertson: It does not suit your argument.

Dr FLEGG: On the first page there are details of around 1,100 extra nurses, 220-something extra doctors, which are clearly head counts, and the allied health professionals. It adds up I think to around 1,600 head count. The full-time equivalent for clinical staff is always less. On the memo you have 3,200 more full-time equivalent staff. Clearly they have to be non-clinical staff.

Mr Kalimnios: Just to clarify that, it is not always the case that full-time equivalent will be less because, as I say, when we count full-time equivalent—

Dr FLEGG: For nurses?

Mr Kalimnios: The figures that you look at will not include external agency staff. So when we are talking about—

Dr FLEGG: They are not included in the FTEs, anyway.

Mr Kalimnios: They will be, depending on which FTE you are looking at. That is what I am saying; the figures that you would have seen in terms of those budget memos were financial FTEs. We convert agency FTEs to the equivalent full-time number. So it represents the total resourcing base of labour, not just the employed base. That is what I was saying before. It really depends on what you are looking at and how you interpret the data. If you are looking at it in a HR workforce planning sense, our head count is absolutely the appropriate staff number to use because that is what is used in workforce planning. So that is how many people you have who are employed within Queensland Health.

If you are looking at a budget outcome, clearly the only relevant figure is a financial FTE because it links the resource to the outcome that you are trying to achieve. It will not always be the case that a head count figure will be, in fact, less than an FTE figure. It depends again on what you are trying to focus on in using that data. The issue for me is that when we do our internal and external comparisons we are constantly using the same sort of data to compare apples with apples. The thing that I would again emphasise is that irrespective of which set of data you are using, whether it is financial FTE, head count FTE, MOHRI FTE or myriad others, it is consistent in showing that our increase in numbers has been essentially in clinical staff, and generally the trends have been up across those levels. Again, as I say, there has been an increase in administration FTEs, but that is almost entirely in clinical support areas in districts that that has occurred.

Dr FLEGG: The numbers simply do not add up to what you are saying. However, will you provide for the committee for those extra 3,200 full-time equivalent positions the number of clinical nurses, doctors and allied health professionals in like-for-like full-time equivalent? Will you undertake to provide that to the committee? Surely the people of Queensland have a right to know what is happening.

Mr ROBERTSON: We can provide that information for you now.

Dr Duckett: The minister has today announced the June data on the web site for an increase in staffing across Queensland Health. As the minister has already announced, there was a 311 additional head count for medical and the current full time to head count ratio is 0.826. If you translate that into full-time equivalent staff, between June 2005 and June 2006 there were 294.24 additional FTEs, as recorded in the way we are reporting it on the web site, 1,072.65 nurses and 488.86 allied health professionals and scientists out of a total of 2,964.67 increase in FTE across all of Queensland Health. Roughly, about two-thirds of the increase in staffing measured—however you want to measure it—is in clinical staff over that 12-month period.

Dr FLEGG: We dealt with this a bit earlier in a number of areas of the MPS about how the budget increase equated almost exactly to the increase in staffing costs. But clearly there was very little budget increase for any other area, apart from staffing costs in those areas. What sort of budget overrun do you expect, given that staffing levels have been ramped up to this extent?

Mr ROBERTSON: As you saw with the publication of certain memos from the director-general, that is something that we keep a close eye on. Whilst the districts have been supplied with significant increases in funding to match increases in throughput through hospitals and other services, it is

important that we remain responsible in how we use taxpayers' money. I have said continually from the day of the October mini-budget that Queensland Health has been provided with an extraordinary injection of additional funds—taxpayers' funds—to increase and improve the services we provide the people of Queensland. The thing that I do not want to see is that, at the end of the five years of that five-year Health Action Plan, we are just back in the same situation we were last year, that the additional funds that we have put into Queensland Health have not actually resulted in improvements that we all want to see. To achieve that, we need to be ever vigilant that the money that is being invested in Queensland Health to the maximum extent possible is making it into the areas that make a real difference to Queenslanders' lives. That was the intent of the memos from the director-general to district managers. They certainly have my support. Director-general, do you wish to add to that?

Ms Schreiber: I think the important point to make is that what we are trying to ensure here is that, while on the one hand we are reforming health services in Queensland, on the other hand we do not lose a focus on budget. Clearly we are a very large organisation with a very large budget—taxpayer-funded budget—and it is our obligation to ensure that budget integrity is maintained.

As you know, a meeting was held in the first week of July to alert budget managers in the organisation to the ongoing importance of budget integrity. That was a very successful meeting. We will actually repeat that in a couple of months time to see where we are on budget. We have put a very strong emphasis on budget management early in the financial year. For example, in the past district managers generally would find out their budget for a financial year sometimes in October—so well into the new financial year. This time around district managers will know the detail of their budget next week formally. Informally, they know already what budget they need to manage to. We are trying to ensure not only that we are improving quality and safety in services in reforming Queensland Health as per the action plan and the various reports we have received but also that we ensure a focus on responsible budget management continues to be an important part of the organisation.

Dr FLEGG: Minister, since 2001 your department has spent well in excess of $16.5 million on advertising. How much money is your department planning to waste this year on advertising and would this money not be better used providing patient care in our hospitals?

Mr ROBERTSON: I take issue with your allegation that this money is being wasted. Is it a waste of money to run an advertising campaign to dissuade young people from smoking? Is it a waste of money to run a campaign to encourage people to improve their intake of fruit and vegetables? Is it a waste of money to undertake campaigns to alert people and advise people on our new harsh antismoking laws that are in place? Is it a waste of money to run advertisements to employ more doctors, nurses and allied health professionals? If you can point to an activity in the advertising budget that has not had a benefit in improving health outcomes by encouraging people to adopt healthier lifestyles or to increase the number of clinical staff that are employed by our public hospitals, then please let me know.

It is irresponsible and incorrect for you to suggest that that amount of money is being wasted. Whilst quite appropriately we focus a lot of attention on hospitals, doctors, nurses, allied health professionals and how our hospitals run, there is another side to Queensland Health and that is the public health side. Part of that is educating the public to take more responsibility for their own health. As a result of that, the benefit to our health system is that hopefully over time we will actually see a moderation of the increase in presentations to our hospitals. It is actually an investment in our health system to run these kinds of promotional campaigns. We have seen a number of campaigns. I actually think one of the most powerful advertising campaigns we have run is the antismoking one with those very graphic imagines of gangrenous feet and toes. I think that is quite an appropriate use of taxpayers' dollars to get that kind of message across.

CHAIR: That concludes that block of non-government questions. How many former patients of Dr Jayant Patel have now received follow-up surgical procedures and counselling, and what other ongoing support services is the government going to provide these patients?

Mr ROBERTSON: To date the state government has provided the former patients of Dr Patel with follow-up surgery and support worth some $2.234 million comprising $2.163 million in clinical support and patient travel expenditure totalling almost $72,000. The Patient Liaison Service at Bundaberg Base Hospital advises that the total number of former patients of Dr Patel who were referred to a specialist or general practitioner including colonoscopies and gastroscopies is 775. Of these, a total 478 patients were assessed as requiring further treatment or surgery. To date, 165 patients have had their follow-up surgical procedures completed and a further 31 patients are currently having ongoing surgical procedures. There are also 312 patients to date who have had a scope procedure performed including endoscopies and colonoscopies. Patients continue to present to the Patient Liaison Service requesting patient surgery and second opinions. In addition, there are new patients currently presenting to the service requesting treatment under the Patel scheme.

A chart audit is currently being conducted on 1,800 patients' medical records and this is nearing completion. This audit is specifically directed to identify any former Patel patients who have not contacted the Patient Liaison Service at all. The Patient Liaison Service will make contact with identified

patients' general practitioners to ascertain their overall health status and any medical intervention being conducted. This process will identify any care requirements already being met for the patient or, alternatively, highlight patients who require further follow-up. Appropriate clinical care will be implemented by Queensland Health as indicated.

A comprehensive audit of the colonoscopy and gastroscopy list has commenced to ascertain any scope requirement of former patients. We have also provided 153 former Patel patients and their families with counselling services through both public and local government services. My government has provided, and continues to provide, support to patients in the following ways: transportation to and from appointments; accommodation expenses while away from home and receiving clinical care; meal reimbursements; home modifications; medical aids such as wheelchairs, motorised scooters and walking aids; physiotherapy services; occupational therapy services; dietitian appointments; psychiatry services; psychology services; general practitioner follow-ups and associated investigations, for example, pathology tests and radiology services. The Patient Liaison Service and the government will continue to work closely with patients and their representatives to ensure they continue to have all the medical care and support that they need.

I just make particular mention of the terrific work that my parliamentary secretary, Jo-Ann Miller, and her staff have done over the past 12 months in facilitating that relationship between Queensland Health and other agencies and that patient group which has been very important in terms of ensuring that we are able to provide this level of care to those unfortunate patients of Dr Patel.

Ms CROFT: It is certainly that time of the year when we have to rug up. Can you please inform the committee about Queensland's level of preparedness to deal with an influenza pandemic.

Mr ROBERTSON: You are right that these Queensland winters are just vicious. Queensland is well advanced in preparing to minimise the potential health, social and economic impacts of a possible human influenza pandemic. An interim Queensland Health pandemic influenza plan has been developed in conjunction with government and non-government stakeholders and pandemic planning is also currently occurring at area population health service, health service district and hospital levels through the state. A whole of government pandemic influenza plan for Queensland is currently being finalised.

I am also pleased to inform the committee today that Queensland will host the world's largest pandemic influenza exercise in October to test Australia's preparedness for a pandemic influenza outbreak. A four-day national pandemic exercise will be staged from 16 to 19 October to test Australia's readiness to respond to any outbreak. It will be the first pandemic influenza simulation exercise of its size and scope anywhere in the world.

The main operational phase of the exercise will be based at Brisbane airport to simulate an international arrival containing suspected pandemic influenza cases. Health and emergency services from around Australia will participate. The exercise will test border control, quarantine and hospital plans as well as national and state level response arrangements. Observers from about 15 countries and international health organisations such as the World Health Organisation will also be invited to observe the exercise.

As has been reported, Queensland has its own stockpile of 30,800 courses of antiviral drugs, which cost around $1.5 million, ready to respond to any influenza pandemic or outbreak of bird flu in humans. This stockpile will help us treat those infected and contain the spread of the virus during the early stages of a pandemic.

Other initiatives include that two new molecular virology extraction machines have been purchased for some $170,000 to increase the surge capacity of the Queensland Health Scientific Services laboratory to conduct rapid virus testing. Two new machines give the laboratory the ability to process 800 samples every 24 hours. Infection control training has been provided for 450 healthcare workers to reduce the risk of transmission of pandemic influenza from infected patients to others. Those trained include health educators and infection control practitioners from Queensland Health, the Queensland Ambulance Service, private hospitals, GP clinics and aged-care facilities. They will go back to their workplaces and pass on that training to their own healthcare staff.

In conjunction with other government agencies and the private sector we are enhancing surveillance and procedures at airports to screen arriving passengers in the event of a pandemic and to quarantine ill people and their contacts. That should mean that Queenslanders can be confident that the Queensland government, as well as the Australian government, has done everything practical in terms of preparing for any such pandemic.

Ms CROFT: I would also like to ask whether you could provide an update on reforms to forensic and scientific services delivered by Queensland Health Scientific Services.

Mr ROBERTSON: Queensland Health Scientific Services is well advanced with the reform process having now completed over 70 per cent of the reform actions in the first seven months of a 16-month time frame. The number of tests being processed by the DNA laboratory has increased by

187 per cent over the last 12 months. This has led to the number of cases older than three months falling from 12,657 in December 2005 to 12,088 in June 2006, despite a 21 per cent increase in exhibits submitted for analysis.

We have also increased staffing at the laboratory to eliminate the backlog of DNA cases by the end of 2007. The total staffing establishment will have increased by 40 or approximately 50 per cent from late 2005 to approximately 100 staff by the end of next month. Automated analytical equipment has also been purchased and is being progressively implemented into DNA testing. This new equipment and the additional staff will accelerate the clearance of the DNA testing backlog. An additional $4.1 million is being invested this year to support forensic DNA analysis.

The backlog of clandestine drug laboratory cases older than three months has fallen from 92 in December 2005 to 68 in June 2006. This has been largely attributable to case management of clandestine drug laboratories with the Queensland Police Service and changed business processes at Scientific Services. As a result, the time to test a clandestine drug laboratory from the courts has now fallen to six months from two to 2½ years in early 2005.

Interviews have taken place for four additional forensic chemistry scientists positions which will further improve the processing of clandestine laboratory cases and accompanying police officers to clandestine drug laboratory sites as required. Amendments to the Drugs Misuse Act 1986 have been passed by the parliament. These amendments will lead to reduced testing requirements for clandestine drug laboratories as well as introducing new offences for the possession of precursors—for example, pseudoephedrine—and the possession of certain combinations of chemicals used in illicit drug production.

A project initiated at the end of 2005 to progress the DNA examination of skeletal remains has already identified three persons who have been missing for seven, nine and 14 years respectively. Scientific Services and police officers are well advanced in progressing initiatives to improve the efficiency and effectiveness of forensic processes. This includes refining the roles of the two services, improving case item prioritisation, expediting exhibit destruction and developing performance measures.

Ms STONE: Page 1-15 of the MPS refers to increased funding to support the 13HEALTH hotline. I wondered how that would work without advertising. I would like to know how many Queenslanders have used this service since it began in April? What benefits is it delivering to the public health system.

Mr ROBERTSON: Here is a case, as you quite correctly mention, of advertising dollars being used to provide better services to Queenslanders. 13HEALTH has proved a great success with Queenslanders and it is also helping to reduce pressure on our busy hospital emergency department. 13HEALTH began statewide operations on 24 April following a successful 10-week trial in north Queensland. As you know, the hotline provides people with a 24-hour seven day a week health contact centre to provide health information, triage and referral services.

The call centre is staffed by 42 experienced registered nurses who have real hospital or community health experience and who use evidence based protocols to provide advice to callers on what course of action they need to take with regard to their health inquiry. Callers may be advised of self-care options, to see a GP or to attend a hospital emergency department if the condition warrants it. Callers can also be transferred to specialised services such as the Poisons Information Line. If at any stage it is determined that an emergency situation exists then calls are transferred immediately to 000.

In the 10 weeks of statewide operation to 30 June 13HEALTH has so far received 35,819 calls, that is approximately 527 per day or a call every three minutes. I think that is probably relevant to the question that the member for Gladstone asked earlier. Some 1,760 or 4.9 per cent of calls were general information inquiries while a whopping 34,059 or 95 per cent of calls were seeking triage advice.

The most common health issues addressed include abdominal pain, fevers, vomiting, diarrhoea, headaches, chest pain and insect bites. Of the calls requiring triage advice, callers were recommended a time and place for care of which 7.6 per cent were transferred to the Queensland Ambulance Service; 16.4 per cent were advised to attend an emergency department; 12.3 per cent were recommended to see their GP in one to four hours; 10.5 per cent to see their GP within 12 hours; 9.2 per cent to see their GP within one to three days; and 10.5 per cent provided with self management advice. Some 32.1 per cent of callers indicating they needed triage advice actually had no symptoms but needed information clarified such as preparation for day surgery and understanding medication and post-operative care instructions and 1.8 per cent were referred to other health services such as dentists, the Poisons Information Line, Crisis Line and the Queensland Police.

The 13HEALTH service provides benefits to Queenslanders and to the public health system on many levels and in many ways. The service provides the people of Queensland, no matter where they may be in the state, with immediate access to advice from trained, experienced health professionals. This enables people to make informed decisions about the type of care they require and the time frame in which they require it. As a result of this, many people who would have previously gone to an emergency department for care can now confidently make alternative arrangements such as seeing their general practitioner in the coming days.

Ms STONE: I just want to keep on the track of community awareness campaigns. The MPS refers on page 1-30 to the Go for 2 and 5 campaign to encourage Queenslanders to eat more fruit and vegetables. Has the campaign been successful? Before you answer, I point out that I think it has been because it has certainly woken me up and I have been eating two and five. Are there any plans to extend the campaign?

Mr ROBERTSON: I am pleased to report that the Go for 2 and 5 fruit and vegetable campaign has been very successful to date and therefore obviously a very wise investment of taxpayers' dollars. We are committed to running the campaign through to 2010. This $4.4 million campaign which incorporates advertising, promotions, industry partnerships and local events and activities is designed to increase the amount of fruit and vegetables Queenslanders consume by at least one serve per person per day.

There is overwhelming evidence that people who regularly eat a diet high in fruits and vegetables have substantially lower risks of developing chronic disease like coronary heart disease, stroke, type 2 diabetes, obesity and several major cancers. As well as benefits to the individual, increasing fruit and vegetable consumption is estimated to lead to national savings of some $180 million in healthcare costs and less pressure on our health systems.

To measure the results of phase 1 and guide the development of future phases of the Go for 2 and 5 campaign in Queensland a comprehensive study was conducted on 2,500 Queenslanders in February this year with results compared to a baseline study conducted in February 2005. This study shows that the campaign is achieving more great results in Queensland.

There has been a general increase in the consumption by Queenslanders of an average 0.2 of a serve of fruit and vegetables per person per day. This is a significant achievement. From this we can estimate that Queenslanders have increased their consumption of fruit and vegetables from approximately 1,140 tonnes to 1,200 tonnes per day for Queensland adults. We also know that the campaign is hitting our target audience. Go for 2 and 5 recorded 72 per cent awareness statewide with 75 per cent awareness in outer regional and remote areas and very remote areas and 71 per cent awareness in major cities and inner regional areas. Some 25 per cent of those Queenslanders surveyed reported that they tried to eat more fruit or more vegetables during the campaign period with 91 per cent reporting success in increasing their intake.

Extrapolating the survey we can estimate that over 200,000 Queenslanders will have increased their daily intake of vegetables from one to two serves per day to three plus serves of vegetables per day. There are extremely encouraging results which provide a strong foundation for the remaining phases of the campaign. Phase 2 of the campaign will be launched in August.

Eating more fruit and vegetables may be the single most important dietary change needed to improve health and reduce the rise in disease and we are confident that with the Go for 2 and 5 campaign we will help Queenslanders achieve this. I repeat that statistic. Extrapolating the survey we can estimate that over 200,000 Queenslanders will have increased their daily intake of vegetables from one to two serves per day to three plus serves of vegetables per day. That seems to me to be a very wise investment of taxpayers' dollars in advertising the benefit of improving diet and the consequential impact on health services in this state.

Mrs SMITH: I move from preventative measures to addressing those already with chronic illness. Page 1-13 highlights the Beattie government's $155 million funding commitment to address chronic disease. Can you outline initiatives that will be delivered through the chronic disease strategy 2005-2015?

Mr ROBERTSON: The Queensland Strategy for Chronic Disease 2005-2015 is aimed at preventing chronic diseases and their key risk factors improving the quality of life for people with chronic diseases and reducing the leave of avoidable hospital admissions. Queensland has the highest rate of preventable disease of any state in Australia. This strategy paves the way to prevent and manage chronic disease across Queensland into the next decade. That is why we have committed $155 million over four years to address chronic disease prevention and management in Queensland.

A major focus for this government is to do what we can now to prevent our healthy population developing chronic diseases in the future. Risk factors such as smoking, poor nutrition, alcohol misuse and physical activity all contribute to the development of targeted chronic diseases, heart disease, stroke, chronic respiratory disease, asthma, type 2 diabetes and renal disease.

In 2005-06 we invested over $13 million to further develop chronic disease prevention and management initiatives. In 2006-07 over $28 million will be invested in new and ongoing initiatives, including more staff for prevention programs, more support for chronic care coordination to reduce avoidable hospital stays and the development of resources to assist those living with chronic disease.

These new investments are in addition to the $27.8 million Indigenous health package, the $18 million committed to tobacco control in the cancer funding package and the $11 million cardiac care funding package, all of which support the aims of the Queensland Strategy for Chronic Disease. This year over 55 additional staff across Queensland will focus on preventing and reducing risk factors by

delivering programs such as the Lighten Up program aimed at increasing healthy eating and physical activity and support the delivery of other prevention and reduction measures such as the Quit Smoking initiatives. The strategy also aims to improve the quality of life for those who have a chronic disease and if it can be avoided reduce unnecessary hospital admissions by providing improved care within a patient's own community.

Across the state, 19 community hospital interface program staff are being employed to coordinate patient care from the hospital to the home and 12 cardiac outreach workers will assist those patients with heart disease within their own communities. Twelve chronic obstructive pulmonary disease outreach and six pulmonary rehabilitation workers are also being recruited to assist these people with chronic lung disease. With the ever-increasing pressure on our health system, these continued care initiatives will help some patients avoid returning to hospitals unnecessarily. We are also developing three place based initiatives at North Lakes, Logan-Beaudesert and Innisfail to increase local approaches to chronic disease prevention and management in partnership with general practice and other health providers.

CHAIR: Thank you, Minister. That concludes that block of government questions. I call the honourable member for Redcliffe.

Mr ROGERS: Minister, I refer to the proposed Sunshine Coast hospital and ask: were any entertainment or other expenses claimed by the former Queensland Health capital works executive director Geoff Stevenson that involved Mr Bruce McDiarmid or John Gowie?

Mr ROBERTSON: Not that I am aware of but, as you are aware, all of this is subject to a CMC investigation. The CMC will of course be making appropriate requests for information. I expect that those requests would be exhaustive. I think it is best that the CMC be allowed to conduct its investigation unhindered by political debate.

CHAIR: I might also remind the honourable member that we are examining this year's budget estimates.

Mr ROGERS: Minister, earlier today the director-general told the committee that you yourself were the person who appointed Dr John Youngman to the head of the Health Quality and Complaints Commission. Given you were the one who appointed Dr Youngman to the position, what selection criteria did you apply?

Mr ROBERTSON: It was an extensive one, but we also used the officers of the Office of the Public Service Commissioner to advertise, assess the applicants that came in and provide advice which I considered leading up to my decision to appoint Dr Youngman. That was deemed to be the appropriate process given that it was felt that it would be inappropriate for the department to actually run that appointment process as the appointee could from time to time be required to investigate the department or components of the department as it goes about its business.

I have to say that one of the things that did exercise my mind about Dr Youngman was his performance over the previous six or so months where he was appointed to actually, if you like, develop or construct the legislation and indeed the new Health Quality and Complaints Commission itself. It was a result of being able to witness his competency in a range of areas during that six-month period that gave me the confidence that, in addition to his extensive qualifications outlined in his CV, he would make an appropriate appointment. What I have also indicated publicly, however, and I believe in parliament as well is that because I consider this Health Quality and Complaints Commission to be an important reform I wanted to ensure that the appointments that we made would actually deliver improved quality complaint management services as extensive as they would be under the new legislation to ensure that the people who were appointed in whatever roles, including the deputy commissioners and commissioners, would be appointed for a period of 18 months.

The other reason that I did that was that we had publicly announced that there would be a review by an all-parliamentary committee within 12 months of the performance of the Health Quality and Complaints Commission so people such as yourself, quite rightly, can assess the performance of the commission and provide a public report as to whether you believe the commission is performing appropriately. If not, then the 18-month initial appointments provides me as minister with the ability to change personnel if that be deemed appropriate. I believe that we have been transparent and also in terms of the expectations of the people of Queensland that the appointments that have been made will be reviewed by the all-party committee within 12 months. The appointments that I have made were not made for long periods of time which will allow for any changes to be made should it be found that the commission is not performing according to the expectations of both you and I. I should say in addition to that that those appointments did go through a cabinet process, so there was that further level of oversight in terms of the recommendations that were put forward.

Mr ROGERS: Thank you. Minister, in light of the Dr Vincent Berg scandal at the Townsville Hospital, what measures have you put in place to ensure that children are protected from convicted paedophiles while in Queensland Health facilities?

Mr ROBERTSON: My department is committed to the health and wellbeing of all children, including those who are at risk of harm or who have been harmed. Queensland Health has appointed a child safety director who is a member of the Interagency Child Safety Directors Network that meets frequently to progress whole-of-government child safety reforms. Queensland Health has established the Child Safety Unit that is responsible for the development of a strategic child safety policy and procedures for the organisation. Key policy and procedures to assist staff in recognising, responding and reporting child abuse and neglect have been implemented across Queensland Health. These policies and procedures include the implementation of care and treatment audits for a child under the Public Health Act 2005, establishment of a standardised form for Queensland Health staff reporting suspected child abuse and neglect to the Department of Child Safety, development and implementation of a process to respond to unborn child high risk alerts that have been issued by the Department of Child Safety to Queensland Health, training and education to support mandatory reporting of suspected child abuse and neglect, and revision of the Protecting Queensland Children Queensland Health policy statement and guidelines on the management of abuse and neglect of children and young people from zero to 18 years.

My department is a core member of the Suspected Child Abuse and Neglect—or SCAN—system. The SCAN team system provides a multidisciplinary and interagency approach to the coordination and development of an initial management plan for each child identified as having been harmed or at risk of harm and who would benefit from an interagency response. Queensland Health is a key agency in development of the mental health child safety therapeutic behaviour support teams. I will just ask the DG to add further information on what is being done.

Ms Schreiber: This is a very important part of what we do in Queensland Health—that is, actually implementing child safety measures and assisting the Department of Child Safety to improve how we deal with child safety issues across Queensland. The child safety director in the department of Queensland Health is actually reporting directly to me as director-general. I have to say that this director and her team have driven an extremely energetic and highly committed strategy to improve child safety. They have actually been outstanding performers. So I just want to stress that this is a very important part of what we do and we place a really strong emphasis on that work.

Mr ROGERS: I have a document to table relating to my next question. Minister, given your claim that you have protected children in Queensland Health facilities, can you confirm that the Mr Ricky Allan Austin employed at Caboolture Hospital is the same Ricky Austin convicted of indecent dealing with a 14-year-old boy that he was caring for? Can you advise what measures were put in place to protect children at Caboolture Hospital?

Mr ROBERTSON: I will get the director-general to respond to that initially.

Ms Schreiber: Let me say upfront that obviously the reference to Ricky Austin is no surprise to anybody. I think it is very well known that this person has a certain history. That is well known across the organisation and was always clear I think—and Mary can add to that—prior to his appointment. All measures have been put in place at all times to ensure that children would be safe. Mary can add some further detail to that.

Ms Montgomery: As the director-general and the minister have stated, there is a risk management plan in place. That is monitored frequently and there are certain rules around what the individual can and cannot do and where they can go. We are very satisfied after a period of seven years that everything is working very well.

Ms Schreiber: I think what we are saying is that we are aware of that issue. We have always been aware of that issue, and it has been managed very carefully by people at the local levels at all times.

Dr FLEGG: Minister, I refer to the performance in delivering capital works where the major capital works for our hospitals were invariably not delivered as promised in the previous year's budget. In fact, less than half of the capital works spending was expended on delivering those much-needed projects. How much of the capital works budget this year will remain unexpended?

Mr ROBERTSON: I would like to think none of it will be, but there are certain matters that are obviously outside any minister's hands—it could be bad weather or it could be a whole range of issues that affect the delivery by due dates of any capital works project. You are aware of that as much as I am. But I expect what you are referring to is also that during the past financial year there was an underspend in expected capital works, but that was brought about in response to a recommendation of the Queensland Health system's review to focus on realigning capital works and asset management planning with health service planning to better meet the needs of the community. A detailed review of all projects within the capital works program has been undertaken and continues for projects planned for delivery in future years.

As a consequence, it was appropriate to slow progress on some projects pending the resolution of service planning, scope of works and realigning budget allocations. Delivery of those projects that have been fully funded in the 2006-07 capital program will be progressed. Based on this review, to date

the government has put a further $271 million over three years into the Queensland Health capital program to ensure that projects are delivered. This includes an amount of $129 million in 2006-07. Ongoing work will continue with the Department of Public Works and industry to manage their capacity to deliver the Queensland Health capital works program, and robust processes are being developed to continually monitor expenditure at a program level and reallocate underspends in the 2006-07 budget where necessary to address other areas within programs to ensure any underexpenditure is minimised.

Dr FLEGG: With specific reference to one of those numerous projects that are behind schedule, the emergency department of the Prince Charles Hospital is one of those areas that was underspent. Reports are circulating that the clinical CEO of the Royal Brisbane Hospital has said that he no longer intends to proceed to open a full emergency department at Prince Charles Hospital. Can you reaffirm whether you are committed to opening a full service emergency department at the Prince Charles Hospital? If so, when will that department be opened?

Mr ROBERTSON: Yes, I am. It is a commitment by this government, and we deliver on our commitments. As you are aware, as a result of staffing issues, we have—and quite publicly—announced the delay of the opening of that emergency department because of our concern about the impact that that would have on emergency specialists, both doctors and nurses, in other surrounding hospitals like Caboolture, like Redcliffe and like Ipswich. Based on the advice of the senior clinicians at Prince Charles, it was decided that it would be the responsible thing to do to delay the commissioning, if that is the proper word, of that emergency department once the construction is completed.

As we improve our recruitment process and, hopefully, as more clinicians skilled and trained in emergency medicine are available to us, that enables us to plan with a greater degree of certainty for the opening of that department.

Ms Schreiber: The only thing I would add is that, as the minister said, this occurred as a result of local clinicians at the Prince Charles Hospital indicating that they felt that some of the planning that needed to go into the redevelopment and, in particular, the service planning had not been completed and that there was a danger of attracting people from other emergency departments in the more outlying areas—or not in Brisbane—to that place and, therefore, creating potential workforce issues somewhere else. But there is no question that it is being built and that it is being opened.

Mr ROBERTSON: I am further advised that, as part of the $108.5 million hospital redevelopment, the hospital's emergency department is scheduled to open in February 2007.

Dr FLEGG: With reference to page 1-16 of the MPS and the dramatic decline in general dental clinic patient treatments by 19 per cent, can the minister explain why there has been such a deterioration of public dental health services in Queensland? Why has there been a decline in the number of people able to access general dental treatment? Why has a huge funding boost failed to translate into patient treatments?

Mr ROBERTSON: As you are aware, part of the significant problem we have with oral health services in this state is the federal government pulling out of its funding a number of years ago. In fact, most other states, once the federal government pulled out its funding, did not replace that funding. Queensland stands alone as the only state to put in additional funding to maintain public oral health services throughout the state. In fact, we have the most comprehensive public dental service in Australia with the greatest expenditure overall per head of population of any state. The estimated oral health budget of Queensland is $132 million for adult and school services in 2005-06, with two-thirds of that allocated to adult services.

After the cessation of the Commonwealth's dental health program in 1996 by your Canberra colleagues, Queensland was the only state that fully supplemented the Commonwealth funding. Queensland has the most generous eligibility criteria for public oral health services in Australia, providing free oral health services and extending eligibility criteria to the state issued Seniors Card.

It is estimated that 254,000 general occasions of service have been provided by oral health services in 2005-06, with 301,000 emergency immediate occasions of service, making a total of 555,000 occasions of service within the total target reported by my portfolio statement. While the estimated general activity is slightly below the target identified in the portfolio statement for 2005-06, this has been offset by the services exceeding the target for public emergency immediate services by 14 per cent. The requirement for emergency immediate services has seen the establishment of call centres in some high-population areas. My department is working towards a statewide oral health contact centre within the Health Contact Centre to provide better access to care and to prioritise those in greatest need. Thus the total occasions of service achieved is well within the target range and represents an increase in activity on 2003-04 of around 20,000 occasions of service.

What you are actually seeing is, in relation to our election commitment of 2004, the allocation of $10 million over three years to improve access to oral health services. This funding has provided additional care to people on waiting lists and has enabled extended clinical hours. At the end of the second year of implementation of the 2004 election commitment, 60,000 additional occasions of service

were provided above the baseline of 2004. This result means that the government's election commitment to deal with 18,000 additional occasions of service over three years has been achieved three times over in only two years.

So in terms of our election commitment, we are exceeding by three times the additional procedures that we went to the people of Queensland with back in 2004 through our public oral health services. This is an excellent result, given that one of the major problems that we have is, like doctors, we do not have enough dentists. It is that factor more so than any other that is the issue that we have to confront.

Mrs LIZ CUNNINGHAM: I want to take you back to an answer to a question that you gave to the member for Moggill and also to question on notice No. 13. You referred to advertising expenditure on things like the health impacts of smoking, healthy eating—two fruit and five vegies—and staff recruitment, all of which are supportable expenditures. However, people in my electorate are interested in the percentage of the advertising budget that has been expended on general PR promotion of the Beattie government's actions to address health shortcomings versus those valid expenditures you outlined earlier, for example, the full-page ads in the *Courier-Mail* and *Sunday Mail* regional papers, which were for damage control purposes only. Given that we are heading into an election, what percentage of the 2006-07 budget is allocated to political promotion as opposed to defendable health ads?

Mr ROBERTSON: Those newspaper advertisements you referred to were not funded out of the Health budget.

CHAIR: I will allow the non-government members one more question, which will then neatly even up the amount of time that the two sides have had by our scheduled finish time of 12.20 pm.

Dr FLEGG: I would like to ask a question in relation to the school dental service. Given your government's reluctance to embrace the benefits of water fluoridation and the effect that that is having on the oral health of Queensland's students and children, how do you justify reducing the number of oral health treatments for school-age children in Queensland when the instances and the rate of tooth decay in our children are at such alarming levels?

Mr ROBERTSON: The fully state funded school dental program in Queensland more than doubles the expenditure compared to other states. However, there has been no new initiative funding allocated to the school oral health services in Queensland since its expansion to years 8 to 10 in 1994.

In 2005-06 it is estimated that 640,000 occasions of service had been completed by school oral health services, which is slightly below target. This fall in performance is due to a shortage of workforce, competition with the private sector for oral health therapists and difficult working conditions. In April 2006 dentist vacancies totalled 36, or 12 per cent of the funded positions, and therapists vacancies totalled 45, or 15 per cent of establishment. So yet again we are seeing workforce shortages being the cause, not a lack of commitment by the government to provide these services.

To increase efficiency in clinical practice the role of therapists has been broadened. Many occasions of service consisting of a short examination by a dentist have been replaced with completed treatment by a therapist thus, although there are fewer occasions of service, a greater percentage of completed treatment is being provided. My department is commencing a project to extend the implementation of the information system for oral health to the school services to allow a more accurate measure of treatment and provide information to allow the better targeting of services and will support service delivery.

You are right: Queensland children have one of the worst decay rates in Australia. For example, in 2000 Queensland children aged five to six years had an average of 2.1 teeth affected by decay—nearly 40 per cent above the national average. This higher disease rate has resulted in an increasing demand for emergency dental care, increasing the workload for the service. These concerns support the need for the implementation of public health measures such as water fluoridation more widely in Queensland. That is why we are working with local councils to provide information and to assist in the community consultation processes to progress the implementation of fluoridation.

I should say, because I do not think that we are all that far apart on the issue of water fluoridation, that I would like to see more councils take up the government's offer for the money that is available for the capital cost of fluoridating equipment for town or community water supplies. We are working with a couple of councils. The one that I am most interested in is Warwick, which has also taken up the government's amended legislation—the legislation that I amended—that provides flexible options on how to consult with their communities as to whether or not they want to fluoridate their water supply. I am hoping that before the end of the year we will see Warwick go to their community, in whatever format that they determine, to assess that question. I would like to think that, if the Warwick proposal gets up, that that might provide other councils with a model that they might run with on how they consult with their communities.

I just make this request to Dr Flegg. I hope that he can go to his leader, Lawrence Springborg, and ask him to support the initiative in Warwick. This is beyond politics. I am sure he agrees. If all sides of politics can support what Warwick is doing, I think that will go a long way to getting a bit of momentum going in Queensland with respect to fluoridating water supplies.

Ms CROFT: I understand that you had some further information on breast cancer screening in Cairns. Could you update the committee on that?

Mr ROBERTSON: I will have the director-general provide that advice for you.

Ms Schreiber: This relates to a question that the honourable member for Moggill asked earlier this morning, which was about the review of women who undertook breast screening in Cairns. Can I stress at the outset that our motivation in undertaking the review was to, in fact, ensure that quality services were provided to those women, which was really the main reason for undertaking that review. I should also say that the BreastScreen program has a very extensive quality assurance process which allows for these kind of specific reviews to be undertaken.

In the Cairns case, 9,300 women were reviewed. Eighty-three of those women were recalled for assessment. Two of those had a diagnosis of ductal carcinoma in situ, which is a non-invasive cancer. No other additional invasive cancers were found in the review. This review is now completed and we continue to monitor the performance of the Cairns BreastScreen program. Certainly, recent indicators are very favourable.

Mrs SMITH: I refer to the extra $349.4 million being invested by the government over five years to improve mental health services. How will this additional funding translate into more mental health staff, improved services and extra support for community mental health services?

Mr ROBERTSON: The significant extra investment of funds reflects the strength of our commitment to improve mental health services, staffing, and patient and community support in Queensland. This commitment ensures that Queensland is able to contribute its share to the implementation of the COAG national action plan on mental health which is currently being developed.

Of the extra $349.4 million, $201 million was announced in the October 2005 mini-budget. Specifically, this will enhance community and forensic mental health services on a statewide basis by providing 220 additional staff. Additionally, this funding will take the pressure off acute in-patient beds in emergency departments and increase investment in the non-government sector by $5 million to provide a range of non-clinical support services.

An additional $148 million provides for further improvements to community mental health services specifically directed at the treatment of people with dual diagnosis, that is, both mental health and drug and alcohol problems, with the establishment of 13 new positions; significant improvements in the assessment, diagnosis, treatment and care of people from culturally and linguistically diverse backgrounds with the establishment of 11 new positions; improved responses to mental health incidents that require a first-contact response by police or ambulance officers with the establishment of 13 additional positions; enhanced services for people in correctional facilities with the establishment of 15.5 positions statewide; with approximately $450,000 to be allocated to the non-government sector to provide non-clinical support services; with the establishment of alternatives to acute admission across nine health service districts; and improved responses to people who are homeless in the Brisbane, Gold Coast, Townsville, Cairns and Mount Isa areas, including transitional housing options in Brisbane and Townsville.

In the 2004-05 financial year Queensland Health had approximately 4,054 mental health full-time equivalents statewide. This included 2,519 in-patient staff and 1,535 community staff. The extra funding that we are providing will create another 273 community full-time equivalent community mental health positions. Community staffing numbers will be further enhanced as we roll out approximately an extra 70 FTE mental health child safety positions and approximately 80 FTE homeless outreach positions. The inclusion of these two initiatives will further increase the number of mental health FTEs in Queensland by 150, increasing the overall number of mental health full-time equivalents statewide to 4,477.

In addition to the Queensland Health initiatives that I have just outlined, a range of other government agencies will also invest in the mental health area, including $20 million by the Department of Housing for accommodation for options for people with a mental illness and $1 million by the Department of Employment and Training for targeted programs to assist people with mental health problems to enter or re-enter employment.

Mrs SMITH: Further to that, could you outline improvements to mental health services which will arise out of the statewide mental health network and the Queensland Centre for Mental Health Learning, as mentioned on 1-19 of the MPS?

Mr ROBERTSON: I view the establishment of effective governance as a key element of the mental health services reform in Queensland. The statewide mental health network has been convened since April by the director of mental health and is accountable to the director-general. The network is an ongoing and inclusive forum that provides strategic direction and leadership in Queensland's mental

health service reform. It delivers statewide policy planning and performance monitoring mechanisms through developing partnerships between healthcare providers, consumers, carers and key stakeholders.

The network supports the direct participation of mental health clinical service providers and governance at the statewide level. From its inception, the network is charged with specific time limited tasks such as the formulation of the Queensland mental health plan. This strategic plan will guide the reform of existing services and seek to maximise the mental health and wellbeing of all Queenslanders for the next five years. Also supporting the mental health network is an expert group, the mental health clinical collaborative, that provides expert evidence based input and advice. Initial tasks for the clinical collaborative is the development of guidelines for the inpatient treatment of schizophrenia. Supported by the statewide network and clinical collaborative, area mental health clinical networks operate at the local level. These clinical networks aim to provide a mechanism for improving clinician involvement in service management planning, a need highlighted in the Queensland Health Systems Review.

It takes more than good governance to reform a system. It requires a skilled and effective workforce. The development of a strong and skilled workforce supported by appropriate education and training has been identified as a priority within the Queensland Health Action Plan. I see it as critical that recent budget injections in the statewide mental health services plan are underpinned by a workforce that is capable of delivering contemporary and safe mental health services for Queenslanders. To this end, my department is implementing a strategic statewide model for co-coordinating mental health education and training through the establishment of the Queensland Centre for Mental Health Learning. The Queensland Centre for Mental Health Learning was endorsed in August 2005. It is being funded through the injection of approximately $750,000 and new annual funding of some $530,000. This government is committed to reforming Queensland's mental health service particularly through effective governance and workforce development and learning.

Ms STONE: I also refer to page 1-19 and additional mental health nurses. Can you advise what the government is doing to encourage people into mental health nursing and new initiatives to improve training for mental health nurses?

Mr ROBERTSON: In promoting a culture of lifelong learning, Queensland Health is actively supporting the professional development of its mental health staff not only through formal education and training programs but also through the provision of appropriate support and teaching within the everyday workplace. To facilitate the development of our mental health nursing workforce, I announced on 20 February the establishment of a mental health nursing adviser position which will provide strategic direction in workforce planning, including recruitment and retention strategies and the education and training of mental health nurses.

In addition, I announced the allocation of 15 new mental health nurse educators and training for 150 mental health nurses as preceptors from specific additional resources of over $8.7 million identified in the Queensland government Health Action Plan to support the development of our nursing workforce. A comprehensive transition to practice mental health program is being developed, building on current resources, and will be made available to all new mental health nursing staff. It is anticipated that this program will assist new nurses to develop the competencies that they need to work effectively in mental health and give staff credit toward further studies at tertiary level.

We also continue to provide 60 scholarships each year to nurses and other clinicians to support them to complete specialist studies in mental health. Queensland Health recognises the need for a strategic and coordinated approach to mental health education and training at a statewide level and to this end has established the Queensland Centre for Mental Health Learning. The centre to be launched later this year will be a visionary and dynamic organisation which will ensure that the required knowledge, skills, attitudes and values required across all disciplines in mental health are set in practice.

Ms STONE: Page 1-3 of the MPS refers to forensic mental health services. Can you please advise what programs and funding are going to this area?

Mr ROBERTSON: People with mental illness who are involved in the criminal justice system require skilled assessment and effective clinical management. Without the benefit of specialised interventions, they may be a vulnerable and disadvantaged group with unmet complex and high level needs. Inadequate access to support services can result in significant and unacceptable risk to individuals and the community. The community forensic mental health service provides consultation and liaison services to all health service districts across the state to assist in the management of patients on forensic orders and persons with mental illness in contact with the criminal justice system.

The court liaison services play an important role in the Magistrates Court by identifying persons with identified mental health needs and diverting those persons to treatment services where necessary. My department is committed to developing a system of coordinating the delivery of community forensic services which will facilitate access to assessment and treatment. Expanded forensic services will play a significant role in reducing the risk of relapse for those in contact with the criminal justice system, minimising the likelihood of repeat offending and harm to the community.

To enhance the quality and scope of these services, my department will provide an additional $3.1 million annually commencing this year. This new funding will result in an additional 26 clinical staff in community forensic and court liaison services across the state. This more than doubles clinical staffing in this small but critical area of mental health service delivery. The additional 26 staff will increase the adult, child and youth community forensic and court liaison services statewide to approximately 53 staff. Together with the $2.4 million per annum enhancement for prison mental health services, this increased funding represents a total recurrent investment of $5.5 million for Queensland's forensic mental health services. These expanded forensic mental health services can enable prevention treatment and recovery services to prevent relapse and recidivism specifically for mentally ill offenders. The Queensland government is committed to providing better forensic mental health services to support community safety and enhance the wellbeing of all Queenslanders.

Ms CROFT: Page 1-4 of the MPS says that complaints regarding aged-care facilities can be dealt with by the new Health Quality and Complaints Commission. Since the state runs 21 of these facilities in Queensland, what measures are being put in place to address potential abuse of the elderly in facilities such as those?

Mr ROBERTSON: I am aware of a number of national incidents involving abuse of elderly residents in aged-are facilities. The government is committed to addressing issues that might apply to our 21 owned and operated aged-care facilities. In April I attended a joint meeting of state and federal aged-care ministers to identify key initiatives to address the issue of elder abuse in aged-care facilities including Commonwealth funded aged-care facilities. At the meeting we examined possible approaches to enhancing residential aged-care regulations and processes to reduce the risk of abuse of vulnerable residents and agreed to a number of initiatives to improve the culture surround the reporting of abuse.

After the meeting I asked Queensland Health to develop a number of measures to address the agreed initiatives. These have now been endorsed by cabinet and include mandatory training and support for all staff involved in the provision of care so that they fully understand the components of physical, sexual and financial abuse and are able to identify other symptoms of abuse of older people in their care. It also includes protocols and mechanisms to improve the culture surrounding the reporting of abuse through enhanced training programs of all staff and volunteers to increase awareness of the process for acting on elder abuse incidents.

My department has also introduced criminal history checks under the new criminal history check framework that came into effect in July 2006. Under the framework criminal history checks will apply to all new appointments, including permanent appointments, secondments, transfers and promotions. In addition, Queensland Health's code of conduct was rewritten following the Queensland Public Hospitals Commission of Inquiry. Under the code, staff are required to report any incidents of abuse perpetrated by Queensland Health staff or suspected criminal activity by Queensland Health staff through local management to the director-general. This arrangement ensures that all incidents are reported as they are identified. I have also written to the Premier requesting that the whistleblower protection legislation, which currently protects public sector workers, be extended to include any person or body within the residential aged-care industry.

In addition, Queensland already has a strong legislative framework to protect vulnerable people who are not able to make decisions for themselves and to ensure that cases of abuse against vulnerable people are dealt with in an appropriate way. The Health Quality and Complaints Act 2006, for example, relates to nursing home services and specifies that the Health Quality and Complaints Commission can receive complaints on the quality of care. The act affords powers to the commission to enter, search, investigate and/or monitor standards of care at a facility and to remove a patient from that facility if necessary. Unresolved cases of abuse can be referred to me as Minister for Health and I have the power to request that they are tabled in parliament.

Queensland Health also has a statutory responsibility to report suspected criminal activity. This is appropriate as all serious assaults committed against older residents in Queensland Health facilities must continue to be dealt with under the Criminal Code and not simply be downgraded to incident reporting under a mandatory reporting regime. Additionally, Queensland Health's industrial relations policy manual outlines the responsibility of management and employees in reporting of matters that a person suspects involve or may not involve official misconduct.

CHAIR: Thank you, Minister. That concludes the time allotted for consideration of the estimates of the Minister for Health. I would like to take this opportunity to thank you, Minister, your staff and your portfolio officers for attendance here today. The committee will resume at 1.20 pm. The next portfolio to be examined relates to the Minister for Child Safety.

Mr ROBERTSON: Thank you, Chair; thank you, members; thank you, staff.

Proceedings suspended from 12.20 pm to 1.22 pm.

ESTIMATES COMMITTEE B—CHILD SAFETY

In Attendance

Hon. M Reynolds, Minister for Child Safety

Mr G Carlyon, Senior Policy Advisor

Child Safety

Dr R Sullivan, Director-General

Ms N Deeth, Deputy Director-General

Mr M Walsh, Executive Director, Policy and Program Division

Ms D Mulkerin, Executive Director, Child Safety Services Division

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CHAIR: The Estimates Committee B hearing is now resumed. I welcome the Minister for Child Safety, the Hon. Mike Reynolds, public officials and members of the public who are in attendance today. I remind members of the committee and the minister that the time limit for questions is one minute and that answers are to be no longer than three minutes. A 15-second warning will be given at the expiration of those time limits. An extension of time may be given with the consent of the questioner. Standing 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 and to continue to identify themselves, because Hansard reporters do change during the hearing. In the event that those attending today are not aware of this, I point out that the proceedings are similar to parliament to the extent that the public cannot participate in proceedings. In that regard, I remind members of the public that, in accordance with standing order 206, strangers—that is, the public—may be admitted to or excluded from the hearing at the pleasure of the committee. I also ask that all mobile phones and pagers be switched off.

I declare the proposed expenditure for the portfolio of the Minister for Child Safety 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? I remind you that the statement must be limited to five minutes under the standing orders.

Mr REYNOLDS: Thank you, Mr Chair, and members of Estimates Committee B. This year's budget is outstanding news for the state's vulnerable children and young people. This financial year, the Queensland government will not only complete the three-year reform of the child protection system but move beyond it with the state's biggest ever child protection budget—a total operating budget of over half a billion dollars. The $503 million budget is a $109 million, or 28 per cent, increase over last year and represents a 176 per cent increase in child protection spending since the CMC report. On top of this, of course, we have a capital investment program of $39.7 million in 2006-07.

This year's budget will mean that children who have been harmed or who are at risk of harm will be better cared for and protected than ever before. The budget will deliver more child safety services, more funding for foster-carers, more funding for services for Indigenous children and young people, more front-line staff and more infrastructure. It will also see the completion of the CMC recommendations—with 95 of them already implemented and the remainder to be completed this year.

With a reform program of this magnitude, there have been many challenges. I am pleased to report that we have responded to and overcome these challenges. While staying true to the reform agenda laid down by the CMC, we have amended some time frames to ensure that the reforms are implemented in a way that best meets the needs of our vulnerable children. The ICMS is one of these. I am delighted to inform the committee that the full ICMS system will be rolled out from next month, with all sites operational by November this year. Case loads have been difficult to address as a result of huge increases in workloads. Despite this, we have reduced case loads by over a third, which is a tremendous achievement.

Another issue which has received some media attention of late is the issue of crimes being committed by some children in care. The vast majority of children in care are just like any other child. A minute proportion of young people in care can be violent and commit crimes, and the department has detailed strategies in place to deal with these children and their challenging behaviours. We must always remember that children come into care because they have been abused or neglected, and it is our responsibility to provide the support they need on behalf of society. We take this responsibility extremely seriously.

Positive partnerships are vital to keeping children safe. In 2006-07, more than half of our department's budget will go directly to carers and the department's non-government partners—that is $254 million allocated there. Queensland's growing need for carers has also been met head-on, with a $24 million injection over four years. A further $6 million will go towards addressing the increased number of children entering general foster care, growth in the number of kinship-carers and respite. There will also be an enhanced foster care payment structure from 1 January 2007. My department is now working much more effectively with other agencies—one of the many great changes we have witnessed over the past two years.

Today I am very pleased and proud to announce that from early 2007 all children entering foster care will receive a comprehensive health assessment. A health plan will then be developed for each child. That plan will be incorporated into a child health passport which will remain with the child and will include all the health information that carers need. A pilot program has been completed and our child health passports will be rolled out across the state early next year.

It is an unfortunate fact that children coming into care generally have poorer health than other children. Often they have health problems associated with the abuse and neglect they have suffered. These range from problems like asthma to complex psychiatric issues. The health passport along with education support plans shows that Queensland is again taking the absolute lead with innovative care for children. I am proud to say that this will be the first service of its kind in Australia.

I am personally determined to address problems of abuse and neglect in Indigenous communities. My department will invest $11.6 million over four years to develop service delivery hubs in remote Indigenous communities. An amount of $810,000 in capital funding will also be provided this year to establish a permanent basis for child safety workers. An initial $3 million has also been committed in 2006-07 for Indigenous recognised entities to assist the department to deliver culturally appropriate services, bringing the total funding for recognised entities to $15.6 million this financial year.

We cannot do without the excellent staff that we have. An extra $32 million will go into staff over the next four years. This year alone, $7.6 million in funding will be used to recruit 50 new front-line staff and to attract and retain new staff in regional, rural and remote areas. That brings it up to over 500 front-line staff. We will spend $18.2 million in improving accommodation for our important staff as well.

In closing, I repeat: the 2006-07 budget is great news for everyone concerned with child protection. It provides more money, more staff and more resources for the continued delivery of world-class child protection services.

CHAIR: The first block of questions will come from non-government members. I call the honourable member for Burdekin.

Mrs MENKENS: Minister, in relation to page 1 of the Ministerial Portfolio Statement for Child Safety, of the 110 recommendations in the CMC's *Protecting Children* report, which recommendations have not yet been implemented or fully implemented? What is the reason for them still being outstanding? When will the remaining recommendations be fully implemented?

Mr REYNOLDS: I would like to thank the member for Burdekin for that question. I think you would agree, in a fair and wise way, that to have completed 95 recommendations at this time is an extraordinarily good task that the staff of the Department of Child Safety, our non-government partners and our government partners have been able to do. In relation to the 15 recommendations, you are right that, to date, 95 of the 110 CMC recommendations have been completed, with 21 of the 24 foster care audit recommendations having been completed as well.

In terms of the work that we have been doing and those 15 recommendations that we still have to work on, I have already mentioned the ICMS. That is one that we have had to restructure, if you like, in terms of our time frame. That is a very important recommendation. That will be rolled out over nine sites over the next couple of months and then we will extend that to the end of the year as well.

In relation to the task of implementing those 110 recommendations, you must remember that this is a three-year reform package. I have indicated, because you have asked me questions similar to this in past estimates committees, and I want to remind you very respectfully that, when the work was being done post 6 January 2004, we thought the dates that were put down on the blueprint were ambitious and challenging targets. But as we started—and we did not get the department going until 20 September 2004—we have been working towards the best framework of getting those in. As I have said before, the workload of staff is also contingent on that. We sometimes had three or four major reforms going at the same time, and we did not want to introduce a fifth and sixth one. They have had to be done in this important way.

I can probably say that the four key areas that are spread across the recommendations are, firstly, the ICMS; secondly, workload management, which we have progressed in very much but we still have some way to go; thirdly, mentoring, and we have had a number of meetings with outside organisations on this; and, lastly, the true cost of care. The true cost of care will be implemented by the government in early January 2007. We will lead Australia in that regard. I have no doubt that the work we are doing will lead Australia.

We have a couple of areas in terms of foster-carers and foster-children and the peak entity for the Aboriginal and Torres Strait Islander Child Protection Partnership. I am giving you a reasonable range of those, but I will provide you with a full list of those before we end the session.

Mrs MENKENS: I refer to page 14 of the MPS and to the increase in supplies and services from a 2005-06 adjusted budget of $15.3 million to a 2006-07 budget estimate of $33.7 million. Explanatory notes 3 and 10 refer to an increased investment in information technology initiatives. Could you please detail the increased IT initiatives, including a costing and explanation of each initiative?

Mr REYNOLDS: I would be absolutely delighted to. As I indicated before, we have the ICT initiative, which is the broadbrush initiative. That has been with not only the Department of Child Safety but other departments as well. We are feeling very confident in terms of tracking our expenditure of where we are, but let me detail that to you.

I thank you for the question because it gives me an opportunity to address a few myths and misconceptions that seem to have arisen regarding the integrated client management system, or the ICMS. Issues with the development of the ICMS were canvassed in the media recently and contained serious factual errors, and I welcome the opportunity to set the record straight.

The government allocated $44.4 million in capital funding in 2004-05 for the information renewal initiative to enhance the front-line information systems for the Department of Child Safety and the Department of Communities. In October 2005, the government incorporated the information renewal initiative into an expanded joint information and communication technology program and increased funding to $90.405 million, including $40.056 million for capital and $50.348 million for operating expenditure over four years.

The new ICT program goes well beyond the original IRI program in so far as its expanded scope to incorporate Disability Services Queensland and the Department of Aboriginal and Torres Strait Islander Policy. That interconnection, if you like, across a client management system is extraordinarily important to kids in care and to the work we are doing across government.

Integrated, structured decision-making capability has also been included in the ICMS to achieve significantly enhanced functionality. We have also incorporated functionality that allows other government partners, such as the Queensland Police Service, Queensland Health and the Department of Education and the Arts, to access ICMS for joint management of SCAN cases. We provided a more sophisticated and comprehensive standard operating environment across the four client departments as well.

The Department of Child Safety's share of the ICT program budget is $57.319 million, of which $20.925 million is capital and $36.394 million is operating expenditure. Since 2004-05, $48.962 million has been expended on the expanded ICT program, including $25.081 million capital and $23.881 million operating expenditure. This includes $11.881 million capital and $7.952 million operating expenditure for ICMS. The Department of Child Safety's share of this expenditure—is that my 15-second warning? If so, could I ask for an extension of time? I will not be much longer, but I think you would like a complete answer. Is that okay?

Mrs MENKENS: Yes.

Mr REYNOLDS: The Department of Child Safety's share of this expenditure to date is $28.346 million—$11.548 million capital and $16.798 million operating expenditure. This includes $7.885 million capital and $6.5 million to $9 million operating expenditure for ICMS. With respect to the rollout of ICMS, the carers directory was delivered in November 2005. This directory provided a centralised register of Queensland foster-carers to ensure that the Department of Child Safety has access to accurate, up-to-date information on all carers and care services.

In conclusion, the ICMS project will be implemented in August this year at nine pilot sites across Queensland. The full statewide rollout is scheduled in November 2006, when all staff will be migrated to the new system. A statewide rollout will enable outdated information systems to be decommissioned. The current system development is on track to meet the November 2006 time frame. The training and change management processes that need to be undertaken with the rollout of such a new IT system are also well advanced and on schedule.

Mrs MENKENS: I refer to page 20 of the MPS and dot point 7, which refers to the auditing of all child protection system notifications involving foster-carers to ensure that all matters of concern relating to quality of care provided to a child in out-of-home care are monitored and reported. What reporting of these audits will be undertaken and, in particular, will any reporting of these audits be included in public reports?

Mr REYNOLDS: I thank you very much because, naturally, this was one of the major concerns of the CMC in its inquiry in 2003. I know I can speak on behalf of my department when I say that this is an area we have given a great deal of attention to. I am committed to ensuring that Queensland's most vulnerable children receive quality care. We have developed some of the most comprehensive responses to abuse of children in care in implementing the recommendations of the CMC report. To

highlight this commitment, all child protection notifications, investigations and assessments involving carers are assigned a 24-hour response time frame. That illustrates the importance that my department places on the safety and wellbeing of children in care. No child is left in an unsafe placement.

While the number of children substantiated in out-of-home care increased from 464 in 2003-04 to 509 in 2004-05, it is important to note that this represented a decrease in percentage terms. The 464 substantiations in 2003-04 represented 8.1 per cent of all children in out-of-home care during the year, whereas the 509 substantiations in 2004-05 represent 7.6 per cent of all children in out-of-home care during the year.

It is important to say that we have implemented a stringent and rigorous approach to reducing, preventing and responding to abuse in care which is based on a range of strategies. We are determined to be as open, transparent and accountable as we can be as a government and as a Department of Child Safety. You have heard me say that on many occasions.

In terms of reporting sensitive issues of abuse or neglect, the department, naturally, has to follow the Child Protection Act 1999 in terms of confidentiality. As well as that, some of the parameters that may be across a particular child abuse or neglect case can be very easily identifiable, especially after the media and, dare I say, sometimes the opposition place that in a particular context in a particular area. We need to be very careful that we are not identifying the child, we are not identifying the family, and that will always be uppermost in our mind.

I know that sometimes members of parliament, probably on both sides of parliament, say to me, 'Can we know more about the confidentiality of this particular case?' That is something that has been said to me before. We weigh these things up very carefully. I can assure you, though, that the Department of Child Safety is the most monitored child protection system in Australia. There are a great number of things that we publish every year to show the response to our key performance indicators.

Mrs MENKENS: Minister, I refer to page 12 of the MPS regarding the number of notifications requiring investigation. You will recall that last year I asked you whether all 24-hour notifications had been responded to within the required 24-hour period, and you were unable to assure the committee that had occurred because you said, 'We're not able to aggregate the data and to report statewide.' Minister, is that data now recorded statewide, and would you please advise if all 24-hour notifications were responded to within 24 hours?

Mr REYNOLDS: Thank you very much. I do remember your question of last year. With respect to our information systems and our record systems, that has been a tremendously challenging job right the way across the state and we still have some way to go in that regard. However, the Department of Child Safety is firmly committed to responding to notifications of child abuse and neglect within the appropriate time frames. Child Safety staff continue to demonstrate professionalism and diligence in undertaking their critical role in protecting our most vulnerable children and young people in Queensland. An absolute priority is recorded notifications that require a 24-hour response given the assessed and immediate risk to children's safety.

As minister, I continue to closely monitor the department's responses to recorded notifications produced by the child protection three-point system. Until 30 May this year—that is, the year up to 30 May—the system recorded that all notifications requiring a 24-hour response were actioned within the required time frame—what can only be described as an outstanding result. My director-general, sitting beside me, and I have been very passionate to absolutely make sure that this is the case.

On 30 May, though, one child safety service centre was unable to respond to three 24-hour notifications within the required time frame due to the following factors: a significant number of staff absences, both in the CSSC and across the zone due to ill health—what the member for Cunningham and I probably have at the moment in terms of sore throats and things—and an influx of notifications at that time. The centre received six notifications on that morning following the receipt of 11 notifications the previous day.

I am very proud of the efforts the staff made. The CSSC immediately applied structured decision-making tools to all notifications to determine their relative priority. The three notifications not progressed within the 24-hour period—that is out of 17—were determined as the lowest priority and all three notifications were actioned within 36 hours. I think you would agree that is pretty good going and absolutely well done. A safety plan is now in place to avoid a recurrence of the situation. All child safety service centre managers across the relevant zone have agreed to deploy experienced staff immediately it becomes apparent that any CSSC within the zone is likely to experience difficulty in commencing 24-hour response notifications within the prescribed time frame.

You do know that in remote locations or where a family cannot be located the department may seek the assistance of government agencies such as Police, Health and Education personnel and community partners to locate children and assess the immediate risk to children concerned. Those partner agencies do a tremendous job for us, and I would like to thank them in that regard as well.

Mrs MENKENS: Minister, I refer to page 3 of the MPS regarding the partnership with non-government agencies and refer to a media report dated 16 December 2005 regarding the alleged rape of a 15-year-old boy at a camp supervised by three supervisors contracted by the department. I note that you called for an investigation, and I ask: was an inquiry held? If so, what did it reveal and what action has been taken as a consequence?

Mr REYNOLDS: That is a particular matter regarding a particular child and family, so I cannot refer to that particular matter. Let me talk to you generally about how we deal with matters like this. To some extent I have already dealt with it in part by saying that some children whom we have in our care have moderate to very extensive behavioural concerns and health or disability concerns. In regard to the work that we do in these areas, it is important to say that we are bringing in a very strict licensing procedure. You would be well aware of that because I think just a few months ago you were asking me questions in parliament about that new procedure. So we are well advanced in regard to licensing and in regard to the work that we need to be doing with those we contract to do that very important work in the non-government sector.

There is a range of areas that we deal with, and I am just getting that from my advisers. If someone does something wrong, though, if the person is in child protection sometimes they will be on a child protection order and they may be on a dual juvenile justice order as well. Under section 38 of the Crime and Misconduct Act, a public official is required to report any complaint, information or matter that involves or may involve official misconduct to the CMC. That happens in my department on every occasion. The act also enables any person to complain about or give information or matter involving misconduct directly to the CMC. When the CMC refers a complaint, information or matter involving possible official misconduct to the department to be dealt with and does not recommend an investigation, the chief executive officer has a range of options available for dealing with it—that includes doing nothing because the matter is clearly frivolous or vexatious, lacks substance or credibility, is an unjustifiable use of resources—or taking a managerial response to the conduct of the officer concerned et cetera.

In terms of our new licensing process, though, it has five stages. A service provider completes a self-assessment workbook demonstrating compliance with the 11 minimum service standards. The service provider submits a copy of the completed self-assessment workbook with an application of the care service licence et cetera. It is important to say that we are doing that with a great deal of rigour with our non-government organisations, and we want to make sure that children are as safe as possible.

Mrs MENKENS: Thank you. Minister, I refer to the output statement for children in care, page 12 of the MPS, and refer to note 2, which states that from March 2005 notifications that were responded to by way of protective advice were no longer recorded as notifications. Note 3 refers to the threshold for notification. What constitutes that threshold of notification?

Mr REYNOLDS: It is important to recognise that, when we are working with very vulnerable children or young people who have been abused or neglected, we have different options that we can take. We can take children through the intake, investigation and assessment and then place those children, if we feel it is fit, with a foster care family, if we feel that they cannot be supported within a home context. Sometimes we are able to work through with parents an involuntary support agreement or an involuntary placement agreement that can be either in their home or in the care of the department. In that regard, we have those options that are there.

One of the things that I am keen to do and keen to see the department do over the next couple of years in particular is focus on those children where we are able to give that advice and be able to work with intensive family support. Prior to March 2005, not all notifications were required to be investigated. This was because intakes that could be responded to by way of protective advice rather than investigation were also recorded as notifications. This practice ceased from March 2005, and intakes dealt with by way of protective advice are now recorded as a child concern report. Protective advice, as a response—and this goes to the nub of what you are asking me—is provided only when the level of harm is assessed as not significantly impacting upon the safety and the wellbeing of the child. That is the threshold. That is the professional judgement with structured decision making, if need be, that the child safety officers are making. It includes providing advice to the notifier that may help the family access appropriate supports to meet the safety needs of the child.

The number of notifications requiring investigations, as you know, increased by 32.8 per cent between 2002-03 and 2004-05. This number is predicted to stabilise with the 2005-06 estimate actual of 35,200 and a whole of 2006-07 target of 36,600. You can see the decrease that is taking place there. It should be noted that, while all notifications require an investigation to be undertaken, this will not always be possible. For example, a notifier may not provide the department with sufficient information about a child to enable the department to locate the child, or the family may move overseas shortly after the notification has been recorded. We are heading in the right direction with regard to that front end of intake and investigation, looking at ways we can work with the family and looking at the referral for active intervention. The $8.5 million has been committed by the Department of Communities.

CHAIR: That concludes the first block of non-government questions. Minister, as you noted in your opening remarks, the 2006-07 budget sees another record increase for child protection. Can I ask you to detail for the benefit of the committee the scope of the increase and what it will actually deliver for vulnerable children and young people in Queensland?

Mr REYNOLDS: This year's $503 million demonstrates the Beattie government's ongoing commitment to resourcing child protection services at a level where we can effect enduring change. This half-billion-dollar figure is almost three times more than what was allocated for child protection just three years ago. It is up $109 million on last year's budget, and that represents a 28 per cent increase.

I say to members of the committee that the budget recognises the critical role of our community partners and our foster-carers. An amount of $254 million—just over half the department's operating budget—will go directly to the department's non-government partners and foster- and kinship-carers. That includes $116 million for 78 non-government organisations to deliver 238 service programs to children, young people and families throughout the state. These programs will provide almost 700 alternative care placements for vulnerable children and young people.

The 2006-07 budget provides an additional $10 million for a range of placements for children coming into care. I am very pleased to see that we have exceeded the 360 alternative care placements that we were asked to provide. We are up to about 374. This is another extra $10 million being ploughed into this in our third year of reform as well. We have also seen a $24 million four-year funding injection which will meet the growing needs for carers and improved financial support to foster- and kinship-carers including the provision of respite.

As I say, we need new front-line staff to take up the demands of this department. We have recognised that. An amount of $7.6 million in new funding will be used to recruit 50 new front-line staff, taking the number of additional staff over the last three years to more than 500 and, importantly for those of us who live in the rural and regional areas of the state, to deliver an incentive scheme to attract and retain staff in rural and remote communities. Importantly, the government will also provide $18.2 million in 2006-07 to accommodate staff working in child safety centres across the state. This is really about giving our staff the proper accommodation and the proper staff support. We are providing them with safe and secure workplaces and allowing for the completion of 16 new offices and 30 office relocations, expansions or refurbishments.

The budget also delivers the first instalment of two more therapeutic residential care services to be located in south-east Queensland. There is $4 million in capital funding for this project in this budget, with the necessary operational funding of $3.4 million per year committed in the next budget. The new services will provide an intensive therapeutic program and transition placement that will assist children and young people with complex to extreme needs to move on to more suitable and stable care. This is a budget that I am very proud to be able to deliver on behalf of the government.

Mrs SMITH: Page 7 of the MPS details staffing levels in the department. What percentage of your staff are on temporary contracts and how does that compare with the Public Service average?

Mr REYNOLDS: I would like to thank the member for Burleigh for that very important question with regard to our staff. First of all, once again I express my condolences to you with regard to the loss of your son which I know was felt by your family and by us as well. I answer by saying that a proactive strategy is currently well advanced to stabilise and consolidate the child safety service delivery workforce. This is essential following the major reform work to operationalise and expand the new Department of Child Safety. As at today's date, the temporary staff has now been reduced to 30 per cent. The full-time equivalent of these percentages is that 1,524 staff are permanent and 641 staff are temporary and casual. The department is absolutely committed to continuing to drive down the percentage of temporary staff.

The Department of Child Safety has a number of temporary projects in process required to implement the CMC recommendations. These temporary projects include, amongst other things, the establishment of enhanced systems and records and are contributing to the higher than average temporary staffing rate within the department. More than 250 staff were converted from temporary to permanent employment in the 2005-06 year and, through the implementation of improved monitoring and streamlined processes, this has been further accelerated. Fortnightly reports on temporary employment are being carefully scrutinised. Managers are being held accountable for making permanent appointments wherever possible and ensuring that temporary employment is only continued for very valid reasons. New processes have been implemented to make it faster and to also make it easier to appoint temporary employees permanently while retaining the necessary checks and balances that we need to have across our workforce.

A certain level of temporary employment will always be necessary as temporary employment occurs due to the need to backfill staff accessing a range of leave types such as recreation, long service, parental, maternity, special and sick leave. Additionally, temporary staff are employed either to undertake time limited projects, such as the record-keeping initiative, to backfill for staff who have been seconded either internally or externally—for example to the Shared Information Solutions—or to backfill

for staff who are performing higher duties. Nonetheless, as minister I am committed to drive this down as much as we possibly can. The department is determined to make a significant reduction in the level of temporary employment just over the next few months.

CHAIR: Minister, I note that page 9 of the MPS refers to about 4,000 notifications that are yet to be commenced. I was wondering if you could tell the committee what the department is doing to address that particular issue.

Mr REYNOLDS: Thanks for that important question. In 2004-05 the Department of Child Safety recorded 40,829 notifications of alleged harm or risk of harm to children and young people. This represented an increase of 31.4 per cent from 2002-03. While increases in the number of recorded child protection notifications can in part be attributed to Queensland's population growth, there are many other very complex contributors. This includes increased community awareness; greater awareness of the connection between domestic and family violence and child abuse; increased media coverage of the department, child abuse in general and specific child deaths; increased funding of child protection and community support services; and increased numbers of child protection workers, both within and outside the department, as a result of the government's allocation of significantly increased funding.

All child protection notifications require an investigation and assessment by the Department of Child Safety. New procedures involving the application of structured decision-making screening and assessment tools were introduced from October 2005 to April 2006. We had hundreds of our staff trained in SDM. These tools assist departmental officers in determining whether concerns raised by notifiers meet the legislative mandate and the departmental threshold for an investigation and assessment and, if so, determining how soon an investigation and assessment should commence. You are aware of the 24-hour response, the five-day response or the 10-day response. Responses to the most serious allegations are given absolute priority.

As I said before in answer to a question from the member for Burdekin, this is monitored across all child safety service centres and reports are provided to the department. Investigations involve a detailed process of gathering information from a wide range of sources. More importantly, it involves interviewing the child who was the subject of the notification or, depending on their age or development, sighting and observing the child, home visiting the parents or caregivers and direct contact with other adults as well. As I have indicated, at this particular time 4,377 right across the state are awaiting allocation and commencement. I am very pleased to say that all of the other notifications are under assessment, they are awaiting approval and they have been committed. This means that for nearly 8,000 of the notifications we are dealing with at this particular time they are actively working with a child safety officer. Those for whom we are waiting are being met.

Ms CROFT: Minister, I am referring to MPS pages 7, 12, 15, 16 and 18. I note that the projections for notifications are actually going down. Some people may interpret this as being that there will be less child abuse. Could you please explain this a little bit further?

Mr REYNOLDS: I thank the member for Broadwater for her passionate interest in this. It was great to be with you last week for the opening of the Abused Child Trust facility there. I know how hard you have worked down there as well. The number of reported matters relating to child abuse and neglect recorded as notifications is estimated to decrease in 2005-06 compared with 2004-05. A major reason for this decline is that the recording of protective advice notifications, which accounted for between 12 per cent and 15 per cent of all notifications, as I indicated before, was discontinued in March 2005 and a new and important category of child concern reports was introduced. In these situations the family is referred to appropriate support services or provided with relevant information without an investigation being undertaken because the information has not reached that threshold for notification.

Only moderate growth in notifications is anticipated from 2005-06 to 2006-07. This is a significant achievement considering Queensland's population growth and considering that we are comparing apples with apples. We are looking at what are the child concern reports, what are the notifications and how that compares with next year as well. It should be noted, however, that the volume of notifications recorded by the department does not directly relate to the level of child abuse occurring in the community. Unfortunately, abuse often takes place that is not reported. This results in a gap between the level of reported abuse and the level of actual abuse in the community. The department can only respond to reported abuse, as indicated by the number of notifications. In recent years the level of reported abuse has been influenced by, as I said before, an increase in public awareness and increased understanding of child abuse and neglect as well as a greater willingness to report concerns.

Unlike a number of other states, we have mandatory notification in a whole range of areas that other states do not have. For example, we know that more reports of concern have come from nurses since they were mandated last year, the Queensland Police Service and school personnel. Since 31 August 2005 it has become mandatory for doctors and registered nurses in Queensland to report directly to the Department of Child Safety any reasonable concerns of child abuse or neglect. Changes have also occurred within the Queensland Police Service. The new policy now enables a more

integrated police response to domestic violence and child protection matters. Police officers are in a unique position to identify children in situations of domestic or family violence which can lead to reporting a child protection concern.

With regard to our stage 2 legislative amendments, staff from relevant agencies share confidential information as necessary to address child protection concerns. This means school communities can disclose information relevant to child protection concerns. I think that our partners out there in government—the police, nurses, doctors and teachers—are doing a wonderful job with us. I am very pleased with the work that they are partnering the department with.

Ms CROFT: Can you please explain how your department is ensuring that foster- and kinship-carers in Queensland are suitable to be caring for the state's most vulnerable children and young people? What requirements have you introduced to safeguard these young people?

Mr REYNOLDS: The Child Safety (Carers) Act, which came into effect on 31 May this year, introduced enhancements to the personal history screening for those providing care in the child protection system. Under the new legislation all foster- and kinship-carers and their adult household members as well as persons associated with licensed care services are required to possess a blue card by the Commission for Children and Young People and Child Guardian. These laws apply to all new and existing carers as well as adult household members.

The act contains transitional provisions whereby all persons who, as at 31 May this year, were carers or their adult household members will have until 30 November 2006 to apply for a blue card if they do not already have one. A new central screening unit in my department has been created to manage the personal history screening, including domestic violence, traffic and child protection history, for foster- and kinship-carers and their adult household members. The unit will also facilitate the blue card application process for all foster- and kinship-carers and their adult household members and monitor the currency and renewal of blue cards.

These changes do not require existing carers to have personal history checks completed as part of the blue card application process. Personal history checks for existing carers will be conducted at the time of their renewal of approval as foster- or kinship-carers. Renewal for existing carers are completed one year following their initial approval and every two years thereafter. Upon receipt of applications for approval as foster- or kinship-carers the central screening unit undertakes personal history screening. The unit obtains the information that I indicated before from different agencies.

Where foster- or kinship-carer applicants require urgent or provisional approval and that application for approval is processed the central screening unit also obtains criminal history records from the Queensland Police Service. Where there is no adverse history, the application for a blue card is forwarded to the commission for processing. Where there is adverse history that history is assessed in accordance with the department's guidelines. The department is making that final determination depending on the information coming back with the blue card and depending on the work that we are doing in areas such as the domestic violence history, traffic history and the department's child protection records as well.

Ms STONE: What is your department doing to ensure the suitable selection of Indigenous foster-carers with regard to the placement of Indigenous children.

Mr REYNOLDS: I thank the member for Springwood very much for that very good question. The over-representation of Indigenous children with the child protection system is a major concern for the Department of Child Safety. It is committed to working in partnership with Indigenous communities to keep children within their own families and communities wherever possible. Can I say to you first that it is complex work and it is challenging work.

When Indigenous children need to live away from home for their own protection the department is committed to ensuring that their cultural identity and relationship with their families and communities is maintained wherever possible. Changes to the Child Protection Act effective from 31 May this year are designed to ensure that services provided to Indigenous children by the child protection system are culturally appropriate. That is why we have the work of the Indigenous recognised entities. This year we will be spending about $15 million on enhancing the work of those Indigenous recognised entities. They are working in partnership with the Department of Child Safety in the key parts of the decision-making framework.

In terms of our foster-carers it is very important to say that we have had an excellent foster care campaign. We started that campaign in September last year. I am very pleased to say that that campaign has gone very well in terms of the number of foster-carers that we now have on our books and the ones who are being trained or assessed or going through education programs.

The department also conducted an Indigenous foster care recruitment strategy which was informed by a reference group comprising departmental and external Indigenous representatives. This strategy developed campaign materials and information resources that would appeal to Indigenous people and could be provided to Indigenous agencies and existing carers to support face-to-face

recruitment activities. In October and November of last year campaign materials were distributed on a statewide basis to target agencies and individuals. The second phase consisted of local zonal projects whereby Indigenous staff were utilised to undertake face-to-face recruitment strategies as well.

As a regional minister and a person who lives in an area with a high Indigenous population I am very much aware of the delicate and sensitive work that we need to do with Indigenous family—the legacy of the stolen generation. We need to make sure that we have Indigenous workers in Indigenous recognised agencies and a lot more Indigenous foster-carers. At the end of the day we want Indigenous children and young people who are vulnerable to go to Indigenous families. At this stage we do not have enough of those Indigenous families. We are going to keep on working on this because we see this as one of the most culturally important areas that we need to work on as a government.

CHAIR: That will conclude this block of government questions. I call the honourable member for Burdekin.

Mrs MENKENS: I refer to the MPS at page 9 and the last dot point which refers to a multifaceted approach to employee support. I refer you to a recent report of a survey of the views of departmental staff, non-government organisations and foster-carers in November 2005 and ask what was the reason—

Mr REYNOLDS: In November 2005?

Mrs MENKENS: Yes, the staff survey. What was the first key finding?

Mr REYNOLDS: Can I say first of all that this was the baseline study. The report did come down in November 2005 but the research was actually done in early 2005, which I know you would be aware of. I welcome the opportunity to provide further information on this topic. The inaugural survey of staff views on progress with the departmental reforms was undertaken in early 2005. This is in keeping with the strong commitment that I have given and in the blueprint to assess and compare key stakeholders views on how reforms are progressing.

Surveys of foster-carers and staff from non-government organisations were undertaken at the same time. There is no doubt that early last year, just some five or six months after the department started the work that we are doing, staff flagged some very important issues where they felt things were not working as well as they needed to. That is valuable input and feedback to the department that we have acted on.

This was to be expected given the survey was undertaken in the very early stages of reform. Some of the smallest numbers of positive responses received from staff related to children receiving the right service at the right time and the effectiveness of statewide government recruitment in attracting high-quality departmental staff. However, on a very encouraging note more than half of the departmental respondents felt the department had made significant progress in improving the standard of record keeping. A similar proportion felt that the new child safety officer training would have a significant effect on achieving client outcomes.

As you would be aware the department published a range of key findings from all the surveys we have done in the 2004-05 performance report published last December. The department confirmed that these findings would provide a benchmark to measure future changes in stakeholder views as child safety reforms progressed to full implementation.

This year's staff survey is being independently analysed by the office of the government statistician as it was last year. We want to be open, transparent and accountable. That is why we get that independent survey done. The survey was sent to a random selection of staff last month using a sampling approach aimed at getting a good cross-section of views both geographically and by position level.

On 12 April this year the department wrote to key stakeholders asking for their assistance in promoting this year's survey with their members and publicly confirming that the department would be publishing the results of this year's survey compared with 2005 later this year. That is still our intent. The department has published a number of messages on both its intranet and internet sites encouraging staff and other stakeholders to share their views through this survey process. In each of these messages the commitment to publish the 2006 survey findings comparing them to 2005 has been very clear. We are committed to getting that staff feedback, the same as we are committed to getting other feedback from places like the Commission for Children and Young People and Child Guardian.

Mrs MENKENS: I refer again to the MPS at page 9 and the last dot point relating to the multifaceted approach to employee support. I certainly note the comments that you just made. I will table a copy of the survey results and refer you in particular to a number of comments that were made by your staff including: that blueprint staffing levels are inadequate; zonal officers are in the old culture trap; blueprint recommendations for foster care and alternative care are grossly inadequate, have been seriously overlooked, inadequate, neglected and waylaid; caseloads are high and workloads have increased; and case records are not being recorded as there are serious time constraints due to the lack of staff and resources. Minister, I remind you that these are the comments of your staff and that there

are over 37 pages of direct quotes and a further 30 pages of summary. Have you read all the comments provided by your staff to this survey? Has the survey been provided to the commissioner for children and young people?

CHAIR: Do you seek leave to table those documents?

Mrs MENKENS: I seek leave.

Leave granted.

Mr REYNOLDS: This is unfortunately the time warp that those in the opposition are actually in with child protection. They have given away working with government in an authentic way. Let us look at authenticity and integrity in terms of statistics, whether they are qualitative or quantitative. You have mentioned a number of qualitative statements of staff. I can assure you that I have read every one of those, as you would expect me do as minister. Can I also say to you that you are quoting in July 2006 remarks that were made in early 2005. The department started on 20 September 2004. There is no integrity or authenticity in where the opposition is coming from here.

Mrs MENKENS: It reflects that the staff are hurting.

Mr REYNOLDS: No. Can I say to you that there is no integrity in the process that is being used here. As I indicated to you, that is the baseline study. A number of those things were taken up in our second baseline report which was published in December last year. We have provided that document to you through FOI. We are very well aware that you would be aware of both the qualitative and quantitative statements that have been made.

This is really about looking after staff. We have a $503 million budget and a considerable amount has gone into professional development and the training of staff and peer support. As I have said to you before, governments of all political persuasions should hang their heads in shame for the lack of attention that has been given to child protection in this state over the last couple of decades, but no more than the Borbidge government in the coalition years of 1997-98 where a lousy $65 million was spent on child protection. In the five years that we were in government we increased that $65 million to $182 million. For the first time we started to look after the needs of our staff.

As Minister for Child Safety I have increased that from about $182 to $503 million. Can I suggest respectfully to the member for Burdekin that she get out of the time warp. Let us really appreciate what staff feel now. That is why we are doing another survey. We are comparing the survey that was done in early 2005, in the very early days of the reform process, with now. That will be published at the end of this year. We cannot be any fairer than that.

We actually incorporated what the CMC had already told us about. We took on staff comments as well. Resources have been provided over and above the blueprint for all the work that we are doing here. Can we have some authenticity here and integrity with regard to data. If this is the best that you and your advisors can do in child protection it is a very low best.

Mrs MENKENS: I take on board your comments. We look forward to more positive staff comments coming through. One of the issues that has been raised by your staff relates to concerns that the appointment processes are open to nepotism or at least appointments are not being made on merit. You are aware of these concerns so what action has been taken to ensure that appointments are free of internal influence?

Mr REYNOLDS: Can I first of all say to you that you have to understand, as I know you do but sometimes negligent to take into account, that this was a very difficult time for a department that needed to be reformed like no other department in the history of Queensland has been reformed. That meant that a number of staff who were in existing positions, and who may have been through a merit selection process, were seen to be wanting and were actually beaten to the job by someone else in the department or someone external to the department.

When I talk to parliamentarians across Queensland I can assure you that the managers, the team leaders and practitioners that parliamentarians work with feed back to me the concerns that they have with individual staff members. The concern that we had at that particular time was pretty frightening. I do not take away from the great work that many of those staff did because I think that we did not look after our staff over the last couple of decades anywhere near the way we should have looked after them. Can I say to you again, though, that the authenticity of where the opposition is coming from here is that you are quoting from early 2005 data which goes through the whole cultural change process. It is going through times when merit selection had been undertaken in some areas and was still going on in other areas.

There were people who were disappointed and may well have put up any particular concern that they had. But, as you know, under the Public Service Act, if there is any suggestion whatsoever of nepotism, if there is any suggestion whatsoever of some way in which the merit selection process has been tainted, those Public Service members have a right to appeal, and they do appeal if they feel they have been badly done by in any matter which may be nepotism or in fact public misconduct. I do not

know what you are really referring to here. If you think there is a matter of public misconduct, you have an obligation as a member of parliament to take that to the CMC—and I am not too sure you have done that—with any of these cases. That is your obligation.

I think we have to be fair and reasonable in terms of what we are doing here. This was a time of great trauma for our staff. We were changing many of the staff. We have had over 500 new staff members come into the organisation. So I think if we are going to be fair dinkum and if we are going to be bipartisan—and the opposition finds it very hard to be and I know that you find it hard to be—let us look at these things in a fair and accountable way. That is how I want to do it. That is why I share so much with you. You commend me for sharing things with you but, at the same time, though, you come back to outdated data when you really should be saying, 'Where are we now in this regard?' Our morale is going up all the time.

Mrs MENKENS: Minister, will you provide the opposition with a copy of the results of the new staff survey or will we still have to get it through FOI?

Mr REYNOLDS: I have already indicated to you that that is a baseline survey. You have in fact tabled the survey.

Mrs MENKENS: No, I am talking about the current staff survey that will be done towards the end of 2006.

Mr REYNOLDS: Absolutely. We have actually seen this as a very important component of being open, transparent and accountable. We felt that in terms of our own staff. If you look at the early 2005 figures and the great work that our staff were doing out there, we were looking at staff morale. We were looking at making sure that we could see that the benchmark was there and where we needed to enhance the morale of the staff and the work that they were doing. In many ways, in early 2005 a number of our enhancements and reforms to the child protection system were only just starting. If you look at that period, it is about 18 months ago. I have had this job for about 2½ years, but for 18 months of that time we have brought in structured decision making. We have brought in so many different child safety practice manuals—the fifth one has just been finished—to support the staff in implementing legislation and policy. We are bringing in the new integrated client management system, improved working conditions for staff through new and upgraded accommodation and facilities, significant additional funding to the community sector and other government agencies for out-of-home care, intensive family support, and therapeutic and other services.

We have had a major recruitment campaign for over 500 new foster-carers. We have improved professional supervision for child safety service delivery staff by their team leader and access to a senior practitioner for guidance and advice. This has taken time. Again, if the opposition was fair in that regard, you would understand that. We have had a national recruitment campaign to recruit staff to service vacancies in rural, regional and remote parts of Queensland. We have just brought in an enhanced program as well. With regard to all of the executives from the director-general down to the DDG—the executive directors, the zonal directors, the managers, the team leaders—those positions were all declared vacant. They were all declared vacant, and I think you may have forgotten that. All of those positions were declared vacant and they were appointed through an open merit selection process.

If you feel in any way, shape or form that nepotism has occurred in that regard and if you have any serious allegations that you would like to put before me or present to the CMC, that is your entitlement. I do not know of any such allegation. It might be an allegation, but I do not know of any substantiated event in any way, shape or form. But I would rather say to you that the Department of Child Safety has some of the best staff in Australia working for it. Let us give them a fair go. Let us work with them. If you have anything that you are concerned about as a member of parliament, you have your obligations under the CMC act as well.

Mrs MENKENS: Minister, I refer to the health passports you have announced today and I refer to the waiting list to get on the waitlist. Currently at the Royal Children's and Mater Children's there are a total of 5,062 children waiting to see a medical or surgical specialist. At present with these young people unable to get appointments, how will children with a health passport be able to be assured of treatment when other children are not?

Mr REYNOLDS: I am not going to blur, as you would like me to do I presume, what is in the province of the Minister for Health. But clearly with regard to the health passports these are a national initiative, the same as our education support plans. These education support plans and health child passports are the first that have been brought in across Australia. If we look at research—both international and national research—the two key outcomes that are really required to be enhanced for very vulnerable children and young people who have been abused or neglected are in those areas of educational outcomes and health outcomes. First of all, I am absolutely committed to ensure that for your family or my family we will be giving these very vulnerable children and young people the same opportunity for better educational outcomes and for health outcomes as well.

We have had a very good piloting of this program across Queensland at a number of different sites. It is important to say that health assessments will be completed by primary healthcare providers such as community health nurses and general practitioners identified by Queensland Health. The assessments will identify medical, emotional, development and behavioural concerns. Where required, children will be referred for specialist assessment and treatment. This assessment will inform the development of a health plan for each child in consultation with the responsible child safety officer. The health plan will be reviewed every six months. Pilots of the child health passport process have commenced in north Brisbane, Caboolture, Bundaberg, Longreach and the Indigenous community of Kowanyama. I am pleased to advise that already the pilots have been very successful in identifying a number of children with multiple health problems who are now receiving treatment. It is expected that the child health passport initiative will be fully rolled out across the state from January 2007. I do not think that we are going to have the problems that you are concerned about there given the service delivery we have.

I want to return to the question asked by the honourable member for Burdekin regarding the 15 CMC recommendations and the remainder to be implemented. The recommendations are 5.2, 5.3, 5.4, 5.7, 5.17, 6.9, 6.12, 7.3, 7.4, 7.22, 7.30, 7.32, 7.33, 7.34 and 8.3. But I absolutely assure you again that in the three-year time frame they will be completed.

Mrs MENKENS: Minister, I refer to page 21 of the MPS with regard to the output statement in relation to the number of children in out-of-home care and note that the actual number of protective orders is projected to increase by 100 from 930 to 1,030 and that the majority of these increased placements are to be kinship-carers—

Mr REYNOLDS: Sorry, but which MPS statement were you referring to there?

Mrs MENKENS: Page 21 of the MPS with regard to the output statement. The majority of these placements are to be kinship-carers and not foster-carers. Does this indicate that there is to be an increased emphasis on kinship-carers over foster-carers?

Mr REYNOLDS: In terms of looking at the needs of those children who have been abused or neglected and determining whether we should be placing those children or young people with either a foster-carer or a kinship-carer, our preference is always to be a kinship-carer—a relative or kin if it passes the most important test that they are going to be safe. If we do not have an available kinship-carer or we do not feel that that placement would be a safe placement, naturally we will be looking at a foster-carer. That is, first of all, if you like, the rule that we would use. I would also say to you, though, that from a Department of Child Safety perspective our absolute paradigm is the safety of the child—our absolute paradigm. I suppose next to that is keeping the child with the family if we can give intensive family support through our referral intervention program, the $8.5 million coming from Communities. We will do all we can to keep the children with the family.

If you look at the MPS with regard to the number of children in out-of-home care not subject to a protective order by placement type—that is, the number of children not subject to a protective order who are placed in out-of-home care as of 30 June—that out-of-home care can be an approved foster-carer, an approved kinship-carer or other placement types. I want to say that this is one measure that we have here in the MPS of the quality of work dealt with by area officers. There is a considerable amount of work involved in locating and arranging a suitable placement for a child who cannot stay at home for safety reasons. Also, our carers are everyday people from all walks of life who have been screened and assessed as suitable to provide care for children and young people in need of out-of-home placements. As I have already indicated today, our central screening unit with the blue card is giving a much greater sense of protection to either the foster-carer or the relative-carer or kinship-carer whom we are choosing to do this very important job.

We have also seen an increase in the number of children and young people coming into care over the past decade. A larger pool of carers increases the likelihood that we can place a child with their own community and with a carer who can best respond to their specific needs. We have also added in legislation, of course, a principle that has been added to the Child Protection Act that states that the preferred placement is with family or kin, and that is the legislation which went through the parliament a few months ago. It reinforces the importance of longstanding significant relationships for the child.

CHAIR: Thank you, Minister. That concludes that block of non-government questions. I call the honourable member for Springwood.

Ms STONE: Minister, I want to talk about alternative care placements, because you have visited my electorate and seen the service that is provided down there, so it is obviously of interest to me. What new funds are available to provide alternative care for children and young people who enter the child protection system? How will these funds support children and young people who are not suited for conventional foster care?

Mr REYNOLDS: I thank the member for Springwood for that key question. I would also like to say to you that I really enjoyed that trip down there. With regard to seeing the different types of alternative care being offered by our non-government partners and what was offered in the past, it is just

remarkable to see the changes in the reforms that we are actually making. The NGO sector can see that; it welcomes the increased funding. The committee would understand that most children and young people in statutory care who are unable to live at home are able to be placed in a family based foster care environment. However, children and young people with more complex or extreme needs generally need more intensive levels of support in their placement.

These more intensive levels of support are provided by specialist foster care services where carers receive additional training, support, respite and cost reimbursement and typically care for only one child at a time and residential care services as well where young people are accommodated in congregate care environments supervised and cared for by rostered, paid staff. I approved 140 new alternative care places in 2004-05 at a cost of some $13.4 million and 234 new alternative care placements in 2005-06 at a cost of $19.7 million for children and young people in the care and protection of the state who are unable to live at home. These 374 additional alternative care places exceeded the blueprint target of 362. A further 65 places were converted from individual placement and support packages into more sustainable, cost-effective grant funded places in 2005-06.

In addition to this specialist foster care, residential care and supported independent living places, recurrent funding of $0.96 million in 2004-05 and $6.5 million in 2005-06 has been provided for foster and kinship care support services, which are very valuable. I am very pleased to advise that further significant work will be undertaken in developing new alternative care placements in 2006-07. Visits that I have had to your electorate and to other electorates across Queensland absolutely made me committed to get more of these places. That is why I was successful in my budget deliberations with CBRC this year to get additional funding of $10 million per annum for placements for these children and young people in statutory care who are unable to live at home.

The Department of Child Safety will develop specific options for my consideration as to how these daily funds can be most effectively used. I expect these options to recommend a range of placement services across the spectrum of alternative care with a particular focus on those children and young people who have complex and/or extreme needs. With these extra funds we can look at funding on a triennial basis and more viable and sustainable models of services which better meet the needs of children and young people either in a family based setting or, where this is not possible, in arrangements providing accommodation for more than one young person.

Mrs SMITH: If our ultimate aim is to return children to their families, what new funding is available for the non-government sector to help children who have been in care when the time comes to reunify them with their parents and return them to the family unit?

Mr REYNOLDS: I am very pleased to advise the member for Burleigh and the other members of the committee that this year further blueprint funding of $3.1 million per annum over three years will be provided for non-government organisations across the state to continue the very important work of family reunifications. This will increase the total funding made available for family unification services through the blueprint to $6.24 million per annum over three years.

The role of the family reunification service is to provide a range of interventions and supports for children, young people, families and carers that promote safe reunification where it is in the best interests of the child. Reunification services have long been recognised as having significant benefits for children and young people as well as their family and carers. The evidence, I believe, is clear that positive and supervised family contact during an out-of-home placement is the key to very timely reunification.

I am happy to say that the majority of children in care eventually return to their families with protective placement only a temporary experience. The essential work of non-government family reunification service providers funded by the department focuses on the needs of children and young people and their families within the first 12 months of entry into the care system. Non-government family reunification services continue to aid our child safety service centre staff in supporting families, children and young people in coming to the right decision that meets the best interests and safety needs of the child or young person and reunification and connection with their families.

Family reunification services work intensively with families to develop supports and strategies that improve, for example, a parent's knowledge and understanding of core parenting skills and the developmental needs of children and young people. The practical demonstration of more appropriate ways, for example, to care for their child is an essential component of preparing a child's parents for reunification. By skilling parents more effectively and aiding them in how to best approach their child's developmental needs for physical, social and emotional support, we are taking the right steps to returning a child back to a safe and a very protective home.

Where appropriate, a range of services and service providers may be invited to attend a family group conference offering professional insights into the strengths and the needs of the family and the child's perspective and goals in reunifying with their families. This approach acknowledges the specialist skills, knowledge and effort of all of our partners in the child protection system.

It is essential that I reiterate that taking a child into the care of the state is our last resort. We are continuing to work with families and other government and non-government agencies to serve the best interests of children and young people.

Mrs SMITH: On what could be a sadder note, how many children or young people in the care of the department or known to the department over the past three years have died in the past 12 months?

Mr REYNOLDS: I would like to thank the member for Burleigh for that question. Of course, the death of any child is distressing to the family and carers, to departmental staff and to the broader community. The Department of Child Safety takes very seriously the death of any child known to the department. All deaths are examined to see what lessons may be learned.

In accordance with the changes to the Child Protection Act 1999 that came into effect on 1 August 2004, the department is now required to review its intervention with all children known to the department in the three years prior to their death and to submit the child death case review report, together with all case file material and other supporting paperwork, to the Child Death Case Review Committee. This is an important component of being open, transparent and accountable.

During the period 1 July 2005 to 23 June 2006 the department recorded the deaths of 50 children and young people where there was departmental involvement with them in the three years prior to their death. The current information about the causes of death is as follows: 16 children died from natural causes, 16 children died from accidental causes, four young people died by suicide, five children died from non-accidental causes, one child died from sudden unexplained infant death syndrome, and the cause of death is currently unknown or yet to be determined for eight children through autopsy reports and so on. I would also like to indicate to the committee that of the 50 children and young people known to the department who died during 1 July 2005 to 23 June 2006, only six of those 50 were in the care of the department at the time of their death. Two of those deaths were from natural causes, two were accidental, one was not accidental and the cause of death for one was suicide.

While no death is acceptable, children known to the department are a high-risk category, given the abuse and harm they have suffered. No death goes unnoticed. As a result of legislative changes enacted on 1 August 2004, the department conducts child death reviews to assess the adequacy of policy and practice relating to interventions with all children and young people known to the department in the three years prior to the death. The findings and recommendations of a child death case review report support organisational learning and development through translation into action plans at zonal and systemic levels, training and development material, and policy and practice reform processes. I know how hard our staff work with very traumatised and vulnerable children and young people. We know that these sorts of deaths occur throughout the community. We do all we possibly can to ensure that we are working with young people in a very professional and empathetic way. We are ensuring, through this process of reporting, that we are as open, transparent and accountable as we can be.

CHAIR: You say that taking children into care is a last resort for your department. What measures do you have in place to support and work voluntarily with families and their children?

Mr REYNOLDS: I thank the chairman for that important question. The Department of Child Safety, under the Child Protection Act, has a mandate to respond to allegations of harm or risk of harm to children in Queensland and to intervene when a child does not have a parent who is able or willing to provide protection. However, can I indicate to the committee today that in actioning this mandate the staff of my department are always conscious of the fundamental role that the families should play in the upbringing and development of their children. On those occasions when the outcome of an investigation assessment is that the child is not in need of protection, but the child safety officer and family agree that the family would benefit from ongoing supportive intervention, the departmental officers may refer the family for additional support to another department or non-government agency, including a referral for active intervention service—the RAI service.

The 10 RAI services across the state provide vulnerable children and young families with targeted intensive support services which are directed at facilitating their diversion from a further progression into the statutory child protection system. My colleague the minister for communities has allocated $8.5 million to those 10 services. That will be very much welcome.

When an investigation assessment has resulted in a child being deemed to be in need of protection, as I say, that can go through the intervention with parental agreement—the IPA. The IPA refers to a type of departmental intervention where parents voluntarily agree to work with the department to meet the protection and care needs of the child. It does not require the use of a court order, for example. An IPA enables the department to provide support and assistance to the family where it is likely that the parents will be able to meet the protective needs and it is generally of a short term and intensive nature. It is usual for the child to remain at home for all or most of the intervention period.

Further services are provided to families to assist them in working towards reunification with their child if a longer term out-of-home placement is needed to meet their protective needs. A network of family reunification services is provided by non-government organisations. Funding for these services has been increased by $3.1 million in this budget, bringing the total recurrent investment to $6.2 million from 2006-07 onwards.

Focused case planning is implemented by departmental staff and service providers to determine whether the child's needs can be met by reunification with the family. Of course, reunification is an ongoing process. It begins when the child is placed in out-of-home care and ends only when the child returns home and is assessed as safe and as no longer needing ongoing intervention. For my staff, the preferred way of ensuring a child's wellbeing is through the support of the child's family by building on their capacity to provide a safe and very protective environment.

Ms CROFT: I refer to pages 29, 30 and 33 of the MPS. I understand that your department's capital works program in relation to the new child safety service centres and the upgrading of existing facilities has in some cases fallen behind. If that is the case, can you explain where there have been delays?

Mr REYNOLDS: Thank you very much for that question. Of course, the Gold Coast is the recipient of a couple of offices that will come shortly. I will be very pleased to go down and open those in the not-too-distant future. The Department of Child Safety is forging ahead with the largest ever office accommodation program in the history of child protection services in Queensland. The program will deliver in excess of 16 new offices and 30 office relocations, expansions or refurbishments. A lengthy time lead for the capital works program is expected as the department has quite specific requirements for office accommodation. In particular, the department has a preference for ground floor locations and a requirement for secure car parking. In addition, we also seek to ensure that a secure route from the main office area to the car park is available to officers to safeguard their personal safety.

These quite exacting specifications have meant that a number of departmental requirements are unable to be satisfied from existing marketplace stock. Therefore, accommodation is needed to be purpose-built. Notwithstanding that, there have been delays on some projects. The delays have primarily been caused by an overheated building industry and commercial property market. In many ways the Beattie Labor government can be seen as being a victim of its own success. As more and more people move to Queensland to take advantage of Queensland's great economic and social conditions, that means that more activity is occurring in the construction industry, which makes it harder for us to source accommodation. This overheating has created a range of challenges that have impacted on project time frames.

These challenges include difficulties in securing appropriate sites as well as developers being unable to source builders to undertake construction work. In some cases, councils are also experiencing record numbers of development applications, which has consequently pushed project time frames out as they assess these requests. Additionally, outside the south-east corner in the main, delays have been experienced in some Queensland locations by unusually inclement weather conditions. This has especially affected projects in far-north Queensland where heavy rains have impacted on development work.

I want to say to the committee today—and I am sure that you would agree—that our staff are our greatest asset. We are committed to supporting them in every way possible to enable them to focus on the task of delivering support for children in need.

The accommodation capital works is being expedited as quickly as possible given the factors that I have just outlined. Given the lead time associated with a number of long-term accommodation solutions, a range of interim accommodation solutions have been undertaken. These have included the leasing of additional short-term space and minor reconfigurations to existing offices, such as installing extra workstations. I want to reiterate that our staff are very good staff. We want to do the best we can by them in terms of professional development and training and peer support, but giving them good accommodation is absolutely essential.

Ms CROFT: What is the effect of the High Court's recent decision on former children in care claiming compensation for abuse suffered as wards of the state? What is your policy on compensation for abuse victims in foster care?

Mr REYNOLDS: Thank you very much for that important question. The highlights in regard to reforming the child protection system that we had in Queensland have come from very important inquiries. The CMC and Forde inquiries highlighted some shocking cases of abuse of children in care and we have been working with former residents of institutions to provide additional assistance to them. The Minister for Communities, Disability Services and Seniors, Warren Pitt, and I meet with representatives of the Historical Abuse Network monthly to look at priority services for abuse victims, including education and health. The advice that has been given to me by former residents has been pivotal in reforming the child protection system. I want to place on record my appreciation for their assistance.

In relation to the litigation you refer to in your question, whilst the High Court has not determined that the former children in care can automatically claim compensation, the ruling is welcomed as it clarifies how to satisfy preliminary steps where claimants are commencing legal action out of time. Each separate claim can be individually assessed according to model litigant principles recently adopted by cabinet which ensure the state applies highest standards of probity and fairness in handling litigation matters.

In the past, courts required a claimant making an application under section 43 of the Personal Injuries Proceedings Act 2002, PIPA, to not only show that they had a material fact of a decisive character but also show that they had a significant case worthy of a court's attention and that the defendant would not be prejudiced by the delay in bringing proceedings out of time.

Those last two points must also be proved when the claimant makes the next necessary application where they proceed out of time under the Limitation of Actions Act. To succeed under that act, the claimant must prove that they have a significant case that is worthy of a court's attention and that the defendant would not be prejudiced by the delay.

The High Court found—and I think quite fairly—that it is unfair that a claimant had to show two of the requirements twice. It held that if in relation to PIPA the claimant can sufficiently base the material fact in time then the courts should accept this as being sufficient. Whilst this logical decision does not provide a 'clearing of the way' for claimants to automatically seek compensation, it clarifies what a claimant must prove for each preliminary application and causes no detriment to defendants. That clearing of the way is allowing crown law and my Department of Child Safety to work towards promptly settling valid claims, which is a result that I am very, very keen to achieve.

CHAIR: That concludes that block of government questions. I now call the honourable member for Gladstone.

Mrs LIZ CUNNINGHAM: In relation to question on notice No. 20, were any children aged zero to six years or aged seven to 12 years accommodated in commercial accommodation without on-site supervision and, if so, for each age group could you specify the number of times this occurred?

Mr REYNOLDS: Thank you very much for that important question. Commercial accommodation arrangements for children and young people are only used as an interim measure to ensure the immediate safety of young people while individual care arrangements can be developed to meet the specific needs of each young person. The department uses commercial accommodation such as motels as a last resort. I am very much aware of your interest in this area, and it is an interest that you have asked about before, I believe.

One of the things I am very keen to do is ensure that the type of accommodation, if it has to be used because we do not have other alternative care placements or a foster-carer available, is better accommodation than we have had in past years. That is why we are now spending more money on temporary accommodation—to ensure that the accommodation is the best we can provide in a particular place.

The breakdown of the ages of the individual children who were placed in commercial accommodation during that period includes 45 children aged zero to six, 68 young people aged seven to 12 and 179 young people aged 13 to 18. In situations where the immediate safety of younger children and their carers is compromised and rapid relocation is required, commercial accommodation arrangements are used as an interim measure. In some places young people are placed in commercial accommodation without youth worker support. In these cases the young people may be supported either by a non-government agency or by relative or kinship-carers. As we plough ahead with our alternative care placements, as we are striving to get more foster-carers, we are really making sure that we do all we possibly can to ensure the best possible placement for a child. What I would say to you is that in the vast majority of cases the young people were supported in commercial accommodation by a youth worker. It is not standard practice to utilise child safety officers to do this type of supervision work. This task is performed by professional youth workers.

As I indicated before, we have seen a slight increase or somewhat of an increase from last year to this year but the value of the accommodation has been substantially increased to make sure that we make that accommodation the best we can possibly find. We do have cases, as I said before, where the immediate safety of younger children and their carers has been compromised and we need to find accommodation pretty quickly. Our first choice is a foster-carer or a kinship-carer or alternative care placement. If they are not available, we then need to look for this type of accommodation.

Mrs LIZ CUNNINGHAM: Of the 45 children aged zero to six and of the 68 aged seven to 12, were any of those placed in commercial accommodation without supervision?

Mr REYNOLDS: The answer to that is no.

Mrs LIZ CUNNINGHAM: I refer to question on notice No. 13. With reference to schedule items 14 and 15, what misuse was identified and where? With reference to schedule item 16 of the same schedule, what funds were stolen and from where?

Mr REYNOLDS: As you are aware, items 14, 15 and 16 are presently under investigation for fraud. So those matters could well be still under investigation. I think I would be better off getting this detail to you in that regard. I do not have that level of detail with me at the moment and I am not too sure whether any of my advisers have, either.

In terms of the internal audit unit, you can see that we are vigilant in working through and having an audit on those particular matters whether they do pertain to financial or compliance issues; financial, compliance or operational issues; operational issues on their own; or investigation or information system concerns. So we are vigilant in that regard.

In regard to the particulars of the misuse of departmental equipment—child safety service centre; the misuse of departmental equipment in a zone; and the thefts of funds—child safety service centre, we have picked those concerns up by audit. That is the best way to do that internal audit. The first fraud investigation is dated 24 October 2005 and is still being investigated. The misuse of departmental equipment was 12 February, with an end date of 22 March 2006. These are the audit times we are looking at there. These are ongoing investigations in regard to fraud.

I am being advised that we will be able to check that. We need to look at the sensitivity of giving this information to you at a time when the police investigation may be ongoing. Whether we can identify the area and narrow it down, we will see what we can do in that regard. We will get back to you on that as soon as we can.

CHAIR: Minister, are you taking that on notice or are you just going to provide some further information?

Mr REYNOLDS: We will provide some further information.

CHAIR: To the committee or to the member herself?

Mr REYNOLDS: What is your time line in that regard?

CHAIR: Monday, the 17th.

Mr REYNOLDS: We will get that back to the committee by Monday, the 17th.

Mrs LIZ CUNNINGHAM: Minister, you mentioned earlier some of the behavioural challenges children in care can present. These behaviours can become at-risk behaviour to carers, particularly as children approach early adulthood. You touched on residential services to the south-east corner. Has the department invested any new funds for facilities which offer a more controlled environment outside of the south-east corner and, if so, what funds have been allocated and where are those facilities?

Mr REYNOLDS: If you look at the different types of alternative care placements, we have been able to do that across Queensland—that is, all over Queensland; there has been no bias whatsoever shown to the south-east corner. As you know, as a regional minister I am not going to be inclined to go down that track anyway, not that any minister should.

In relation to alternative care placements, as I indicated in a previous answer we have provided an extra $10 million into our third year. While over three years the blueprint showed 360 places, we have 374 places. Aligned with this are the major mental health and child safety therapeutic support teams that are being rolled out. They were rolled out in Townsville, on the Sunshine Coast and on the Gold Coast in the last year. They are now being expanded and will be located in Logan, Brisbane north and far-north Queensland in August 2006. It is proposed that teams for Brisbane south, Ipswich and central Queensland will commence in 2007-08. Disability Services Queensland will establish three further child safety behaviour support teams in Brisbane, Ipswich and central Queensland in July 2006. I have enjoyed saying 'central Queensland' a couple of times now.

Mrs LIZ CUNNINGHAM: But it is Rocky, I will bet you.

Mr REYNOLDS: The teams in Townsville, on the Sunshine Coast and on the Gold Coast have considered a high range of referrals. We believe that it is not only about providing the alternative care placements, whatever that may be, for these children and young people who have very high behavioural needs. We need to provide the placement and the supervision there. But for the first time we are providing therapeutic and behaviour support services through our partners, and our partners in that regard are Queensland Health, Education Queensland through our education support plans and also Disability Services Queensland.

The child health passports are important as well, and I have talked about that already today. I would add at this stage that quite often some of those children who come into our care have a range of behavioural traits and disabilities that do not get picked up by parents. They may not easily be picked up by foster-carers, either. That is why that original health assessment by a GP and other practitioners is so important, because then you can gear them towards the very important therapy teams that we have operating right across the state. We are establishing therapeutic residential services.

Mrs LIZ CUNNINGHAM: Placements for children have in the past not always been ideal. In some instances, as well as their own children some foster-carers have had five, six, seven and more children placed with them. This particularly occurs with Indigenous placements. Can you clarify budget allocations for 2006-07 to alleviate that pressure?

Mr REYNOLDS: As I have indicated in a previous answer, in terms of the provision of extra foster-carers and extra foster care services, we have in fact at the front end really made this 2006-07 budget a very, very good one to take up the concerns that you are raising. As at 31 March 2006 there

were 2,969 approved carer households in Queensland. This consisted of 1,665 foster-carers, 258 limited approved carers and 1,046 relative carers. On average, the number of children in out-of-home care per carer household as at 31 March was 2.5. We are intent upon trying to drive that down. One hundred and six of those 2,969 department funded carer households had six or more children or young people placed with them. I would add that there are a number of explanations for carers having this number of children placed in their care. Large groups of siblings may be placed together in line with the department's policy to make all attempts to co-locate siblings in the one placement.

Child service safety centres frequently experience a shortage of carers resulting in existing carers, especially those carers who are experienced, having more children placed with them. While recognising that this is not best practice, in these situations additional resources, such as respite arrangements, have been provided to support these carers.

In order to address the issue of the need for more placements as a result of the growth of children in care, my department has introduced a number of key strategies. In September 2005, we launched a statewide recruitment program to attract more carers, including Indigenous carers and carers from diverse cultural and linguistic backgrounds. The objectives were to raise community awareness of the role of foster care, to improve the profile of foster care and foster-carers, and to promote the state's critical need for additional foster-carers. We did that in a whole range of ways. Statewide and local recruitment strategies consisted of radio, television, magazine and newspaper advertising, as well as a distribution of posters and brochures.

Local niche marketing within the church and also with culturally and linguistically different communities was activated through the provision of grants to non-government partner organisations. A sum of $50,000 was provided to Lifeline Community Care on behalf of the Combined Churches Forum, and $50,000 was provided to the Ethnic Communities Council Queensland on behalf of the Multicultural Child Protection Working Group. So we are really scattering across there. We are working with our Aboriginal and Torres Strait Islander Child Protection Partnership in exactly the same way.

Mrs MENKENS: I refer to your earlier statement encouraging me to report accusations regarding nepotism to the CMC. Minister, the concerns I mentioned were from your staff survey statements, which I tabled, so I ask: did you or your department refer these concerns to the CMC?

Mr REYNOLDS: I do not think you heard the answer that I gave, or your adviser has not heard it properly. I indicated that I had read that report and I could not see in that report anything that would lead me to reporting that to the CMC. I am putting it back on you: if you want to highlight data that is 15 to 18 months old and you feel that there is a concern there, that is your obligation as a member of parliament.

I am indicating to you quite clearly, member for Burdekin, that I have actually gone back to this. This data is from early 2005. Let me reiterate the facts about the concerns that people had that they did not get particular staff positions. From the director-general down to the executive directors, to zonal directors, to directors, to managers of child safety service centres, to team leaders and to senior practitioners, those positions were thrown open to the market through a merit selection process. In that regard, every public servant who had a job and may have been disgruntled because they did not get a job and could put up a range of different reasons why they could get it had a legal ability to appeal under the Public Service Act. I have said this before: if any of the staff who did not receive a job felt that they had been dealt with in any way that was approaching official misconduct—and I have not heard of that on one occasion—they had the opportunity as well to report that to the CMC.

What I am indicating quite fairly and squarely to you today is that, as a department and as the Minister for Child Safety, I have not picked up any concern that would give me the obligation to report it to the CMC. If you want to go across open merit selection and suggest that there are some concerns, please feel very free to report it to the CMC, because I want to make sure that this government and this department are open, transparent and accountable. You know that. I think you appreciate that that is the way I do business as the Minister for Child Safety.

I think this does not do the opposition credit. The opposition is not showing any difference in policy here today but it is trying to go back into early data which we have worked on and are using as a base. Let us be very fair here. Bipartisanship in this area has gone after a commitment was made by your leader, Lawrence Springborg, to give it. That bipartisanship has been thrown out the window; you know it has been thrown out the window. I think it is to the great disbenefit of the most vulnerable children and young people in Queensland.

Mrs MENKENS:I refer to page 2 of the MPS regarding the new service delivery model for recognised entities to enhance their capacity to provide culturally appropriate services to Indigenous children and families. If a child is identified as having a sexually transmitted disease, is that matter automatically and immediately referred to the Queensland Police Service for investigation? Are you aware of any circumstances where such referral has not occurred?

Mr REYNOLDS: I would indicate to you, first of all, that under the Child Protection Act a staff member of the Department of Child Safety has an obligation to report that matter to the Queensland Police Service. I am aware of allegations that have been made where that may not have occurred in

certain instances. Those matters are presently being investigated by the Department of Child Safety in collaboration with the Commission for Children and Young People and Child Guardian and the Crime and Misconduct Commission. That is where they should be and that is where they are.

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

Ms STONE: I want to talk about privacy issues. Minister, do you agree with comments made by the Leader of the Opposition in relation to the confidentially provisions contained in the Child Protection Act 1999 that 'a veil of secrecy and anonymity surrounding the child safety department has become a smokescreen, a shield to cover incompetence'? I would like to hear your comments on that quote, Minister.

Mr REYNOLDS: I thank the member for Springwood because it gives me an opportunity once again to show the clear inauthenticity and lack of integrity at times in which the opposition works. It is important that we explore this issue because as minister I am determined not to let the Leader of the Opposition or anyone else use vulnerable children and young people as a political tool.

On some occasions, matters about a family with whom my department has been involved are published by the media. The Child Protection Act 1999 does not allow me or my department to release information clarifying the actions of departmental officers in a particular case, although general information about the steps taken may be provided. As a matter of logic, it is not possible to undertake a public discussion about departmental activities and actions of officers without citing details of the particular case at hand, which results in the risk of identifying the child at the centre of such actions. The confidentiality provisions are designed to protect children's privacy and to protect them from further harm that can be caused by public exposure of their very personal and often painful and traumatic experiences and circumstances. Children who are victims of child abuse and neglect are entitled to privacy and respect for their dignity and wellbeing.

The act operates under the principle that the welfare and best interests of the child are paramount. The Leader of the Opposition, Lawrence Springborg, may want us to publicly discuss the details of children and young people who have been abused, but can I say clearly and strongly today that, as Minister for Child Safety, my thoughts and those of my department must always be upon what is best for the children involved. Let us be very clear about this. This is not about protecting me, my department or the government; it is about protecting the children involved.

Since I have been minister, there have been countless occasions when baseless accusations have been levelled at my department in the media, and it would have been much easier for me and the department to correct those false stories. We do not do that because it could have a negative effect on the children we are supposed to be protecting.

As I have said on many occasions, any action taken under the act must predominantly serve the child's interests and all other considerations become secondary. Research indicates that it would be difficult to cite an example where there would not be negative, long-term consequences flowing from media publication that identifies a child. Identification of a child is likely to flow from media attention, particularly where unique details are reported.

The confidentiality provision in the act recognises the emotional trauma to a child—even many, many years later—of seeing or hearing themselves publicly identified as a child whose family has mistreated them. The confidentiality provisions in Queensland's act are heralded as national best practice, and Western Australia has modelled the provision in recent amendments to its child protection legislation on the Queensland model. I am proud of the fact that we put the interests of children first, and I will continue to defend the right to privacy of our clients, despite the fact that some people are happy to score cheap political points at the expense of our very vulnerable clients.

Ms STONE: I want to talk about some very special people in our community—that is, foster-carers. Foster-carers are vital to the child protection system. I would like to know how the government is supporting these dedicated foster-carers to care for children and ensuring that the needs of children in care are met.

Mr REYNOLDS: I thank the member for Springwood. Foster-carers are critical to my department's ability to provide a stable and caring environment for the children and young people in our care. As of 31 March, there were 2,969 very special and dedicated carer families caring for our most vulnerable children and young people. While 2,969 sounds like a significant number of carer families, there is always a need for more foster-carers. My department is committed to supporting current and potential carers by providing training to ensure that they are able to meet the needs of these children.

The development of the Quality Care: Foster Care Training package has been one of the key initiatives to arise from the CMC report and the blueprint for reform. The training package is mandatory for all approved foster-carers and consists of three stages: preservice training, standard training and advanced training. The advanced component of the Quality Care: Foster Care Training package was introduced in December 2005 and is designed to enable ongoing learning for carers as they continue in their role. Foster-carers are required to complete eight hours of advanced training every two years as

part of their renewal of approval. Advanced modules have been developed to enable flexible learning for carers in a number of different modes, including self-directed, one-on-one and group training. Online training is also available for carers who live in regional and remote areas or who are unable to attend group training. Currently, departmental and non-government foster and kinship care service staff are engaged in providing online training to carers across the state.

Learning resources are also being developed to support Indigenous and kinship-carers. The foster-carer recruitment project will continue to focus on establishing an increased and diverse pool of foster-carers, with a particular emphasis on attracting Aboriginal and Torres Strait Islander carers. The carers directory was launched statewide in November 2005 to provide staff with easy, accessible and accurate information on carers. A further $6 million has been allocated in 2006-07 for additional payments to foster-carers looking after children.

Our record of working with foster-carers and with Foster Care Queensland is a very good one. We have seen some excellent increases in the different foster care allowances brought in from 1 January 2004. The Queensland government is committed to ensuring that foster-carers receive foster care payments which better reflect the actual costs of caring for a child. As a result, a revised foster care payment structure is scheduled to be introduced in January 2007, which I believe will be warmly welcomed by foster-carers.

Mrs SMITH: Historically, foster-carers have been in very short supply. How are you ensuring that there are enough foster-carers? What is the net increase in foster-carers that your department has managed to achieve as a result of the recruitment campaign?

Mr REYNOLDS: Thank you for that excellent question. As you would be aware, I officially launched the foster-carer recruitment campaign in September 2005 with a very strong aim and objective to get an additional 500 foster-carers throughout the state. A multitiered strategy was developed, comprising state level activities, zonal and local activities and targeted activities. The strategy drew upon research on successful recruitment approaches which highlighted the role of existing foster-carers in the recruitment of new carers and that of local networks. A comprehensive suite of materials was developed, which included a separate range of materials designed to appeal to Aboriginal and Torres Strait Islander peoples. Further, a range of information resources is currently being developed, including a DVD and fact sheets.

Statewide, we have had an excellent media advertising campaign. We have had a lot of paid advertising as well as a lot of unpaid advertising. Foster-carers are seen out there as our unsung community heroes. When I was Minister for Emergency Services, I used to talk about firefighters, ambos and SES officers. Can I assure you that foster-carers are our unsung community carers and we love them. We think the work they do is absolutely fabulous. We need to give them all the support we can, and that is certainly my intent: to give them the support that we can.

I mentioned before the niche marketing that we have done with the Combined Churches Forum and the Ethnic Communities Council of Queensland. That is targeted in terms of those churchgoers and members of ethnic communities where there is a need to work there. I am pleased to advise that as of 31 March 2006 there were 2,969 approved carer families in Queensland. This is a net increase of 122 carers since the foster-carer recruitment campaign began in September. In addition, there are over 950 carers who have been attracted by the campaign and are moving through the various stages of assessment, training and approval. That is a fantastic result. It is one that I am extraordinarily proud of. I thank all of those people who have responded to our call for more carers and would remind anyone who is considering becoming a carer that we are always on the lookout for more caring and dedicated people to assist in caring for vulnerable children and young people.

In many ways, for those children who cannot return home quickly and who may have a long stay in alternative care, of whatever variety of alternative care it may be, there are families out there who are also trying to adopt. I would like to say to those families, while they have their names on the adoption list, try foster care as well because foster care can be enormously valuable to the family themselves.

Mrs SMITH: Foster-carers do a fantastic and invaluable job caring for children and young people. How is the department helping to meet the financial requirements of these dedicated men and women? Is it true that the department is not reimbursing carers for child related costs they have incurred?

Mr REYNOLDS: Thank you very much for the ability today to touch on a couple of important issues you have raised. I am pleased to be able to provide information on the continued support provided by the Beattie government to Queensland carers. It is second to none. After early 2007, it will be even better. Queensland carers do an outstanding job in caring and providing support for some of the most vulnerable children and young people in our society—children and young people who have been neglected or abused by their parents.

The provision of adequate financial support to carers is of vital importance to the delivery of quality child protection services. The government is committed to the effective financial support of Queensland carers. This was reflected in January 2006 when once again the fortnightly fostering allowance was increased by 2.5 per cent, in line with the current rate of the CPI. Further, the department

has undertaken the true costs of caring research project, which is currently in its final stages, and the completed report will be released in the coming months. This wide-ranging report will inform the future increases and structure of carer allowances. I think that is going to be a very exciting time for our carers.

Since this government came to office, the following increases have been provided to foster-carers: an increase in the fortnightly fostering allowance of 2.5 per cent for consumer price indexation introduced in January 2005 and again in January 2006; increasing from $200 to $375 the one-off establishment payment for all children and young people when they are placed with a carer for the first time; increasing the start-up allowance from $50 to $60; boosting the high support needs allowance from $120 to $144 per fortnight; and introducing a 10 per cent regional and/or remote loading for carers living in the far-north and west of the state.

The Queensland government is committed to ensuring that foster-carers receive foster care payments which better reflect the actual costs of caring for a child. Consistent with the blueprint, the government is finalising detailed modelling to examine the standard foster care allowance. The government is reviewing the scope to roll up some child related costs to ensure foster-carers receive these payments in a very timely manner. We have been working with Foster Care Queensland to try to ensure that the process and the time lines are the best we could make them. This procedure, we think, will refine that and it will be much better for carers. The revised foster-carer payment structure is scheduled to be introduced in January 2007.

Queensland carers are the backbone of the child protection system, and the government endeavours to do everything possible to ensure that carers receive adequate levels of allowance and child related costs.

CHAIR: Minister, as you have acknowledged publicly many times, your department relies significantly on the services and support of a number of non-government organisations around the state. Can you inform the committee how much funding has been provided to these groups in the 2006-07 financial year and what roles these organisations play?

Mr REYNOLDS: Thank you very much, Mr Chairman, and I will answer that question shortly. With your indulgence, could I go back to a question asked of me by the member for Gladstone. We have now checked in relation to question on notice No. 13 regarding fraud and theft. I have been advised that these matters are all currently before the courts, so I will not be able to advise you any further because of the sub judice rule in that regard.

Going back to your question, Mr Chairman, I thank you for the question. I am pleased to have the opportunity to acknowledge the valuable work undertaken by our non-government partners. The MPS shows that we are budgeting some $254 million under the category of grants and subsidies. This accounts for slightly more than 50 per cent of the department's budget. It includes a number of components: grants to non-government organisations, grants to other government providers such as Queensland Health and Disability Services Queensland, and foster care allowances and the reimbursement of special child related costs.

We are budgeting some $116 million in 2006-07 specifically for grants to community based agencies. You can compare that as part of our budget with the $65 million provided by the coalition for the whole of the department. These funds will be provided to non-government organisations to deliver a range of services for departmental clients. These include foster and kinship care services where our non-government partners recruit, train, assess and support foster- and kinship-carers to provide family based care for children and young people with moderate to high needs—specialist foster care services where specialised family based care and wraparound support is provided to children and young people with complex and/or extreme needs. We are leading Australia in that regard. It is great to have these extra places, these extra alternative care services, but those wraparound services provided by Health and Disability Services are integral to the wellbeing and the health of the child.

Other services include residential care services where young people, primarily 12- to 17-year-olds, are accommodated in small group care environments supervised and cared for by rostered paid staff; support and intervention services which work with children and young people in care and their families to provide a range of services from intensive family support and family reunification to specialist counselling and sexual abuse counselling; and Indigenous recognised entity services which provide community based cultural information and advice to the department at all key decision-making points with the statutory process and also support Indigenous children, young people and families during that process.

Peak bodies and representative networks are funded to enhance the capacity of the child protection non-government sector. These include our very valuable partners of PeakCare Queensland, Foster Care Queensland and the Create Foundation. The budget provides an increase of nearly $39 million in funding for non-government agencies in 2006-07. I look forward to having a collaborative and cooperative relationship with our non-government partners in the years to come.

CHAIR: We have time for one more question in the very important area of adoption initiatives. The reopening of the adoption registers has been very well received. Can you inform the committee how many couples your department has assisted through adoption and, further, what the targets for assessments are for 2006-07?

Mr REYNOLDS: The adoption registers were opened on Monday, 3 July and will stay open for 12 months. Calling for expressions of interest from Queensland couples interested in adopting a child is definitely one of my favourite responsibilities as child safety minister, because it is about making families. I am delighted that I have been able to reopen the adoption registers because more couples will now be able to move closer to their dream of parenthood, which is a wonderful opportunity for those Queenslanders who want to start a family or add to their current family.

There are many couples in Queensland considering adoption as the best way for them to support a child in need, to form a family and to provide a loving home. The worldwide trend is that there are many more couples wishing to adopt than there are children who require adoptive placements. Queensland's adoption registers were last opened for two months in late 2004, and 587 couples expressed interest in the intercountry program and 248 couples expressed interest in the Queensland general children's adoption program.

All 587 couples who applied through the intercountry adoption program who still wish to proceed to assessment have been invited by my department to progress their applications. Of the 248 couples who applied in late 2004 to adopt a Queensland child, 76 couples are still to be invited to commence the process.

Adoption in the 21st century is about finding families for children who, for one reason or another, are not able to live with their families of birth. This includes finding families for the small number of children born in Queensland each year who require an adoptive placement and children from overseas countries unable to be placed with families in their own countries. I want to place on record my respect for each of these countries that has an adoption program with Queensland. I recognise that it is an enormous honour to be asked to find loving families for overseas born children.

Queensland has a responsibility to ensure that a sufficient number of files of approved prospective adoptive parents are available at any given time to meet the placement needs of children requiring adoptive families. In the last two years a total of 158 assessments of prospective adoptive parents have been undertaken by my department's Intercountry Adoption Unit and 85 assessments have been undertaken by the Local and Post Adoption Services Unit. This next coming year it is proposed that 45 assessments will be undertaken by the local program and 100 assessments by the Intercountry Adoption Unit. The adoption process is a collaborative partnership between couples and the department. The time limit for the process may vary for a range of reasons, one of which may be the emergence of complex family issues which require further assessment.

At any point in the process a couple may choose to postpone or withdraw their application. When I launched these about two weeks ago in Townsville, the people there were ecstatic that they were being reopened. When I went to the first education session on Monday of last week, we saw 200 or 300 people who had exactly the same feeling about adoption. We love to work with couples who want to adopt and we are doing our very best for them.

CHAIR: Thank you very much, Minister. The time allotted for the consideration of the estimates for the Minister for Child Safety has expired. I want to thank you, Minister, your ministerial staff and your portfolio officers for your attendance and assistance today. For the information of those attending, the hearing transcript for this portfolio will be available on the parliament's web site in approximately two hours. The committee will now suspend the hearing and resume at 3.50 pm. The next portfolio to be examined will be Police and Corrective Services.

Mr REYNOLDS: Thank you, Mr Chairman. I want to thank my departmental staff and my advisers for the excellent work they continue to do. I also thank you very much for the way in which you have conducted this estimates program today.

Proceedings suspended from 3.31 pm to 3.51 pm.

ESTIMATES COMMITTEE B—POLICE AND CORRECTIVE SERVICES

In Attendance

Hon. J Spence, Minister for Police and Corrective Services

Mr S Tutt, Senior Policy Advisor (Police)

Corrective Services

Mr F Rockett, Director-General

Mr N Whittaker, Deputy Director-General, General Strategic and Corporate Services

Ms B Story, Executive Director, Ministerial and Executive Services

Ms T Crosby, Manager, Department of Liaison and Estimates

Mr J Mullen, Executive Director, Custodial Operations

Mr M Airton, Executive Director, Offender Assessment and Services

Queensland Police Service

Mr B Atkinson, Commissioner of Police

Mr B Moy, Director, Office of the Commissioner

Mr P Brown, Acting Deputy Chief Executive (Resource Management)

Mr D Conder, Deputy Commissioner and Deputy Chief Executive (Operations)

CHAIR: The Estimates Committee B hearing is now resumed. I welcome the Minister for Police and Corrective Services, the Hon. Judy Spence, public officials and members of the public who are in attendance today. I remind members of the committee and the minister that the time limit for questions is one minute and that answers are to be no longer than three minutes. A 15-second warning will be given at the expiration of those time limits. An extension of time may be given with the consent of the questioner.

Standing orders require that at least half of the time is to be allocated to the non-government members. I ask departmental witness to identify themselves before they answer a question so that *Hansard* can record the information in their transcript and continue to identify yourselves as *Hansard* reporters can change during the course of proceedings.

In the event that those attending today are not aware, I should point out that the proceedings are similar to parliament to the extent that the public cannot participate in the proceedings. In that regard, I remind members of the public that, in accordance with standing order 206, strangers—that is the public—may be admitted to or excluded from the committee at the pleasure of the committee. I also ask that all mobile phones and pagers be switched off at this time.

I declare the proposed expenditure for the portfolio of the Minister for Police and Corrective Services open for examination. The committee will begin by examining estimates for the Department of Corrective Services. The question before the chair is—

That the proposed expenditure be agreed to.

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

Ms SPENCE: Yes, I would, thank you. This year's budget is another great result for community safety in Queensland. It is funding the basics for our police—more officers, new technology, road safety—and is putting the focus back on first response front-line general duties policing. For Corrective Services it is a budget that is continuing to redevelop our top-class prison facilities and will achieve the biggest overhaul to parole and probation in 15 years. First, I would like to outline this budget's impact on police.

The budget will fund 350 new sworn police officer positions this financial year. Last year for the first time we funded a 50-officer relief pool. These officers will come online in October this year. This year's budget will also fund another 50 officers to bring that pool to 100. This should help fill many of the vacancies that exist when officers take leave and are working part-time. In this budget we are doubling our commitment to the people of Queensland. We are committed to maintaining the police-to-population ratio at or above the national average. If we did the sums, we would have to put on 170 extra police. Frankly, I do not want us to do that; I want us to do better than that so we are doubling it. This increase in police number is more than any other government in the history of Queensland. Last year we achieved a statewide police-to-population ratio of one officer to 438 people. This is better than the national average of one to 440. Under the Liberal and National Party coalition it was one to 507 people in 1998.

This budget will also give police the latest equipment to respond to emergencies and terrorist related incidents. Earlier today I announced that we are spending more than $2 million to fund equipment such as a heavily armoured purpose-built vehicle for the Special Emergency Response Team, which will be a Queensland first; four command and control vehicles, which will operate as mobile police stations; portable communications kits for officers in Queensland; and an upgrade of the police operations centre at headquarters. We will also spend almost $40 million this financial year to roll out and expand QPRIME, a new computer data system which will give police the ability to critically share information instantly. QPRIME will bring 232 different police computer databases into one. It will bring 17 years of crime data into one system. Together with QPRIME, we are putting an extra $154.5 million into a public safety network, and this will bring together all of the existing data networks of Police, Justice, Emergency Services and Corrective Services into a single upgraded network so that these agencies can exchange information quickly and securely.

This government is proud of its record of no escapes from secure custody, and this budget will continue to improve the security and good order of the state's correctional centres. A central plank to this year's law and order budget is a new parole and probation service which will be the biggest overall of Queensland's community corrections system for more than 15 years. We are spending $57.5 million to deliver this service of court ordered parole. We will deliver tough new supervision and surveillance. For the first time in Australia we will employ intelligence officers who will work with a team of 16 additional surveillance officers funded in this budget to monitor those offenders who pose the greatest risk of reoffending.

This budget will also continue to fund the expansion and redevelopment program of Queensland's prisons to accommodate growing prisoner numbers. Last year I announced plans to upgrade and redevelop Townsville women's, Arthur Gorrie, Sir David Longland and Townsville men's correctional centres. This year's budget will provide a further $207 million to continue this work. I invite all members to inspect a 3D model of the new Townsville male and female correctional centres, which is currently on display in the foyer area of the Parliamentary Annexe building. Videoconferencing will also be introduced in this year's budget.

This budget is a budget that puts community safety first and will help continue to reduce crime in Queensland. I would like now to introduce the committee at the table here with me. On my right is Director-General Frank Rockett. Next to Frank is Executive Director of Ministerial and Executive Services, Bronwyn Story. Next to Bronwyn is the Deputy Director, General Strategic and Corporate Services, Neil Whittaker. On my left is Manager, Department Liaison and Estimates, Tracey Crosby and next to Tracey is the Executive Director of Custodial Operations, Mr Jim Mullen.

CHAIR: The first block of questions will be from non-government members. I take this opportunity to welcome the honourable member for Gregory, who has joined the committee as a guest. You might like to seek leave to participate in the hearings.

Leave granted.

Mr JOHNSON: Thank you to the committee for allowing me to be able to participate in Estimates Committee B this afternoon in relation to the Corrective Services and Police estimates. I refer the minister to output statements for facility based containment services on page 3-13 of the MPS. Can you explain the decrease of over $15 million in budget expenditure for 2006-07 as compared with the 2005-06 estimated actual expenditure?

Ms SPENCE: Could you tell me what the MPS number was again?

Mr JOHNSON: MPS page 3-13.

Ms SPENCE: Do you mind repeating that whole question?

Mr JOHNSON: I refer you to the output statement for facility based containment services on page 3-13 of the MPS. Can you explain the decrease of over $15 million in budget expenditure for 2006-07 compared with the 2005-06 estimated actual expenditure?

Ms SPENCE: This is quite a technical accounting question. I might refer to our accountant, Mr Neil Whittaker, to explain that one.

Mr Whittaker: There are a number of adjustments that lead to that difference. I am assuming you mean the difference between $319.9 million and $304.5 million?

Mr JOHNSON: That is true.

Mr Whittaker: The biggest single amount there is $12.9 million, which is a write-down of the value of buildings that are being demolished at Sir David Longland Correctional Centre to allow for the significant expansion of that centre. We are knocking down the old B block at Sir David Longland, which had 84 beds, and we are replacing it with a new 300-bed unit. In addition, there are a number of other adjustments that can be made in relation to that. For instance, there are some increases in relation to enterprise bargaining of some $3.5 million. There is an increase of some $2.6 million on account of the new contract in relation to the Borallon Correctional Centre. There is an increase of about $0.6 million on account of prisoner health services. There is an increase of about $0.7 million in relation to the

implementation of additional court videoconferencing facilities and there is an additional increase of about $5.1 million on account of the extra beds that are being commissioned at Woodford, Brisbane women's and Maryborough correctional centres. That is offset by some $3.3 million that will not be required to operate Sir David Longland this financial year because it is not operating, some $2.8 million that was allowed for additional commissioning of beds at Maryborough and Woodford that will not be required, $0.9 million that has been reallocated from Corrections to the Department of Justice and Attorney-General to fund the operation of the IJIS system and an adjustment to the amount of funding this year for backlog maintenance—a negative adjustment of about $1.6 million. In addition, there is $0.5 million on depreciation. That all adds up to the $15 million you were talking to. There are both pluses and minuses.

Mr JOHNSON: I refer to the non-current asset listing in the department's financial statements on page 2-35 of the MPS. I also refer to your answer to question on notice No. 1058 received on 10 July 2006. I note that the value of the 110 assets written down by the Department of Corrective Services in 2005-06 was $12.5 million in my earlier question. I asked for that description of those items and the reason for the write-offs and I note that this has not been provided. I ask again: will you provide this information?

Ms SPENCE: We can provide that information. I am surprised that we did not provide it. We will endeavour to get that to you before the end of the session.

Mr JOHNSON: Thank you, Minister. Going back to the last question again, you made mention about the closure of SDL for the current time. Would the write-down in the value of the buildings to be demolished not be a reduction in asset value rather than a decrease in the expenditure?

Ms SPENCE: This is an issue of how it is presented in the MPS. I might refer to Neil Whittaker for that one.

Mr Whittaker: The actual assets are written off and brought to the account as an expense which results in an operating deficit for the department of that $13 million which is at the bottom of that table that you are referring to. The assets are actually written down and through an accounting treatment brought to the account as an expense. With double entry accounting that is the other side of the account. The asset register is reduced by the $12 million odd and expenses are recognised for the same amount. There are two sides to the transaction.

Ms SPENCE: I am always pleased when I ask the departmental officers those accounting type questions.

Mr JOHNSON: Perhaps in question time in parliament you could bring some of these people with you. I am only joking with you. I refer to the establishment of the new probation and parole service outlined in the MPS on page 3-3. How many of the proposed additional 76 full-time positions for the service will be filled in 2006-07?

Ms SPENCE: We are very confident that we can fill all of those positions before 1 July next year. We have already started filling some of those positions with the knowledge that we were going to get this money in the budget. Advertising has been undertaken for many of them.

One of the features of the 76 positions that I would like to talk about today is that for the first time we will really be able to have people specialising in our community corrections office instead of having to undertake all the responsibilities of surveillance, program delivery et cetera. We will be able to target particular individuals to provide surveillance activities and other individuals to look at compliance. We will have a special team of people going out doing the random home and workplace checks while other people will stay in the office more and do the supervision of offenders when they come in, talk to them and thus ensure that they are fulfilling their parole obligations.

Mr JOHNSON: Will the new probation and parole service operate from existing community correction offices or will additional accommodation be required in some areas?

Ms SPENCE: Our review of our community corrections operations has identified that most of the offices can take the extra staff although we have some money set aside in the budget for the upgrade of many of the offices. For example, in this year's capital works budget we have set aside $3.842 million for office upgrades. For example, we will be spending $322,000 on a fitout of new premises for the Emerald office, $807,000 for the Brisbane west area office and $544,000 for a fitout of the new premises at Caboolture. Beenleigh, Logan, Brisbane south, Pine Rivers, Mount Isa, Thursday Island and far-north Queensland remote offices are currently being rolled out and upgraded.

We are also looking at a new office in Townsville. We are establishing a new office in the Mount Gravatt region. Some $640,000 will be spent on new premises for the Brisbane south area. We have an extensive program of office upgrades as part of rolling out the new service and delivering all these new staff members.

Mr JOHNSON: Can you provide details of the type of training programs that will be provided to staff appointed to the new probation and parole service?

Ms SPENCE: I might ask the director-general to talk about that new program because he was instrumental in designing it. He might be the best to talk it.

Mr Rocket: A special project team has been established and in place for some six months. That project team is responsible for the design of a new model for probation and parole which will see specialisation in induction and assessment, case management, surveillance and intelligence and program and services delivery. The training and development has already begun for staff involved with the trial sites across the state in the first phase. In fact, the training has been occurring probably for about the last six weeks. The trial sites will be Southport, Burleigh, Brisbane Central and Brisbane north as well as Townsville, Mount Isa and the lower gulf.

The specialised training that people will be provided with—that is, they are moving from a generalist role of being a community corrections officer where they were all things to everybody; they did all of the roles—will focus particularly on the new specialist roles of assessment and induction, case management, which has always been there, and surveillance and intelligence. Our training and development centre runs a certificate III in intelligence training which we deliver with the Queensland Police Service as the registered training authority. Those people who will become the intelligence officers for probation and parole will also go through that training at the training and development centre.

We will also be recruiting new people to the Department of Corrective Services. They will have to have the prerequisite qualifications to be able to do that job. To undertake case management, for example, you want to have a degree qualification in criminal justice or those types of things. To become a surveillance or compliance officer you may need lesser qualifications. Anybody who joins the probation and parole service will have to undertake a compulsory four-week induction program which is run at the training and development centre which is based in Wacol.

Ms SPENCE: What we have in the community corrections office up to now is people who generally have social work or psychology degrees although we have been starting to recruit people with diplomas of justice to change the mix a bit. That has been seen very positively.

Mr JOHNSON: I refer you to page 3-16 of the MPS where it reports as a recent achievement that the department is progressing the establishment of an interagency group to develop a consistent approach to the management and accommodation of sex offenders who are subject to the department's supervision. How far has that interagency group progressed? Can you outline the kinds of proposals under consideration?

Ms SPENCE: What we have at the moment is a group that meets concerning the Dangerous Prisoners (Sexual Offenders) Act. That is a group made up of people from corrections and Attorney-Generals. They sit down on a very regular basis and look at the sex offenders who are finishing their jail time and see whether they are likely to present a risk to the community. If they are we then make a submission to the Attorney-General to ask the court to keep them in prison longer or give them orders under community corrections. That is one group.

The other group is a group that works together under the transition program. That is made up of people from Corrective Services and the Department of Housing. They basically case manage every prisoner in terms of housing options when they leave prison. Obviously we know that you get better outcomes if people are housed.

We have another group called the department's transitions release preparation program which includes people from the department of employment. They will look at case managing prisoners who are going to need assistance obtaining employment once they are released. There are a number of interdepartmental committees formed already to consider the management and accommodation of prisoners in the community. We have a number of government agencies looking at these issues.

Mr JOHNSON: Is that ongoing?

Ms SPENCE: Yes.

Mr JOHNSON: What percentage of sex offenders who are incarcerated in Queensland prisons are undergoing the rehabilitation programs?

Ms SPENCE: The bottom line is that we have put a lot more money into sex offender programs. Last year at the mid-year budget review we were given an additional $5.9 million to put into sex offender programs. This has enabled us to really professionalise the program and hire a lot of new staff. We now have a sexual offenders program unit which is made up of 43 professional officers who are located throughout the state. The department has put a lot of money into training these officers who are generally psychologists and social workers, professional people, who have to be trained in how to deliver sex offender programs.

We also bring in a lot of experts from overseas to train our officers. I have spoken to some of these experts myself, particularly the Canadian people, who come out and train our officers. It is about the number of programs you run; it is about the quality of the trainer. You can run program after program but if your trainers are no good you can actually get negative outcomes and not positive outcomes. That is well researched. That is why we have put a lot of money into training 43 good trainers to work in the

prisons and in community corrections throughout the state. With this new money it will mean that every offender who is eligible will have access to a program in the future. I think that is really what you are concerned about; that everyone has access to a program.

Mr JOHNSON: What percentage of prisoners are undergoing these programs. Are they all participating in the programs or are some objecting to the programs?

Ms SPENCE: Here are some figures for you. Sexual offenders are obviously referred to programs based on comprehensive assessments of their risk of reoffending, the treatment targets and any obstacles. As of June 2006 we have conducted assessments of 350 out of 834 sexual offenders in custody. Some 140 sexual offending program completions have been delivered in the past financial year compared to 87 in the year before. So this money that we were given last December is starting to kick in. We have currently got programs running at Wolston, Palen Creek, Townsville, Capricornia, Lotus Glen, with a further 82 prisoners participating in them.

All eligible sex offenders will have access to a program prior to release. Of the sexual offenders otherwise eligible to participate in treatment only 14 refused. That is a very small number. I think it is a direct result of the extensive effort by this new unit to encourage offenders to participate in programs. For the first time sexual offenders who categorically deny they are offending are not automatically excluded from treatment; they are put on a different preparatory program before they are allowed in. For some offenders participation in a program is not appropriate—that is, if people are acutely psychotic or if they have a current diagnosis of a mental illness.

We are still working with Her Majesty's Prison Service in the United Kingdom. We are trying to buy from it, because it has the world's expert program, programs to be delivered to people with lower levels of cognitive functioning. We have not been offering programs to people with very low IQs in the past, and that is why we are trying to buy this program from the United Kingdom to offer that group. So really for the first time we are absolutely able to get to every prisoner and offer them a program. I think that answered your question.

Mr JOHNSON: Yes. Thanks, Minister.

CHAIR: That concludes our first block of non-government member questions. Minister, I note that in your opening remarks you referred to escapes from secure custody. I also note that page 3-8 of the MPS discusses escapes from secured facilities. I was wondering if you could inform the committee of any trends in escapes from both open and secure custody over the last 10 years.

Ms SPENCE: Yes, I can report that there have been no escapes from secure custody again this year. In fact, there have been no escapes from secure custody since the Beattie government was elected in 1998. By way of comparison, the year before we were elected—1997—there were 13 escapes from secure custody from prisons in Queensland while former Minister Russell Cooper was in charge of it. The department has undertaken a lot. The government has done a lot—

Mr JOHNSON: He fixed the problem though.

Ms SPENCE: He did not.

Mr JOHNSON: He did so, Minister, and you know it.

Ms SPENCE: He let 13 of them out. The government has done a lot to make our prisons secure over the last eight years. We are spending an enormous amount of money on making our prisons secure, and this year alone we are spending just under $6 million on perimeter upgrades—that is, upgrades on prisons like Woodford, which is a new prison, just to upgrade the electronics in the perimeter. This is a costly exercise but of course we do not begrudge it as a vital exercise.

Mr Johnson interjected.

CHAIR: Member for Gregory, we like to have a happy hearing, but this is our time for questions. Thank you.

Ms SPENCE: You can ask me about that one if you want to. We have of course had absconds from open custody and community custody. These are facilities that do not have walls. Where people can walk off farms and community facilities, there have been a number of absconds. But I am very pleased to say that the abscond rate has also gone down. In fact, I have just been passed a chart. The escape rate is the red on this graph lying on zero for the eight years of the Beattie government. The abscond rate, which was very high in 1997 before we were elected, has gone down considerably over this eight-year period. So that just means that we are managing people better on prison farms and out there in the community. So really we have a very good story to tell in terms of those particular rates.

CHAIR: Minister, I would appreciate it if you would table that chart for the benefit of the committee.

Ms SPENCE: I would like to table that chart for the benefit of the committee.

Leave granted.

Ms SPENCE: I am very happy to do that.

CHAIR: Thank you.

Ms CROFT: Minister, I refer to page 3-2 that discusses the review of the Corrective Services Act. Can you please tell the committee how the department is working to implement the changes and also to inform staff of their new responsibilities as a result of the review of the legislation?

Ms SPENCE: I thank the member for the question—an excellent question—given that we were part of the discussion about this corrective services legislation just a month or so ago. It is all very well for us to stand in parliament and debate and pass new legislation, but it is then a challenge for departments to rollout that new legislation. The corrective services legislation will commence in late August. The department has been very busy training staff in custodial centres and also in our new probation and parole offices so that they are aware of the changes. Trainers with operational expertise as well as experts in offender assessment are delivering the training program in correctional facilities. Trainers will spend four days at each correctional centre delivering training to correctional officers, probation and parole officers, and program and sentence management staff. Probation and parole staff will attend training with their custodial colleagues in correctional centres around the state to ensure that probation and parole officers who are located in regional areas have access to training. Sessions are being facilitated at probation offices in Mount Isa and Mackay as well.

A dedicated help desk is being set up, and this will allow staff to ring up about queries that they might have with the legislation. The help desk provides a direct telephone link to staff and also to stakeholders who might have some questions. As well, I am in the process of finalising the membership of the new parole boards. I have said to existing Parole Board members that when I appoint new Parole Board members existing members who wish to remain as part of the Parole Board will be given priority. Many Parole Board members have said that they want to continue with this work. As well, we have put out a lot of comprehensive information to stakeholders—electronically and through the mail—to make sure that stakeholders such as the Catholic Prison Ministry et cetera are well aware of the changes in the new legislation. Finally, the message is also being sent to prisoners. The days of having their sentence shortened by remission are gone. Prisoners will be informed that they will be serving in future their full sentence either behind bars or supervised in the community.

Ms STONE: Good afternoon, Minister. I refer to page 3-30 regarding the construction of a new 150-bed women's correctional centre on the existing Townsville Correctional Centre site. What is planned and what are the benefits of this new prison?

Ms SPENCE: I thank the member for Springwood for the question because I know that she takes an interest in the issues of women prisoners and has visited the Brisbane Women's prison. As I said in my opening statement, we do have a 3D model of the new Townsville centre in the Annexe. I would encourage people to go and have a look at that, because not only will this new centre benefit female prisoners but it will also benefit male prisoners because at the moment the centre is accommodating 93 female prisoners in 75 cells. Those cells will become part of the male prison when the female prison is completed, so we will be able to expand the male prison as well.

But as far as the women's prison is concerned, it is going to not only alleviate the overcrowding that currently exists in Townsville women's but also provide a state-of-the-art facility for them. They will have 64 cell beds and 90 residential style beds. It will have a secure perimeter and gatehouse and its own admin building. It will have its own visits building, its own medical unit, its own stores building and its own prisoner processing area. We will have a central kitchen and staff lunch area, a programs and educations area, staff office areas, recreational areas including covered sports hall, and three industry shops. So for women it will mean that they will have better educational and training programs in the future. They will have more access to jobs in the prison than they currently have. They will no longer have to make their way through a male facility to access some of those services. It will be a much better model for both women and of course that expansion for the Townsville men's prison when it is completed.

The total project cost of the work is $130 million and the current scheduled date for completion of the building work is April 2008. We have heard a lot about the growth in prisoner population. Sadly, we are seeing a growth in the women's prisoner population. You have heard me talk about the need to look for land and buy land for this expanding population. We are expecting that the next prison we build in the south-east corner will likely be a women's prison as well, sadly. But I think it is a responsible government that starts planning for the future because we are going to experience that growth.

Mrs SMITH: Minister, earlier your director-general gave us an overview of the new model for the Probation and Parole Service. Can you further expand on how the service will work and how it is different from the current model?

Ms SPENCE: One of the things that the new Probation and Parole Service will do is that it will focus much more on supervision and surveillance than the service that we currently have. It will also provide stronger links with the courts and the judiciary. As well, it will provide a new structure for the delivery of offender rehabilitation programs. This year's budget is providing us with more funds to employ more staff but also to change the existing system so that we can get some better outcomes. Staff in the future will have the opportunity to specialise in induction and assessment or in offender

management, offender intervention, in compliance and surveillance. They will provide court assessments, pre-sentence reports for courts, home assessments for parole boards and advice on offender management plans.

Offender management staff will look after case management functions. They will also assess the risk of offenders and make recommendations so that offenders with the highest risk will be supervised by the most experienced staff. They will also develop case plans for offenders which could include attendance at specific programs such as drug rehabilitation, cognitive skills and sex offender relapse prevention. They will provide individual counselling and treatment. These plans could also see a restriction on movements for some offenders. The plans could include payments of restitution or routine drug testing. Offender intervention staff will run the rehabilitation programs from new program hubs and compliance and surveillance officers will focus on ensuring offenders are doing what they are supposed to do to comply with their parole or community orders.

Compliance staff will be responsible for the preparation of court briefs and associated documents following the contraventions of court orders. They will provide random surveillance of offenders and make it clear to offenders that they will constantly be scrutinised while on community based orders. I finally want to talk about the fact that we are rolling out this service for the first time ever in Cape York, in the lower strait and the Torres Strait. We have recruited new staff already to work in Doomadgee, Mornington Island, Normanton and Thursday Island. This will be the first time that those communities have had permanent community corrections officers ever living and working in those communities. Hopefully it will give more confidence to the courts up in those parts of the world to sentence people to community based orders knowing that we have parole and probation officers on the ground living in those communities who can actually supervise those court orders. In the past perhaps those people have got prison sentences because the magistrates have known that there was no good supervision in their communities. So it just might work in diverting some Indigenous people from the prison system.

CHAIR: Minister, a couple of moments ago you mentioned that you were looking for an alternative site for a new prison in south-east Queensland, and I note page 3-10 of the MPS refers to a prison that might accommodate up to 4,000 prisoners. Can you inform the committee how this is proceeding and what are the plans for the site?

Ms SPENCE: We have been working in conjunction with the department of local government and also the Office of Urban Management to advance the search for this site. All councils in south-east Queensland were contacted and those that expressed an interest have been provided with further information. They have also been provided with an overview by departmental officers. In fact, Mr Neil Whittaker and other officers have gone out personally and spoken to those councils. Four councils have received this presentation and negotiations are continuing. The councils are Warwick, Caloundra, Kilcoy and Gatton. Just because they have received the presentation does not mean that they are necessarily expressing an interest, but they have received a presentation.

We have also had expressions of interest from other councils around Queensland—for example, Maryborough. The member for Maryborough and the council up there have suggested that we could choose Maryborough again as the location for the new prison precinct because they are quite satisfied now that they have had a prison in their town that it is quite beneficial for the local community. For example, Mareeba, which has Lotus Glen Correctional Centre in far-north Queensland, has expressed an interest in having a new prison in their locality. I think that just shows you that these regional centres which might have been reluctant to have prisons established there are now very positive about the idea of having a prison in their locality.

Obviously, Lotus Glen and Maryborough are too far away from what we would like to see as a new centre in the south-east Queensland area, but I am very positive that we will have some land identified in the near future. As I said before, we are looking for 600 hectares. Ultimately, we will be planning for a 4,000-bed prison, but it will not be one prison on that site; it will be more likely four or five different prisons—a women's prison, maybe a hospice—for the future. But they will all be on the same campus with a secure perimeter. So we might have a residential-only style prison there, but we will have a secure perimeter.

We know from the time we buy land and start planning for a prison that it takes about six years to commission a prison. I am unlikely to be the minister in six years' time. Who knows who is going to be in government, but I think any responsible government today has to start this planning for the future. This is for six or 10 years into the future. It is important today that at least we start securing the site.

Mrs SMITH: I refer to the establishment of the Sexual Offenders Program Unit. What has this unit done and how will it help reduce recidivism in child sex offenders?

Ms SPENCE: As I said before, the new Sexual Offenders Program Unit has received a lot of additional funds. With those funds we have been able to put a focus on training the 42 staff we have working in that unit. We have brought overseas experts to Queensland to train them. We have very good ongoing partnerships with places such as Britain and Canada in particular. These are the countries that are seen to lead the world in their sexual offending programs. We have also expanded the type of prisoner we can now offer these programs to so that anyone in the future who is sent to prison for sexual offending can be offered some sort of program to address their offending.

We heard before that about 14 people have refused. We never want to get to the stage where we force those people into a program, because they are just going to be disruptive in those programs. Last month I took the opportunity of going to Wolston prison. Wolston prison has mostly sex offenders. I sat down in a program with about 10 men. Their program is going to last nine months. It is very intensive. It is six hours a week—two three-hour sessions a week. They were halfway through their nine-month program. They were fine. Each one of them talked to me about the crimes that they committed, which were very serious, heinous crimes. They talked to me about what they believed was part of their personality, background and make-up that led them to commit those crimes. They are only halfway through their program but I suspected that a lot of them were starting to do that self-analysis that we would want people who have committed crimes to do. That is probably the first step towards addressing their offending behaviour in the future. I do not believe that just because someone does a sexual offending program we can cure them. We have a long way to go before we reach that point. But I was very positive about the fact that these men, who had done some dreadful things, were at least starting to address the fact that they had committed dreadful crimes and looking at the reasons for that.

CHAIR: We might have another block of non-government questions at this time.

Mr JOHNSON: I refer to the recent media reports regarding mechanical problems with perimeter patrol vehicles. Are the mechanical problems the reason the vehicles are not able to undertake ongoing perimeter patrol work?

Ms SPENCE: The answer is no. That is not true at all. There have been allegations regarding the use of what we now call protective response vehicles. They have changed from PPVs to PRVs. There have been allegations about doors falling off—I saw that in the *Sunday Mail*—that the change in procedure was in response to budget cuts and that community safety has been compromised by the change.

There have been no reports that the doors to the PRVs are falling off. That is a fanciful notion. As expected by Q-Fleet, though, some of the back doors have dropped slightly due to the weight of the armour plating in the doors. This has been factored into the fleet maintenance program which identifies and rectifies any faults or maintenance requirements to the vehicles. The PRV at Lotus Glen last year sustained some chassis damage shortly after its initial deployment. However, the repairer identified this as being caused by human error in relation to the driving conditions at that particular centre. More recently, the PRV at Woodford sustained damage to both the left and right tie rods. A report from the Holden repair company indicated that, once again, this damage had been caused through human error rather than a defect in the vehicle. So the fact that we have redeployed the use of these vehicles has nothing to do with the maintenance of them.

We have negotiated with the union the fact that the vehicles should not be driven 24/7. They were not being driven 24 hours, seven days a week in all of our prisons; they were being driven in that fashion in only three of the prisons. Best practice would say that it is better to have these vehicles patrolling in a random way rather than just out there driving around and around the centre. So we have introduced the changes to the way the vehicles are used because it is best practice, not because we are making any staff savings. Those two officers who are sitting in the vehicles are still going to be there on the shift but for some of their shift they will be working in the gatehouse very close to the vehicle rather than just sitting in the vehicle continually patrolling 24 hours, seven days a week. We believe that this will improve and enhance the security of our perimeters rather than detract them from.

I am disappointed that some members of the union have gone out with this scare campaign to say that our perimeters are going to be less secure in the future because the vehicles are not being driven around 24/7, because that is simply not the case.

Mr JOHNSON: I refer also to the escapes from custody and note your comments regarding the government's record in that respect. I am talking about what happened a couple of weeks back. Unfortunately, the Police Service cannot say the same. I will deal more with that in the Police estimates. Do you not think that it is about time you looked at the issue of Corrective Services providing protection in watch-houses rather than sworn police officers doing that work?

Ms SPENCE: It is an issue. I think the corrections department would be well equipped to undertake those duties, but I think in the main police officers also do a very good job. The correctional officers do a lot of prisoner supervision, for example, in magistrates buildings throughout the state. They escort prisoners to and from courts. So they do perform a lot of the work of escorting adult offenders.

I guess this is more a Police related question. We have been civilianising many of the positions in the watch-houses. The reality is that many of the watch-houses in Queensland are in more remote parts of the state where we do not necessarily have corrections officers but where police officers who are multiskilled can perform that task as well as a variety of other tasks. I think that we would have to look very carefully if we were going to go down the path of removing police from those duties. For example, you can have two police in the watch-house who can call on additional police from the police station next door if the need arises.

Mr JOHNSON: That is if you have any police there.

Ms SPENCE: This is the thinking behind having the watch-houses attached to the police stations—that you always have this body of police in the police station who can be called on if there are additional requirements in the watch-houses. So there are a lot of good reasons why we would continue to have police officers staff our watch-houses. I am happy to talk more about the Maroochydore incident in the Police part of the portfolio. I am sure the Commissioner of Police is happy to address that issue as well.

Mr JOHNSON: I refer to the capital acquisition statement on page 3-31 of the MPS. Last year I raised with you the fact that a number of community corrections area offices still lacked the capacity to undertake drug testing on site. You mentioned in answer to a question that I asked earlier today that you were upgrading those regional offices. I think you named about eight around the state. Is this facility going to be available in those upgrades?

Ms SPENCE: As part of the upgrades of all of those area offices—and I think I tabled them all—they will all be able to provide that service as part of the upgrade. It is a rolling program. I will table the department's write-downs from Corrective Services over the last 12 months. Really, the bulk of the write-downs—the most expensive items, and I thought we had tabled this in that answer—are made up of farm machinery, such as tractors et cetera and a swimming pool and a tennis court. The rest of it is quite small—photocopiers, air conditioners, that sort of thing. We are happy to give it to you.

CHAIR: You seek leave to table that?

Ms SPENCE: I seek leave to table that document.

Leave granted.

Mr JOHNSON: Last year I raised the very important issue of the ongoing training and professional development of prison officers. You and your director-general quite correctly indicated that this was an extremely high priority of the department because of the need to recruit and retain a skilled workforce and the fact that it is difficult to attract people to the corrective services industry, particularly to higher positions within your department. Your director-general indicated that the department had established a learning and development board to examine this issue. Can you outline the progress that this board has made over the past 12 months in the area of recruitment and professional development for prison officers?

Ms SPENCE: As you can see from the MPS, this year we are spending $6.5 million on staff training. I might ask the director-general to talk about the fact that we actually have more people applying for positions in the department this year than we had a year ago. We have a very good recruitment program out there. So I might just ask Frank Rockett to elaborate.

Mr Rockett: In relation to recruiting officers to join Corrective Services, especially in the custodial ranks, it has been an issue nationally in relation to lower unemployment rates within the workforce and Corrective Services as being an employee of choice. Our human resources department has engaged a marketing firm and we have been using much better images of the department through the national media—the *Courier-Mail* and the *Australian*—and on the internet to demonstrate to people that coming into Corrective Services is indeed a career. You just do not come in and start as a prison officer and work your way through. Similar to the police, there are many careers within a correctional centre. Previously, out of all of the people who applied to be correctional officers, prison officers, we took 70 per cent. So you can see that we were not knocking back too many because we were not getting that many applicants. In the last round, because of the new marketing strategy, out of all of the people who applied we only took about 30 per cent. So we are seeing an increase in the number of people who are looking at Corrective Services as a career.

Ms SPENCE: I was very pleased to launch recently at our centre a new learning and development strategy. We are encouraging community correctional employees to undertake certificate III and IV programs, which are also available in distance education. At the moment we have 1,350 officers enrolled in these programs. That is a lot of our prison officers who are at present studying certificate III and certificate IV. We also have 45 officers studying diplomas and also some doing advanced diplomas. So we are putting a lot of energy and money into training these officers.

Mr JOHNSON: There has been a lot of hype in recent times from the prison officers union and the Queensland Prison Officers Association about the relationship between those two groups. Is your government going to recognise the role of the Prison Officers Association and bring those two groups together so that we can get unity within the operation?

Ms SPENCE: I cannot recognise the Prison Officers Association as a union because it is not a registered organisation under the Industrial Relations Act. I understand that the QPOA has engaged the services of a law firm from time to time to represent its members in serious employee relations matters, including reinstatement applications before the Industrial Relations Commission. It attempted to intervene in the statewide rostering review that we have had going on in the last 12 months. It was given, for the first time, the right by the president of the Industrial Court to make submissions but only in relation to the arbitration of the roster at the Wolston Correctional Centre. It is not a registered trade union, and it is not up to me to make it one. It has to go through that process itself. I do negotiate with

the Queensland Public Sector Union, which is the registered union, the acknowledged union, of our prison officers. We have meetings on a regular basis. I know the department has regular forums with that union. It is quite appropriate that I, as the minister, and the department conduct those negotiations through the registered union.

Mr JOHNSON: I refer to page 3-10 of the Ministerial Portfolio Statement in relation to the new proposed megaprison for south-east Queensland that will house 4,000 prisons, which you referred to in answer to a question from a government member. Minister, you identified the four local authorities that showed interest in that facility. Will any concessions be offered to the successful local authority who will be the winner of having that prison located in their local authority area? Is the government going to assist that local authority with overhead costs et cetera in relation to that facility being constructed?

Ms SPENCE: We will be negotiating with them. We are negotiating with them. I really cannot say too much at this stage. These are delicate negotiations. We are talking about taxpayers' money here and there are commercial-in-confidence discussions going on. I have personally had discussions with mayors who have told me what they would like the state government to do and that is fair enough. So they should. Yes, we will negotiate.

Mr JOHNSON: I refer to the output measures for correctional intervention services listed in the MPS on page 3-27. Given the recognition in recent years of the importance of community based correction orders as an alternative to custodial intervention, can you explain the declining financial value of court ordered community service work? The 2004-06 target was $8 million. In 2004-05 the estimated actual was $7.4 million and in 2005-06 the actual was $6.5 million.

Ms SPENCE: That is a good question. I can guess at an answer, but I am not sure I am correct. We believe that one of the reasons for the decline is the decline in court based orders. There simply has not been as many people sentenced to these activities as there were in the past. One of the things we are concerned about is that magistrates these days are more likely to send people to prison for short-term sentences than they were in the past. That is one of the reasons. The other reason is SPER. People are using the option of paying off their fines rather than doing that kind of community work as an alternative to paying the fines.

There are a number of reasons for the decline. We obviously think it is very important. We have been talking to the magistrates about what it would take to divert some of these low-level offenders from custody. The magistrates have been telling us that they would like to see our community corrections system strengthened. We have all this extra money to put into community corrections this year to strengthen the system and to give magistrates more confidence to divert those low-level offenders to community orders.

Mr JOHNSON: Minister, in relation to the work camp programs—as you and I know, they are working very successfully in western Queensland—and the work camp that you put in place for women at Warwick, what is the future for some of these programs that will get women out of the prison system? I am talking about Indigenous women in north Queensland. Do you have a program in mind that might see some of those Indigenous women in the Corrective Services facilities in north Queensland go to work camps in communities rather than be incarcerated?

Ms SPENCE: That shows that great minds think alike, member for Gregory. Just last year I announced that we are going to establish our first ever women's work outreach camp in north Queensland, and it is targeted at those women from Townsville prison.

Mr JOHNSON: Good stuff.

Ms SPENCE: We have asked councils within an hour of Townsville to express interest in having a work outreach camp. As you would know, all of our work outreach camps are in western Queensland. We do not have any in north Queensland. It is about time we started moving them north. We are still in discussions with those councils. We have not come to a decision yet about where we are going to locate it, but it will be established within the next 12 months. This is a better way of providing women, including Indigenous women, with the opportunity to work in the community rather than sending them back to their own Indigenous communities. In the past, government has funded programs in those communities—for example, at an outstation near Aurukun—but, frankly, they have not been very successful. I think the formalised work outreach camp model is a much better model for both Indigenous and non-Indigenous people—they do some work and get some skills out there in the community rather than just be sent back to their communities in the hope that someone in that community will provide that supervision which generally does not happen.

Mr JOHNSON: I refer to page 3-5 of the MPS and the introduction of the integrated justice information system, which is designed to facilitate the sharing of information between various justice agencies. What is the current status of the implementation of this information system within the participating agencies and what specific further progress is planned during 2006-07?

Ms SPENCE: I might bring an expert to the table. This is quite a complicated IT system. You have asked a number of good questions. Mr Michael Airton I think is the expert in the department on this. I ask him to come forward and answer that range of questions.

Mr Airton: The integrated justice information system is an interagency project that has been underway for a number of years now. It is actually sponsored by the Department of Justice and Attorney-General. Corrective Services is one of the criminal justice agencies involved in that project, along with the Queensland Police Service, the Department of Justice and Attorney-General and the Department of Communities in relation to young offenders.

In terms of the current status of the system, the initiatives that have been rolled out by IJIS to date have primarily been in relation to the Police Service and the Department of Justice and Attorney-General. Corrective Services has not actually been involved in any of the IJIS initiatives so far, but during the current financial year we are going to benefit from a couple of the current initiatives. The court list query initiative was recently rolled out on 30 June, and some of our staff will benefit from being able to see information in relation to offenders required to attend court much more easily than we were able to receive that information previously.

The other projects that are currently underway in relation to IJIS for this year are the planning around the provision of notifications to Corrective Services for either prisoners who are currently under community based orders or, indeed, prisoners within custody who subsequently are charged by the police with new offences. So that will improve the processes available for the department to be notified by police when that occurs. That particular project at this stage is scheduled for completion during 2007. The next project which is underway is in relation to the provision of actual court results. So, again, there are potentially some very significant benefits for Corrective Services staff in terms of being able to receive court result information electronically. At this stage that initiative is scheduled for completion during 2007 as well.

Mr JOHNSON: Thank you.

CHAIR: Minister, that brings to an end the committee's examination of the estimates for the Department of Corrective Services. I thank your portfolio officers for their attendance today. The committee will suspend the hearing until 5.40 pm and then recommence examining the estimates for the Queensland Police Service.

Proceedings suspended from 5.02 pm to 5.41 pm.

CHAIR: The Estimates Committee B hearing is now resumed. The committee will now examine estimates for the Queensland Police Service. I again remind members of the committee and the minister that the time limit for questions is one minute and answers are to be no longer than three minutes. A 15-second warning will be given at the expiration of these time limits. An extension of time may be given with the consent of the questioner.

Standing orders require that at least half of the time be allotted to non-government members. I ask departmental witnesses to identify themselves each time before they answer a question so that Hansard can record that information in the transcript.

In the event that those attending today are not aware, I should point out that the proceedings are similar to parliament to the extent that the public cannot participate in the proceedings. In that regard, I remind members of the public that in accordance with standing order 206 strangers, that is the public, may be admitted to or excluded from the hearing at the pleasure of the committee. I also ask that all mobile phones and pagers be switched off.

The first round of questions will be from non-government members. I call the honourable member for Gregory.

Mr JOHNSON: Thank you, Mr Chairman. Minister, I refer you to the output performance statement for Crime Management commencing on page 1-18 of the MPS. The MPS indicates that crime operations targeting large-scale criminal investigations throughout the state by specialist officers are funded under this program area. Minister, I would like you to explain the waste of resources that I believe apparently has occurred at one of these large-scale operations where I understand that 12 police from the fraud squad have been based in Gladstone for the last six months investigating the issuing of over 1,500 fraudulent load-shifting licences by a Department of Industrial Relations departmental official and union organiser. Why is this major six-month investigation now being called off?

Ms SPENCE: I thank the member for Gregory for the question. I would like to introduce the members of the committee; I have not had that opportunity. Next to me is the Commissioner for Police, Bob Atkinson. On the end on my left is Deputy Commissioner Dick Conder. We also have Mr Bruce Moy, Director of the Office of the Commissioner; Mr Paul Brown, the Deputy Chief Executive of Resource Management; and Mr Simon Tutt from my office.

The member for Gregory has asked an operational question, and I will ask the commissioner to address that.

Mr JOHNSON: Thank you, Minister.

Commissioner Atkinson: Thank you, sir. This matter started back in about September last year when the Division of Workplace Health and Safety within the Department of Industrial Relations approached the police given the size of the alleged incident. A person who was authorised to issue

assessment certificates for machinery had allegedly issued some 3,500 certificates to a total of 1,500 people. The concern is that all of these certificates are for heavy machinery such as cranes and, as I understand it, bulldozers, backhoes and so forth. The testing person was required to test for both proficiency and competency in terms of the operational sense and their theoretical knowledge. The allegation is that no such testing had taken place. Given the size and scale of it, the local police agreed to assist. In their initial assessment of it, they determined that the limitation of proceedings under the Workplace Health and Safety Act, and in particular section 172, meant that they could not prosecute under that act. They progressed the matter and have charged 35 people with a total of, I think, about 120 charges under the Criminal Code in relation to fraud.

When this came to my notice we had a second look at it. We formed the view and got a legal opinion that the limitation on proceedings had not, in fact, expired. The officers' concern was that a person operating a piece of equipment, without having been properly tested, could be the cause of injury or death of some person, and that is why they took it so seriously.

We are now at a point where we have made a decision that no further people will be charged under the Criminal Code. The 35 people who have been charged under the Criminal Code are also going to be charged under the Workplace Health and Safety Act, which is a civil offence and not a criminal offence, and we will proceed first on those matters. Once they are finalised, we propose to withdraw the charges under the Criminal Code. The only way we will proceed under the Criminal Code charges will be if, in fact, someone has been caused injury or death as a result of the unlawful, if you like, operation of plant, machinery or equipment.

It is been a challenging matter, and I have made certain decisions in relation to how it should proceed. But I have no criticism at all of the police involved; they have acted in good faith, and I think they have done a good job. It was not the fraud squad, sir; it was the flying squad. There was only about 10 officers, and they were only there for about five days.

Mr JOHNSON: Thank you. Minister, in relation to the same investigation, is it true that a telephone call from a senior officer instructed the investigating officers to call off that investigation? What is latest state of play in relation to that investigation?

Ms SPENCE: That is another operational question. I will ask the commissioner to respond.

Commissioner Atkinson: As I understood the question, the answer is that the senior officer was probably me. I make no apology at all for my involvement in the matter. My understanding is that the other senior officers in the region have no difficulty with it.

The answer is no, the investigation proceeds. The Division of Workplace Health and Safety will continue with what probably, on balance, are the relatively less serious matters, which are the obtaining of the licences by people who have obtained them without going through proper testing. More serious, in our view, is the issue of these authorisation certificates in the first place—and I say 'allegedly', because these matters are yet to be proven—without any theoretical or practical testing, and the police are continuing on that part of the investigation. They will also follow up if anyone else who issues these authorisation certificates has been involved in similar activity.

The Division of Workplace Health and Safety will continue on on two streams: one is to reassess all of the people who have been issued licences; and the second is to make decisions about whether any of those other people should be prosecuted under the Workplace Health and Safety Act. It is probably going to be some months before the police involvement is finalised, given the alleged scale and size of this matter.

Mr JOHNSON: Thank you. Minister, I refer you to page 1-12 of the MPS and the sixth dot point regarding the role of the Special Emergency Response Team, SERT. I understand that in recent months a number of these highly trained officers have left the service to take up security related positions in Iraq. Can you confirm that the official or unofficial word from the senior echelons of Queensland police is that these officers will not be welcome back in the Queensland Police Service when they return to Queensland?

Ms SPENCE: There is certainly a policy with respect to people leaving the Police Service and rejoining. Generally, people who resign have the capacity to rejoin but they have to go through the process. They have to retrain and they go in again at constable level. I might ask the commissioner to elaborate on that policy.

Commissioner Atkinson: It is a very challenging issue for us because, as you indicate, sir, they are highly trained, skilled officers. No, they are welcome back; we would love to have them back. We have told them that.

As the minister said, though, anyone who leaves us and rejoins has to be reassessed. The thing some of the officers wanted to do was to be able to come back but also go straight back into the SERT unit. The deputy and I have made a decision that we do not think that is appropriate. We think they should do at least two years in uniform general duties before we take them back to SERT. The reason for that is that SERT has a philosophical environment where we use force as a last resort. That is the

whole principle that it operates on, and so does the police department. In Iraq—I have not been there, but I think it is reasonable to state—it would be entirely the opposite. We simply do not know what people who were there were exposed to, whether they are psychologically disturbed by the experience and whether their reactions and management of a critical incident would be very different after being in Iraq as to what it would be here and what we expect of them.

So we welcome them back, but they would have to go through the normal re-entry process to enter the organisation, and we are not going to fast-track them straight back into SERT for the reasons I have outlined.

Ms SPENCE: I think it is fair to say that the Queensland Police Service does accept people who have resigned. Some former members of parliament who were police officers have rejoined the police but, as I said, people have to retrain. They have to get reassessed, and generally they would go in at constable level again.

Mr JOHNSON: Thank you, Minister. I refer to the provision for staffing resources under the output statement for crime management, MPS page 1-26. I refer also to the statements you recently made about the need to cease one-officer patrols due to the recent incidence of violent attacks on our police officers conducting single-officer patrols. Have you made any progress in determining what levels of staffing are needed in the Police Service so that our police officers are no longer placed in the dangerous position of having to conduct single-officer patrols?

Ms SPENCE: I am very pleased that you brought up the issue of single-officer patrols. You might have seen in the media that the Queensland Police Union have brought this issue up. I met with the Police Union last Thursday and discussed the issue, as did the commissioner. I welcome their thoughts on this matter and how they might resolve the issue of single-officer patrols. But the reality is that the Queensland Police Service has a total of 88 two-officer stations and 76 one-officer stations throughout the state. There are 57 stations where there are between three and 10 officers, and in all of those stations—even a two-officer station—those officers go out on single-officer patrols; they do not go out together.

It is difficult in a decentralised, sparsely populated state, as Queensland is in places, to get around the fact that we are sending police officers out to patrol by themselves. We also have neighbourhood beats where there is a single officer attached to the police beat. We have the situation where many of our traffic police—and I have personally spoken to these traffic police—actually like to go out on a single-officer patrol; they do not necessarily want to go out together.

While I believe that in high-risk situations, of course, no-one should go out in a single-officer patrol—and I think that is reinforced to police officers throughout the state—there simply are many situations in Queensland where officers are going to be working alone. These are not issues that are easy to resolve.

Last week the union presented to us a policy paper that the Western Australian police had come up with on this issue, and we said we will continue to talk about it. But the Western Australian police have not resolved this issue, either. The Police Union have not come up with any good solutions to it. But I am always open to some solutions, and I know that the police commissioner is as well. Maybe I will ask the commissioner for further comment.

Commissioner Atkinson: There is actually not a lot I can add to that. I think there is no way we will ever eliminate officers working alone, not with a state like Queensland. Motorcycles are one example. The people who ride motorcycles love them, quite honestly, and they would mutiny, I think, if you tried to take them off them.

But I think what we need to do is try to look at risk management as best we can so that at certain times perhaps we minimise the incidence of officers working alone. We look obviously at advances in equipment that will advance their safety. Technology might help in that regard. Of course, as the minister indicated, we never expect an officer to go to an incident alone that is high risk. They should always call for back-up and assistance.

Mr JOHNSON: Thank you, Sir. I was referring mainly to built-up areas, or populated areas. I realise that in those western areas we have a very good form of community policing where they get that backup support, and I thank you for that. Again on the subject of staffing resources for the Queensland Police Service, I note that the MPS on page 1-3 provides for an additional 350 new sworn officer positions by September 2007. Minister, could you please confirm that those are statewide positions, because I am a little confused by a statement made by the Labor candidate for Currumbin, Michael Riordan, in the *Gold Coast Sun* on 21 June 2006, where he said that the state budget increased front-line police numbers on the Gold Coast by 350. Could you please clarify the situation with regard to planned additional police numbers both statewide and on the Gold Coast?

Ms SPENCE: I thank the member for the question. I did not see that statement by the candidate, but if that is the case then he is wrong. This year's budget allocated funds for an additional 350 police. We know that we are going to have an attrition rate of 300, which is what we have most years. So we will have 350 new police in this budget. We will lose 300 police, plus we will have to train an additional

114 police for the federal government to staff the three airports around Queensland. So this year we are looking at recruiting another 770 police, which will be the biggest recruitment exercise ever in this state's history and far in excess of what we have done in previous years.

These 350 police officers, as I told you in my introductory statement, will make the Queensland police to population ratio well above the national average. In the past 10 or so years we have been increasing police numbers by 300 each year and we are already above the police to population rate national average. We have one police officer for every 438 people in Queensland. The national average is one to 440. So this extra commitment will certainly boost that.

The 114 police that we will recruit for the federal government will be sworn Queensland police officers, but during their two-year tenure when they go and work in the airports they will be seconded to the Australian Federal Police but they will be retained as Queensland Police Service officers.

Mr JOHNSON: Thank you, Minister. I refer to page 1-3 of the MPS concerning intelligence gathering and the recent problems associated with bikie gangs, particularly on the Gold Coast. You will recall that the CMC and the Police Service some time ago called for telephone-tapping powers, particularly to address bikie gang activities. I would like to ask the commissioner if he is satisfied that the Police Service has sufficient powers to effectively monitor bikie gang activities.

Ms SPENCE: I am happy for the commissioner to answer that, but before he does, you brought up the subject of telephone tapping. The Beattie government does support these powers for police, but we have said that we want the Public Interest Monitor to be part of the process. The issue is that Queensland is the only state in Australia that has a PIM as part of the process. This means that when police go to court to ask for the tap they will have someone who is called the PIM to represent the interests of the Queensland people. So he will be a check to ask questions of the police in the court.

I think the PIM monitoring process is a good process. The only thing that stops us doing this is the telecommunications act. That stops us putting the PIM in as part of the process. We have been in a lot of discussions with the federal government in the last few months, and the federal minister has agreed to change the telecommunications act to enable Queensland to have PIM as part of the process. I have been told that they will do that in the next session of parliament. So, once the federal government changes its legislation, we can quickly introduce legislation into the Queensland parliament to give Queensland police telephone interception powers. If all goes well, if the federal government can do that in the next session of parliament, I do not see why we cannot have those powers introduced by the end of the year.

Telephone interception powers will not only be useful for police with respect to outlaw motorcycle gangs but also useful for police in solving and preventing a lot of other crimes in this state. It is something that the police have asked for for a long time, and I think we are very close to giving the police those powers. I suspect by your question tonight that the opposition will be supporting that legislation when the government brings it to parliament.

Mr JOHNSON: You have no problem with that, Minister.

Ms SPENCE: I know that the police will welcome these new powers. With respect to outlaw motorcycle gangs, though, the Queensland police already have an organised crime investigation unit staffed by 30 detectives, three intelligence officers and three admin officers who do a lot of work on organised crime, and outlaw motorcycle gangs are very much on their radar. We have seen an increase in the membership of outlaw motorcycle gangs on the Gold Coast. I know that this is of concern to the police. I might ask the commissioner to talk about that in the 15 seconds that he has left!

Mr JOHNSON: How much time have we got left, Mr Chairman?

CHAIR: Fifteen seconds but you can ask for an extension.

Mr JOHNSON: I think we only have a minute or whatever.

CHAIR: So a two-minute extension, then.

Commissioner Atkinson: Thank you. Certainly the minister has comprehensively commented. I make no secret: the police department would like telephone interception powers. That would enhance our capability, but it is not as though we do not have them in a sense because we work closely with the Federal Police, with other police departments, particularly New South Wales, our border state, and with the Australian Crime Commission. I am not at liberty—and I know you would understand, Sir—to go into the detail of some of the work that is being done which is sensitive and confidential. But I feel quietly confident that we are addressing the issue and the concern.

It is a very real concern—outlaw motorcycle gangs. I think some people see them as old bikies who are a bit romantic and harmless. Well, they are not; they are vicious, violent criminal groups who are highly organised. In terms of surveillance and monitoring, they are very alert to countersurveillance, countertelephone interception, counterlistening devices. So they are a challenging group to deal with under any circumstances. Certainly we have as many outlaw motorcycle gangs in Queensland as other jurisdictions, like New South Wales and Victoria. So it is an ongoing issue and one that we are very mindful of, but equally I think that we are managing. I try never to be complacent in this role because policing is very much a day-to-day business, but I do think we are managing this reasonably well.

Mr JOHNSON: Thank you, Sir.

CHAIR: That concludes that block of non-government questions. Minister, page 1-4 of the MPS refers to the enhancement of the Queensland Police Service's capital works program to include an additional $97.3 million of capital and $15.6 million in recurrent funding over four years, with $70.74 million to be spent on the service's capital investment strategic plan. How does this compare with capital works funding for police for previous years?

Ms SPENCE: I thank you for the question, Mr Chair. Before I answer that, I would just like to make the following comment: when I introduced the members at the table before, I neglected to say that we have here in the audience tonight Mr Manus Boyce, who is the chairman of the Prostitution Licensing Authority. Should anyone have any questions about that authority, he might be called upon to answer them. I thank him for his attendance here tonight.

With respect to capital works, when I first became the police minister two years ago, the police were spending about $30 million of their billion-dollar budget on capital works. Last year I am pleased to say that we increased that. Last year the police spent over $53 million on capital works. This financial year we are committing over $70 million for police capital works projects.

We have talked a lot, and we will continue to talk a lot, about the fact that we are increasing police officer numbers around the state. That is an ongoing commitment by the government, but what we are finding is that a lot of our existing police stations which were once very serviceable are now becoming overcrowded. That is why we have to continue to rebuild those police stations and also build new police stations in growth areas of Queensland.

I am also pleased to have announced recently that we are going to establish new police districts in growth areas such as Caboolture and Coomera. The police this year have done a pretty good job of delivering on the capital works budget that they received last year. At the moment they are finishing a number of stations that will be opened in the next couple of months, but the new projects this year that have been funded I think are very exciting. For example, the police beat in Surfers Paradise has outlived its usefulness, so we have allocated nearly $3 million to build a new police station in the heart of the Cavill Avenue area in Surfers Paradise in the next 12 months. We have allocated, for example, $1½ million to replace the police station at Cloncurry. I know that is close to the member for Gregory's electorate. We have allocated, for example, $8 million to fund a new police station at Fortitude Valley, nearly $4 million to build a new police station at Ipswich and $6½ million for a new watch-house at Strathpine. It is a lot of money just to build a watch-house these days. In terms of the station upgrades, I am very pleased that we have a number of upgrade projects going as well as the commitment to continue to roll out our 25 new police beats.

Ms CROFT: Minister, I refer to page 1-3 of the MPS. Can you please outline to the committee how many additional police the Beattie government has employed since we were very first elected?

Ms SPENCE: As I said before, we have seen significant growth in police numbers in the last eight years since the Beattie government was elected. When we were elected, there were 6,800 police in Queensland. By September next year we expect to have 9,728 police, so a huge growth in police numbers during this period of time in recognition of the fact that we know that police officer numbers do make a difference. We have seen impressive reductions in crime over the last four years in particular, and I think the police would say that one of the reasons for that reduction in crime rates in the state is that we have more police officers out there than ever before. They also need the tools of technology to enable them to do the job, but at the end of the day people expect that there are going to be sufficient police officers in their communities to prevent crime from happening. That is one of the reasons why we have some good stories to tell.

Queensland is in the fortunate position of continuing to attract very high quality candidates into the Police Service. Unlike other states, for example, Western Australia and South Australia that have had to recruit overseas because they have not had a sufficient pool of applicants, we are still getting good applications to the Queensland Police Service and are able to recruit internally. I think the commissioner would say, as other police around Australia would say, that staffing issues are going to be the critical issues for all police services in Australia in the coming years, if we are going to be able to attract that quality pool of applicants to join the Police Service. These days the average age of a police recruit is 28. The majority have come to the Police Service with a university qualification in something, and they have a lot of life experience and work experience. That has been the case for some time now and continues to be the case. We will continue to increase police numbers and hopefully we will continue to attract that kind of applicant.

Ms STONE: Given the government is funding an additional 350 police this year, does the service intend to make more 24-hour police stations?

Ms SPENCE: I thank the member for Springwood for that excellent question. The reality is that it takes about 18 police before the station becomes a 24-hour police station. I think that there is a problem throughout Queensland in that people think that a 24-hour police station means that it is going to have

counter service 24 hours a day. What 24-hour police stations means is that there is going to be police available, on patrol 24 hours a day, seven days a week. To do that you need at least 18 officers in the station.

There are a number of police stations in Queensland—not a large number—that have 24-hour counter service every day. These happen to be the very large police stations with large police numbers. The police tell me that they would prefer to have their officers out there in the cars patrolling the streets rather than sitting behind a desk to keep a counter service open throughout the night. If they were going to keep the police doors open and have someone behind the desk, they would have to have two officers there; it would not be one. So those two officers would likely sit behind a police desk in a police station all night long on the vague chance that someone might walk through the doors.

We have seen, for example, the member for Currumbin lobby very hard and say that the Liberal Party policy is to have police stations themselves open for counter service 24 hours a day. I challenge the opposition tonight to come up with its policy before the next election on this very issue. Are they just going to adopt that policy for the police stations on the Gold Coast, or are they going to advocate that every police station in Queensland should be open throughout the night? This is not what the police tell me is ideal policing behaviour. If we are going to have police sitting behind desks throughout the night, then every increase in police numbers is going to be put to this purpose. From my experience I believe that people would rather have police out there attending to public order offences, domestic violence offences, offences surrounding liquor issues in our nightclub and hotel precincts rather than sitting behind desks throughout the night. This is a serious issue and it is easy for members to score some cheap political points locally by suggesting that the public needs police station doors open all night long rather than explaining to the people of Queensland what the most valuable use of policing resources really is.

Mr Johnson: I would like to refer you to state coalition policy.

Ms SPENCE: Thank you for correcting that.

CHAIR: The member for Springwood has the call.

Ms STONE: I refer to page 1-19 of the MPS and references made to Operation Auxin and more changes resulting from Task Force Argos's successes in that operation. Given the Beattie government's priority of protecting children, could the minister outline those successes please?

Ms SPENCE: I do thank the member for drawing attention to that part of the MPS that talks about Operation Auxin. Members would be aware that Task Force Argos was established in 1997 and it is a multidisciplinary task force to look at the area of paedophilia in Queensland. Task Force Argos primarily is about dismantling paedophilia networks. It is very much recognised in Australia and even nationally as one of the most professional task forces in the world in terms of the business that it does.

Last year the task force was involved in a major international operation into online child exploitation. This was called Operation Auxin. The operation targeted child sex offenders who are prepared to purchase images of children being sexually exploited from commercial web sites. During the operation, Task Force Argos detectives executed 127 search warrants throughout Queensland in six days. They arrested more than 70 offenders on over 2,500 charges and identified seven Queensland children who had been sexually abused. The response to this operation was recognised nationally as the best practice model. It did receive some media coverage and this resulted in a change in the perception that possessing child pornography is a victimless crime.

The success of the operation also led to legislative amendments which better reflect the serious nature of the crimes that these people commit. These amendments have replaced the Classification of Computer Games and Images Act offences with new offences under the Criminal Code. Task Force Argos detectives have also pioneered work in a range of other areas. They have set up the Surf Safely Project. I have seen this project in schools myself. It teaches students aged 9 to 14 years how to surf the internet safely using browsing and interaction. It also educates parents and community groups in relation to the internet and its dangers.

The task force has also worked with government and non-government agencies to address child protection and juvenile justice issues in Indigenous communities. It has set up a national investigations management group and has implemented the national strategy to counter online child sexual abuse. I think we in this state should be very proud of the work that that task force does. Operation Auxin was just one small part of that work last year.

Mrs SMITH: Still on the operations of Task Force Argos, I understand detectives performed covert monitoring of internet chat rooms and the prosecution of child sex offenders. How much funding does this task force receive and what are some of its recent successes?

Ms SPENCE: The government provided Task Force Argos detectives with $1.63 million in the last year. The covert internet team of the task force comprises police officers who pose as children in online chat rooms. These officers identified paedophiles both within Australia and internationally. Where a

paedophile is identified outside of Queensland, the team provides necessary evidence to local police agencies who take action against the offender. To prosecute internet paedophiles we enacted laws which allow police officers to assume these covert identities as children.

During 2005 Task Force Argos detectives resulted in the arrest of 111 offenders and 1,523 charges, including the arrest of a Queensland teacher and blue card holder who was the alleged administrator of a significant international network of serious child offenders. This case was solved as a direct result of the relationships established with the Toronto state police. The case also highlights the value of promoting awareness with international jurisdictions of the commitment, capacity and effectiveness of the Queensland Police Service.

They also arrested a convicted child sex offender from the United States attempting to board a flight from Florida bound for Australia to sexually abuse children in Queensland. This arrest was a result of undercover work by a Task Force Argos detective, resulting in the offender receiving 12 years imprisonment. It has resulted in the arrest of a convicted child sex offender residing in Scotland attempting to procure young female children on the internet. The offender received four years imprisonment as a result of this Argos undercover operation here in Brisbane. It also resulted in the arrest of a 53-year-old grandfather in California by the FBI for the sexual abuse of his granddaughter. This was also a result of the Argos work here in Brisbane.

I think those particular examples show you that child pornography on the internet knows no national boundaries. It is important for our police here to have really good relationships with police elsewhere in the world so that this information can easily change hands. I understand that with the arrest in Scotland the police found new images on someone they arrested here in Queensland. They said that one of the images of a child looked like it had been taken with a Scottish loch in the background. They sent that image to the Scottish police and that eventually led to the arrest of that offender. Their work is very interesting and useful.

Mrs SMITH: I also make reference to the Special Emergency Response Team. How does SERT assist the police's ability to respond to dangerous situations?

Ms SPENCE: The SERT capacity is that there are 47 officers based in Brisbane and 13 in Cairns. These SERT officers perform a variety of specialist duties including entry into high-risk premises, water operations, high-angle rescues, urban and rural static surveillance and tactical driving. Today I announced a whole lot of new technology for our SERT officers. In the last year they have been deployed to Innisfail and its surrounding areas immediately following Cyclone Larry where a number of officers maintained a rotational duty for over a month. They continue to work throughout the state. They have access to an 18-seater police passenger plane, which ensures their rapid deployment throughout the state. They are a very important part of our counter-terrorism capability in Queensland. In the last year they have been involved in a number of sieges, armed offender incidents and high-risk warrant executions. They are the most highly trained specialist officers in the Police Service who use specialist equipment and can use a range of force options to resolve high-risk situations.

CHAIR: That concludes that block of government questions. I call the honourable member for Gladstone.

Mrs LIZ CUNNINGHAM: Minister, I refer to question on notice No. 11. A schedule of compliance and inspection audits has been provided. In relation to that schedule, are all officers now appropriately provided with property such as tape-recorders and protective body armour? Which stations needed such property and what budget allocation has been made to ensure all equipment provided, such as personal protective body armour, meets safety standards?

Ms SPENCE: The issue of body armour has been one that has occupied a lot of the commissioner's time in the last six months. So I might ask him to answer that question and if he has time to also talk about the whole issue of personal tape-recorders, which might need another three minutes to answer. Maybe you could start with the body armour, Commissioner.

Commissioner Atkinson: Essentially, I think the most important aspect of your question is that there is sufficient ballistic vest or body armour equipment throughout the state for all officers. Not every officer is issued individually with them but, of course, not every officer is working on every occasion.

The contention in recent times has been in terms of the safety standards associated with that equipment. We are the only jurisdiction that I know of in Australia that tests equipment. It is true that the equipment has 'failed' some testing, and that has been immediately replaced. I will quickly comment on the nature of the testing. The vests are soaked in water, which weakens them considerably. Then almost at point blank range high-calibre weapons are fired at them—44 magnum calibre or weapons to that effect.

In one or two cases the round has penetrated the vest or caused what is referred to as excessive indentation. In other words, it has not penetrated but it has pushed backwards beyond a point which is acceptable. In other words, a person would have sustained serious injuries if they had been wearing the vest because of the backface penetration. We have recently reviewed our policy and now we will be

replacing the vests once the warranty period expires. We are also looking at new technology. We think that on the horizon is this new technology which will produce a lighter, more effective vest. If that happens, obviously we will be in the market for that as well.

In relation to the other issue, again officers are not generally issued personally with microcassette recorders, but they are available for use. Many officers, in fact, purchase them themselves for their own use, particularly Traffic Branch officers. I am happy to take further questions on either of these issues if you wish.

If I could just go back for a moment to the ballistic vest issue, as the minister indicated, that is something that, for both the deputy and me, is very close to our heart. I can assure you that we leave no stone unturned in terms of our officers' safety. Sadly, the only officer who has been shot and killed since the year 2000—since I was privileged to get this job—was Perry Irwin at Caboolture. He was wearing a vest at the time, but tragically the round entered below the vest and travelled upwards through his body. So whilst he was wearing one, it did not help.

Mrs LIZ CUNNINGHAM: Are you happy that the paedophile register is currently accurate? For the 2006-07 budget what funds have been allocated to ensure the accuracy and relevance of the information on the register?

Ms SPENCE: We actually have figures on the number of people who are on the register so I will provide them to you. There are 1,624 persons in Queensland who meet the criteria for reportable offenders. There are presently 709 registered reportable offenders on the register. A further 612 offenders are in custody to be registered upon release. A total of 191 are pending service of notification as reportable offenders. An additional 46 offenders have been served notices and are pending registration with the Queensland Police Service.

I think we have approximately six officers dedicated to the task of this register. As of April 2006 there has been a high level of compliance by registered offenders with only 66 persons failing to register since commencement of the act. A total of 58 prosecutions have taken place in Queensland since the commencement of the legislation for offences of failing to comply with reporting conditions or providing false or misleading information to the police.

I gave you the figure of six officers. I have a better figure here. The register currently has approval for eight positions under the management of a detective senior sergeant. These positions include: one detective sergeant, one detective senior constable, one criminal analyst, one intelligence analyst, one assistant intelligence analyst and two admin support staff. Some temporary admin support staff are at the moment assisting.

The Queensland Police Service and the taxpayers of Queensland are certainly taking the issue of the register seriously. Those who do not comply with the register are being monitored. The fact that we have had 58 prosecutions since the commencement of the register in 2004 shows that it is monitored by our police officers. I said that there are eight positions but in reality throughout Queensland police officers are monitoring these people and making sure that they comply with the requirements of the register.

Mrs LIZ CUNNINGHAM: The new regime for SPER was in part established to avoid fine defaulters ending up in prison. Unpaid fines are referred to SPER for the fine payment programs and a variety of fine collection options. We have been hearing about very old fines being pursued under SPER and many in my electorate think this is objectionable given the fines were obviously not pursued under the previous regime. SPER and the department are seen to be opportunistic. Are you going to continue to pursue these old fines? What level of projected income are police expecting in 2006-07 in terms of fines that are more than six years old?

Ms SPENCE: Really the issue of pursuing SPER fines is one for the Attorney-General. The police are really carrying out the instructions of the Attorney-General when they pursue those fines. The total Police budget comes from Treasury every year. Police do not get in their budget the results of their work. So every time they write a traffic ticket or give someone a fine the money does not go into the Police budget. It goes into general revenue. Police get their budget from Treasury every year. I really try to get that message out to the Queensland community because I know that there is this perception that the more police rake in in terms of fines the better their financial position is going to be. So I think it is very important that they have this separation and that they are not reliant on the fines that they collect for their operational budget. People have to appreciate that.

Mrs LIZ CUNNINGHAM: I have one follow-up question. The speed camera fine revenue goes to road safety and black spot funding, not to consolidated revenue; is that right?

Ms SPENCE: I am pretty sure that that money goes to Treasury first. It does not immediately go to the Department of Transport. It goes to consolidated revenue and gets given to the Department of Transport for those measures.

Mr JOHNSON: In a question earlier this evening I asked about issues in Gladstone. It has been alleged that persons who received licences without testing paid a bribe to receive their licences. Are these people to be charged? If so, with what? If not, does that mean that the payment of bribes is to be accepted? I think we need clarification.

Ms SPENCE: These are certainly not decisions that are made by politicians or me and you would expect that they would not be the case. These are decisions that are made by the Commissioner of Police, so I will ask him to answer that question.

Commissioner Atkinson: It is alleged that the person who was an authorised person to test people in terms of their practical and theoretical knowledge was paid $80 for each assessment certificate that he issued. That is a fee that he charged. My understanding is that at the time he was no longer licensed to do this and could have charged $50, $80 or $100. He was basically in private practice.

The person receiving the certificate then went to the Division of Workplace Health and Safety and on the basis of that assessment certificate was issued with a lifetime licence which I understand is a further $47 for each licence. I am not aware of any bribe. The allegation is that there was no practical or theoretical testing for the $80. I can comment further if there was anything further that you wished to ask me about that. Theoretically one could say that the receipt of the $80 was fraudulent. This is part of the investigation. I think it is more fraudulent than a bribe. A bribe usually has accompanied with it a benefit. We are splitting hairs to some extent. It is more fraudulent than a bribe.

Mr JOHNSON: I refer to the maintenance of the paedophile register and to the requirements for the Commissioner of Police to establish criteria for access to the register. What criteria applies to access to the register? Will you make a copy of the criteria available to this committee?

Ms SPENCE: Are you talking about the criteria to get on the register?

Mr JOHNSON: Yes.

Ms SPENCE: I think that is clearly spelt out in the legislation.

Mr JOHNSON: What I am asking here is what criteria applies for access to the register?

Ms SPENCE: Fair enough. It is certainly up to the Commissioner of Police and the Police Service to give out the information on the register to other police services in Australia. Do you want to answer that one, Commissioner? You are the one who gives it out.

Commissioner Atkinson: I might have to take it on notice if I am not able to answer it completely. It is very tightly controlled and it is at my discretion. The overriding premise that underpins that is that you do not want to identify the child who has been a victim or who is potentially at risk. It may be that this is not part of the context of your question, but I know that there is public interest at times in wanting to know who might be on the register and who might be living in their area. These determinations are set in the statute, of course, and are a matter for parliament. At this stage there is no public exposure of these people. That is the better course of action.

From time to time—and there have been a couple of prominent examples in recent times—people are just so notorious that through the media it becomes public knowledge and they are so easily recognisable. As the minister indicated earlier, whilst there are eight people at the task force in Brisbane who monitor the register, every person on the register has a police officer as a case officer. We obviously cannot have 24-hour surveillance of everyone. but every person has a case officer.

I think that register has been a significant positive advancement for us. Whilst there can be no guarantees that people will not offend, I think it has been a positive step forward. Can I say in that context that, sadly and regrettably, most child abuse is committed either in a family situation or by people who know the children through an association or friendship with the family. The sort of terrible thing that occurred in Perth recently with the dreadful murder of that young girl is a rarity, as it is a rarity that a child will be abducted off the street by someone whom they do not know and be sexually assaulted. Tragically, most victims and offenders know each other. Most of the offenders are in positions of trust.

CHAIR: Can I clarify: is that a sufficient answer or are you still looking for that question to be taken on notice with more detail to be provided?

Mr JOHNSON: I am happy with that. Again on the subject of staffing, I notice that the member for Gladstone asked about this in question on notice No. 19. I thank you for the very comprehensive detail to that where you gave her details of the vacancies at Gladstone, Tannum, Calliope and Many Peaks. I have asked questions in the past in relation to this. You might remember that I got shunted out of the House one day for asking a question like this.

Ms SPENCE: I do not think so.

Mr JOHNSON: I hope I will be safe here. I have spoken with numerous police officers around the state. At one station that I have just spoken with they have an allocation of 29 officers but they are currently running at 11. Do you not agree that it is important and more accurate that you provide information on police resources in more detail than you have been accustomed to over the last year?

Ms SPENCE: No, I do not agree with that.

Mr JOHNSON: I thought you would say that.

Ms SPENCE: I think we provide a lot of detail. That is one of the things that we have been doing. When we say we will have 350 additional officers, the Police Service has been in the habit of saying that X number of officers will go to each of these regions. So they immediately become vacancies. In this budget we have funded all these extra positions. They are going to come on line slowly over the next 12 months. It will take at least 12 months to recruit, train and get these officers in the field.

Mr JOHNSON: I am talking about this station. You have an allocation of 29 staff and you have only 11 there.

Ms SPENCE: We have been saying, 'You are going to get an additional 20 police in your district.' They become vacancies until they are filled. They are going to take 12 months to fill with these new officers. In the future we are not going to be announcing that to regions until the officers actually land in the district. Do you see the point I am making? These vacancies often exist because they are going to be filled with new people in the next 12 months. Politically we have got ourselves into a tangle by having vacancies not for existing positions but for positions that will come on line with this increase in growth.

With respect to other vacancies, as in Gladstone, they do come up from time to time and police try to fill those vacancies as quickly as possible. But the reality is that we have a very low attrition rate in the Queensland Police Service—I think it is under three per cent—whereas the attrition rate for other Public Service departments is more like four per cent, or if we talk about Queensland Health it is significantly higher. We have a very low attrition rate.

Police officers do not leave because they are dissatisfied; they generally retire out of the Police Service and vacancies are inevitable. Unlike the teaching profession where you can just fill those vacancies tomorrow because there are a whole lot of people out there with teaching degrees—and another profession is the nursing profession—policing is one profession where it takes some time to recruit and then it takes six months to train a person to put into that position. It is quite unique in that respect and that is why it does take some time to fill vacancies. The other issue, of course, is that we do not have compulsory transfers for police officers in Queensland. Police are entitled to apply for positions, and of course some positions are more attractive than others.

Mr JOHNSON: I take your point, Minister. I follow that by saying that I would hate to be the rostered officer in some of these stations if they know that they are shy so many officers. In an earlier question today we spoke about lone officers patrolling. In these stations that I am talking about, where you have a full complement of 29 in a highly populated area, I would think this is a very serious matter. I ask you what is going to happen about some of these stations where these big vacancies are occurring.

Ms SPENCE: As I said, there are some areas in Queensland that are more attractive than others. The member for Gregory would well understand, coming from an electorate, as he does, in western Queensland, that it is difficult—

Mr JOHNSON: A very good one, too.

Ms SPENCE: A very good electorate. But it is difficult to get public servants to want to apply for some positions in western Queensland or even in northern Queensland from time to time. The Police Service is no different to any other government agency in having difficulties filling some of its vacancies in some of those less attractive parts of the state. It is not just western and northern Queensland; there are some tougher police areas around Brisbane which make it hard for vacancies to be filled. That is why I think our initiative last year of funding for the first time this relief pool will address some of these concerns in the future. As I mentioned in my opening statement, we funded in last year's budget 50 extra officers to become part of a relief pool. That will be the first time the Police Service has had one. We have funded the 50 extra this year.

Mr JOHNSON: Can you just elaborate on the longstanding vacancies you are talking about?

Ms SPENCE: I think the relief pool will help alleviate some of those problems for the first time. The commissioner would like to add a few words.

Commissioner Atkinson: I would be happy to look more closely, if you want to either now or later identify the station. Some of it at times, too, is on how people count. We should not have a station with an approved strength of 29 that only has 11, but sometimes what officers do when they portray the situation is that they will say that there are only 11. What that means is that on a given day there were only 11 officers working. There might have been two working midnight to 8, four from eight to four and then a couple in the evening. If someone is on leave they will say that they are not available. Of course people take recreation leave. If they are in Brisbane doing a course, they are not available, which is true. If they are on sick leave they are not available. But generally all of that would be factored in.

Often with this it is the way that people count. If you want to count, I guess, and create the worst possible scenario, then you could arguably come up with a figure like that. Other things that some people say as well are that a first-year constable does not count as a police officer because they are offset against a vacancy. I personally cannot agree with that. They might be young and inexperienced

and new, but they are still a police officer. There are a range of considerations here that could impact on this claim—that is, in a 29-officer station there were only 11 officers. But I would need to know which station it was and what the precise claim is before we could respond in more detail.

Mr JOHNSON: Thank you. Minister, I refer to the proposed rollout of a digital secure communication network used by the police in order to prevent criminal elements from monitoring police transmissions, and I refer to MPS page 1-14. What funding has been provided for this purpose in 2006-07 and what is the proposed time frame for the completion of the project?

Ms SPENCE: You would be aware that the proposed rollout of the digital network was stalled for some time because of the CMC inquiry into the media's access to police communications following the rollout of a secure digital network in Brisbane North and Brisbane South. The CMC recommended that the media have access to police communications via a data feed before—it recommended a number of other things—we rolled out the digital network throughout the state. The police have spent the last 12 months working on this computer-aided dispatch system. I understand that that will be ready to go next month. They have been working very closely with the media on this, and I think the media has been satisfied with the time frames and the work that has been done.

Once this recommendation has been met, I guess one of the other serious recommendations that the CMC brought forward was that it wanted the police media room to become 24-hour. Before that we were closing the media room at about 7 or 8 o'clock at night. So the police have significantly increased the staff in the media unit to meet that recommendation. So all of these recommendations had to be completed before we could roll out the digital network.

In this year's budget we have preliminary funding of $5 million to start the process of rolling out more of the digital network in the south-east corner of the state. But, quite frankly, the police estimate that to roll out this digital network throughout the state is going to cost $450 million. So it is a process that is going to take government some years to do. We are committed to doing it, but that is the kind of money we are talking about to roll it out throughout the state.

Mr JOHNSON: Thank you, Minister. Minister, has the effectiveness of the police radio communications in the Redcliffe district been hampered because the Queensland Police Service does not want to pay the Caboolture Shire Council $6,000 per year in rental for the site of the new base station?

Ms SPENCE: I am pretty sure we have a brief on that because I read it last week, but we will just try to find it. Maybe I will take that one on notice and we will get back to you on that one.

Mr JOHNSON: No problems, Minister.

Commissioner Atkinson: Can I just comment on that. We are committed to improving radio communications in the Redcliffe district. In fact, the minister has recently approved that Caboolture be excised from the Redcliffe district and it be created as a district in its own right. If it is a matter of $6,000, I can give you an undertaking now that we will pay that, as long as it is not unjust and unfair and we should negotiate it. But that will not hold us up.

CHAIR: Can I just clarify again for the benefit of the committee: is that then requiring further information on notice?

Ms SPENCE: I think we will take it on notice and not necessarily respond to it tonight but we will certainly respond to it. How long do we get for questions on notice?

CHAIR: Until the 17th.

Ms SPENCE: We can do that.

Mr JOHNSON: Minister, I refer to the proposals for specialised riot equipment to be purchased and issued to the Public Safety Response Team, and I refer to the MPS at page 1-15. Can you elaborate on the current resources and capability of that unit—that is, the current strength and equipment levels—based on the capacity to be deployed into trouble spots at short notice?

Ms SPENCE: The Public Safety Response Team will purchase specialist riot equipment and will develop training procedures for the establishment of a defensive public order shield and management capability in the northern and far-northern region. The commissioner discussed with me after Palm Island the need to purchase more riot shields for police generally and we thought that we should start. Obviously the SERT team have all of that riot equipment, as other police have that riot equipment. But we decided to start rolling that out for the PSRT teams throughout the state. I might ask the commissioner to add to that.

Commissioner Atkinson: I think the strength of the Public Safety Response Team, which is based in Brisbane, is approximately 50. In addition to that, we have tactical crime squads throughout the state. After Palm Island the government agreed that we should increase the tactical crime squad based at Townsville from 14 to 21. The tactical crime squad in Cairns already has 21. It had seven more than the normal unit because of the cape area, and we have seven in a tactical crime squad at Mount Isa. That is a total of 49 officers, and they have been issued with this riot gear and trained and seem to be

able to respond in case we have any—and we hope we never do—situation like Palm Island again. So we have 49 officers who can respond anywhere in the northern part of the state with equipment such as shields, helmets, knee guards, gloves and that sort of thing. Again, I hope we do not have to use it, but it is a valuable resource in case we ever have to.

Mr JOHNSON: Thank you.

CHAIR: There being no further questions, that concludes the examination of the estimates for the portfolio of the Minister for Police and Corrective Services. I thank the minister and her ministerial staff and the portfolio officers for their attendance tonight. For the information of those attending, the hearing transcript of this portfolio will be available on the parliamentary web site in approximately two hours. That concludes the committee's consideration of the matters referred to it by the parliament on 21 April 2006. I would like to in conclusion thank Hansard; Janna in particular for struggling with that machine; the parliamentary attendants; the research director, Rob McBride, and his secretariat staff for all of their great assistance to the committee; my deputy chair, Dr Bruce Flegg; and all committee members. That concludes the hearings. Thank you.

Ms SPENCE: Thank you, Mr Chair, and the whole committee.

Committee adjourned at 6.51 pm.