WEDNESDAY, 15 JULY 2009

ESTIMATES COMMITTEE B—HEALTH

Estimates Committee B Members

Mr WE Wendt (Chair)
Mr PA Hoolihan
Mr VG Johnson
Ms CT Male
Mr GE Malone
Mr MF McArdle
Mrs CA Smith

In Attendance

Hon. PT Lucas, Deputy Premier and Minister for Health

Queensland Health

Mr M Reid, Director-General
Prof. A Wilson, Deputy Director-General, Policy Planning and Resourcing
Mr M Kalimnios, Deputy Director-General, Corporate Services
Mr M Walsh, Deputy Director-General, Health Infrastructure and Projects Division
Dr P Steer, Chief Executive Officer, Children's Health Services
Prof. K McNeil, Chief Executive Officer, Metro North Health Service District
Mr K Hegarty, Chief Executive Officer, Sunshine Coast-Wide Bay Health Service District
Ms J Giles, Director, State Funding Unit (Acting)

Committee met at 9.00 am

CHAIR: Good morning everyone. I declare this hearing of Estimates Committee B now open. On behalf of the committee, I welcome the minister, departmental officers and members of the public to the hearing. I would like to introduce the members of the committee. Firstly, I am Wayne Wendt, the member for Ipswich West and chair of the committee. The other members are Mr Ted Malone, the member for Mirani and deputy chair of the committee; Mr Paul Hoolihan, the member for Keppel; Mr Vaughan Johnson, the member for Gregory; Ms Carolyn Male, the member for Pine Rivers; Mr Mark McArdle, the member for Caloundra; and Mrs Christine Smith, the member for Burleigh.

The committee will examine the proposed expenditure contained in the Appropriation Bill 2009 for the areas set out in the order of appointment dated 3 June 2009. This morning the committee will examine the organisational units within the portfolio of the Deputy Premier and Minister for Health. Following lunch the committee will examine units within the portfolio of the Minister for Police, Corrective Services and Emergency Services. The committee will suspend proceedings for the following breaks: morning tea from 10.30 am to 10.45 am; lunch from 12.15 pm to 1.15 pm; and afternoon tea from 2.45 pm to 3 pm.

I remind all of those participating in the hearing today that these proceedings are similar to parliament to the extent that the public cannot participate in the proceedings. In this regard, I remind members of the public that under the standing orders the public may be admitted to or excluded from the hearing at the discretion of the committee. The committee has resolved that the proceedings of the committee be broadcast and that photography be allowed during the chair's opening statements and the

introductory statements of each minister, as well as for a short period during each changeover in organisational units. I ask that any mobile phones or pagers be either switched off or switched to silent mode now.

I remind members of the committee and the minister that under the standing orders the time limit for questions is one minute and answers are to be no longer than three minutes. A single chime will give a 15-second warning and a double chime will sound at the end of each of these time limits. An extension of time may be given with the consent of the questioner. A double chime will sound two minutes after an extension of time has been given.

The standing orders require that at least half of the time available for questions and answers be allocated to non-government members. Any time expended when the committee deliberates in private is to be equally apportioned between government and non-government members. The committee has resolved that non-committee members be given leave to attend and ask questions during the hearing. I believe that the member for Aspley, Ms Tracy Davis, will attend the hearing and seek leave of the committee to ask questions at some time.

I ask departmental officers to identify themselves when they first come forward to answer a question if the minister refers a question to them so that Hansard can record their name. I now declare the proposed expenditure for Queensland Health open for examination. The time allocated is three hours. The question before the committee is—

That the proposed expenditure be agreed to.

Minister, if you wish you may make an opening statement. I remind you that there is a time limit of five minutes for such a statement.

Mr LUCAS: Thank you, Mr Chairman and committee members. I consider it an enormous privilege to be the Minister for Health and to lead such a wonderful team of administrators, doctors, nurses, allied health professionals and workers throughout our health workforce.

I welcome the chance to inform you of the Bligh government's record investment aimed at keeping Queenslanders healthy. This financial year Queensland's public health system will receive a record $9.037 billion cash injection. We are meeting our commitment to deliver extra jobs and continue our massive building program. This massive budget includes funding for 3,500 new doctors, nurses and health professionals over the next three years and continues our $6 billion hospital building program.

We have the fastest growing Health budget in the nation and the biggest hospital building program, and it is needed. Our emergency departments continue to experience strong demand, with presentations far outstripping population growth. Queensland Health has to deal with an extra 150,000 emergencies a year now compared to 2005. We are tackling this demand head-on by investing $145 million over three years to upgrade emergency departments across the state. This will deliver upgraded adult and paediatric EDs at Logan, QEII, Bundaberg, Redlands, Ipswich, Caboolture and Toowoomba hospitals. It will also see the establishment of a dedicated paediatric emergency department at Prince Charles Hospital by 2011-12.

Our $6 billion hospital building program will deliver new and upgraded health facilities right across the state while securing 40,000 jobs. But even the biggest hospital building program in the country is not immune from the most drastic financial crisis since the Great Depression. Queensland has been hit hard by the global financial crisis, with a massive $14 billion hole being punched in government revenues. Unlike Western Australia and Tasmania, however, we refuse to use the global financial crisis as an excuse to ban and can major hospital building projects. Queensland Health's market sounding confirmed the global financial crisis made it very difficult for the private sector to bid for large social infrastructure projects such as the Sunshine Coast University Hospital.

Rather than cancel the project entirely, as the Western Australian government did with a $1.5 billion hospital project, or further upgrade Nambour General Hospital, away from where the growth is occurring, we have looked for more innovative solutions. That is why we have chosen to fast-track negotiations for a private hospital and purchase 70 beds for public patients in the private hospital in 2013, growing to 110 by 2014. This will mean more beds for public patients on the Sunshine Coast a year sooner than originally planned. We remain committed to building the Sunshine Coast University Hospital. Construction will begin in 2013 and finish in 2016. The hospital will open with 450 beds, with capacity to expand to 650 beds.

Despite the criticism—much of it from armchair experts—despite the political opportunism and despite the misinformation, we also remain committed to building a single Queensland children's hospital. Expert clinical advice world-wide has repeatedly confirmed a single children's hospital provides the best outcomes for children. Unlike the opposition, we will build a single children's hospital. First it wanted one single children's hospital, then two, now none. Unlike the opposition, we will build a single children's hospital that will deliver world-class care for the sickest kids in Queensland, wherever they are. First it wanted one single children's hospital, then two, now it wants to cancel it altogether and instead build a hospital servicing the member for Caloundra's electorate. We are getting on with the job

of building a single Queensland children's hospital. We will not let cheap and cowardly point scoring from the other side of politics distract us from that obligation. It is a key election commitment. Quite simply, it is the right thing to do for sick Queensland kids.

We are getting on with the job of delivering other commitments as well. Queensland Health is getting on with the job of delivering extra elective surgery operations under our nation-leading Surgery Connect program—delivering an extra 20,000 elective surgery operations over three years, mostly in our regions. We are getting on with the job of providing more funding for patient accommodation to help sick people in rural and regional Queensland who need to travel for treatment.

Queensland Health has more than 65,000 staff. I have met many of them during the listening tour I began three days after I was sworn in as minister. I have visited hospitals at Thursday Island, Cloncurry, Cairns, Rockhampton, Bundaberg, Dalby, Brisbane, the Gold Coast and the Sunshine Coast. They are less than half of the places I have visited as Minister for Health, and there are more to come. Even while we are getting on with the job of delivering extra doctors and nurses, upgrading our hospitals and delivering new services, I will not stop listening.

Queensland offers the most comprehensive free health system over the largest decentralised area in the world. Every day around 50,000 patients receive some form of treatment from Queensland Health. Every one of those patients is an individual. The Bligh government will continue its record investment in health funding and I will continue listening to ensure that funding delivers the best, most comprehensive and innovative health care each of those individuals deserve.

CHAIR: Thank you, Minister. That concludes the minister's opening statement. The first period of questioning is allocated to non-government members. I call the member for Caloundra.

Mr McARDLE: Good morning, Minister and officers of the department. I refer to table 2.2 in Budget Paper No. 2 and to the income statement on page 3-171 of the Health budget in which population growth and inflation would require a budget increase of 4¾ per cent just to achieve parity with the previous year. When you were formulating this budget, did you base the funding required for Queensland Health on the previous budget or on the estimated actual spending?

Mr LUCAS: I thank the honourable member for the question. The growth in the Queensland Health operational budget is 8.2 per cent this year. That is $684 million and is focused on demand and critical needs. Of that, $521.37 million will be directly attributable to districts. We will expand our workforce of doctors, nurses and allied professionals with approximately $200 million to improve wages and conditions for clinical staff, including VMOs and operational and administration staff. Some $77.9 million will fund growth in supply of services, including clinical consumables, patient transport and ancillary services. Some $62 million is for non-capital improvements in technology, including advancements in any health and other ICT infrastructure. Some $30 million is for Surgery Connect, which I have discussed before. There is $12.95 million for enhanced rehabilitation beds, $12.3 million to enhance cancer services and $4.9 million to improve services to mothers and babies with support closer to home.

Some $3.7 billion of the growth in the $10 billion Health Action Plan since 2005 is about paying our staff better and recruiting more staff. Since 2005 we have had a 48 per cent increase in doctors or 2,163 additional doctors, a 35 per cent increase in nurses or another 7,572 nurses and a 41 per cent increase in allied health professionals or 2,817 additional allied health professionals. We have had significant increases in budget funding in recent years, but 8.2 per cent is still quite a large amount of money. It is very interesting—and I will get those figures in front of me—to compare that to what you crowd spent when you were last in government. But since 2005—

Mr JOHNSON: Have a go! Come on!

CHAIR: Order!

Mr LUCAS: I am happy to have a look at those figures if you do not want to have a look at them. The simple fact of the matter is that we are spending more money than you ever did, we are delivering more services than you ever did, we are opening hospitals when you were closing them and we have a commitment to far greater transparency and openness than you ever did.

We will continue to increase our budget. But one of the things I want to do as health minister is to do things more effectively and efficiently. Some of the benchmarking that Surgery Connect has offered us is a very good opportunity to actually have a look at how we might deliver those services better. Additionally, what we now know is that there are significant economies to be gained in elective day surgery and those sorts of things. For example, on the Gold Coast Dr Nowitzke has undertaken a very helpful project. If we continue the rate of growth that we have had in previous years—I am not talking about this year—in the next 20 years health will be the only item in the state government budget that is not sustainable. But an 8.2 per cent increase is very significant.

CHAIR: Before proceeding, can I remind all members that they should direct their comments through the chair. As such, words like 'you' should not be used.

Mr McARDLE: I refer you to page 3-161 and your projections for staff increases in the next year. The figures provided present a real increase of 524 staff in the next year which is an increase of 0.8 per cent. Your own government figures showed that our population will grow by 2¼ per cent, which would mean your department actually needs an extra 1,346 staff just to keep up with population growth. If you do not use population growth to establish the staffing levels you need from year to year, what does your department calculate the number of staff on?

Mr LUCAS: I thank the honourable member for the question. I will go back to one other issue that I will comment on because they seem so interested in scoffing at what took place when they were in power. In 1988-89 Queensland Health's expenditure per capita was 82 per cent of the national average. In 2009-10 it is budgeted at over 100 per cent. What we saw during the period of the Howard government was a decline in relative federal government contributions. We have invested significantly in more doctors and nurses—an extra 2,500 doctors and nurses since September 2007. The growth is inexorable. We are particularly concerned with ensuring that we get doctors and nurses in parts of Queensland where it has been difficult to recruit them in the past.

We lead Australia when it comes to rural recruitment through our scholarships through James Cook University to encourage rural placements. Additionally, our training with nurse practitioners and rural qualifications for both doctors and nurses is an important part of making sure that we have those people in the right place. The important thing to note, too, is that increase next year in the number of elective surgery procedures that we will do and our continuing anticipated increase in emergency departments.

Our workforce is getting more effective, our workforce is getting more efficient, but our workforce has grown enormously. According to the MOHRI figures, which I think are the figures that we use for the estimates, we have 72,000 staff with Queensland Health. It is an enormous staff number. Additionally, we will continue to look at more innovative ways of doing things, such as nurse practitioners and physician assistants, which are a very useful way of delivering those services.

Mr McARDLE: As you are keen to talk about staffing levels, I refer to page 3-160 in which you claim a target of 3,500 doctors, nurses and allied health workers over the next three years. Based upon population growth over the next three years and your department's annual reports, which show for every four front-line staff it recruits one managerial or clerical position, your department will be required to recruit between 4,100 and 4,300 additional staff just to keep up with growth. Do you have a commitment that you will employ between 4,100 and 4,300 people over the next three years in Queensland Health?

Mr LUCAS: We will employ whatever numbers of people are necessary for us to do the job. As I indicated previously, one of the problems is that, for example, when I was at the University of Queensland there were 150 medical school graduates. Ten years before that there were 150 graduates. Ten years after that there were 150 graduates. Ten years after that there were 150 graduates. Now, we have medical schools at James Cook, Bond, Griffith and the University of Queensland. We now have dental schools at Griffith, the University of Queensland and James Cook. We have physiotherapy schools. We have radiography taught at other places. We have nursing being taught now very broadly, notwithstanding the fact that that is primarily a federal government responsibility—and again your mate John Howard refused to provide appropriate—

Mr McARDLE: Kevin Rudd is there now, Minister.

Mr LUCAS: Yes. Is that another question?

Mr McARDLE: It was a statement.

Mr LUCAS: I am happy to start again if that is another question.

Mr JOHNSON: It is going to be a long day.

Mr LUCAS: I am happy to make it as long as you want to make it.

CHAIR: I would ask the member not to interject. The minister has the call.

Mr JOHNSON: Point of order. What is this? An estimates hearing? Is it a slanging match? I tell you what, we can give it back, too.

CHAIR: Order.

Mr LUCAS: Mr Chairman, I am not interjecting on their questions.

CHAIR: I would ask the Minister to continue answering the question.

Mr LUCAS: One of the things that we have noted significantly is the additional commitment from the Commonwealth government in terms of its expenditure. When it comes to health care, they have entered the fray. We want more money from the federal government. We want to restore a situation where they are playing a significantly greater role in shouldering the burden. But what we have done now is train significantly. We are now gradually reducing our reliance on international medical graduates. I am not saying, of course, that we do not want to have international medical graduates, but more and more we will have positions for people who were trained in Queensland and in other parts of Australia, and that is a good thing for the state.

I just want to make the point that I think it is very reasonable for people in Queensland to say, 'I want to have a career in nursing,' or, 'I want to have a career in the allied health professions,' or, 'I want to have a career in medicine,' and for governments to provide the ability to have them trained. We have a very, very professional workforce.

One of the things we are doing, as I said earlier, is adjust what our workforce does. Nurses are highly trained individuals. More and more we are using their skills. Yesterday I met with the College of Midwives. The work we are doing towards the midwife model of care, for those who choose to have it, is about using their considerable skills very, very appropriately. We will make sure that we do things more effectively. Meanwhile, the inexorable increase in Health carries on. Our budget increased this year by 8.2 per cent. I am very cognisant of our need to do things appropriately.

Mr McARDLE: Minister, I refer you to page 3-166 and to the performance indicators of your department with reference to available beds. Based on your own government's population projections, you needed to increase beds or bed alternatives by at least 230 beds in the past year. Your government achieved an increase of a mere 76 beds—a deficit of 153 beds or bed alternatives. Minister, can you show us anywhere in the budget where you are going to catch up on this deficit this year and create sufficient beds to keep up with population growth, which means you must create almost 400 beds or bed alternatives to do so in this year?

Mr LUCAS: Could I just have the Mike Horan question on notice in which he talked about beds and bed alternatives? It might be worth while referring to that, given that you laud him on his role as health minister. One of the things that has changed in relation to health worldwide is the nature of the delivery of health. The health system now is typified by shorter stays and a greater reliance on day surgery and the like. That is a factor of what we have been doing in Queensland Health.

In 2009-10 we will deliver 51 new acute public hospital beds and bed alternatives and 55 new mental health beds. In addition, as part of our 2009 election commitments, we will deliver a further 48 acute public hospital beds. Our capital works program exceeds that of New South Wales and Victoria combined or, alternatively, the combined sum of other states. So when you go up and down the coast you see a massive building program in Cairns, a massive building program in Mount Isa, another one in Townsville, another one in Mackay, another one in Rockhampton, another one in Bundaberg and another one in relation to paediatric emergencies such as, for example, at Prince Charles Hospital. You have the Nambour Hospital, where there is work being undertaken there. You have the Queensland Children's Hospital project. You have further work being done at the Princess Alexandra Hospital. You have some minor work being done at the Royal Brisbane and Women's Hospital. You have the Gold Coast University Hospital under construction. You have the work being done at the Toowoomba Hospital. This is a program that is unprecedented.

The other thing, though, that we need to make sure we progress towards is increasing what we do, with the Commonwealth government, when it comes to both hospital in the home and step-down facilities. Queensland is underdone when it comes to step-down facilities. The Australian hospitals reform report is something I await with great interest, because it will also provide the ability to provide more appropriate mechanisms for the delivery of care.

Additionally, of course, the government has made appropriate use, such as at Noosa and other places, of private bed spaces where they are effective and efficient for us to do it. Further, Surgery Connect is about actually using idle spare resources in the private sector, which in some instances can provide those services at a lower unit cost than we can provide ourselves, though not in all circumstances and it is not the be-all and end-all.

Mr McARDLE: Minister, thank you very much. I take you to page 3-159 in relation to cancer services and also to the answer to question on notice No. 7 asked for these estimates. That question asked if the minister could confirm that the weekly data for the next available radiotherapy treatment date could be collated. I table a document dated 20 May 2008 which reads, 'Weekly snapshot of next available radiotherapy treatment dates to cover RBH, Mater, PA and Townsville.' Can you now confirm that this data can be collected weekly? Are you prepared to put that data on the Queensland Health website under 'Our Performance' on a weekly basis?

Mr LUCAS: I will show you what data was put up on Queensland Health websites when you were in power. That was the data that you put up. That is the track record that you have when it comes to reporting what you were doing. No other state reports oncology waiting lists. In fact, the New South Wales essential services tribunal—IPART—recently pointed out Queensland as best case when it comes to reporting.

The other day we saw a question on notice from the opposition directed to a number of members asking for each department unit and office within each agency to tell them what pot plants they had. You were the guys who went around during the election campaign saying to people, 'We want to get rid of people who are not front-line service deliverers,' that is, the people who do the cleaning at the hospital wards. At the same time you want governments to spend their time counting how many pot plants are present—you asked me a question about that—in various offices and workplaces.

Reporting is a very, very critical aspect of what we are doing, but meaningful reporting is what is important. We will report more and more on an ongoing basis about what we are doing. I have indicated before the quarterly health report that is tabled in parliament. What I will now do is table the oncology waiting list with it. I will do it on an automatic date, much like the Water Commission report is going to be.

Of course, parts of Queensland Health collect figures on all sorts of things all the time. It is what is meaningful that is important and what is an appropriate reporting regime. More and more I am going to make sure that what we do is consistent on a national basis so we can compare apples with apples, because we know when we do that Queensland stacks up very well and in areas where we need to improve it is very clear that we have improved. For example, we continue to have the shortest elective surgery waiting lists in the country. We continue to have the shortest. In the latest federal report, our ED wait times have gone from sixth to third. We still need to do better than that and we have a $144.5 million investment in emergency department upgrades that are about addressing that. Every night 450 beds in Queensland Health are occupied by people who should be in nursing homes. That is an issue that the Commonwealth government needs to address urgently. That will actually assist with throughput as well.

I can give you more details about what we are doing in terms of radiotherapy services. We have six new linear accelerators planned in the next two to five years and new radiation therapy services for Cairns in 2011 and the Gold Coast University Hospital in 2012. The PA has received funding to install two linear accelerators and one PET scanner. We have entered into a public-private partnership for radiotherapy services in Toowoomba. There is no generally accepted standard of reporting radiation therapy waiting times, but I intend to raise this at a national level.

Mr McARDLE: Thank you for that. The document I tabled is from the director of radiotherapy services and clearly shows that data can be collected on a weekly basis.

Mr LUCAS: I am sure it can be collected on a daily basis.

Mr McARDLE: Excuse me, Minister. You avoided the question in relation to my question on notice. Will you now confirm—

CHAIR: Order! I would ask the member to put all questions through the chair and responses should be given in the same way.

Mr McARDLE: Will the Minister now confirm that data can be collected on a weekly basis? Can the minister commit to publishing that on a weekly basis on the Queensland Health website under 'Our Performance' so the people of Queensland have a full and frank idea of what the waiting times are?

Mr LUCAS: What people expect to see is reporting, and they will see appropriate reporting and reporting that is better than any other state. No other state reports this at all. We will do it transparently and we will do it regularly. What we are not going to do is engage in this ridiculous exercise that you want about counting pot plants, about working out each morning, 'Did someone do a ward round and count how many people were there? Let's report that as well.' It is about saying what is an appropriate measure of performance. You can still make your criticisms or your questions or your suggestions based on quarterly data reporting. Obviously, figures move around depending on particular circumstances. What is important is that you can see that data and that data is produced transparently.

I do not intend to waste the resources of my department on every occasion reporting on everything that ever happens. What is significant and what is meaningful will be what is reported. As I said to you, it is far better than you did because when you were in power you did nothing. If you want to talk about comparisons, the commitment on your side of politics was zero.

Mr McARDLE: Minister, did you know the snapshot was available?

CHAIR: Order!

Mr McARDLE: Did you know it was available?

Mr LUCAS: Sorry, Mr Chairman, when the Liberal National Party were in power there were no statistics apparently collected in Queensland.

Mr McARDLE: Did you know the snapshot was available?

CHAIR: Member for Caloundra, order! The minister has three minutes to answer the question.

Mr LUCAS: So I am starting again?

CHAIR: Minister.

Mr LUCAS: Thank you. Obviously, we have large proportions of data that are collected in Queensland Health and that data is collected for various reasons. What I indicated to you is that I do not propose to report in a ridiculous fashion what we are undertaking. That is what I have made clear to you. It is not about whether the data is—

Mr McARDLE: But reporting radiation oncology is not ridiculous, Minister; it is important.

CHAIR: Member for Caloundra, I would ask you to cease interjecting. The minister has the call.

Mr LUCAS: Radiation oncology is important. That is why we report it. That is why no other state reports it. That is why I am raising it at a national level. That is why I have a commitment for further funding to improve our radiation wait times. That is why we have undertaken an agreement with the private sector in Toowoomba to look at how we might provide further services in the private sector.

Mr McARDLE: But why will you not report it, Minister, on a weekly basis if it is available?

Mr LUCAS: Can I start again?

CHAIR: Minister, you have the call.

Mr LUCAS: It is about what is appropriate reporting. I did not at any stage indicate to you that there was not weekly data available in relation to that or indeed anything else. What I said to you is what is appropriate reporting. I do not intend to go through a procedure of ridiculous reporting, particularly when the hypocrisy on your side of politics knows no bounds. You did not report anything.

CHAIR: That concludes the first 20 minutes of questioning. I would like to remind all members that they should desist from using the word 'you' and continue to direct their responses and questions through the chair. In that light, with reference to page 3-158 of the Service Delivery Statement detailing Queensland Health's strategic priorities for the future and with further reference to the recent Auditor-General's report into Queensland Health, can the minister advise the committee how the government is planning for the future health needs of this state?

Mr LUCAS: Thank you, Mr Chairman. I am a great supporter of the role of the Auditor-General and very supportive of the continued engagement of my department with him. I am a great believer in you take the good with the bad set out in the reports and criticisms and suggestions for improvement in the future should be taken on board to do even more of what we can do.

It is important as well though for governments to understand, for example, in responding to issues and needs in the community that it is not just in relation to service planning that one decides what commitments one should make. The opposition went through a whole list of election promises during the election campaign. I do not want to revisit them, though I can. I did not notice that the opposition went off and did a clinical services plan in relation to each of them. Campbell Newman put out a TransApex proposal prior to running for mayor of Brisbane. I did not notice that he went out and did an integrated transport plan prior to doing that. That does not, however, begrudge the important role of actually undertaking those steps.

The Auditor-General has acknowledged that there are a number of areas where Queensland Health has improved its planning services, particularly in the last 12 months. His report does look back to 2005 and since then planning has improved, including better consultation with clinicians, the broader community and the like. It is still important to remember, though, that we have a record capital works program, we have the shortest elective surgery waiting lists in the country and we provide 50,000 occasions of patient service every day.

There are a number of areas that I want to briefly highlight. The Auditor-General raised including linkages between governance arrangements and service plans and he indicated that Queensland Health should ensure that statewide plans are informed by priorities identified in district service plans. We are strengthening the oversight role of the Integrated Policy and Planning Executive Committee. We are establishing mandatory processes for all Queensland Health service planning processes that will ensure better oversight and coordination, ensuring statewide plans are informed by district service plans. We are also currently developing documents to support districts undertaking health service planning.

Commencing in 2010 we will be supporting a postgraduate university course specific to health service planning. Additionally, we have undertaken that all endorsed health service plans will be reviewed at least three yearly to take into account resource allocation restraints. Other measures as outlined in recommendation 1.2 from the Auditor-General will also be adopted. We are developing governance performance management frameworks to ensure clarity around meeting obligations to the Queensland government, parliament and cabinet and we are ensuring the yearly review of our strategic plan. This is about acknowledging that we can do better when it comes to this, and I am determined to do that.

Ms MALE: With reference to page 3-160 of the Service Delivery Statement, can the Deputy Premier update the committee on how the new Queensland Children's Hospital project is developing and what progress is being made to boost paediatric services across the state?

Mr LUCAS: The $1.283 billion Queensland Children's Hospital due to open in 2014 will offer emergency services to its local catchment in the inner-Brisbane area. The Queensland Children's Hospital is to be the hub of a network of hospitals in outer-Brisbane suburbs offering emergency services for children close to their homes. Current hospital services for children are provided from two public hospitals, the Royal Children's Hospital with 160 beds and the Mater Children's Hospital with 128 beds. That is a total of 288 beds. The Queensland Children's Hospital will provide 359 beds. A detailed health service plan has been undertaken over a period of more than two years to ensure that the QCH

will meet Queensland and Brisbane's needs well into the future. I made the point before that it will not be the 'Brisbane Children's Hospital'; it will be the Queensland Children's Hospital. It is important that it has that outreach network across the state.

Several reviews, including the Mellis review and the Paediatric Cardiac Services Task Force, have recommended the establishment of a single children's hospital. I will shortly call on Dr Peter Steer to add some further information about that. I was disappointed with the behaviour of the opposition in the last election campaign. If there has ever been an exercise in cynical vote buying, that was it. The coalition's policy no. 48 in the election before last was to construct a single, integrated, purpose-built Queensland children's hospital. That is what it said it was going to do. In fact, it was urging the then government to get on with the job of doing it. Then, of course, in the last election campaign it decided that it wanted to curry favour on the north side of Brisbane in particular and committed to two.

Recently the member for Caloundra said that we should scrap the Queensland Children's Hospital. He asked me about growth before. I do not know where the growth in paediatric services is going to come from when he has just scrapped the Children's Hospital. He wants us to scrap that and put the money into the Sunshine Coast University Hospital, notwithstanding that the need for a children's hospital is there. That is what we have been faced with in the past. We will build this hospital, and we will build it appropriately. It will be world class. I might just call on Dr Peter Steer, director of children's health in Queensland Health, to make a few other comments on the clinical case for the children's hospital.

Dr Steer: Thank you, Deputy Premier. I hold the position of CEO of the Children's Health Services District. I can only echo the Deputy Premier's words. We currently are on target and on budget to open what will be a consolidated tertiary service for the children of Queensland. There is little doubt, I think, that the vast majority of the paediatric community are behind a single children's hospital. We have evidence, overwhelming in the literature and certainly amongst expert opinion, that consolidating tertiary services, consolidating—

Mr LUCAS: Could I ask for an extension of time please for Dr Steer?

Ms MALE: Yes.

Dr Steer: There is little doubt that consolidating the volume and throughput in these highly specialised areas does result in improved patient outcomes. We certainly had evidence of that recently in our consolidation of paediatric cardiac services—as you know, consolidated from Prince Charles Hospital to the Mater Children's Hospital on the way to the consolidated Queensland Children's Hospital—and again more recently in the consolidation of all paediatric haematology oncology services, which again has resulted in not only better service but also better outcomes and access for children, youth and families.

Ms MALE: My next question is to the Deputy Premier. With reference to page 3-158 of the Service Delivery Statement, can the Deputy Premier advise the committee what initiatives the government has put in place to make Queenslanders Australia's healthiest people?

Mr LUCAS: Thank you. At an individual level, I ran 10 kilometres on Monday night and I am sore. I suppose one of the great strengths of Q2 is that it is both a responsibility of government for action and a responsibility for us as individuals. One of our targets there is that we want to make our emergency wait times the shortest in Australia. That is something that we need to work on and we have improved from six to three, but we still have a way to go. We have $144 million in our ED area—that is important as well—but also one of the Q2 targets is to cut by one-third obesity, smoking, heavy drinking and unsafe sun exposure. That is where people have a role, but government still has a role in relation to promoting those programs to people.

If one looks, for example, at many of the deaths from swine flu, they have involved people with co-morbidities—that is, other illnesses. The more that one is doing an unsafe thing, the more that other things can then strike one down. If you are unfit and then you are smoking, that then of course is a much greater risk factor when it comes to cardiac disease and the like. Many chronic diseases are largely preventable through healthy lifestyle choices. Chronic disease causes more than 22,000 deaths per year. Around 60 per cent of early deaths and illnesses are in people younger than 65 and 30 per cent in people younger than 45. There are 2.9 million Queenslanders who have a chronic condition such as high blood pressure. Seven out of every 10 adults in Queensland have two or more risk factors for chronic disease such as smoking, overweight, inactivity, poor diet or excessive drinking. The number of people with diabetes will triple in the next 25 years. It is time for Queenslanders to manage their weight and exercise, quit smoking, take care in the sun and consume alcohol responsibly.

We have a real role in relation to promoting this. Not enough Queenslanders actually comply with Go for 2&5—five serves of vegetables each day and two serves of fruit—even though we have had improvements there. In 2009, 50 per cent of Queensland adults reported engaging in sufficient physical activity for health benefits. That has increased by one-third since 2004. During the 2008-09 summer, Queensland Health ran the Dark Side of Tanning campaign targeting adults and their attitudes towards tanning. Nearly two-thirds of the target audience surveyed are contemplating increasing their sun

protection. Queensland Health's young women and health campaign reports a significant reduction in high-risk drinking for women—from 60 per cent in 2004 to 34 per cent in 2008. It is about ongoing communication with people. A large proportion of people in Queensland Health are involved with communication, urging people to improve their health and lifestyle. They can do better there.

Mr HOOLIHAN: With further reference to page 3-158 of the Service Delivery Statement, what is the government doing to deliver shorter waiting times for our emergency departments?

Mr LUCAS: We are already delivering on this ambitious commitment. The last *State of our public hospitals* report shows that Queensland's ranking has moved from sixth place to third. Our March 2009 quarterly public performance report shows our EDs are continuing to improve in the reduction of waiting times: 99 per cent of category 1 patients were seen in the recommended time—that is up from 98 per cent; 75 per cent of category 2—that is up from 70 per cent in the March quarter compared to the previous March quarter in 2008; 62 per cent of category 3—up from 57 per cent; 64 per cent of category 4—up from 60 per cent; and 87 per cent of category 5—up from 84 per cent.

In categories 1 to 4 we are below the national benchmarks and we need to do better. We have got a mean ED wait time of 28 minutes, which is still below the national average of 24 minutes, but our emergency departments are busier than ever. One of the issues that I think will assist us over time is the federal government's investment in GP superclinics which will significantly produce an alternative for people. I think that the significant reduction in bulk-billing over the last 10 to 15 years has also increased the number of people who present to emergency departments for treatment. The more we can encourage them to go to their GP if that is appropriate, the better it is. Indeed, the further doctors that we are training will also have an impact upon the private sector as well.

In 2008 our EDs saw a record 974,000 patients, an increase of 150,000 patients or 18 per cent on 2005. We have made expanding the capacity of our health system to manage this record demand our No. 1 priority. In three years, more than 900 hospital beds have opened. We have employed an extra 2,136 doctors, 7,178 extra nurses and 2,765 extra allied health workers. We have completed new or expanded EDs at Prince Charles, Rockhampton, Robina, Southport, Logan, Princess Alexandra, Redcliffe, Caboolture, Redlands and Gympie hospitals. We are investing a further $249.5 million to take pressure off our busiest EDs; $144.5 million to upgrade EDs in Brisbane, Logan, Redlands, Ipswich, Caboolture, Bundaberg and Toowoomba; $97.2 million for 89 more rehab beds in Brisbane, Townsville and Rocky; ensuring that every new or expanded ED in our major hospitals has designated areas for children and their parents to wait for treatment; and 30 new nurse practitioners to cut down on waiting times and allowing registered nurses to discharge patients to reduce bottlenecks. That is a procedure that we are working through. This is all evidence of our commitment to deliver the shortest emergency department waiting times in the country.

Mrs SMITH: With reference to page 3-159 of the SDS, can the Deputy Premier advise the committee what the government is doing to invest in rehabilitation and step-down facilities and where the future of aged care is heading in Queensland?

Mr LUCAS: Yes. On any night in Queensland's public hospitals there are, on average, 350 beds—I said 450 before; I apologise—occupied by aged and frail patients who could be better cared for in other facilities. For example, in October 2008 there were 251 older people in major Queensland hospitals who had been in hospital for more than 35 days and who had been assessed by an aged-care assessment team as requiring residential aged care. The Commonwealth is responsible for regulating and funding aged-care services under the Aged Care Act. Queensland is working with the Commonwealth to find solutions to take the pressure off our acute hospitals. For example, the Queensland government has funded up to 52 per cent of transition care places. Transition care placements provide a period of up to 12 weeks of accommodation, nursing care and low-intensity therapy to help improve independence after a period of time in hospital.

The Queensland government is committed to enhancing rehabilitation and step-down capacity across the state so public patients can receive needed care in the most appropriate setting. Under the national partnership agreement, funding of $96.2 million has been provided for 15 rehab places at Rockhampton Hospital, plus outreach services around the district at Yeppoon and Mount Morgan, 44 more rehab beds in Sandgate, 30 rehab beds or step-down beds at Parklands in Townsville. The additional 89 rehab beds will address bottlenecks in major hospitals and allow patients to receive the care they need in the most appropriate settings and improve access into public hospitals. If you have 40 beds being occupied at Townsville by people who would be better placed in nursing care homes, essentially that is a 40-bed wing that you can liberate by having them in the nursing care sector, which is a more appropriate thing for them as well. The construction of the expanded facilities will also deliver almost 120 new jobs.

Queensland Health aims not to reduce the overall aged-care bed numbers in a geographic region. In the future, the Queensland government will be pressuring the Commonwealth to assist with aged-care and rehabilitation provision. The aim for Queensland Health's involvement in nursing homes is to provide care particularly in areas where there are no alternatives, for example, Cloncurry where recently we have committed $6.5 million to a new 10-bed aged-care annexe to the Cloncurry Hospital,

upgrading three beds and adding further beds. New multipurpose health services are also providing important services in communities. Recently Childers, Augathella, Millmerran, Mitchell and Mungindi have been approved for development and planning is underway for sites at Julia Creek, Mount Morgan, Gin Gin, Monto and Jandowae. It is about making sure that we have the appropriate facilities in place for people throughout their progression through Queensland Health. I think a critical issue that we need to address with the Commonwealth government is the availability of nursing home beds to make sure that we are providing adequately for people. We have seen some media on that recently.

Mr HOOLIHAN: In relation to Indigenous health and with reference to page 3-3 of the Service Delivery Statement, can the Deputy Premier advise the committee how the Deadly Ears Program is delivering real and positive results in Indigenous health?

Mr LUCAS: Yes. The government recognises the impact of ear disease on Aboriginal and Torres Strait Islander children and has committed $4.4 million over a three-year period to the Deadly Ears Program in the 2008-09 state budget. The Deadly Ears Program is based on effective partnerships between Indigenous communities and the relevant health service districts. It is another way that the Queensland government is delivering on its promise to close the gap.

To date they have repaired damage in and restored hearing to over 1,200 children through clinical and surgical ENT outreach services in Indigenous communities, conducted ear hearing and communication screening of over 2,000 Indigenous children and delivered accredited ear health training to over 250 health professionals from many Indigenous communities across Queensland. They have delivered promotional campaigns aimed at increasing the awareness of ear disease, its prevention and its management, developed a range of innovative screening and education therapy tools, and developed the Queensland-wide ear health framework document known as *Deadly Ears, Deadly Kids, Deadly Communities 2009-13,* and this framework will be launched in the near future.

Ear disease, particularly aerotitis media, is a chronic health problem among Aboriginal and Torres Strait Islander children. I must say this: it is not just a state government responsibility. The responsibility needs to be shared in relation to parents of Indigenous children to make sure that they are taking the appropriate steps to make sure that their children's ear health is good. This is a partnership. I realise that there are particular disadvantage and isolation issues, but it is also up to parents of Indigenous children to make sure that they are doing the right thing by their kids.

The associated hearing loss can result in delays in childhood development and the attainment of essential communication skills, a lack of participation in schooling and failure to obtain an education. This can then contribute to unemployment, low self-esteem and a raft of health, social, economic and emotional problems that follow. Recently released statistics from the ABS indicate that the current life expectancy gap between Indigenous and non-Indigenous Queenslanders is 10 and a half years for men and nine years for women. That is simply not good enough.

Across Australia there is no other state-wide service dedicated to addressing the unacceptably high rates of ear disease amongst Aboriginal and Torres Strait Islander children. Furthermore, the program's emphasis on engagement with each community and the value it places on meaningful collaboration means it has established productive working relationships with the participant communities. The Deadly Ears Program places a priority on meaningful engagement with Indigenous communities. It does not go into a community unless it has been invited to visit and inform people of its services. We want buy-in from the community when it comes to that. The Deadly Ears Program will work with local health workers to provide ear and audiological screening of children, health promotional activities, accredited ear health training and clinics.

CHAIR: Member for Caloundra?

Mr McARDLE: Minister, I take you to page 3-158 which talks about creating dependable health care and better health care for all Queenslanders. You have commented on how very important it is to tackle the issue of chronic disease in Queensland. Chronic disease can lead to wounds that do not heal and become ulcerated and other things as well. The hyperbaric chamber in Townsville is used to assist such people, which is important. Can you advise the committee whether a hyperbaric chamber exists in the Royal Brisbane and Women's Hospital? If it does, how long has it been there? In the past three to five years, how many patients have been put through that chamber?

Mr LUCAS: I am happy to answer. I might call on the director of Metro North to deal with that.

Prof. McNeil: Professor Keith McNeil, Chief Executive Officer of Metro North Health Service District. The hyperbaric medicine chamber at the Royal Brisbane Hospital was placed in situ when the hospital was rebuilt earlier this decade, in 2001 I think it was. It was not commissioned at that time. It was placed there at that time simply because the building, the engineering work required, meant that it could not have been put forward afterwards. We currently have a hyperbaric service that runs privately through the Wesley Hospital. At the current time, the state patients are funded through that. They are sent to the Wesley hyperbaric chamber. We do have a business case and have done the engineering works to commission the hyperbaric chamber and that is being assessed at the moment in terms of how we might run that.

Mr McARDLE: Thank you. Minister, is it true that expressions of interest from private operators for the chamber closed in or about March 2008 but to date nothing has transpired as a consequence of those expressions being lodged? Again, how many patients, since this chamber was put into the RBH, have gone through the chamber?

Mr LUCAS: I am happy to take that on notice and provide further information. I make the point: often with facilities, it is not just the capital cost of them; it is the ongoing efficiency of their operational cost. I think Professor McNeil indicated that. Clearly when the appropriate advice is that we need to commission the hyperbaric chamber, we will do that. I am keen to do that as soon as possible, if that is what the appropriate advice is. I make it clear that there is a facility at the Wesley which is being used, but clearly if there is a need for us to commission this one we will do it. Professor McNeil indicated that it was a question of putting it in appropriately when the building was built.

Mr McARDLE: Thank you, Minister. Minister, can you confirm that the chamber occupies around 425 square metres of the RBWH complex and is not used and has not been used since it was installed back in 2002 or 2001? If I may also ask: what was the cost to the taxpayer of that equipment being installed?

Mr LUCAS: Professor McNeil indicated before the basis upon which the hyperbaric chamber was installed and that services are being utilised in the Wesley Hospital. As I said to you, I am more than happy to provide further information to you and I will do so.

Mr McARDLE: Minister, will you take those questions on notice?

Mr LUCAS: Yes, I said I would. Sure.

Mr McARDLE: Minister, I take you to page 85 of the Capital Statement, particularly as it relates to the Sunshine Coast University Hospital. In the past three years, this project has blown out from $925 million to $1.5 billion, an increase of more than 67 per cent. Repeatedly, your government committed to construct that hospital and have it opened by 2013-14. Earlier this morning you gave details of Cairns, Mount Isa, Townsville, Mackay, Bundaberg, PCH, NGH, QCH, PA, RBH, Gold Coast University Hospital and Toowoomba as instances of capital expenditure. When did your government determine this hospital would not be treating patients by 2013-14 as per the initial projected dates?

Mr LUCAS: We made our announcement with respect to the Sunshine Coast University Hospital and our commitment to the Sunshine Coast is very clear. Just go up to Nambour and see the beds being built at the present time. Indeed, 96 additional beds are being built there. I was up there the other week when it came to pass. We had indicated that the Sunshine Coast University Hospital would be built by a PPP. Anybody who understands the ability of the private sector to borrow large sums of money for the purposes of PPPs at the present time knows that it is simply not available for people. We have made it clear and in fact there is still further money in the budget for the construction of the Sunshine Coast University Hospital. What we will do with the delivery of the further beds—initially 70 and then 110—is that the first 70 will be delivered sooner than the Sunshine Coast University Hospital beds would have been delivered in the first place.

I fully accept and understand there is disappointment in relation to people on the Sunshine Coast because they want that hospital built sooner. The easiest thing in the world would have been for me to have said, 'Listen, we will can it like you want to do with the Children's Hospital and not do anything.' They have done that in Tasmania and they have done that in Western Australia. What we have specifically done is not can the Sunshine Coast University Hospital. I make that absolutely clear to people. One of the most important things to remember on the Sunshine Coast is that it is underdone when it comes to private hospital facilities compared to, say, the Gold Coast. This is an opportunity for us to provide the leverage to encourage the construction of a private hospital that will go next door to the university hospital. We are trying to maximise the benefits in a difficult time but to make sure that we can continue with the process of delivering.

One of the things that the clinicians have raised with me and I am very keen to work with them on is once we have the extra beds at Nambour and, indeed, further when they come online at the private hospital, how we can encourage the further rollout of clinical services. Total new capacity exceeds base case demand by 67 beds in 2014-15. That means that we can start working on reversing that patient flow. The clinicians are also very keen to see what sort of interim services we can migrate. For example, some services are not necessarily dependent upon the new hospital being delivered in the interim. I know that they are very keen, for example, to have some sort of cardiology services and improving those. They may be able to be delivered at Nambour in the meantime. I am more than happy to take on board how we might do things better, but I think it is a very important project and, unlike you, I will not can the Children's Hospital to do it.

Mr McARDLE: Thank you, Minister. I table a copy of the Sunshine Coast Hospital master plan. At pages 14 and 36 it refers to the Sunshine Coast Health Service District service plan prepared by Phillipa Milne and Associates and Kim Carter Consulting. A notation to the master plan states that that document 'is a significant term of reference for this report'. Will you table or cause to be tabled in the House a copy of that service plan?

Mr LUCAS: I do not have any problem with that. I refer to Michael Walsh, the Deputy Director-General in charge of capital projects.

Mr Walsh: Michael Walsh, the Deputy Director-General, Health Infrastructure and Projects. The report referred to in the master plan is a working draft service plan that was utilised for the planning purposes for the hospital. The finalised service plan for the district utilised that plan to ensure that all of the data and the assumptions and the mechanisms for determining the increased requirements on the Sunshine Coast were accurate.

Mr McARDLE: Minister, I repeat, will you cause a copy of that document to tabled in the House or for the committee?

Mr LUCAS: I do not see any reason why there would be a problem with that.

Mr Walsh: It is a working draft.

Mr LUCAS: Upon its completion, sure.

Mr McARDLE: So the document, Minister, as I understand it, that forms what is termed a significant term of reference in this document, which is the master plan, is not complete? Is that what you are saying to the committee, Minister, that that document that forms the basis of this master plan is not complete?

Mr LUCAS: Are you finished your question?

CHAIR: Minister.

Mr LUCAS: I will refer again to Michael Walsh, who indicated that it is a work in process.

Mr Walsh: All of the planning documents for the development of hospitals—that is, the service plans, master plans, schematic designs, development designs—are all iterative documents. They are continually updated because the needs and developments that are occurring in other locations throughout the state impact on the services that are required in a particular location.

Mr LUCAS: I ask Deputy Director-General Andrew Wilson to comment further on that as well.

Prof. Wilson: In keeping with the QAO report, the Auditor-General's report in relation to this, we have in place processes to ensure that these plans meet certain standards and requirements. So this plan will be put through that screening test to ensure that it meets all of those standards et cetera. I would advise, Minister, before it was tabled that it went through and completed that process to ensure that it was in place. I repeat what the deputy director-general health infrastructure said: one must remember that with any and all of these plans they are dynamic documents. We have to update them all the time. We have to continue to look at the impact of population changes, population projections and different service needs in looking at that those documents.

Mr LUCAS: I further want to add that the government's commitment to the Sunshine Coast University Hospital is clear. We are still committed to building it. What we want to do is build it in a way that it is appropriate, bearing in mind the current circumstances. We will undertake appropriate planning. What sort of planning did you do for your mental health policy when it came to the election campaign? You forgot to have staff. That is a pretty funny way to do planning. You announced a mental health policy where you were going to have volunteers—

CHAIR: Order! Minister, direct your comments through the chair.

Mr LUCAS: The honourable member announced a mental health policy that was going to have volunteers—Mrs Jones from down the road doing patient record stuff. So don't you lecture us when it comes to the appropriate level of planning. What we are doing is getting on with the job of building things. You can walk up the road to Nambour and see the ward being built there. I have actually spoken to the clinicians. Clearly they want the Sunshine Coast University Hospital built as soon as possible. Clearly the community wants the Sunshine Coast University Hospital built as soon as possible. I can accept and understand those concerns. What we will do is make sure that we can deliver a private hospital that will be a great addition to what we are doing on the Sunshine Coast and at the same time help facilitate the sharing of resources with the university hospital so that we will actually get a very good outcome for the Sunshine Coast.

Mr McARDLE: Minister, you referred earlier to the report by the Auditor-General of June this year. The report contains a response by the director-general dated 22 May 2009. I refer to page 4. It reads—

In December 2008, as a result of a review of all 55 health service plans in progress at that time, District Chief Executive Officers (DCEOs) were advised by the Senior Director of Planning and Coordination Branch of plans that should continue ... slow down until better oversight and support was in place, or stop.

Minister, was the Sunshine Coast University Hospital one of those service plans that was told to slow down or stop back in the December 2008 by the director-general?

Mr LUCAS: Given that I was not the health minister in December 2008, I'd better refer it to the director-general to answer.

Mr Reid: We had a look at our planning processes which started around June 2008, when I first came in. You will recall that when I came in to be director-general there were 27 districts and there were three area health services in place. The area health services at that time were relatively independent entities that had existed for a period of time, and there was I thought a confusion between the role of the health agency, the central office, and the area health services in how they operated.

The first thing we did was to abolish the area health services and from that change there came significant recurrent savings in administrative people which were subsequently given to provide clinical services at front of house. So we abolished the area health services and we reduced the number of districts down to something which we feel is more manageable. You will also note that as of now we have performance agreements which are direct between myself as the director-general and each of the new chief executive officers of the districts which are in place which I think has strengthened our accountability and understanding. So that was the first step we took.

The second step we took was that we did review our planning processes. As you indicated, and as was indicated in my letter to the Auditor-General, we found that there were a large number of plans which had been in place for a period of time. Some had dated back many years. I think there were 55—I think that was the figure I quoted—service plans in place which related to a whole range of things which might have been around planning for a hospital service or planning for a cancer service. Some of them were quite small; some of them were quite large.

We felt that—and as the Auditor-General found—there was a lack of robustness in relation to the plans. They were often using different databases in relation to population. They were often using different estimates of the service needs—which reflects back to your earlier question of beds per head of population and those types of things. So there was a variation of those. So we made a commitment in reviewing all of those plans that some of them we did not feel were robust enough to continue—that did not include the Sunshine Coast Hospital. Some were very robust plans in how they have gone forward and we made a commitment to continue those plans. Others we are currently modifying to ensure that they use common population figures, common approaches to the service delivery areas and have an approach whereby, rather than just be published at a district level or an area level as it was then, they come back, as my deputy director-general has indicated, through the office to be looked at.

Mr McARDLE: Minister, I want to get this very clear because the question is important, as you would appreciate. Was the Sunshine Coast University Hospital one of the service plans that was advised to slow down or stop in December 2008 as a consequence of the review undertaken by the department?

Mr LUCAS: Again, I will refer the question to the director-general to answer.

Mr Reid: As I indicated before, there was a process where we analysed each of the 55 service plans. So that was done in some detail, and for some of them a decision was made to stop them. That did not include the Sunshine Coast University Hospital and so that was not done. But each of the service plans was analysed within my department to assess again, as I have indicated, whether there was robustness in terms of the population figures used, whether there was robustness in terms of the linking of the population to the service requirements, whether there was robustness—and this is one issue which particularly came out in the Auditor-General's report in relation to hospitals that had close proximity to metropolitan areas—in terms of how they reflected changes in the flow patterns. For example, once you build the Gold Coast Hospital and once you build the Sunshine Coast Hospital and they are delivering tertiary services within those hospitals—and all of those hospitals have some plans for tertiary based specialised services, as you are aware—we need to look at whether there would be a slowing down of the flow of people out of those areas into the metropolitan areas.

That was the basis upon which we did it, because one of the criticisms in the last sentence on the front page of the Auditor-General's report to which you are referring is that—notwithstanding my letter and his acceptance that if we did all of those things that would fundamentally change the process—there is still a lack of integration of the services within that area. So what we are particularly addressing in relation to the Sunshine Coast Hospital and the Gold Coast Hospital is, once those hospitals are built, the extent to which they will provide services of a tertiary nature for the people locally within in that area. Similarly, what is the implication for the Sunshine Coast, for Nambour, for Caloundra, for Noosa and for various other hospitals. We have a contractual arrangement for Noosa, as you will recall.

In relation to the specificity of the question, which was about the extent to which we indicated to the Sunshine Coast people that they should cease their plan or should slow down their plan—which I think was the nature of your question—

Mr McARDLE: Based upon your response.

Mr Reid: Yes. The answer to that question was no. We told them to continue their process for the planning. As the deputy director-general health infrastructure and the deputy director-general performance and planning have indicated, they are working documents which are ongoing. They are constantly being updated with a view to ensuring that we have the appropriate figures, population,

robustness and the other issues I have talked about earlier—and you understand the importance of the other issues to this continuation of planning. We are going back and reviewing each of those plans in place as a common element. But that plan will continue.

Mr LUCAS: Can I just make a short point, if I might, as an extension?

CHAIR: Only if the questioner suggests that is the case.

Mr McARDLE: Very quickly.

Mr LUCAS: I want to say this in good faith. I said before that the people of the Sunshine Coast are disappointed and they would like the university hospital delivered as soon as possible. I am going to make it one of my real targets to make sure that we get in there and deliver what we have announced appropriately and promptly and that we consult with people about it. We have been talking to the clinicians in particular about what services are appropriate. I want to make a success of what we are suggesting we do on the Sunshine Coast. I also want to do all the work that we need to ultimately build the Sunshine Coast University Hospital. There is no question that it needs to be built.

CHAIR: Order! I now call the member for Burleigh.

Mrs SMITH: I refer to the government's commitment to keep Queensland strong. I ask the Deputy Premier: how many additional doctors, nurses and allied health professionals will be employed over the next three years?

Mr LUCAS: We have put forward in the last election campaign a very important platform of creating jobs in Queensland. We want to create 100,000 jobs over the next three years compared to the slashing of 12,000 jobs by the current Deputy Leader of the Opposition, then Leader of the Opposition. We are determined to protect the jobs and livelihoods of Queenslanders in these tough economic times. I have some pretty smart doctors behind me and nurses as well.

Mr Reid: And admin.

Mr LUCAS: Yes, but I want to talk about doctors and nurses at this point in time. I actually do not think that Professor Keith McNeil should be mowing the lawn at RBH or that Peter Steer should be manning the gate on the car park. I actually think we should have people who are doing what they are trained do to and doing it well and appropriately. When I talk to doctors, as I have in a remote area in particular, they say, 'The best thing you can do for us, Paul, is to make sure that we have appropriate administrative support.' Having said that, we will employ an additional 3,500 doctors, nurses and allied health professionals over the next three years.

So we are undertaking the process of active recruitment. I also indicate that I am delighted that the nurses on a 94 per cent ballot approval this week agreed to the enterprise bargain arrangement with the state government. So they clearly think the 4½ per cent offer is a fair and reasonable one, bearing in mind the current circumstances. I spoke to someone the other day and they said, 'Listen, a couple of years ago we wouldn't have come to Queensland. The conditions were not comparable to what was being offered elsewhere.' We have very good conditions now for our medical and clinical staff. So we will employ an additional 3,500 people, as well as the very significant commitment that we have made to recruitment in recent times.

There has been some discussion about the government's policy on a number of privatisations at the moment. Just off the top of my head, those businesses employ about 12,000 people. I may not have the figure exactly correct, but between June 2005 and April 2009 we employed about an extra 12,500 doctors and nurses in Queensland Health alone. What governments have to do in the future is orientate themselves towards the care area. One hundred years ago disability did not get a look in, classes had 60 kids and everyone left school at grade 8. Well, the world has changed. We now employ 2,163 more doctors, 7,572 more nurses and 2,817 more allied health practitioners than in June 2005. It is a good profession to be in. I am thinking of training myself. Might I have an extension?

CHAIR: It is up to the questioner.

Mrs SMITH: Yes.

Mr LUCAS: I do not actually have the hand to eye coordination—I should get to the skills centre. Targeted recruitment strategies are also in place to maintain our workforce and meet the needs of growing health services across Queensland. Ongoing clinical education and training for our staff is also a key focus for Queensland Health.

I also want to put a plug in for what we are doing for people, such as assistance in nursing. I am very keen for people to understand that the world does not revolve around university graduates alone. I acted for too many millionaires when I was a solicitor who did not have any university qualifications. I do not know if my shadow counterpart would agree with that as well: that a bit of paper does not actually make you a smarter or more successful person. He agrees with me on that point. It is about everybody in Queensland Health having an important role.

With the assistance of the Medical Deans Australia and New Zealand, we are making arrangements for domestic medical graduates who are expected to graduate in Queensland over the coming year. This includes 551 graduates in 2009, 644 in 2010, 660 in 2011 and 682 graduates in 2012.

Significant investment is also being made to increase the number of nurses and midwives and to improve the retention of well-qualified nurses in the future—including increasing the pipeline of undergraduate registered nurses in our eight Queensland universities and enrolled nursing diploma students in TAFE; attracting non-working nurses and midwives back into nursing and midwifery; and continuing our vigorous recruitment campaigns, both domestic and overseas. Of course we have our building program and our massive increase in services as well.

Mr HOOLIHAN: In relation to page 3-158 of the Service Delivery Statement, what pandemic planning does the government have in place and what lessons have been learnt from the latest response to swine influenza?

Mr LUCAS: I thank the honourable member for the question. The human swine influenza H1N1 virus is a new influenza virus that has been confirmed in countries throughout the world by the World Health Organisation. There have been over 9,000 confirmed cases in Australia and over 2,000 in Queensland alone. The last I heard, and I will just check with the Chief Health Officer, was that we still have fortunately had no deaths in Queensland as a result of swine flu—yes, that is correct—although, as I have made it clear to people, we will expect to have them sooner or later regrettably. Each year we have quite a significant number of deaths in Australia from seasonal flu.

Under the protect phase, which Australia and Queensland are currently in, clinicians are prioritising testing for those who are vulnerable to severe complications following infection. People in this vulnerable category are advised to seek medical attention as soon as they experience flu-like symptoms, as treatment is effective if commenced within 48 hours of the onset of symptoms. Queensland Health has been coordinating Queensland's response to ensure all Queenslanders are protected and provided with health support and vital information. People with queries about the human swine influenza have been encouraged to contact 13HEALTH or the Health website to get more information. There is also a federal hotline—1802007.

We have been working with the Commonwealth Department of Health and Ageing and our interstate counterparts. We will still need to work nationally on this because the disease does not know state borders. Our response will continue to be guided by the Commonwealth. We have a comprehensive whole-of-government plan to cope in the event of a pandemic. Our hospitals are well prepared for a pandemic situation and can easily implement strategies should we see an increase in the number of patients needing to be hospitalised.

Swine flu was not and is not a test; it is a real pandemic, a novel virus. Our plans have been activated and real lessons are being learnt. The key lesson is that the delay phase of the response is crucial. Delaying the novel influenza virus from entering Australia allows time to better understand the virus and prepare our health services for what might be needed as we wait the development of a vaccine. School exclusions and closures were a key part of delaying outbreak in Queensland. Some people were inconvenienced by that, but I think in retrospect it was a good decision. The key lessons are that plans must be coordinated but flexible. We are getting excellent cooperation from the federal health minister as well. The Australian Health Management Plan for Pandemic Influenza 2008—updated after Operation Cumpston—gives clear guidance for all Australian jurisdictions. The key lesson is communicate, communicate, communicate, communicate.

I particularly want to thank the Chief Health Officer for the outstanding way in which she has performed her role. It is great to have her hand on the tiller and also those people who have worked under her in my department. It was great to get cooperation in the community and cooperation from general practitioners, and it was great to see the great work done at 13HEALTH. This is a serious matter. We are treating it seriously, and I am delighted that I have people the calibre of Jeanette Young and her team doing it.

CHAIR: With reference to page 3-158 of the Service Delivery Statement, what is the government providing for patients who need to travel to receive specialist medical treatment?

Mr LUCAS: Queensland is a very, very big place and people have to travel a long way. In fact, often the challenge is not so much for people who have to fly but for people who have to drive. I often feel sorry for the Deputy Leader of the Opposition who has to drive a lot, and his time travelling on the road is a lot longer than, for example, someone who flies down from Cairns. The member for Gregory probably has a similar situation because flights are not regular for him. With such a diverse rural network, the Patient Travel Subsidy Scheme is just one strategy we are using to assist patients living in rural and regional areas of the state.

Under the scheme, a financial subsidy is provided for travel and accommodation costs for eligible patients and their escorts who need to travel more than 50 kilometres from the nearest health facility to access specialist medical services. We expended last financial year $37.6 million, and that was up from $34.8 million. From 1 July 2007, we increased the per kilometre rate from 10c per kilometre to 15c per kilometre, which resulted in an increase in expenditure of $2.7 million. I did some calculations on the removal of the fuel subsidy and I think the impact of that is about $3.50 for a 500-kilometre journey, but I will confirm that and let the committee know if it is different.

Expenditure has increased on average five per cent to 10 per cent annually over the past five years. With the increase in expenditure, the government is looking at other strategies, including the rollout of Telehealth. I was in Toowoomba Hospital recently and saw a mother with her son who was having grommets surgery at Toowoomba in a month or so and they were doing the pre-operative consultation with the anaesthetist and the charge nurse via Telehealth. I think that is a real way that we can improve the services for people in rural and regional Queensland without them having to travel.

One of the real concerns I do have is that many of our regional centres—I will just mention a few: Mount Isa, Cairns, Townsville, Toowoomba and Rockhampton—are significant tourist and resources areas, and others are one or the other. That means that accommodation in Cairns is a lot more expensive than accommodation in, for example, somewhere that is not a tourist mecca. In Mackay, accommodation is more expensive; in Toowoomba it is more expensive with the coal seam gas potentially there. One of the big issues, more so than the mileage that people raise, is the accommodation cost. So we will be spending $15 million in grants over the next three years to non-government organisations to build or enhance accommodation for patients travelling to receive specialist treatment. Can I have a short extension of time, Mr Chair?

CHAIR: Yes, you can.

Mr LUCAS: The commitment also includes $1 million towards a $2 million Rockhampton Cancer Education, Support and Accommodation Centre. Townsville, Cairns, Rockhampton and Mount Isa will be the key focus, and I am also very interested to hear it will be in Toowoomba as well. This $15 million will improve accommodation when patients and their families have to travel from regional and remote Queensland for medical treatment. Some of this accommodation is collocated with Queensland Health, some needs to be improved and in other cases new accommodation will have to be built or acquired. We committed to this during the election and now we are delivering. The application process for interested non-government organisations will open next week. We expect to announce successful applicants for the grants by October. NGOs already play a vital role in helping accommodate patients. The Cancer Council already offers accommodation in Brisbane, Rockhampton and Townsville. The Red Cross provides emergency accommodation in many major hospitals.

A lot of treatment—say, chemo or oncology treatment—is not just about going to hospital for an acute episode or for elective surgery and getting it done and then going home; you actually have to be there for a period of time. That is why this is particularly important. I treasure and rejoice in our regional and rural nature as a state, and this is one of the things we need to do as part of that.

Mrs SMITH: It is my experience that mental health issues affect all members of our community either directly or indirectly. Can the Deputy Premier advise what investment the government has made in mental health and what progress has been made against the objectives set out in the Queensland Plan for Mental Health 2007-2017?

Mr LUCAS: I thank the honourable member for the question. I know that she has a very keen interest in and advocacy for mental health issues. It is a very, very serious issue. One in five people will experience mental health problems in any one year, so all of us here will either experience it ourselves or will have a close member of our family experience mental health issues at some time during our lives. That may not be the case with other illnesses, so mental health is very prevalent in the community.

Depression is predicted to rise from the fourth to the second major cause of global disease burden over the next 20 years. I am extremely concerned about the increase in the use of marijuana and amphetamines and the implication that is having in relation to mental health issues—extremely concerned. Research has indicated that the main triggers for the onset of mental health symptoms include substance abuse, hereditary predisposition or stressful, traumatic life experiences.

While the number of mental health cases continues to rise, so does the community's awareness of mental health. Some people think you should institutionalise people if they have a mental health issue, but only a very small proportion of people require that. Many people manage their condition quite well in the community, either with Queensland Health or, more commonly, with their general practitioners. We have invested more than $1 billion in mental health since 2005, and that is the largest investment in Queensland's history—more doctors, nurses and allied health professionals, more beds, and building better treatment environments for people with a mental illness.

We work with the Department of Communities as well. One of the important things is to actually improve facilities so we can discharge people from secure facilities into something by way of a step-down facility so they have that level of supervision happening if they need it. Work has already commenced on 17 projects, including new acute units at Logan, Caboolture and Mackay hospitals; an additional high-security service at The Park; a new medium secure unit at the Caboolture Hospital; and new child and youth in-patient services at Toowoomba and Townsville. Work is also underway to upgrade the secure and rehabilitation unit in Townsville and upgrade the Barrett Adolescent Centre.

An additional 146 beds will be created by 2011, and more than 370 new positions have been established in community mental health services, with an additional 91 positions in 2009-10. We are committed to working with mental health consumers, carers and service providers and other

stakeholders. I was pleased to join my colleague the Minister for Disability Services to host a mental health roundtable last month. I have undertaken to make this a regular forum and I look forward to the next meeting of the roundtable later in the year. I welcome the opportunity to sit down with stakeholders. Can I have an extension of time, Mr Chair?

Mrs SMITH: Yes, please.

Mr LUCAS: The Queensland Plan for Mental Health 2007-2017 was discussed extensively at our first roundtable meeting, and delegates all spoke of their eagerness to see the continued implementation of the plan. They are very great supporters of the plan. I know that Dr Groves is a great advocate of the plan, and he is here somewhere.

We have expanded mental health services with the establishment of 374 new positions in public community mental health services; new and expanded options for personal support and accommodation services delivered by the non-government sector; 20 new service integration coordinator positions to improve the coordination of mental health services across the government, non-government and private sectors; a range of workforce recruitment and retention strategies; and vacancy rates have reduced by almost seven per cent, from 12 per cent in 2007 to 5.6 per cent in December 2008.

This is an important issue. It really is about treating people in a civilised way and treating their illness appropriately. I think we are getting better at doing this. We are not perfect but we have a commitment—which I am pleased to note that the shadow minister is supportive of—about the issue of drugs, and I will say a bit more about that later today. The issue of drugs is such a scourge and in many instances is a real cause of some of our mental health issues.

CHAIR: We have time for a quick question.

Ms MALE: With reference to page 3-159 of the SDS, what are the successes of amalgamating paediatric oncology and paediatric cardiac services?

Mr LUCAS: What I might do is get Dr Peter Steer to say a few things about it and then I will make some general comments. The whole argument about the Queensland Children's Hospital and the expert reports about amalgamating things is about understanding that you can do things better by having those single services. So I will get Dr Steer to talk about both paediatric oncology and paediatric cardiac and some of the experiences we have had.

Dr Steer: These are two flagships that give us a good example of what is ahead of us in terms of both challenge and opportunity with the Queensland Children's Hospital and amalgamation of both the Royal Children's and Mater Children's ahead of us. The cardiac service, as you know, was consolidated from Prince Charles Hospital to the Mater Children's Hospital again on the way to the new QCH more than 14 months ago. This allowed a consolidated service, with focused and dedicated paediatric cardiac surgeons, cardiac anaesthetists, nurses and perfusionists. What we have seen as a result of that is not only increased access for children and youth with cardiac disease but more than 376 cases for that first 12-month period, much greater than the 280 of the previous 12 months at Prince Charles Hospital.

Perhaps more important, however, is that there is no longer a waiting list for children with cardiac disease in Queensland. More importantly again, the outcome for these children and youth served by that service is comparable to anything anywhere in the world. The consolidation of paediatric haematology oncology services, which in fact was an alternate amalgamation with the move of the Mater Children's Hospital services and oncology across to the Royal Children's, has resulted in a Queensland paediatric—

CHAIR: Due to our previous resolution, the committee will now have to break for morning tea. The hearing will resume at 10.45.

Proceedings suspended from 10.30 am to 10.45 am

CHAIR: The committee will now continue its examination of the portfolio of the Minister for Health.

Mr McARDLE: Minister, I want to go back to the hyperbaric chamber at the RBH. In part we were advised that there is a chamber at the Wesley that the government pays for and that people can use. Can you take on notice how much money the government has paid to private enterprise for use of the chamber at Wesley? Can you also take on notice how much money has been spent on maintenance and other outlays in relation to the chamber as it has sat at the RBH?

CHAIR: Order! I remind the member for Caloundra to please direct questions through the chair and the same with the minister.

Mr LUCAS: I might be able to get Dr McNeil to fill in some of that information for you.

Prof. McNeil: The hyperbaric chamber at the Royal Brisbane Hospital is a really good example of forward planning. To give you some idea, the chamber is about half the size of this room. Its walls are about two-foot thick and it is about eight-foot high. It is a bit like a minisubmarine. When the Royal Brisbane was rebuilt in 2000, it simply would have been infeasible to put it in as an afterthought. So it

had to be built in at the time. When the plan was made to put the chamber in, the science of hyperbaric medicine was developing at the time. The indications were increasing, but at the time we were able to source the Wesley hyperbaric unit—which commenced in 1998—to do most of the public work that was required around South-East Queensland.

Since that time, the indications for hyperbaric medicine use have increased. As was pointed out before, its use in chronic disease has increased significantly, particularly for things like diabetic foot ulcers, ischaemic injuries to legs and the damage that is caused by radiation therapy to the jaw and teeth with head and neck cancer. We are now at a point where we have an increasing need for a public facility to provide that service.

Over the past 12 to 18 months we have been exploring at the Royal Brisbane Hospital the opportunities to commission the chamber and to use it as a public facility. Now is the time in terms of the call on it, in terms of the use and also the experience of the personnel to run the service. We have in fact done the prework with the engineering to bring the chamber up to speed, so it has been fully inspected by the engineers. It is state-of-the-art. It is one of the world's biggest and best hyperbaric chambers. We have done the engineering work to get that up to speed so it is ready for commissioning pending us finishing within the district the business case for patient flows et cetera. It is poised to go. So far we have not put any patients through that particular chamber. As I said, there was a facility at the Wesley which has more than coped up to this point in time with the public demand for hyperbaric medicine.

Mr LUCAS: You wanted some further information and I will grab that for you.

Mr McARDLE: Minister, I want to make this very clear. The Townsville chamber has been operating since around about 2001 or 2002, if I am not mistaken. It has certainly been operating as long as the RBH chamber has been operating. It puts through 12 patients per day in two teams of six and works something like six to seven days per week and deals with exactly the sorts of injuries and wounds you have referred to. Minister, will you take on notice what money has been expended by the Queensland government in paying the Wesley or the private operators of the chamber located at Wesley? Secondly, will you take on notice what it has cost in relation to maintenance and upgrade in relation to the chamber at the RBH?

Mr LUCAS: Look, I do not have any problem with that. I will get my department to get that information for you. I just want to make a point about it, though. Queensland Health is unlike, for example, Main Roads. The project to upgrade the Gateway Bridge will cost $1.88 billion and its ongoing maintenance, in the scheme of things, is relatively modest. I forget what the figures are in Health, but I think about three years after you have built something your recurrent expenditure has exceeded your capital cost. So it is actually utilisation of things that is very important in Queensland Health.

For example, we pay a significant amount of money for Surgery Connect. Surgery Connect is expensive, as is doing surgery in the private sector, but it is less expensive than doing a surge capacity if you do not need to do it. I make it clear that in Health often it is the recurrent expenses and less efficient use of facilities that is a problem. There are a whole lot of examples—for example, in radiology, whether it be diagnostic or therapeutic, there is great benefit in working with the private sector because there is not enough work for them and not enough work for us. So by putting things together we can achieve that. I do think we need to look at those sorts of things in that context, but I am happy to take that information on notice.

Mr McARDLE: Minister, I table a document entitled 'Sunshine Coast-Wide Bay southern cluster projected inpatient bed requirements 2009'. At page 9 of the document it mentions 2009 service plan capacity requirements. By 2017 we need 888 overnight beds and 123 day-only beds. The master plan I referred to earlier at pages 36 and 37 of the Sunshine Coast and Cooloola Health Service District states that by 2016 we will need 770 overnight beds and 159 day beds. The areas covered by both documents are similar in population and similar in area. The figures, however, are inconsistent. There was a massive gap between the bed numbers—both day and overnight beds. Which of those assessments is correct?

Mr LUCAS: I might ask Michael Walsh, the deputy director-general, to make some comments on that.

Mr Walsh: The bed projections for the Sunshine Coast are based on the public beds as well as the private bed numbers. As the private bed numbers increase, that has an impact on the number of beds that are required in the public system. Whenever calculating bed numbers, it is a matter of continually reviewing the services that are provided in a location both in the private sector and the public sector because it is not a static process, as well as the impact of additional services being provided in surrounding locations, as well as increased state-wide services for superspeciality areas. When looking at the bed projections for the Sunshine Coast, we are always looking at the increased numbers of beds that are occurring at the Caloundra Hospital and the Nambour Hospital that are occurring now as well as the projections for the private bed increases that are out for registrations of interest at the moment.

Bed numbers for any location, and in particular the Sunshine Coast, are not static. We are required—and it is important—to continually review them and update them. The projections that are being used to forward plan for the number of beds being used in the private hospital on the Sunshine

Coast as well as the construction of the Sunshine Coast University Hospital will continue to be reviewed. When the Sunshine Coast University Hospital opens, it will be at 450 beds with the potential to grow to 650 based on the analysis that occurs as a result of bed projection needs in the district.

Mr McARDLE: Minister, the master plan, as I said earlier, is based upon the report prepared in part by Phillipa Milne and Associates and Kim Carter Consulting. As it says in the document here, it is a term of reference for the report that is significant. The 2009 document which I have tabled is quite distinct. It does not refer to the Milne report nor any other documentation outside the census for 2006 and projections taken from that. Is that report wrong? Is this bed number capacity here, after reverse flow, of 880 overnight beds and 123 day-only beds by 2017 wrong, or is the master plan wrong?

Mr Walsh: In reference to answering the question, if we go back to my previous answer, the number of beds required in a location is affected continually by a number of factors, the first of which is population projections. Population projections include growth. In the Sunshine Coast area and across the state we have recently received the output from the 2006 census data. Those figures will continue to be increased and changed as a result of further information from the Australian Bureau of Statistics. So we need to continue to feed those figures and population growths into estimating the bed numbers.

We also need to ensure that we take account of any growth that the private sector intends to make in its own planning for hospitals on the Sunshine Coast and in relation to bed numbers. We have also committed to and have released a registration of interest for the establishment of a private hospital on the Sunshine Coast. The number of beds that that private hospital is wanting to establish on the Sunshine Coast will have an impact on the number of beds that are required for the public sector on the Sunshine Coast.

Also, the increase in services that will occur at the PA Hospital, the Royal Brisbane Hospital and other hospitals in surrounding areas where flows may go to Caboolture or Redcliffe and expansions that are occurring there will impact on bed numbers. The number of beds, therefore, is something that is continually needing to be reviewed and updated, and will change.

Mr LUCAS: I just want to ask Kevin Hegarty, who is the district chief executive officer of the Sunshine Coast-Wide Bay region, to make some further comment on that.

Mr Hegarty: As Michael Walsh said, the planning for beds is an ongoing process. The member for Caloundra mentioned before the report by Phillipa Milne and Kim Carter. That was commissioned a couple of iterations of the district structure ago. A second version of their report was done when the Sunshine Coast merged with Gympie. So that was version 2. That references the question to the director-general earlier about whether we were told it would slow down our planning in 2008. Our planning at that stage was actually gaining momentum rather than losing momentum.

This document that is now referred to is the latest version based on an update from the Australian Bureau of Statistics 2006 status and other modelling that allows us to better project individual components of the demand.

Mr McARDLE: The projected number of beds in 2016 and 2017 which the hospital will open is 450. That is based upon that document. That is based upon the master plan. And that is your statement here today; it will still open with that number. That document there says that figure is wrong. That document there says there needs to be more beds in 2016 and 2017 than 450 additional beds. Minister, is it the case that that document is now still the planning document for the bed numbers in 2016 and 2017, whereas it should be that document that says by 2017, 880 beds?

CHAIR: Through the chair.

Mr LUCAS: I will just make a couple of observations before I ask Kevin Hegarty to say a few more things. We have the beds that we are purchasing in the private hospital that will be co-located with the university hospital. Ultimately we have the flexibility that that private hospital affords us in relation to further bed purchases. That is a flexibility that is seen on the Sunshine Coast as we speak. The Noosa Hospital has an arrangement with the state government whereby we acquire beds there. Off the top of my head, in 2020 under the BOOT scheme the Noosa Hospital will revert to state government ownership. Additionally, we are building additional beds at Nambour Hospital. I will ask Kevin Hegarty to make a few further comments on that.

Mr Hegarty: The latest document actually indicates that by 2012 our base case demand will be 560 and we will have 611 beds to respond to that. The additional beds that come on progressively during that period—in 2011 with 96 more at Nambour and 30 at Caloundra—all add up to an increasing capacity to respond to the demand.

When you bring in the reverse flow issues, that is where we will continue to plan and look at what is happening with state-wide plans and what is happening in metropolitan hospitals to see what our response will be. Our bed projections and the mix of those beds per specialty will continue to change as the planning continues to refine as we get closer to commissioning.

Mr LUCAS: I just want to make another point, too. I think the honourable member understands and most other people understand that what we will never do is totally reverse patient flows from the Sunshine Coast. For example, the state's elite burns unit is at the RBH. It is world class. Transplant

surgery is done at Prince Charles. That is where you go if you need that. There will always be superspecialties that will need to be undertaken at one of the big Brisbane hospitals. That is the same for the Gold Coast and other places as well. We will never totally reduce patient flows from any district outside Brisbane. But this is about, as far as possible, minimising it.

You mentioned the issue of population. We will make sure that we take account of that. The member for Gregory is not here at the moment. There are many parts of Queensland where we are continuing to invest in services for doctors and nurses where the population is static, if not declining. We will continue to make sure that we do that. Our investment in recent years in staff in Queensland Health has been in excess of the population.

Mr McARDLE: I refer the minister to page 86 of the Capital Statement. In last year's budget your department was allocated $50 million for health technology equipment. The figure for this year is $80 million. I know the budget papers state in essence that there were nil dollars allocated. That cannot be right. In the last financial year what was the amount expended on health technology equipment as per page 86 of the Capital Statement?

Mr LUCAS: I will get back to that in a second. I will just make this observation. Generally with new hospitals—and we are building a number of new ones—or with significant projects like a new wing and those sorts of things the expenditure is part of the capital cost of the project and it is not separately budgeted. Some 4.882 per cent, or $50 million, was allocated in 2008-09 for health technology equipment replacement. It will increase in 2009-10 to 6.172 per cent, or $80 million, of our total capital program.

Equipment replacement is coordinated through a health technology equipment replacement program and includes operating tables, beds, sterilisers, X-ray rooms and magnetic resonance imagers. Some $380 million has been spent on equipment replacement since its inception in 2001. The program provides funding towards the program on a two-year rolling allocation basis. Expenditure for the financial year 2008-09 is $32.7 million followed by forecast expenditure of $80 million in the 2009-10 financial year.

In the next 12 months Queensland Health will replace the following types of equipment: linear accelerators, with an average cost of $2.5 million; CT scanners, with an average cost of $1.7 million; gamma cameras, with an average cost of $1.2 million; digital X-ray rooms, with an average cost of $350,000; and anaesthetic machines, with an average cost of $35,000. The life expectancy for medical equipment usually varies from one to 10 years depending on its type, complexity, service delivery and throughput. Provision is usually made within each hospital project budget for the purchase of new medical equipment.

I will give some further detail on the $32.7 million for the year ended 30 June 2009. Nambour Hospital's intensive care unit's operating theatres patient monitoring system cost $1.4 million, the cardiac ultrasound machine at Rockhampton Hospital cost $370,000, the 16 anaesthetic machines for the Gold Coast Hospital cost $384,000, the three anaesthetic monitors for the Royal Children's cost $124,000, and over 50 beds and mattress at various facilities across the state cost $850,000. That underspend—$50 million compared to $32.7 million—is carried forward into 2009-10.

CHAIR: I call the member for Pine Rivers.

Ms MALE: I refer to my previous question about the amalgamation of paediatric oncology and paediatric cardiac services and ask whether the Deputy Premier can provide some additional information on this.

Mr LUCAS: I will call Dr Steer.

Dr Steer: I did discuss briefly before the break the improvements and importance of the consolidation of paediatric cardiac services. I will talk specifically about the paediatric oncology services and what we have seen over the past two years with that amalgamation.

The advantages are dramatic for both staff and patients. For staff what we have seen is a consolidation and critical mass of providers which has allowed further subspecialisation of teams to look after not only leukaemias but another team looking after solid tumours. Again this focus improves care. We also have a team now dedicated to adolescent oncology.

A vital issue and clearly a relatively unknown one is that, despite the dramatic improvements in childhood cancer outcomes over the past 25 years and the less dramatic but modest improvements in adult outcomes, in fact adolescent outcomes for cancer have actually not improved at all over the last 25 years. This critical mass allows us to start addressing these issues.

From the patient perspective there are a couple of very obvious advantages. We no longer have families who are burdened with their child with cancer having to transfer across the city for various services, be that follow-up cardiac services, bone marrow transplant or radiation therapy. This is obviously an extraordinary improvement for these families.

Another critical but perhaps less well advertised advantage is that all Queensland children with leukaemia or cancer now will have the opportunity to enter into national and international clinical trials. This sounds like a very small thing, but I just want to emphasise to the committee the critical nature of

this option for children and their families. Twenty-five years ago leukaemia and cancer in children was virtually a death sentence. We now have overall survival rates of 73 per cent for all types of leukaemias and cancers and 83 per cent for all leukaemias alone. The single greatest contributor to that is the ability of children and families to enrol in clinical trials—some 2.5 per cent of adults are involved in clinical trials and 80 per cent of all children are involved where trials are in fact available. We cannot underestimate the contribution that this will make to overall care in the long term.

Despite the extraordinary improvements in outcomes in the last 25 years, again a little-known fact is that, of childhood cancer survivors, 60 per cent still have long-term chronic disability or disease. Of that 60 per cent, 50 per cent have severe life-threatening disease long term. We can attract and retain staff who want to be part of answering some of the questions that are still unclear.

Mr HOOLIHAN: With reference to page 3-159 of the SDS, what is the government doing to provide safe and sustainable maternity services for Queensland mums including, and I suppose more particularly, those living in rural and regional communities?

Mr LUCAS: I thank the honourable member for the question. It is an important question. Everyone is a mother, has a mother or both. Every year around 60,000 babies are born in Queensland. The government is committed to giving mothers and babies the best start. We are doing this by providing access to quality, best-practice maternity and childhood services for mothers no matter where they live.

Development of the maternity and newborn services in Queensland work plan 2008-12 is to progress maternity and newborn services reform in Queensland Health. Queensland Health has established a dedicated state-wide maternity unit and state-wide maternity and neonatal clinical network to work with health service districts' maternity healthcare professionals and consumers to improve maternity care.

Investment and action has focused on four priorities. They are: outcomes for Indigenous mothers and babies; rural and remote maternity services; postbirth care; and the maternity workforce. The government is already delivering with the universal assessment of pregnant mothers for key risk factors and referral and postnatal follow-up, new birthing centres at Townsville and Toowoomba hospitals, community based antenatal clinics; group midwifery practice services at Ipswich, Logan and Charleville; and the community midwife and child health nurse practitioners in the Upper Ross area, at Palm Island and at the Townsville Hospital.

In February 2009 Queensland Health released a drug therapy protocol and health management protocol for midwifery to expand the scope of midwifery practice to include the ordinary and routine tests and medications for maternity clients. Newborn and family drop-in services have been established in Cairns, Townsville, the Sunshine Coast, Logan, Toowoomba and the Gold Coast. Additional services in Mackay, Mount Isa and Hervey Bay have come online.

The University of Queensland has commenced establishment of the Queensland Centre for Mothers and Babies. The Queensland Centre for Mothers and Babies will provide up-to-date information and resources for mothers, babies and their caregivers. The centres will also advise government on how to improve maternity services. We have allocated $7 million over four years for the centre.

Financial incentives have been provided to recruit and retain more rural health professionals including GPs and obstetricians. Additional funding has been made available to expand birthing training for remote and rural nurses. Through these initiatives we are committed to ensuring that all women have access to safe and high-quality maternity care no matter where they live. I will try later to speak a little about the midwife model of care which is one that I am very enthusiastic about.

CHAIR: With reference to Queensland Health's mission to create a dependable health system, can the minister advise how the government is delivering on that mission with the implementation of the new national registration and accreditation system?

Mr LUCAS: The proposed new national registration and accreditation system for health professionals seeks to establish, for the first time ever, a consistent set of national standards or processes for registering individual health professionals. Currently, this is the responsibility of each individual state and territory government. Under the current system, requirements for registration vary across jurisdictions, and the professions required to be registered to practise also differ.

That hardly helps us in Queensland, where we have people who are wanting to come to Queensland to work. Earlier the shadow minister expressed a view on population growth and professionals. Since 2005 Queensland's population has grown from 3.9 million to 4.29 million, or 7.68 per cent. Over the same period, the number of doctors, nurses and allied health professionals employed by Queensland Health has grown by 38 per cent. I do not know whether he would suggest we should not have grown them by 38 per cent and by only 7.68 per cent. That is many more doctors and nurses since 2005, with another 3½ thousand to come.

As I indicated before, population is a very raw judge of these things because we have factors pulling in various directions. We have improved reforms such as day surgery, hospital at home, step-down facilities and the like. At the same time, we have the issues of the private sector, our ageing population and the like. They operate in different ways in different places.

I refer to what Mike Horan said in answer to a question on notice on 29 May 1997. He said that using numbers of beds to judge the adequacy of health services is an outdated concept.

Mr JOHNSON: What are you doing?

Mr LUCAS: That is the principle he expressed. Is the principle not true? I am not referring to numbers.

CHAIR: Order, Minister!

Mr LUCAS: The critical question is the quality and quantity of services provided, not the number of beds. Obviously either he was right or he was not. For example, all jurisdictions register medical practitioners but only Queensland registers speech pathologists. As a result, there are some 80-plus health practitioner registration boards in operation across Australia. The health and wellbeing of the public is extremely important to this government. Since 2005 we have undergone an exhaustive process of significantly strengthening our registration procedures.

We have seen the problems that have happened, where someone has been disciplined or action has been taken against them in another state only for them to slip interstate and sometimes that not be reported. Under national registration, that will be avoided. It will also mean, of course, that people can far more easily transfer from one state to another, which is a key issue in the recruitment of people.

The project has provided challenges. The end result will be a world-class system that utilises the best concepts from each of the existing systems. It will include mandatory reporting and misconduct for medal officers, criminal history checks, student registration, complaints management and investigation.

CHAIR: Moving on, with reference to the 13HEALTH service, which has proved itself to be an invaluable tool to support all Queenslanders, can the minister advise how many calls have been received in the last financial year and the type of work that has been undertaken? Has it assisted in reducing pressure on our hospital emergency departments?

Mr LUCAS: The state government delivered on its 2004 election commitment to establish a 24-hour, seven day a week state-wide health contact centre, and the 13HEALTH began state-wide operation in April 2006. This is a significant primary healthcare service, which provides health information, referral and tele-triage services from qualified health professionals to the public in all parts of Queensland. It received 247,223 calls in the 2008-09 financial year. Of those calls, 83.05 per cent were answered by nurses within 20 seconds. 13HEALTH is staffed by over 70 registered nurses and in the 12 months to March 2009, GP type attendance at the public emergency departments decreased 12.1 per cent. That is in the lower acuity range. 13HEALTH has contributed directly to this reduction. I think people often want peace of mind. If they can speak to a qualified person, that is really important. I just want to acknowledge the wonderful job—they really are the backbone of our health system—our nurses and the chief nurse, who is with us here today, have done on this.

The 13HEALTH service has also lessened the burden on hospital switchboards and emergency departments dealing with telephone inquiries. Since the establishment of 13HEALTH, there has been a decrease in category 4 and 5 ED presentations. 13HEALTH also responds to contamination of food issues, population health alerts, such as H1N1 Influenza A, and provides central access to health schemes. The value of 13HEALTH has been very apparent with the outbreak of swine flu. From 25 April 2009 to 30 June 2009, there were 8,405 inquiries to 13HEALTH that directly related to human swine flu. We understand why mums and dads are concerned and we have asked Queensland Health to take it seriously and they have. We gave people the option of calling 13HEALTH if they had concerns and wanted to discuss them. These 8,405 calls have meant more peace of mind for Queenslanders and fewer people needing to visit our emergency departments and GPs. Of course, if someone believes that they are ill, they are welcome to attend the emergency department or a GP.

Over the last year, 13HEALTH has also added child health advice to its services and 37 per cent of the calls were concerning children between the age of 0 and four. For those of us who are parents, particularly when you have your first child, you get very concerned. You get a bit more relaxed after No. 2 and No. 3, and when No. 4 comes along it is all pretty right as rain. My fourth is my daughter. She is far more resilient then her big wuss elder brothers. Give me a tough woman ahead of three rugby-playing boofs any day.

The new coaching patients on achieving cardiovascular health program assists recently discharged cardiac patients to avoid hospital re-admission. Since the commencement of 13HEALTH to 30 April 2009, the service received 563,843 calls. It is not diagnostic and it should not replace medical consultation.

Mrs SMITH: Deputy Premier, earlier you referred to the misuse of drugs and its relationship to some mental health issues. What is the government doing to prevent the misuse of pseudoephedrine and to reduce the devastating impact that dangerous drugs like ice are having?

Mr LUCAS: As the gatekeepers who supply medicine to the community, pharmacists play a key role. Currently, under the requirements of the Health (Drugs and Poisons) Regulation, pharmacists are required to record sales of pseudoephedrine, but it is not mandatory for them to share that information

or to provide it to police and health authorities routinely. Today, the police minister and I will be announcing the new requirement for all pharmacists in Queensland to report in real time all over-the-counter sales of pseudoephedrine under a new Bligh government program to crack down on illicit drugs. Already around 90 per cent of pharmacies are using the current voluntary program Project STOP. This has been an outstanding success, preventing around 26,000 suspicious sales of drugs since 2006.

Pseudoephedrine is all too often used to make methamphetamines like crystal meth or ice. These are certainly dangerous and powerfully addictive drugs. The use of crystal meth can result in a range of devastating short and long-term health effects. These include severe addiction and mental health problems, such as paranoia, anxiety and panic. People suffering from the ill effects of these drugs are taking a toll on our front-line ambulance, police and hospital staff. Illicit drugs are a scourge and the Bligh government is committed to doing everything it can to stop them from reaching our streets.

Most people wanting pseudoephedrine products want them for legitimate reasons and it is not a big ask to provide information. It is like when you go to the airport now and they test your bag—they want to put the scanner over it. It is no problem. I am happy to have my bag tested, because the alternative is not something that I want to contemplate. So I am more than happy when I get some pills at the pharmacist—I do not think it is a big thing to hand over my licence if what we can do is deal with this. These new requirements are about stopping criminals who want to take a road trip from soft target pharmacy to pharmacy, stockpiling pseudoephedrine to turn it into ice and speed. Currently, 90 per cent share information through Project STOP and that is stopping $50 million worth of drugs from reaching the streets. Six pharmacists have had their endorsements to obtain, possess and supply scheduled drugs removed. One Hervey Bay pharmacist was convicted of selling more than 3,000 pseudoephedrine products in 2009—five times the average yearly sale at that time. The police task force uncovered evidence that the pharmacist sold in excess of 2,000 boxes of pseudoephedrine to persons he believed to be drug runners. He was convicted last year and sentenced to three years imprisonment. Under the new changes, all pharmacies will be required to enter sales of pseudoephedrine products in an electronic form capable of sending real-time notification to police and health officials and being networked with all community pharmacies. Ideally, pharmacies would do this voluntarily—and most have—but we want to close the final loophole.

Queensland Health will begin the further discussions with pharmacies ahead of changes to legislation by the end of the year and implement in 2010. As I said, they can do it voluntarily anyway. So hopefully even more of them will do it, bearing in mind we will make it compulsory. We want to make sure that the remaining 10 per cent do not become soft targets for criminals and drug dealers.

Mrs SMITH: I refer to page 3-161 of the Service Delivery Statements. Can the Deputy Premier advise what the government is doing to reduce waiting times for specialist outpatient services in our public hospitals?

Mr LUCAS: I thank the honourable member for the question. It is an issue of significant concern for us, our outpatient waiting times. We are keeping our commitment to address waiting times for specialist services in our public hospitals. We provided $20 million in recurrent funding to support the implementation of a range of reform strategies arising out of Ken Donald's review of specialist outpatient services. Of this funding, nearly $15 million has been provided to health service districts to increase the number of new case outpatient treatment appointments offered.

The funding has delivered an increase in the number of people treated in specialist outpatient services. For the first eight months of the 2008-09 year, I am advised that there has been a three per cent increase in the number of new case outpatient appointments provided—358,824 in 2008-09 compared to 348,944 during the same period of 2007-08. That is almost 10,000 additional specialist appointments in nine months. That is a lot of appointments in relation to our specialists. The highest demand continues to be for orthopaedic surgeons. The state-wide rollout of the orthopaedic physiotherapy screening clinics and the multidisciplinary service has continued in 2008-09. We have highly qualified physios and allied health professionals who can work in a collaborative fashion with orthopods to make sure that they can both do things to help cut down those times. The service is now operational at 10 hospitals: Ipswich, the Royal Brisbane and Women's Hospital, Townsville, the Princess Alexandra Hospital, the Gold Coast, the Mater, Logan, Redcliffe, Toowoomba and the Mater Children's Hospital. Services are also planned for commencement at Nambour, Cairns, Mackay, Bundaberg and Rockhampton in 2009.

Other important areas of outpatient reform include implementing the map of medicine software to assist GPs in referring to specialist outpatients. The software enables GP and hospital clinicians to share information and track a patient's clinical pathway to improve referral processes, partnering with the Divisions of General Practice. I would like to give a plug for them. They are great people. They are really doing a fantastic job. The Gold Coast Health Service District works with general practitioners to introduce speciality-specific outpatient referral templates that can be transferred electronically. Of course, the opening of the Gold Coast Surgery Centre has provided the opportunity to increase throughput of both specialist outpatient and day-care patients for surgery—a one-stop ambulatory care service.

We are committed to having the shortest public hospital waiting list by 2020. We have made inroads in elective surgery and we are making inroads on EDs. Outpatient waiting lists are the biggie that we need to deal with—a federal government responsibility primarily. We are working more with them in terms of encouraging the rollout of bulk-billing specialist outpatient clinics.

Mrs SMITH: Thank you.

CHAIR: As government time has concluded, we will move to opposition questions. As previously resolved, non-committee members have been given leave to appear. As such, I call the member for Aspley, Ms Tracy Davis.

Ms DAVIS: My question is to the minister. I refer to the Queensland Children's Hospital, which now has a project budget of $1.283 billion, which is an increase of 185 per cent on your government's original budget of $694 million. We now are seeing an additional $80 million in this budget for an academic and research centre, taking the total budget for this project to $1.363 billion, or almost double the original budget. Can the minister please explain why in a little over three years this project's budget has doubled in size? How much more expensive is this project actually going to be?

Mr LUCAS: I thank the honourable member for the question. Of course, if the LNP was in power it would not happen, because the member for Caloundra the other day indicated that he would scrap it and build the Sunshine Coast University Hospital. So there is a very clear choice here. We have clearly got a commitment to the Queensland Children's Hospital and what goes with it. But the member for Caloundra does not and the position of the opposition is clearly not to build one—in fact, not just not to build one but to take the money away and put it somewhere else. That is cheating children not only in Brisbane but in other parts of Queensland, the Sunshine Coast and the like.

The Children's Hospital will provide 359 specialist children's beds next to the Mater women's and private hospitals in South Brisbane. The budget is $1.283 billion. Capital recurrent is being assessed and will include the development of the anticipated staffing profile within the allocated recurrent budget. As part of the development, associated works include the car park. The car park is being developed by Mater Health Services and it is necessary in order to demolish the existing service on Raymond Terrace, which is in the footprint of the QCH. In the main building, space for services will be 71,000 square metres of floor space, which is 10,000 square metres more than the current Royal Children's and Mater Children's hospitals combined. There will be parking for more than 600 car parks in the basement of the QCH plus a six-level, 1,500-bay car park opposite the hospital. I might ask Michael Walsh to make some further comments in relation to the budgetary matters.

Mr Walsh: For all of the major hospital project budgets, it is important to recognise the size and complexity of the project and also the length of time that the project is being undertaken. Most of them are being undertaken over a six-year period from when they are announced to when they are commissioned. Determining the total cost of the project has to take into account a large number of factors, including things such as the economic environment. In relation to the cost of materials that are being forecast out six years in terms of steel, concrete, other furniture and fittings, iron and other aspects that are going into the building, it is important that we recognise that those estimates and forecasts need to be continually updated.

When budgets of such complexity, such as for all of the major hospitals, including the Queensland Children's Hospital, are first identified, they are costed in what are called current dollars—therefore, not taking into account the fact that materials over the life of the project will cost more by the time the project is complete.

Mr LUCAS: Might he have an extension to answer?

CHAIR: Member for Aspley, you have the opportunity to allow further discussion.

Mr LUCAS: Mr Walsh is in the middle of answering the question.

CHAIR: Another two minutes if you require further clarification?

Ms DAVIS: No, no further clarification is necessary. I refer to page 3-159 of the Service Delivery Statements and in particular to the construction of a dedicated paediatrics emergency department at Prince Charles Hospital. Will the minister advise what children's specialist clinics will be available to supplement this particular emergency department?

Mr LUCAS: Dr Steer would be the appropriate person to answer that. We have recruited Dr Steer from Canada. He does not like to blow his own trumpet—he is a man of few words, actually—but I might just ask him to speak about his qualifications and background and then answer the question.

Dr Steer: Thank you very much for that. Peter Steer, District CEO of Children's Health Services. I also hold a position as professor of paediatrics in the faculty of health sciences at the University of Queensland. I arrived on 5 January this year from Canada, a city called Hamilton, where I was CEO and president of McMaster Children's Hospital and president/chair/chief of paediatrics at McMaster University. My background is clinical and neonatology, although I have been in medical and administrative leadership positions for the last five years.

With respect to the focused question, there will be a broad range of specialty and subspecialty outpatient ambulatory services offered at the Prince Charles Hospital when that is opened in 2012. As you may know, there are going to be 12 focused streamed paediatric emergency bays within the emergency services there, with dedicated paediatric staff with paediatric skills. We also will have 20 short-stay beds and eight ambulatory outpatient rooms available. The general paediatricians particularly looking after issues such as asthma, gastrointestinal upsets, follow-ups of pneumonia et cetera are most commonly going to be using those rooms, but there is also significant advantage in us taking our specialists and subspecialists to the people rather than the people coming to us. So the vision is of development services, rehabilitation services and virtually every other subspecialty service having some regular clinics within that space at Prince Charles Hospital.

It is important to understand that the vision for the Queensland Children's Hospital was part of a substantive network and system of care that will be hub and spoke, where we will be linking staff updates and standards with not only the Prince Charles Hospital but also Logan, Caboolture, Redlands, Redcliffe and Ipswich so that what we see is a network of care and a system where we link our community child health services, our secondary level paediatric services, all those distant or sort of peripheral metropolitan sites and the QCH so that children will get appropriate care as close to home as possible but they will be part of a network and a system so that no-one falls through the cracks.

Mr LUCAS: I appreciate the honourable member's qualifications and interest in this area, being a medical professional herself. I would ask her if she would be prepared to give Dr Steer an extension to finish the answer.

Ms DAVIS: No.

Mr LUCAS: Not interested? Tactical error.

CHAIR: I call the member for Caloundra.

Mr McARDLE: Thank you, Chair. Minister, I want to go back to the health technology equipment replacement program and the $50 million budget for last year. This is to replace equipment that is out of date or for some reason is no longer suitable. We spent $32.7 million last year. There are four distinct groups who have an involvement in that process of acquiring the new equipment. Is the minister saying that the balance of some $17 million was not used during the last year because there was no equipment needed to be replaced outside of the $32 million?

Mr LUCAS: I will refer to Michael Walsh in a second, but clearly the procurement process for significant equipment is not always a thing that happens short term. It is also dependant on where it can be secured from. Some of this equipment is made by very few suppliers and many of them not even in Australia. The other thing is that you do not run something until it breaks down and then replace it; you actually do it as part of a planned process and there are windows of opportunity over a period of time in which you replace. That does not mean that you have to replace it on a particular day necessarily; you do it over a period of time. I am more than happy to have Michael Walsh add anything further to that.

Mr Walsh: The health technology and equipment replacement program is a program recognising, as the minister has indicated, the fact that it is a planned replacement program. It operates over a two-year period. It is an allocation that is managed across two years. That is in order to achieve a number of benefits to the program. One is that most of the equipment is purchased from overseas. There are fluctuations in the exchange rates of dollars and therefore, because we are planned, we can actually time the purchase of equipment to maximise the use of the allocation to purchase equipment at a time when we achieve the greatest exchange rate.

Also, it is important to recognise that equipment is not necessarily replaced in some situations when it is at the end of its life. It can be relocated to another hospital and utilised there for the remaining part of its life because it will be at a lower intensity of use. Therefore, we can plan the program, which is why it is run over two years, to time the allocations to fit in with when capacity is built in other hospitals to take the relocated equipment and also to maximise the value of the allocation to achieve the best value for money for the equipment.

Mr McARDLE: Minister, you have a budget this year of $80 million for replacement. You spent $32.7 million last year. The four groups involved are the health service districts, the capital works and asset management team—which has now had a change of name—the Health Services Purchasing and Logistics Branch and the Shared Service Agency. They are the four organisations that fit together to obtain the new equipment. We could not spend $50 million last year. We are looking at $80 million this year. Is it a case that any of these divisions has caused problems in relation to obtaining the equipment on time?

Mr LUCAS: I am not aware of that. I do not propose to go interviewing everyone individually in those divisions. What I expect, though, is that if a budget is allocated we expend the moneys in those areas. I know that this year, for example, our capital budget in Queensland—this is not equipment but our capital budget generally—is $1.29 billion. In New South Wales it is $603 billion, in Victoria $212 billion, in Western Australia $572 billion, in South Australia $59 billion and in Tasmania $80.1 billion. We are dwarfing them this year in terms of our capital budget. Capital equipment for major projects is included in that capital budget as well. This level of expenditure in itself is not a true picture.

We need to make sure that we coordinate the purchasing of capital assets. Sometimes it is better to hold off and wait for a number of them to be purchased at once to get the benefit of equipment economies of scale. In a number of places I know clinicians like to use the one piece of equipment so that they can easily resort to it rather than using different brands. There is no difference between driving a Holden and a Falcon but it is easier to have a similar fleet in a similar place. That is also an important part of it.

I am not sure where you are coming from here. I am not aware of any issue between them. I would hope that when you have different areas you vigorously take the point that you are not all there to sign off blindly. What is important to me is that we are increasing the amount of money that we are spending. We have a massive capital program that just dwarfs other states, yet still we have the shortest elective surgery waiting times in Australia—we continue to have it—and our emergency times are waning. The proof of the pudding is in the eating. The number of services we provide is ever increasing. We are doing a lot of things right and we can do even more right. I would like to spend as much as we can on these things. I might just ask the director-general to make some further comments.

Mr Reid: Just to comment on the specific question, there are no specific issues. There is a single point of decision making around capital expenditure which resides in the executive management team, advised by our finance area. Michael Kalimnios is the chair of that. We need to understand that the capital expenditure items in equipment replacement are from multiple sources. A lot of the moneys come directly from the Commonwealth—the rounds in capital for MRIs and PETs and those types of things. A lot of money is built into the actual capital works program when you build major new facilities, so it is picked up in there. Then there is some money around the replacement in capital areas within the budget items you talk about. It is historically lumpy in its usage of that capital which is largely caused by—

CHAIR: I call the member for Caloundra.

Mr McARDLE: Minister, I take you to page 3-159 where you discuss the issue of emergency departments. As you have said on many occasions, the publication of data is very important. In particular, I table the 'Our Performance' document for Friday 19 June 2009 that shows that at 10 am the QEII Jubilee Hospital was on bypass. I also table the Monday, 22 June 2009 report as at 10 am that showed that in fact the QEII Jubilee Hospital on 19 June was not on bypass. What I am concerned about here—it may be minor as far as you may consider—is a change in the records. The public record shows on one day that it was not bypassed and on another day it shows that that was wrong and it was on bypass. I table those two documents for the benefit of the committee.

Mr LUCAS: Can I have a look at that?

Mr McARDLE: For the minister's sake I have highlighted the relevant entries. The first one is the 22nd; the second one is 19 June.

Mr LUCAS: The day that you are referring to?

Mr McARDLE: On 19 June it shows QEII Jubilee Hospital on bypass at 10 am but when one goes to 22 June, which also records 19 June, it shows that it was not on bypass.

Mr LUCAS: 19 June that it was on bypass?

Mr McARDLE: On the 22 June document, look for the date of Friday, 19 June. It shows that QEII was not on bypass. They are inconsistent.

Mr LUCAS: I will check that. Are you aware of any other occasions on which that has occurred?

Mr McARDLE: I think once is enough. My concern is—

Mr LUCAS: No, I am asking you—

CHAIR: Order!

Mr McARDLE: I will withdraw that comment. I did not mean in it that sense. My concern is that here we have a public record on the website of Queensland Health that has been altered. It may be a perfectly innocent situation, but it is a very important document that I check on a regular basis.

Mr LUCAS: I am happy to ask about that. It is out there for reporting. I can tell you about the records for bypass for the 18 months that the Borbidge government was in power. I can table those ones. They are there—non-existent.

Mr JOHNSON: We inherited it from you.

Mr LUCAS: He did not do anything about changing it.

Mr JOHNSON: We inherited it from you.

Mr LUCAS: You inherited not doing anything and you did not do anything? Good. Well, I inherited you not doing anything and I am fixing it. That is what I will do.

Mr JOHNSON: You should know about that.

Mr LUCAS: I know you are embarrassed about it.

Mr JOHNSON: You are embarrassed about it, too.

Mr LUCAS: The honourable member is embarrassed about it.

Mr JOHNSON: I am not embarrassed.

CHAIR: The minister will refer his comments through the chair. The member will cease interjecting.

Mr LUCAS: I am sorry, the honourable member is embarrassed about it.

Mr JOHNSON: I am not embarrassed.

Mr LUCAS: The member for Gregory, because—

Mr JOHNSON: Do you want to have a bit of a go on it?

Mr LUCAS: I beg your pardon?

Mr JOHNSON: Do you want to have a go on it? We can go back with your figures, too. Remember when Mr Beattie was the minister?

Mr LUCAS: Dear me. That reporting did not take place and you did not take the opportunity to change it and this is happening under us. I am more than happy to examine that issue. I asked the honourable shadow minister if he was aware of any other circumstances. He indicates there are not—not that I am relying on him; he is not the checking source—but I will seek an answer on that.

Mr McARDLE: You will take that on notice?

Mr LUCAS: Yes. But, look, what people do is look at it on the day in question. That is the important figure.

Mr McARDLE: I think the important point here, of course, is that the record appears to have been altered. Again, very clearly there may be a perfectly innocent explanation. You asked whether or not there are other instances of that. To my knowledge, no, there is not, but I do know that the data for Friday, 3 July did not appear on the Queensland Health website under 'Our Performance' for emergency department status. That is a different scenario or a different question, but do you know of any reason why the 3 July data did not appear on the Queensland Health website for 'Our Performance' for the emergency department status?

Mr LUCAS: No, I will find that out for you as well.

Mr McARDLE: You will take that on notice?

Mr LUCAS: Yes.

Mr McARDLE: Minister, I draw your attention to page 86 of the Capital Statement. For more than seven years the saga has dragged on about completing a modest $23.2 million upgrade of the Innisfail Hospital. Once again, the project has almost doubled in cost and your government has been promising to finalise it for some time. Yet again it appears in the Capital Statement for this year. Can you explain why has it taken so long to deliver what would be called a basic capital project within time and on budget?

Mr LUCAS: The redeveloped Innisfail Hospital has 49 inpatient and 23 ambulatory care beds. The $42.3 million redevelopment of the Innisfail Hospital was completed in 2007. It was, fortunately, one where we were able to have some nursing home patients accommodated in the private sector there which, of course, is appropriate.

CHAIR: Order, Minister. The time for non-government questions has expired. I call the member for Pine Rivers.

Mr LUCAS: You have another period left?

Mr McARDLE: Sure.

Mr LUCAS: If you want to get to that, we can.

Ms MALE: With reference to page 3-161 of the Service Delivery Statement and the planned expansion of the Surgery Connect program, can the Deputy Premier advise how the government is boosting access to elective surgery across the state?

Mr LUCAS: Yes, I can. Queensland is experiencing a massive growth in demand. The recent federal *State of our public hospitals* report shows that we have the shortest elective surgery waiting times in the country. A record number of Queenslanders are receiving treatment. Last year, 122,031 elective surgeries were performed, which is almost 10,500 more than in 2005. Our Surgery Connect program has been a vital part of getting this far. Under the program, Queensland Health pays for public patients to have their operations done through extra sessions in public hospitals or, where there is spare surgical capacity, in the private system. Since the program began in November 2007, it has treated more than 12,500 public patients. Those are people who would have had to otherwise be in the queue. That is why the Bligh government has made a commitment to making this flagship program a permanent feature of our health system. We will invest $90 million in Surgery Connect over the next three years to deliver an additional 20,000 operations; 3,300 of those operations will be for children. Thanks to this commitment, this financial year alone 7,000 extra Queenslanders will receive elective surgery sooner.

I see this as a really important benchmark that we can look at the public system against. Always, the sheet anchor of our system is our public hospitals and this is a very useful additional advantage. We will invest $90 million in Surgery Connect over the next three years to deliver 20,000 operations, as I have indicated previously. We are seeing major inroads being made into general surgery and ophthalmology, especially cataracts and waiting lists in particular. One of the interesting things with cataracts is that if you can deal with someone's cataracts, you might avoid later hospitalisation for a fall or something like that, because their vision is better.

This is good news for regional Queenslanders. In the past year about 70 per cent of patients treated were outside metropolitan Brisbane. This financial year rural and regional Queenslanders will continue to benefit by being able to have their surgery closer to home sooner: Sunshine Coast, 500 patients; Gold Coast, 400 patients; Cairns, 400 patients; Townsville, 200 patients; Ipswich, 700 patients; Rockhampton, 500 patients; Wide Bay, including Bundaberg and Hervey Bay, 700 patients; Mackay, 100 patients; as well as an additional 3,500 patients in metropolitan Brisbane, many of whom may be rural and regional Queenslanders travelling to Brisbane for specialist treatment. It is a smart investment, good results.

Mr HOOLIHAN: Minister, page 3-159 of the SDS relates to nurse practitioners. Can the minister provide the committee with an update on the new initiatives to recruit and train nurse practitioners, advise how many nurses have commenced as nurse practitioners and how many are currently training and will come online as new nurse practitioners in the future?

Mr LUCAS: I have to say that I am a big fan of nurse practitioners and we are committed to the rollout of nurse practitioners. I wish I had thought of the idea myself, because I would have dined out on it for a long time. We are committed to their rollout across the state to boost the timeliness of services provided to patients in our public hospitals. Internationally, the role of nurse practitioners has been successful in improving access to primary healthcare services. We made an election commitment back in 2001 to conduct a trial of the nurse practitioner role. As a result of that commitment, the nurse practitioner project commenced in July 2002 to investigate suitable models for nurse practitioners in Queensland. The trial was undertaken from February to August 2003 at four sites, including one acute site at the PA oncology and haematology unit and three rural and remote sites at Morven, Laura and Nanango.

We made a further election commitment in 2004 to change the relevant legislation to allow for full implementation of the nurse practitioner role. This new role was introduced in 2005 to enable highly trained and experienced nurses to gain additional qualifications to order diagnostics such as X-rays, prescribe some medications and issue referrals. There were only two nurse practitioners in Queensland Health in July 2005; now there are 84, and 54 are employed in regional, rural and remote locations. We have highly qualified nurses. In the past the career structure in nursing was hands on and then off to administration. Administration is really important, but this is a further clinical pathway that people can go through in their nurse education. It a smart use of resources, that is, smart people.

There are popular myths about doctors and nurses sometimes having disagreements about things. I am sure that they do disagree from time to time. Even the member for Gregory and I from time to time have a disagreement. However, I have been amazed at how well they are working together in our hospitals. If you talk to the doctors in the EDs, they will tell you, 'We have a nurse practitioner. He or she is wonderful. We want another one.' Other people say, 'We really want to get in on the model.' In the last budget we have committed $34.4 million to train and recruit 50 nurse practitioners for 20011-12. If the member for Aspley loses her seat, we might even take her on if she wants to come and have a go. In addition, during the recent election the government committed to providing 30 more nurse practitioners to work in the busiest emergency departments across the state. We have delivered on that commitment with $7.9 million over three years. I would like to make mention of the Rudd government's recent announcements in the 2009-10 federal budget to provide Medical Benefits Schedule and Pharmaceutical Benefits Scheme access to nurse practitioners. They are playing an important role in facilitating this very important professional rollout.

Mr HOOLIHAN: To follow on from that, Deputy Premier, and having regard to the government's commitment to developing Queensland Health staff and enhancing the organisational performance, can you update the committee on the rollout across the state of the new physicians' assistants?

Mr LUCAS: Yes, I can. Physicians' assistants have been working in the United States for quite a significant period. I think they came out of the field surgery hospitals in the Korean War. They were qualified people, although not qualified surgeons, who played a significant role in assisting in the operative process. I met my first physicians' assistant in Mount Isa recently.

In a decentralised state we are looking at how we can be smarter about how we provide services. That not only applies to rural and regional Queensland but also to our busiest hospitals. We are currently undertaking a pilot to determine the future of the physicians' assistant role. They are trained in the medical model and work under the supervision of an appointed medical officer who remains accountable for clinical outcomes. Extensive evidence from the United States demonstrates that the physicians' assistant role is a valid one in terms of productivity, quality of care, patient satisfaction, cost-

effectiveness and their ability to work as part of a multidisciplinary team. They cannot replace the doctor as a principal decision maker but can assist in increasing the access to medical services. For example, in an emergency department they might suture simple injuries, assess and treat simple fractures and manage people with chronic disease. In a primary care situation they might provide the same services as well as manage patients with chronic diseases and treat simple illnesses under the direction of a senior doctor.

Five highly experienced physicians' assistants from the United States have been contracted for the pilot. The initial group commenced on 11 May and the pilot sites with physicians' assistants are currently Cooktown, Mount Isa and the PA Hospital. Following evaluation of the pilot, we will make a determination regarding the physicians' assistant position in Queensland Health. I suppose our mainstay really is nurse practitioners. That is more of a medicine model than the surgery model, but we are keen to see how the physicians' assistants work as well.

Ms MALE: There has already been some discussion today about the Sunshine Coast University Hospital. I am wondering if the Deputy Premier can explain the government's decision to delay the opening of the Sunshine Coast University Hospital and what the government is doing in the meantime to ensure that the people of the Sunshine Coast region have access to adequate health care?

Mr LUCAS: I thank the honourable member for the question. The global financial crisis has placed an unacceptable level of risk on the preferred PPP model for the Sunshine Coast University Hospital. You only need to look at projects like Airport Link, which just managed to squeeze in for the financing on the PPP market before the world changed significantly. Getting the sort of finance that you would need from the private sector for a PPP model to build at the present time is simply impossible to do. We expect improvement in the financial environment over the next two years and that will allow us to successfully procure the SCUH as a PPP. The SCUH revised value-for-money business case will be prepared in 2010 and procurement will commence early in 2011. Initial construction works are due to commence in late 2012 and are due to be complete by late 2016.

Queensland is not alone in the significant impact that the GFC has had but, unlike Western Australia and Tasmania, we are not going to can major hospital projects as a result thereof. We have fast-tracked negotiations to get a private hospital on the Sunshine Coast. The EOI went out last Saturday. It was advertised last Saturday and there is strong interest from private sector proponents because they will want to have a large public hospital built next door. A really strong thing for them is the ability to co-locate services. It is a real attraction for people to do that. Ultimately, for example, you might have an emergency situation. You come to the public emergency ward but then you go up to a private bed if you are privately insured after your surgery. There are some really good advantages in doing this.

I make the point, as I have said repeatedly, that I am very committed to making sure we deliver on this project. It is important to keep faith with the people on the Sunshine Coast to do that. Through the private hospital process, we will have 70 extra beds in 2013, increasing to 110 by 2014. More clinical staff have already been employed—almost 500 extra since 2005. There were 30 extra beds at Nambour as of June 2008, with a further 96 beds in 2011. Those 30 extra beds were constructed as part of the Caloundra Hospital redevelopment in December 2008, with the expanded specialist outpatients department and medical imaging department scheduled for completion next month. We are doing things already on the Sunshine Coast. Go to Nambour, see the construction.

Planning shows that in 2014 bed demand for the Sunshine Coast is 627 overnight beds and we will deliver 721. The Sunshine Coast health budget, for the benefit of the member for Gregory, is an operating budget of $687 million, which is more than triple when the Liberals and Nationals were last in power. The inpatient bed requirements show that by 2016 a total of 306 patients a day would have to travel if we did nothing, but we are not doing nothing; we are building things. We are committed to building new—

Mr Johnson interjected.

Mr LUCAS: I started off talking about Canterbury, saying that notwithstanding that I will be supporting the Premier and supporting the Titans.

Mr JOHNSON: You know who I will be supporting, anyway.

CHAIR: Member for Gregory! I call the member for Burleigh.

Mrs SMITH: Recent media reports have detailed an increase in the number of people in our community contracting whooping cough. With the government's commitment to the prevention of childhood illnesses, can the Deputy Premier advise the committee what investment is made in immunisation?

Mr LUCAS: Yes. I have a bit of a thing about immunisation. In fact, when I was elected as a member of parliament, the one group of people I said that I did not want to do photocopying in my electorate office was the anti-vaccination lobby. I am a great fan of public health initiatives and the great gains in health and wellbeing through public health. We have achieved so many things in public health and there are so many things to go. The Chief Health Officer is educating me well.

Immunisation is one of the key weapons in our arsenal against chronic disease. As the Premier announced yesterday, the government will provide free whooping cough vaccine to new parents to help combat a nationwide outbreak of the disease. Cases of pertussis, commonly known as whooping cough, are four times higher in Australia and Queensland in 2009 compared to the same period last year. In the past year alone three babies have died in Australia after contracting the illness and in the year to date more than 15,000 adults and children have been diagnosed. The problem with the vaccination is that, unlike some other vaccines, it does not necessarily last all of your life. That is why the ability to make it available to parents is important. The program will provide free whooping cough vaccine to all parents with new babies born since 1 May 2009. I should put a plug in for my chief health adviser, Sarah Abbott, who is going to have a baby next month. She will be eligible, but that was not a factor in me deciding the policy.

Pertussis vaccination is given to babies at two, four and six months of age. Babies that are too young to be fully vaccinated and protected can catch whooping cough from their parents who have not been immunised or had booster vaccinations as adults. Many adults believe their own childhood vaccinations protect them in adulthood, but this is not the case. Queensland children have access to a fully funded schedule of vaccines including whooping cough, diphtheria, tetanus, measles, mumps, chickenpox, rubella, hepatitis B, polio and meningococcal C. Parents should see their normal immunisation provider to receive the vaccination—either their general practitioner, local government community health centre or Aboriginal health service.

I want to make one point as an aside. The Brisbane City Council is very, very cooperative in this area. I would like to thank the Lord Mayor and the Brisbane City Council. They take their role very seriously. Many other local governments do, but not all. The Brisbane City Council is excellent in this respect.

Ninety-four per cent of two-year-olds are fully vaccinated against whooping cough. Queensland Health will also undertake a direct mail-out through the Australian Childhood Immunisation Register to alert parents. We have a school based vaccination program. Some vaccines are better delivered later—the human papillomavirus, a Queensland invented vaccine, to year 8 girls and diphtheria, tetanus and whooping cough to all year 10 students.

CHAIR: In relation to the government's investment in telemedicine and e-health initiatives, can the minister advise the committee how these important resources are being rolled out across the state?

Mr LUCAS: The Bligh government continues to meet our commitments to rural and remote Queenslanders throughout our continued investment in the telehealth network. The more you fly over this state the more you realise what a big place it is. Unlike any other mainland state in Australia, we actually have a lot of people living in rural and remote Queensland, and it is a part of our essential character.

Mr JOHNSON: Every corner.

Mr LUCAS: Every corner. The member for Gregory is quite correct. Telehealth is an important tool in a state that is as large and decentralised as Queensland. Again, I have a particular interest in telehealth because it can help us in so many different areas. We have allocated $2.1 million in the 2009-10 budget to telehealth. There are a whole lot of areas in which it can operate. First of all, it can allow clinicians to consult long distance with their patients via videoconferencing facilities. I mentioned recently that I was at the Toowoomba Hospital and there was a mum with a young boy in Dalby I think it was—somewhere on the Downs—who was having his preoperative appointment via videoconferencing, and that sort of thing. It is an important tool in a state that is as large as we are, particularly for rural and remote Queenslanders who would otherwise have to travel significant distances.

We have had over 22,000 videoconference consultations with patients and carers. That means that you are not taking someone away from work or their family necessarily if you can do that. There are 656 videoconferencing systems in Queensland Health which makes it the largest network of its type in Australia and amongst the largest in the world. Over the next three years we are going to extend the network. That will include telehealth services now being utilised in emergency departments in hospitals and rural and remote areas. You can go to a new hospital now and see that in some of the ED bays there is a camera and a high-definition screen. The whole idea of that is that you can go down the line to Brisbane or Townsville and the clinicians there can have a look at the patient and help the clinician or whoever at the remote location, providing suggestions and those sorts of things. It is an important part of that team aspect. I was in Mount Isa the other day and we were talking to some doctors at Julia Creek via videoconferencing.

E-health is also an important part of our strategy, with $126.931 million. Queensland Health is delivering IT systems to allow clinicians to deliver first-class outcomes. In the mental health area, clinicians can now track mental health patient activity across the state and improve care coordination. We know through a number of incidents that that is a really important thing to do. I know that Dr Groves, head of our mental health team, is very, very passionate about making sure that we have those facilities.

In relation to patient discharge, as part of the implementation of the e-health strategy an electronic discharge summary system will be available state-wide by September 2009. Can I have an extension?

Mrs SMITH: Yes.

Mr LUCAS: I think it will be in our major hospitals by September 2009. GPs will no longer need to chase paper discharge information on patients who have come out of hospital. Since the rollout began, over 35,000 electronic discharge summaries have been sent to GPs. GPs are absolutely chief partners in what we do in health. It is important for them to have the ability to get that information so that they know what is happening.

Of all the specialities, radiology is one where you can do things wherever. Notionally, if you are a radiologist you could be watching a football game and have a look at your laptop and read the X-ray and send a note back to someone with your reading of it. You could do that anywhere in the world and at any time. Technology allows us to shoot X-rays around the place. It also means that you do not have to send people off to other doctors with the X-rays; you can send them electronically. We are going to digital mammography, too, which has greatly improved the resolution of what we can do. So those sorts of things are important as well.

IT is what we need to do more of, with specific focus, in my opinion, on our rural and remote system. With some of Kevin Rudd's $43 billion, I am very keen to see how we might access more areas, particularly for health because it is among the most important needs for bandwidth in remote areas.

CHAIR: The time for government questions has expired. I call the member for Caloundra.

Mr McARDLE: Minister, can you provide a firm commitment that the Gold Coast University Hospital will open on time and with all projected services operating from that proposed opening date?

Mr LUCAS: That is the commitment, and if it does not happen I will be pretty cranky about it. I am very committed to the project. I was there the other day looking at them pushing all the dirt around. They have just about finished the bulk earthworks. They would have started piling by now, I imagine. It will be screw piling so as not to annoy neighbours, unlike driven piling which can be a bit noisy. But we are about to start that very shortly, if we have not started already.

I just want to go back to the question about Innisfail for one second. The project was fully completed in September 2008 and is operational. The allocation for 2009-10 was to finalise payments with a contractor. The total cost of the project was $41 million. It commenced in 2005, there were some delays due to Cyclone Larry, the main building was completed in 2007 and was operational at that time.

The opposition during the last election campaign, as part of a totally cynical attempt to con people on the Gold Coast, said that it would not only build the Gold Coast University Hospital but then also keep the Southport Hospital campus open as a full hospital, as it is currently, which is quite ridiculous. That belies the fact that, after the Gold Coast University Hospital and Robina are fully developed, the next one on the Gold Coast should be at Coomera. Surprise, surprise: Coomera is essentially on a railway line. So we are making sure that we are building things that are adequately serviced by public transport.

The hospital project will consist of a clinical services block at the centre build, with two ward blocks flanking it, a separate education and pathology building, a separate mental health building and two car parks with an accommodation capacity of 3,000 cars. We are building two car parks. The first car park will be started shortly and then all the workers will park there while we are building the rest of the site. We have removed 150,000 cubic metres of earth from one site and 220,000 cubic metres from the other site, as we will have a separate private hospital co-located. It provides an increase of 298 beds, which is a 60 per cent bed increase on the current Gold Coast Hospital.

One of the things that I have said to Queensland Health—one of instructions that I have given them in my time—is: 'I want to understand when we build something that we build it not just for today but for the future.' If you go to the Brisbane Airport terminal you can see that the domestic terminal is designed to one day have the departures and arrivals on different levels. It is built like that and it will be like that one day. If you have a look at the Gold Coast University Hospital, you will see that there is room there to put two whacking big wings on it in the future that will work perfectly well with the rest of it. It is designed to be like that. It will of course be integrated with the construction of the light rail.

Mr McARDLE: Minister, I refer you to page 3-165 and the issue of dental care for children and adolescents. In spite of your government's changed performance indicators last year, for each of the past five years services have declined. How do you explain, with a growing population in Queensland, that total services for children and adolescents have declined every year for the past five years?

Mr LUCAS: Yes. There is one reason and one reason alone: you supported John Howard and John Howard—

Mr McARDLE: Here we go.

Mr LUCAS: Hang on. Did John Howard withdraw federal funding from dental services in Australia or not? Did Queensland, unlike other states, actually take up the shortfall? It was a typical Howard stunt. You fund something like a dilettante, you get in there and you make the big announcement and then you

duck off and leave us to pick up the pieces. What are we doing about dental treatment? For starters, we are training a whole lot more dentists now than we did in the past. What is Kevin Rudd doing? Two things that Kevin Rudd is doing—

Mr McARDLE: He is overseas.

CHAIR: Order! The minister has the call.

Mr LUCAS: That is last thing I would be talking about. It is a wonder you have not produced an email from Malcolm Turnbull today.

Mr JOHNSON: You've only got five minutes. Be nice.

Mr LUCAS: One of the things that Kevin Rudd has done is introduce a teen dental program which provides a voucher for treatment for teenagers in either the public system or the private dental system, which is also a critical part of dental service. We allocate significantly more—

CHAIR: The time for non-government questions has expired. I call the member for Keppel.

Mr LUCAS: I was enjoying that.

Mr McARDLE: So were we.

Mr HOOLIHAN: This is an area that is near and dear to my heart. Can the Deputy Premier advise how the government will boost health services for residents of Central Queensland in line with the expansion of the Rockhampton Hospital?

Mr LUCAS: Yes, I can. How many questions have we got to go?

CHAIR: One and possibly a half a one. We have five minutes.

Mr LUCAS: I might try to fit in a bit on dental at the end. We have committed $74 million towards the expansion of Rockhampton Hospital, due for completion in 2011. There will be an additional 51 beds, from 128 to 179 beds. We thank the Commonwealth government for its $76 million for the Rockhampton Hospital, and we will determine how that money will best be spent.

The capital works underway and planned for Rockhampton Hospital will provide additional inpatient beds, operating theatres and research space to support regional health training, as well as our announced $6.5 million capital funding for an oncology centre at Rockhampton Hospital. That will deliver this new facility by completely refurbishing the sixth floor of the base hospital. When completed, the new oncology centre is expected to employ at least an additional 10 oncology staff and provide an extra 4,410 cancer treatment sessions a year.

This is in stark contrast to the policies of the opposition when Mike Horan took the money out of Rockhampton and whacked it up to Toowoomba. It is a bit like wanting to take the money from the Queensland Children's Hospital and whack it up to Caloundra. The new health service will replace the old hospital building on Anzac Parade which opened in 1977. The new health precinct will house community health, mental and oral health facilities. The new hospital will provide a total of 34 beds, as I indicated previously.

On dental matters, the previous Howard government withdrew funding from the Commonwealth dental program. There is a new Commonwealth Dental Health Program and where is it? It is blocked in the Senate. Who is blocking it? Liberal and National Party members, amongst others. So that is how much they are interested in teeth. They are blocking it, playing base politics in the Senate. Our school dental program is something that we are very committed to. We see most urgent dental cases in the general population within 24 hours. In the districts most people requiring urgent emergency care are seen within the recommended times or even earlier.

The other issue is—and I note that the opposition actually supports this particular public health initiative; I am not claiming otherwise—that of fluoridation. Fluoridation of course will have a major impact, not immediately but further down the track, when it comes to people's health. In conclusion, Howard took the money out; we put it in. We spend more per capita than any other state.

Mr Reid: Than two other states.

Mr LUCAS: Than two other states, sorry—New South Wales and Victoria. There is currently a bill before the Senate that is being blocked by the tories.

Mr Johnson interjected.

Mr LUCAS: Don't you like being called a tory? I don't reckon you are a tory, but you have been lumped in with them. You merged with them.

Mr JOHNSON: You only have two minutes to go. Be nice.

Mr LUCAS: I will be nice.

Mr JOHNSON: Try to be nice.

Mr McArdle interjected.

CHAIR: Order, members on my left. Order, Minister.

Mr JOHNSON: You were given a chance.

Mr LUCAS: I will be nice, then. I will finish on a nice note.

Mr Johnson interjected.

Mr McArdle interjected.

CHAIR: Member for Gregory. Member for Caloundra. Order! Minister.

Mr LUCAS: Finally, we do want to work with the federal government in relation to the teen dental health program, which will provide some ability to treat kids in not only in the public system but also in the private system. Often teeth issues are presented with other things as well. It is difficult in dentistry. There is a lot of demand but we are actually keeping our end up here.

Mr HOOLIHAN: In line with Queensland Health's commitment to faster emergency care in our hospitals, can the Deputy Premier advise the committee what is being done to improve patient flow and reduce access block at our major hospitals?

Mr LUCAS: Yes. We are delivering on our Q2 target to have the shortest public hospital wait times in Australia by 2020. Our elective surgery median wait times are already the shortest in Australia. So far in 2008-09, our EDs have seen a three per cent increase in emergency department presentations compared with the same period last year.

One of the issues too, as I indicated before, is that categories 4 and 5—the lower acuity—are not coming up as much but the higher acuity ones are, and of course they are the more resource intensive. Across the 21 largest hospitals, there has been a 10.2 per cent increase in attendances during the March quarter 2009 compared to the March quarter five years ago. At the same time, our public hospitals are also treating more elderly long stays and chronic disease patients who require beds that cannot be used by patients moving out of emergency departments.

CHAIR: Thank you, Minister. The time for questions has expired. On behalf of the committee, I thank you and your departmental officers for your attendance here today. The transcript of the hearing will be available on the Hansard page of the parliament's website within approximately two hours. The committee will now break for lunch and the hearing will resume at 1.15 pm sharp with the Minister for Police, Corrective Services and Emergency Services. Thank you for your attendance today.

Mr LUCAS: I thank the committee for its sittings today. I appreciate the opportunity to speak to the committee and answer questions from the committee. I also thank Hansard and other parliamentary staff. I particularly want to thank my department and the team who have worked with me in relation to the estimates debate. I also thank my general departmental officers, whom I am extremely proud of, and my office of course who, as always, work above and beyond the call of duty.

CHAIR: Thank you.

Proceedings suspended from 12.16 pm to 1.15 pm

ESTIMATES COMMITTEE B—POLICE, CORRECTIVE SERVICES AND EMERGENCY SERVICES

In Attendance

Hon. NS Roberts, Minister for Police, Corrective Services and Emergency Services

Queensland Police Service

Mr B Atkinson APM, Commissioner of Police

Mr I Stewart APM, Deputy Commissioner, Specialist Operations

Mr C McCallum APM, Deputy Commissioner, Regional Operations (Acting)

Mr P Brown, Deputy Chief Executive, Resource Management

Mr R Wilson, Director, Finance Division

Mr A MacCracken, Manager, Corporate Reporting Unit

Department of Community Safety

Mr J McGowan, Director-General

Queensland Corrective Services

Mr K Anderson, Commissioner

Queensland Ambulance Service

Mr D Melville, Commissioner

Queensland Fire and Rescue Service

Mr L Johnson, Commissioner

Emergency Management Queensland

Mr B Grady, Deputy Executive Director

CHAIR: Good afternoon, everyone. The hearings of Estimates Committee B has now resumed. The next item for consideration is the proposed expenditure for the organisational units within the portfolio of the Minister for Police, Corrective Services and Emergency Services. In the first session we will examine proposed expenditure for the Queensland Police Service. Following afternoon tea, the committee will examine the proposed expenditure for the Department of Community Safety. I remind members of the committee and the minister that under standing orders the time limit for questions is one minute and answers are to be no longer than three minutes. A single chime will give a 15-second warning and a double chime will sound at the end of each of these time limits. An extension of time may be given with the consent of the questioner. A double chime will sound two minutes after an extension of time has been given.

The standing orders require that at least half of the time available for questions and answers is to be allocated to non-government members. Any time expended when the committee deliberates in private is to be equally apportioned between government and non-government members. I ask departmental officers to identify themselves when they first come forward to answer any questions if the minister refers a question to them so that Hansard can record their names. I also importantly ask that all mobile phones and pagers be switched off or certainly switched to silent mode.

I now declare the proposed expenditure for the organisational units within the portfolio of the Minister for Police, Corrective Services and Emergency Services to be open for examination. The time allocated is 3½ hours. The question before the committee is—

That the proposed expenditure be agreed to.

Minister, do you wish to make an opening statement? I remind you that there is a time limit of five minutes for such a statement.

Mr ROBERTS: Thank you. I welcome the opportunity to outline the Bligh government's strong and ongoing commitment to law and order and community safety in Queensland. At the outset, I would like to take a moment to recognise the magnificent response provided by our emergency services agencies to a spate of natural disasters which took their toll on Queensland between November and May of this year: storms in The Gap in November; tropical cyclones Charlotte, Ellie and Hamish in December, February and March; wild weather on the Sunshine Coast in May; and storms and flooding in Brisbane and the Gold Coast in May. In each and every instance, our emergency services agencies—police, fire, ambulance and Emergency Management Queensland—rose to the challenge, and for that

they deserve our recognition and thanks. I also acknowledge the outstanding efforts of our many volunteer emergency service organisations, including the State Emergency Service and rural fire brigades.

Included in this year's budget is a massive $1.706 billion for the Queensland Police Service and $1.573 billion for the Department of Community Safety. I particularly note the strong investment being made across my portfolio on capital works. Across my five agencies, more than $470 million will be invested in new police stations, jails, ambulance, fire and emergency services facilities, injecting massive funds into local economies and supporting thousands of jobs.

The Queensland Police Service's 2009-10 budget allocation is more than $134 million, or 8.5 per cent, up on last year's allocation. This additional funding will allow the Queensland Police Service to create an additional 203 police positions during the next 12 months as part of the Bligh government's commitment to provide a minimum of 600 new positions over the next three years. The budget also includes $100.6 million in funding for technology projects, including Policelink and the development of a new computer-aided dispatch system. I am particularly excited about our Policelink project, which will provide a point of contact for anyone wishing to make non-urgent contact with police. It is forecast to be operational early next year and will utilise the national non-urgent police number—131444. The budget also provides an additional $47 million for road safety initiatives which will enable the Queensland Police Service to continue focusing on changing the attitudes and behaviours of drivers who endanger their lives and the lives of others.

The Department of Community Safety's 2009-10 budget allocation represents an increase of $121.4 million, or 8.4 per cent, on the 2008-09 allocations for the former departments of emergency services and corrective services. Specific allocations include $494.6 million for the Queensland Ambulance Service, $552.5 million for Queensland Corrective Services, $433 million for the Queensland Fire and Rescue Service and $93.2 million for Emergency Management Queensland. For the QAS and QFRS, there is extra funding for more front-line officers—50 ambulance officers and 36 firefighters—as well as 150 new and replacement ambulance vehicles and $1.8 million for additional resources to our rural fire brigades. Additional firefighters will be allocated to our new stations at Nerang and Redlands. New full-time station officers will also be allocated to Emerald, Roma, Beaudesert and Gatton, with an additional three firefighter positions and one station officer position being created at the Bowen Fire Station.

Funding is also provided to continue the rollout of new technologies, including the installation of automatic vehicle location technology for fire and rescue appliances in South-East Queensland and satellite navigation devices for all of our emergency response ambulances across the state.

Since being appointed emergency services minister two years ago, I have made boosting front-line services a top priority. That is why I am delighted to announce today that the proportion of operational to non-operational ambulance officers in the QAS has reached around 82.5 per cent, up from 77.6 per cent in 2006-07, demonstrating the structural shift that has taken place in the organisation from the back office to the front line. I welcome the opportunity to respond to the committee's questions about these budget allocations.

CHAIR: Thank you, Minister. I remind all members that they should address both their questions and their answers through the chair, so the use of the word 'you' should be excluded. I call the honourable member for Gregory.

Mr JOHNSON: Thank you, Mr Chairman, Minister and gentlemen. My first question is to the honourable the minister. How many applications have been made for orders under the Child Protection (Offender Prohibition Order) Act 2008, and how many orders have been granted?

Mr ROBERTS: I will wait for that specific detail. As the member is aware, that was an amendment made to the legislation by the government last year to strengthen the reporting requirements of people registered under ANCOR. Already these people are required to provide information to police on their whereabouts, employment opportunities et cetera. However, in recognising the need to strengthen the oversight regime, the government has introduced new legislation within the last 12 months which requires additional reporting but also enables the police to apply to the court for additional orders on those people.

In terms of the specific nature of the question, the Child Protection (Offender Reporting) Act commenced on 1 January 2005, and I have indicated that that allows us to participate in the ANCOR scheme. The intention of the registration is to reduce the likelihood of reoffending but also importantly to facilitate investigation and prosecution of future offences. Offenders are case managed with intervention based on the level of risk, and the Child Protection Offender Registry State Crime Operations Command maintains the coordination of the register.

In terms of the specific question and the orders themselves that police are now able to apply for, they remain in force for a period of five years. Since 2 June 2008, police have sought three orders and all three have been granted. There are a further three applications currently under consideration. That demonstrates that the police are using the new powers prudently and responsibly. I might ask the

commissioner to provide more detail, but these additional orders are based on complaints or based on a belief by the Police Service that additional reporting requirements over and above those already existing need to be put in place. I might ask the commissioner to provide more detail.

Commissioner Atkinson: Thank you, Minister, and thank you for the question. It filled a gap for us that was not enormous in terms of the volume and number of ANCOR offenders who were problematic. In some cases where people's behaviour was not sufficient to amount to criminal behaviour but was still of concern, it enabled us to go to the court and get one of these orders in terms of restricting people's behaviour.

Mr JOHNSON: Thank you. Minister, following on, what were the reasons for seeking these orders and was any order sought after a sex offender reoffended?

Mr ROBERTS: I might need to defer to the commissioner and we may indeed need to seek some further clarification on those issues, but I just want to make the point that obviously these are people who have committed serious offences. They do not fit into that separate category which is defined under the Dangerous Prisoners (Sexual Offenders) Act; however, these people have committed serious offences and there are quite stringent reporting mechanisms placed upon them.

In addition to those existing requirements that police now have for reporting their whereabouts, employment et cetera, as I have pointed out and the commissioner has reinforced, where there is evidence of concerning behaviour the police can proactively seek those orders. In terms of the specific information you requested about each of those cases, I have one example here. I cannot identify particular individuals but I can give an example. A successful prohibition order application was made against an offender who was subject to the following prohibitions—well, this information just outlines what the orders are. We might need to get back to you on some of the reasons for that application.

Mr JOHNSON: Can we put that on notice?

Mr ROBERTS: The commissioner might be able to answer that.

CHAIR: We will defer to the commissioner first because he is prepared to answer.

Commissioner Atkinson: I think it is important to add a qualifier, if I could, without pre-empting that we have had to take the question on notice. Clearly, under the legislation, it is inappropriate to identify a potential child victim or a child victim. It is also inappropriate under the legislation to identify the actual ANCOR offender. So subject to there being that prohibition, we could take the question on notice and respond to whatever we are able to respond to in due course.

Mr ROBERTS: We will endeavour to get that information before the end of the hearing if we can.

Mr JOHNSON: Thank you, Minister. Under the same point, how many sex offenders under the Child Protection (Offender Reporting) Act are currently unaccounted for or unable to be located at their last known address?

Mr ROBERTS: Again, I will need to seek some advice on that.

Mr JOHNSON: I am happy to put that on notice.

Mr ROBERTS: Clearly, again, people who have committed these offences are required under this act to report their whereabouts. If people breach that requirement, quite stringent action can be taken against them. This is a mechanism in place to ensure that police know the whereabouts of these individuals and particularly their movements in the community, what clubs they might be associated with et cetera. Again, we will need to take that particular question on notice and try to get back to you.

Mr JOHNSON: Minister, isn't it true that on average the *Police Gazette* has between 10 and 15 separations each week? What was the total separation figure for police officers in 2008-09?

Mr ROBERTS: We can get that information for you, but what I would say is that current indications are that the separation rate for Queensland police officers has trended down from last year. The rate, as I understand it, will probably be less than around five per cent. When you take into account that the overall public sector rate is currently running at about 6.7 per cent, no-one can run a case to say that police are leaving the service in droves. In fact, it is the opposite.

The attrition rate, both for the Queensland Police Service and for other agencies within my portfolio, is running at levels below what is considered the average for the public sector. The advice at this stage is that the turnover rate for 2008-09 is well under five per cent. It is currently projected at this stage to be 3.9 per cent, which is significantly lower than last year, which was about five per cent. As at 1 May, 349 officers had separated from the service so far this financial year. Again, this is less than last year. In fact, if you look at that figure of 3.9 per cent, it is nearly three per cent below the overall rate for the public sector.

Mr JOHNSON: I refer to page 1-136 of the SDS and police numbers. Minister, with Queensland's continuing record population growth, are you satisfied our police intakes are satisfactory to sustain adequate protection of our future Queensland community in light of current separation levels and the fact, according to your own figures, that 28 per cent of our police are non-operational?

Mr ROBERTS: I think I have just indicated that the separation rate is well below the state public sector rate. Indeed, I think if you compared that to other states we would be very favourably comparable.

In terms of the commitment that the government has given, we have given a very firm commitment that we will maintain our police to population ratio at least equal to or better than the national ratio. In terms of commitments that the government has given, that means that over the next three years we would be employing at least an additional 600 police to maintain the ratio at those national levels.

I point out for historical purposes that in June 1998, under your previous government, the state's police to population ratio was one police officer to every 507 citizens. It is currently running at around one to 427—a significant improvement on the last time that your government was in power. That being said, we have given that commitment. As I have indicated, our estimation is that that would result in at least 600 police officers, but our commitment is to maintain the state police to population ratio at either equal to or better than the national average.

Mr JOHNSON: I refer to page 1-137 of the SDS and crime management. Why is it that the Queensland Police Service has no way of knowing how many suspect criminal matters have been referred to it by the department of child safety given that it is a legislative requirement under the Child Protection Act? With the QPS directly involved in the SCAN process, wouldn't such data be a vital procedural and accountability measure given children's lives are at stake?

Mr ROBERTS: This is in response to a question which, from my recollection, you have previously asked. The issue here is that, when the Police Service receives a complaint against a child, whether it be sexual abuse or other abuse, from another agency—of which the former department of child safety is but one—the actual complainant is not recorded as the department. For example, if Citizen X makes a complaint to the department of child safety about sexual abuse, physical abuse or emotional abuse of a child and the department of child safety refers that on to the Police Service, the complainant on our database is recorded as the name of the citizen. To actually identify—and, again, the commissioner can elaborate a little further—at short notice and without a lot of manual checking the source which the department on-referred, that complaint would require a significant allocation of resources.

What the Police Service records is the name of the original complainant, because in the end, yes, they are serious matters. In the end, yes, they require detailed investigation by the Police Service. But the most important source is the individual who came forward to either the Police Service directly or to that other department which then referred that complaint on. Do you want to add anything to that, Commissioner?

Commissioner Atkinson: I endorse the minister's comments. It is just a perspective of the analytical recording capability of the organisation. Might I say that any matter that is referred to us by the department of child safety is fully followed up. We have a good relationship with department of child safety officers across the state. Generally they always work together with a local child protective investigation unit, and it is a cross-flow. We might refer matters to them as well, so the relationship is good. We obviously prioritise. The highest priority is always where a child is at risk.

In recent times—and there seems to be a body of research to suggest that this is important—where our officers go to an incident of domestic violence and a child in that house was exposed to physical violence in terms of the domestic violence or emotional or verbal abuse, quite often we will refer that matter as well. There is a body of research which suggests that that child would be at greater risk in terms of issues associated with the child's full development. It is very unlikely, I think, that anything that is significant would not be referred to us and we would not act on it.

Mr JOHNSON: I draw the minister's attention to page 1-134 of the SDS and QPRIME. Will the minister detail how many contractors are currently employed to work on the QPRIME system? And what is the total cost per day to employ these contractors?

Mr ROBERTS: We will take that on notice at this point and try to get back to you before the end of the hearing.

Mr JOHNSON: Mr Chairman, I draw the minister's attention to page 1-134 of the SDS and service delivery and ethical conduct. How many officers have lodged objections to the reinstatement of Sergeant Nikki Bignell into the police Dog Squad? Why is this person allowed back into this unit where officers still in that unit were subject to workplace bullying and harassment by this officer in question?

Mr ROBERTS: I think this issue has also been the subject of a question that you have put either in the parliament or on notice. Again, issues relating to allegations of bullying are treated very seriously. Obviously the Police Service does endeavour to ensure that these issues are dealt with promptly and appropriately. In fact, bullying of any kind in the Queensland Police Service is simply unacceptable and will not be tolerated.

Allegations of bullying within the Brisbane Dog Squad have been investigated. As a result of that, action has been taken to address the identified issues including the delivery of specific training to relevant staff within the squad. There has been the replacement of some management personnel at

supervisory levels. There has been the inclusion of a commissioned officer on future selection panels for the squad, and the provision of ongoing training and development opportunities to all Brisbane Dog Squad staff has been put in place. In terms of the specific officer, I do not know whether I can make any particular comment at this stage, unless the commissioner wanted to add anything further at this point.

Commissioner Atkinson: My perspective on that is that there would be few organisations anywhere that do not have HR internal issues from time to time. That tends to be more the case in specialist units within the organisation. Regardless of what the specialist unit might be, it is more likely. In relation to the specific question, I am not aware of anyone who has complained about Sergeant Bignell's relocation to the Dog Squad. I know Sergeant Bignell. She is a long-serving, dedicated officer.

In terms of the other perspective of the question, my view would be that the vast majority of Dog Squad officers throughout the state would be supportive of her and would have no difficulty at all in her being relocated to the Dog Squad. She is a good officer. She may have engaged in some activity that perhaps could have been handled better, but there are few organisations where in a HR management sense that does not happen from time to time.

Mr JOHNSON: If I can just add to that, Mr Chairman. Minister, it seems that you do not condone indiscriminate bullying, and I do not think anyone does, but the victimisation of professional police officers is certainly something that cannot be condoned in any way, shape or form. Can you guarantee to the committee that this unit of the Queensland Police Service is going to be closely monitored to make certain that it is efficiently working and that there is not going to be any further victimisation, bullying or harassment in that unit?

CHAIR: Through the chair, please.

Mr JOHNSON: Sorry, Mr Chairman.

Mr ROBERTS: Obviously the specific nature of the matter raised in the question is a matter directly the responsibility of the commissioner and senior officers. However, of course I as minister, the government and, indeed, the senior executive of the Queensland Police Service want to make sure that appropriate accountability mechanisms, appropriate oversight and monitoring of these allegations takes place.

I have had the opportunity to visit the Dog Squad. I have met a number of the officers there. My first impression was that it was a very cohesive team, and I am sure that is the case. As the commissioner has indicated, in any large workplace there will always be individuals who may overstep the line. The responsibility of management or of senior executives within the Police Service is to make sure that opportunities are available for people to make complaints of that nature and equally as importantly that appropriate processes are put in place to take either disciplinary action or appropriate management action to ensure those matters are addressed.

In answer to your question, the systems in my view are there to enable people to make complaints of that nature, and the system I think is showing that they are appropriately addressed when they are raised by officers.

Mr JOHNSON: Thank you, Minister.

CHAIR: Bear in mind that we have 45 seconds left.

Mr JOHNSON: There isn't time to ask a question. I think I will leave it.

CHAIR: That concludes non-government questions at this stage. The government made an election commitment to provide $240 million over the next three years for new and upgraded equipment including cars, tasers and up-to-date communications technology. Can the minister provide the committee with more detail regarding this commitment?

Mr ROBERTS: I thank the member for the question. In the lead-up to the 2009 election, the government committed to provide $240 million over three years for new and upgraded equipment for the Queensland Police Service. $240 million is a large investment by any standard but particularly so in the current economic climate.

Obviously our desire is to provide our front line and our back office support officers with the equipment and the resources they need to deal with the very challenging role of policing in the community. Key components of the investment that I have outlined included, as you have indicated, purchase of vehicles, tasers, the equipping of new facilities and up-to-date communications technology.

Vehicle upgrades and fleet growth is estimated at $147 million over three years. The cost of operational equipment replacements, upgrades and new equipment is estimated at $80 million over three years. Examples of that expenditure include radio and communications equipment, technology updates, breath-testing devices, forensic traffic and new facilities related equipment et cetera.

With regard to tasers, the continued rollout over the next three years would cost an estimated $13 million—a significant investment. In addition to that commitment, in 2009 and 2010 alone the government will deliver an additional 203 police positions as part of our commitment to maintain the police to population ratio at the national average or better, and that will result in at least 600 new police positions over that term.

There will be $57 million worth of new and replacement police stations as part of a $126 million program over the next three years to significantly enhance our existing QPS assets and buildings. $2.3 million has been provided to establish an interim telephone interception capability. The committee would be aware that, with the Attorney-General signing off on that federal authority, Queensland agencies—both police and the CMC—are now in a position to initiate telephone intercepts in their own right.

We are also commencing work towards trialling new technologies such as automatic numberplate recognition, mobile LiveScan and in-car cameras to ensure our police are at the forefront of new technologies. All of those issues are part of the $1.706 billion budget that will be delivered this year. There will effectively be more police officers, more equipment for our police and also significant improvements to our capacity to deal with road safety initiatives.

CHAIR: Page 1-137 of the SDS refers to Queensland's Task Force Argos continuing to lead the way in the fight against organised paedophilia. Can the minister outline how this task force is protecting our children, particularly from internet predators?

Mr ROBERTS: Task Force Argos is a world leader. It has been recognised internationally for the work that it does in protecting our children. In fact, on the first or second day of my appointment as minister when I visited police headquarters there were representatives from around the world visiting to talk with the experts associated with Task Force Argos about the work they do. The charter of responsibilities for Task Force Argos includes investigation of organised paedophilia and institutionalised abuse, internet facilitated crimes against children and also the state-wide management of the Queensland Child Protection Offender Register, which the member for Gregory was asking questions about a moment ago.

As I have indicated, Task Force Argos is recognised as a world leader in this field. In 2008-09 Task Force Argos prosecuted 92 offenders on 286 charges. Some of the offences included procuring and grooming children via the internet for sexual purposes, making and distributing child exploitation material and physical offences against children. Some 25 children were removed from harm as a result of the work that the task force undertook. Additionally, 76 national and international targets were referred to partner law enforcement agencies world-wide. I have given those as an indication not just of the standing and status of this group within the Police Service but also of the significant work that they are undertaking to identify offenders and to protect children.

I can give you an actual example. During the 2008 Christmas school holidays, Task Force Argos conducted a school holiday internet safety operation. Detectives from Task Force Argos posed as children online and they covertly patrolled social networking sites. As a result of that exercise, seven Queensland men targeting Brisbane children online were identified and arrested. Where the internet is involved, crime can easily cross national and international boundaries. That is why the work of Task Force Argos is so important. It is not just a local focus. This is all about identifying predators online within Queensland and Australia and also internationally. As I have indicated, they have a spectacular record in that regard.

In terms of its international operations, Task Force Argos is leading the way in terms of managing these very complex operations. Task Force Argos detectives have been invited to Canada, Korea, Colombia and Italy. They have had significant success particularly in international jurisdictions.

Ms MALE: Random roadside drug and alcohol testing has long supported the Queensland Police Services's road safety priority. Can the minister please provide details as to how random alcohol and drug operations are being conducted throughout the state and how many people have been caught undertaking this dangerous behaviour?

Mr ROBERTS: Thank you for that question. On average, alcohol has been found to be the contributing factor in around one-third of all road deaths. So it is a significant problem for the community and a significant area of focused attention by the Queensland Police Service. The Queensland Police Service obviously works with a range of other agencies in order to reduce the road toll, and particularly in this case where alcohol is a contributing factor, through public education campaigns and also enforcement via the random breath testing program. During the 2008 calendar year, the Police Service committed 203,316 officer hours to performing 2,883,276 breath tests on Queensland motorists. During that year one per cent of all breath tests were in excess of the prescribed legal limit.

Roadside drug testing is another significant advancement in terms of the capability of the service. Following the 2006 Road Safety Summit, the Premier announced a comprehensive program of initiatives to improve road safety. One of those was the implementation of random roadside drug testing. That commenced in December 2007. The Roadside Drug Testing Unit travels across all regions in the state. The unit currently has the strength of one senior sergeant as an officer in charge, 13 field officers and two administration officers. The unit conducts random drug testing by requiring a saliva sample. Since its inception in December 2007 and up until 8 July this year, 15,854 roadside saliva tests have been conducted resulting in 336 drivers testing positive for a relevant drug. They include cannabis, methamphetamines and/or MDMA. This is a strike rate of approximately two per cent. The Police Service has been very effective in targeting both drink driving and drug driving on our roads.

Where a person is charged in this regard, their driver's licence will be suspended for a period of 24 hours. That is particularly if a second saliva test is positive after the initial test has been taken. That suspension period is intended to have the effect that any illicit drugs in the person's system are out of their system before they are back on the road.

Ms MALE: Page 1-135 of the SDS mentions funding of $2.3 million to establish an interim QPS telephone interception capability. Can the minister outline the current capability of the service with regard to this technology and how its use will be further enhanced in the future?

Mr ROBERTS: As the committee is aware, the government passed the Telecommunications Interception Bill in May this year. Last Wednesday I made the announcement that the Queensland Police Service and the Crime and Misconduct Commission, following the declaration by the federal Attorney-General naming the organisations as interception agencies, can now begin applying in their own right for telephone intercept warrants.

The government is committed to providing the service with the powers that it needs to combat organised crime through that legislation. As an interim measure, to put this in place before our permanent telephone intercept capabilities are put in place, $2.3 million has been allocated to establish a stand-alone telecommunications interception capability for both the Police Service and the Crime and Misconduct Commission.

The Commonwealth Attorney-General's approval of the QPS and CMC as eligible authorities under the Commonwealth act means that both agencies can now apply for telephone intercept warrants. These powers give both the CMC and the Queensland Police Service the capacity to monitor a range of telecommunication medium such as landlines, mobile phones and the internet which are used by criminals in serious crimes and organised crime.

It will enable the QPS and the CMC to aggressively target criminals involved in organised and serious crime and will assist in the seizure of proceeds of criminal activity acquired by those criminals. I do not have the figures in front of me, but the evidence from Victoria suggests that the use of telephone intercept evidence is a powerful factor in terms of gaining convictions. I would hope and expect that we will see some very positive results in terms of criminal convictions as a result of the introduction of these powers into Queensland.

One of the significant differences and safeguards in Queensland which does not exist in all other states is the strict oversight and governance role that we have given to the Public Interest Monitor. The Public Interest Monitor, as I have said—different to all other states—will ensure that the rights of individuals and the public interest are taken into account when the police or the CMC make applications to the court for these warrants. The role of the Public Interest Monitor goes a long way to both balancing the need for the Police Service to gain these powers to get the evidence it needs to prosecute and protecting the rights of individuals.

Mrs SMITH: Page 1-142 of the SDS outlines the measures in place regarding professional standards and ethical practice. Can the minister please outline for the committee what accountability measures and strategies the Queensland Police Service has in place to guard against unethical behaviour in the service?

Mr ROBERTS: Thank you for that. The Queensland Police Service takes a zero tolerance approach towards issues of corruption and unethical practice. To guard against unethical behaviour in the Queensland Police Service, we have put in place extensive systems to monitor the activities and also strong audit processes to help manage the risk.

The Queensland Police Service employs the most modern risk management strategies which are consistent with international standards. Members of the Queensland Police Service are not only bound by legislative and procedural requirements to behave in an ethical and professional manner but are also subject to a very strict code of conduct. That code of conduct gives effect to the requirements of the Public Sector Ethics Act 1994 by clearly describing the ethical responsibilities and identifying appropriate workplace conduct.

Currently the Queensland Police Service is finalising its corruption prevention plan for 2009 to 2013 which builds upon the existing plan. It identifies four foundation pillars or themes for ethical behaviour and appropriate decision making by officers. Those pillars are: firstly, the Queensland Police Service corporate governance framework for corruption prevention; secondly, a strategic framework to ensure that the Queensland Police Service remains a corruption-resistant organisation based on the strengthening of the ethical culture and targeting corruption risks and the QPS framework for corruption prevention plans at district, station and work unit levels; thirdly, individual commitment based on the fact that integrity is everyone's business; and, fourthly, education and ethical awareness.

Importantly, for the past 20 years the Ethical Standards Command within the service, which is a stand-alone command, has overseen the promotion of ethical behaviour, discipline and professional practice in the service. Owing to its importance, this command is overseen by an assistant commissioner reporting directly to a deputy commissioner. The work of the Ethical Standards Command is supported by a strong partnership with the Crime and Misconduct Commission, which also provides independent oversight of Ethical Standards Command investigations.

Professional practice managers who are senior police officers are in place in each region and command. The Internal Investigations Branch of the Ethical Standards Command monitors, investigates and overviews complaints against members of the QPS to ensure standards of professionalism are maintained and improve service delivery. The Internal Audit branch of the Ethical Standards Command is an independent function established within the service to assist the commissioner in compliance with the provisions of the Financial Accountability Act 2009.

Mrs SMITH: Key strategy priorities for the QPS in 2009-10 are outlined in the SDS. Can the minister please outline what strategies the QPS is using to address domestic and family violence in our communities?

Mr ROBERTS: As the committee is aware, domestic and family violence is an issue of concern not just to the Queensland Police Service but to the community in general. There are a number of agencies within government that devote a lot of resources and time to addressing this abhorrent and concerning problem in our community.

The Queensland Police Service recognises that preventing and reducing instances of domestic and family violence is a shared responsibility that involves both government and non-government agencies, businesses and individuals. This is a partnership approach with all sectors of the community. The Queensland Police Service has recently released the Queensland Police Service Domestic and Family Violence Strategy 2009-2013 which provides a broad framework for all members of the service covering from responding to incidents of domestic and family violence through to the development of prevention strategies in conjunction and in partnership with communities.

The QPS strategy progresses the directions and intentions of the Australasian policing strategy on the prevention and reduction of family violence, which was issued in late 2008. The Police Service is also working with and is committed to the recently announced Queensland government strategy to reduce domestic and family violence 2009 to 2014, which builds upon progress to date and reforms the system in stages to improve responses to people affected by domestic and family violence. The QPS is a participant in key stage 1 initiatives of that strategy, including the trial of an innovative integrated case management and coordination model in Rockhampton, which aims to reduce the risk of ongoing harm through integrating human services and justice systems. The model includes case management services for individuals and families with multiple support needs, an integrated specialised court program, an enhanced legal service, behavioural change programs for perpetrators of violence and community awareness raising and capacity building of the service sector.

The service is also participating in a legislative review of the Domestic and Family Violence Protection Act. That provides a unique opportunity to improve the effectiveness and the efficient application of the legislation, which is designed to protect victims and to ensure that perpetrators who use violence are held more accountable and are responsible for their actions. As part of the service's continuing commitment to addressing domestic and family violence, there are 27 full-time substantive and eight non-substantive domestic violence liaison officers, who have been progressively established in police districts throughout Queensland.

CHAIR: Thank you, Minister. That concludes the time for government questions. Before we go on, I just remind you that if you think after the three minutes you have not had sufficient time in which to give an answer, you have the option to seek, or one of the committee members can seek, a further two minutes. So that option is available to you. I call the member for Gregory.

Mr JOHNSON: Minister, I refer you to the SDS at page 1-144. Does the minister support the Treasurer and his government's intention of next year's police pay rise being 2.5 per cent? Is it not unfair that public servants this year will get up to a four per cent pay rise yet police next year will not?

Mr ROBERTS: With the current enterprise bargaining arrangement with the Police Service, on my understanding the latest pay increase was five per cent applied from July this year. As the member would be aware, and the committee would be aware, the government has had to make some very tough decisions in the current economic climate. We have given a commitment to those parts of the public sector where enterprise bargaining arrangements expire within a certain period that they will be given the opportunity to reach agreement on the current offer of 4.5 per cent by four per cent by four per cent, but those agreements which fall outside the scope of that offer will then be subject to the new arrangement, which will certainly be that lesser amount that the member indicated. Obviously I believe that police deserve appropriate pay rises. We reached an agreement based on those principles the last time and we will do that in the future.

I might just point out to the member and to the committee that the offer that the Queensland government has made in terms of this subsequent whole-of-public-sector offer is much more generous than offers that have been made in other states. I do not have all of the figures before me, but I know that the round of offers that we will be making subsequent to the finalisation of the existing offers is much more generous than what police officers, ambulance officers and fire and rescue officers would get if they worked in other states. So I stand by and support the decision that the government has made in that regard.

Mr JOHNSON: With reference to staffing on page 1-138 of the SDS, and in response to non-government question No. 1, is the minister satisfied that 71 per cent of all police are operational in the current climate, when police clear-up rates are the lowest in 10 years? Why have you allowed clear-up rates to fall?

Mr ROBERTS: I will just get those figures on the operational rate before I answer, if I could. I am sorry, what was the figure you quoted?

Mr JOHNSON: Seventy-one per cent.

Mr ROBERTS: Are you saying that 71 per cent are operational?

Mr JOHNSON: No, 71 per cent of all police are operational in the current climate. That is what I am saying, going on your response that 28 per cent are not.

Mr ROBERTS: That is not the information I have. You may be confusing the number of people on the allowance, which is the operational shift allowance. You are not confusing that with operational police?

Mr JOHNSON: The fact of the matter is that clear-up rates are the lowest in 10 years.

Mr ROBERTS: No, I will deal with the clear-up rates, but with the issue of operational police, there are two groups of operational police, so to speak. There is that group that receives the operational shift allowance, which are those people, as you are aware, who will be working in those shiftwork situations. From my recollection—subject to clarification—that is probably 70-odd per cent. But then there is another group of police who are certainly operational who would receive specific-purpose payments because of the nature of the shifts that they work but they may not be receiving the operational shift allowance. I might get that clarified in a moment.

In terms of the clear-up rates, they have not changed substantially from previous years. In fact, there has been a significant reduction in the number of offences across a range of categories. So whereas the clear-up rate—without referring to my notes specifically here—may fluctuate marginally from year to year, the significant thing that has been happening in Queensland over the past few years is that there has been a significant trending down of offences across a range of categories. So the important point is actually that crime rates are declining in most of those categories and the clear-up rate has remained relatively stable. I will just seek some more information here. In terms of the shift arrangement, I think you quoted a figure of 71 per cent or thereabouts.

Mr JOHNSON: That is correct.

Mr ROBERTS: That applies only to police who receive the operational shift allowance. There are significantly more police who do not receive that but who are still front-line operational, because of the nature of the shifts that they work. In fact, the total percentage, on the advice and information I have here, of operational police is in fact 91 per cent. So you have to make sure that you take into account operational shift allowance police plus police who will be working other arrangements that do not make them eligible for that shift payment. Particularly in the smaller stations is where that would occur.

Mr JOHNSON: With reference to page 1-134 of the SDS and to the heading 'Police Service Delivery', will the minister outline how much funding has been allocated to Task Force Hydra in the 2009-10 financial year? How much more is that from the 2008-09 budget?

Mr ROBERTS: I will try to get that information for you. Task Force Hydra has an exceptional record in dealing with organised crime, particularly outlaw motorcycle gangs. In the very short period that it has been established—and from my recollection that is around about two years—about 332 people have been placed on 931 charges through outlaw motorcycle gang activity, ranging in offences from attempted murder to arson, extortion, robbery with violence and drug trafficking. So this has been a very effective task force. They are highly skilled officers who are very focused particularly on outlaw motorcycle gang activity. I give credit and pay tribute to them on the exceptional work that they are doing.

I may need to get back to you on the specific budget allocation, but I think it is important to make this point about these specialised units. Yes, they have been created, in this instance to target outlaw motorcycle gang activity. But it is like the Child Protection Unit or the Drug Squad; these units work in conjunction with the many other thousands of officers who are out there in the field day in, day out seeking out and identifying criminal activity. So in terms of the Police Service's commitment to these agencies, we cannot just simply focus on a particular budget allocation for a particular group of people. They work hand in hand with other detectives and investigative officers all over Queensland. In terms of the actual salaries for that task force, $2 million was provided for that task force in 2008-09, if that answers your question.

Mr JOHNSON: Thank you, Minister. I draw your attention to page 104 of the Capital Statement. Will the minister detail how the $18 million budgeted for the new Police Academy will be spent this year, given this was an election commitment by your government as far back as 2006? Will you provide a completion date for the new academy? Given the decaying state of the current Police Academy, why has your government pushed back the completion of the new academy?

Mr ROBERTS: The announcement of the deferral of that project to the 2014 financial year was a decision made within the last 12 months, and that is on the public record. In terms of what has been provided to date, just as an overview, this was a $450 million project. It is a spectacular project. I have had the opportunity to visit the site. It is just a spectacular site. It has easy access to the Brisbane River. It has a lot of bushland areas there for SERT training and other police training. The facilities that will be refurbished there will be of a world standard.

Just to indicate what the funding has provided for, in 2008-09 we acquired the 102-hectare site at Wacol. We are seeking to preserve a significant heritage listed site. As I have indicated, I have had the opportunity over the past month or so to visit the site. I visited Lillypilly House, which will house our driver training people. This is a wonderful building that is being preserved to a magnificent state for that particular operation.

In 2008-09 money was also provided for detailed design of the new academy, the forensic services and specialist operation branches and, as I have indicated, the refurbishment of Lillypilly House, which is necessary for driver training. This year—2009-10—the funding will provide for the construction of a driver training track. My understanding is that this work is progressing well and is intended to be delivered this year. Again, that will be a spectacular driver training facility for police. As I understand it, the current restrictions on the existing driver training restrict the number of activities that can be undertaken on the course. This one will be designed in a way that allows multiple driver training activities to take place at the one time—you can isolate certain sections of it. So that will take place this year.

Additionally, funding this year will provide for the demolition of some derelict buildings on the site. I stress, however, that in the main a lot of the buildings on the site are of very sound construction and the proposal is to refurbish them for continued use. As an aside, there is a heritage listed pavilion which has a significant local history, particularly for the cricketing fraternity. That will be refurbished this year and again will provide a significant enhancement of that project site.

Mr JOHNSON: Minister, in the question I asked in relation to page 1-134 of the SDS relating to Task Force Hydra, you failed to answer what the budget for Hydra will be in 2009-10. I think you will find that the $2 million quoted was over the three years ending in 2008-09. I ask: have you cut the budget in 2009-10?

Mr ROBERTS: I will seek some clarification on that. My understanding was that figure was for 2008-09. I will come back to you on that figure. The unit's strength, as I am advised, unless the commissioner corrects me, remains as is. Obviously if we spent X million dollars on supporting that unit this year and we retained the unit at the same strength last year and this year, that would require a similar investment. The commissioner might have some more detail on that.

Commissioner Atkinson: There is no intention whatsoever to reduce that unit. In fact, if anything it is likely to be expanded given the recent organised criminal enterprise legislation that the government has brought forward. It is not being reduced and, if anything, will be expanded.

Mr JOHNSON: Minister, I do not detect anywhere in the statement where there is funding for the securement of a police paddock to assist SARCIS in the execution of its professional responsibilities. Is there funding in this budget for the securement of a Stock Squad paddock in Central Queensland?

Mr ROBERTS: I might ask the deputy commissioner, Col McCallum, to address that issue if I could.

Deputy Commissioner McCallum: There has been an ongoing project, which I am the chairperson of, to look at rural land owned by the Queensland Police Service. The terms of reference, which have been endorsed by the commissioner, were to ratify that land and sell off land that we do not want and to identify and purchase a Stock Squad property somewhere in Queensland that will cover all of those aspects that we require for training and for ongoing issues in relation to animal husbandry work in relation to the Stock Squad members.

Mr JOHNSON: Minister, in the last bracket of government questions you answered a question in relation to random roadside drug testing. Can you explain why random roadside drug testing fell almost 50 per cent in the December-January period for 2008-09 compared to the same time the year before? Why is it that testing overall has not expanded in the 16 months since the testing commenced? In fact it seems that, on the figures, it has declined.

Mr ROBERTS: I do not have that information or figure before me. If I could take that on notice at the moment and we will look at that and I will try to get back to you before the end of the hearing.

Mr JOHNSON: Sure can. I refer you to the SDS at page 1-137 relating to crime management. I refer to a siege that took place in Gladstone over the weekend. Can you explain why the Brisbane Bomb Squad officers were forced to make the eight-hour trip so SERT could use its bomb robot when there was a Bomb Squad unit based close by in Rockhampton?

Mr ROBERTS: Member for Gregory, these are really getting to strictly operational questions. Before I hand over to the commissioner, I will take the opportunity to say that I did visit the Bomb Squad, as it is colloquially called, a month or so ago. They took me through the very sophisticated and

extensive range of equipment that they have. I think it is fair to say that the Queensland Police Service Bomb Squad is the equal or better of any in the country. These guys are very highly trained, are very brave and take significant risks in the work that they do. It was a real privilege to meet with them and to have them explain the very risky work that they do on a very regular basis. In terms of the specific nature of that incident, I might pass over to the commissioner, who can probably provide you with some more detail.

Commissioner Atkinson: Again if we could confirm what I am about to say, but I actually thought that the matter on the weekend in Gladstone was very well handled. We had a SERT group there. We have a policy of negotiate and contain. That is what happened on this occasion. We believe that that person—whilst the matters are still before the court—was armed with several weapons and was quite dangerous. Eventually that person surrendered himself.

The only logical reason I can think of is that the Bomb Squad capability at Rockhampton would be fairly limited. The specialist equipment would not be at Rockhampton so it would have had to have been brought from Brisbane to attend the siege at Gladstone, but I will confirm that. Certainly, had there been an operational need to enlist people from Rockhampton who may have some basic Bomb Squad training, and that is all it would be, we would not have hesitated to do that. But they would not have the equipment in Rockhampton that they have here in Brisbane.

Mr JOHNSON: Minister, in a previous answer to a question on child safety relating to the Service Delivery Statement at page 1-137 you said that police have a good working relationship with the child safety department. Can you explain then why police are forced to execute search warrants on Child Safety officers just to get basic information? On how many occasions have police executed these warrants on Child Safety officers in 2008-09?

Mr ROBERTS: I might ask the Police Commissioner to respond to that.

Commissioner Atkinson: My understanding of that situation is that it is a very routine situation for police that exists in many other dimensions as well, particularly with banks where, in terms of issues associated with privacy and confidentiality, it is just not viable for people to make records available completely freely and openly; it requires the obtaining of a search warrant. We have good cooperation from the department of child safety. We generally also have good cooperation, by way of example, with the financial institutions. So it is actually done by arrangement in terms of saying that, for proper judicial process, to obtain this material there needs to be a search warrant. We would simply contact the department of child safety, it would have the material available and the warrant is executed. It is not as though there is a resistance or a refusal; it is just the proper judicial process.

CHAIR: The time for non-government questions has expired. I call the member for Keppel.

Mr ROBERTS: Mr Chairman, if I may, the member for Gregory asked a question about the nature of the three reportable offenders. I can put some information on the record now if you wish.

CHAIR: We will be coming back to some more non-government questions.

Mr ROBERTS: Okay. I will have to do it then.

CHAIR: I call the member for Keppel.

Mr HOOLIHAN: Minister, we have heard references to page 1-134 which obviously deals with the delivery of policing services in a large state with a dispersed population. Undoubtedly, the service's Air Wing plays a key role in meeting those challenges. Could the minister please outline the current Air Wing capabilities and its future priorities?

Mr ROBERTS: I thank the member for the question. The Queensland Police Air Wing operates a fleet of five aircraft from bases in Mount Isa, Brisbane and Cairns. The service will soon be commissioning a new base on Horn Island in the Torres Strait. A further aircraft is due for delivery in December 2009 for the new Horn Island base. Those fixed-wing aircraft provide routine services, including prisoner transport and court circuits; facilitate urgent operational deployment of personnel; assist search and rescue missions; and support the Government Air Wing. The Air Wing provides a cost-effective means of rapidly deploying police and meeting service demands throughout the state.

The Air Wing has the following roles: rapid deployment of specialist police—for example, the Special Emergency Response Team or the Public Safety Response Team; provision of scheduled flights for police personnel; carriage of prisoners, including on behalf of Queensland Corrective Services; support for the Government Air Wing in cases such as organ retrieval when the government aircraft is not available; executive transport—the commissioner, senior executive and the minister; disaster relief; emergency community support operations as required; and also support to policing operations—for example, interstate extraditions and major investigations.

During 2008-09 the Air Wing operated 2,182 flight hours, made 2,162 landings and travelled 766,997 kilometres. Of interest, it carried 26,518 kilograms of freight. The requirement for enhanced services—for example, opening up new scheduled routes in support of police operations—is constantly under review. In that regard, the next priority for the Air Wing is to enhance its fixed-wing capabilities in south-west Queensland, enabling improved service delivery to remote and regional communities in this area.

Mr HOOLIHAN: Moving on to page 1-135 of the SDS, it highlights a $126 million capital works program for the delivery of major police infrastructure over the next three years. Can the minister please outline where this infrastructure will be built and how it will further benefit operational policing?

Mr ROBERTS: It is obviously important for the Police Service to provide appropriate infrastructure to police officers in the field across the state as efficiently and effectively as possible. Over the last five years the government and the service have invested $392 million in police infrastructure. That commitment continues over the next three years with another $126 million to be spent on capital works projects.

This year's budget provides $57 million to fund new and replacement police stations, watch-houses and district headquarters; the refurbishment and/or upgrading of existing establishments; new residential accommodation for officers in rural and remote locations; and general upgrading of existing police housing. The government is committed to delivering jobs for Queenslanders and it is estimated that that investment that I have outlined will sustain over 590 full-time equivalent jobs over the next financial year.

Some of the major capital works projects for 2009-10 include $18 million for the delivery of a new driver training facility as part of the new Queensland Police Academy at Wacol; completion of new police stations at Carseldine, Crestmead, Robina, Sippy Downs and Springfield; completion of a new district headquarters at Coomera; continuation of joint projects with the Department of Justice and Attorney-General to deliver replacement court facilities, police stations and watch-houses at Mareeba and Ipswich; completion of a replacement police station and watch-house at Murgon; a replacement police station at Holland Park; a replacement police station and refurbished watch-house at Charleville; refurbishment of the heritage-listed building at the Fortitude Valley Police Station—the first stage of that is now complete and the refurbishment of the old station is now underway; the refurbishment of the Beenleigh Police Station; extension of the Thursday Island Police Station; and commencement of the design and documentation for a replacement police station at Lockhart River.

During the financial year planning will also commence for a new police station at Badu Island; a new Oxley district forensic facility; a new Townsville police district facility; the refurbishment of the Richlands watch-house; upgrades to the Townsville Police Academy, Burleigh Heads Police Complex, Goodna Police Station and facilities of the Mackay Police Reserve. The minor works program also delivers a number of smaller but important infrastructure projects. There will be $3 million spent over the next 12 months on those minor works. The service also has a housing program which it funds for the construction of new housing, as well as the acquisition of existing accommodation associated with major capital works. Complementing the housing subprogram is the state housing management program, and that is part of a $5 million commitment by the government to attract and retain front-line staff in the area.

Mrs SMITH: There is no doubt that graffiti is the source of significant community frustration. Page 1-141 provides figures on other property damage. I am interested to know what proactive strategies police are instituting to target this antisocial behaviour and what outcomes have been achieved.

Mr ROBERTS: Thank you for that question. Before I answer I might put on the record that I am a little bit disappointed that the member for Gregory has, during these proceedings, put out a press release saying that a quarter of police are not operational when I have taken the time in this hearing to clearly indicate that the figures that he was quoting only related to police receiving the operational shift allowance. In fact, the percentage of operational police is not the 70-odd per cent of police as the member has indicated in his press release; it is in fact 90 per cent. I would hope that the member goes on the public record and corrects that very misleading and, in fact, incorrect media statement that has just been released.

The Queensland government and police share the concerns of the community about property crime, in particular issues such as graffiti. I always refer to it as graffiti vandalism. There is no decent or good graffiti as far as I am concerned. It is vandalism because it is unwanted. It is an eyesore and I think most people in the community would agree that we need to eliminate and, where possible, eradicate it from the community. Legislation was enacted during 2008 to allow authorised government and council officers to enter private land to remove graffiti. In particular, we are talking about councils and railways et cetera. Research suggests that there is a correlation between graffiti and the fear of crime within the community. The more that we can do to remove it, eliminate it from communities, the better for those members of the community who find it offensive and disturbing.

The Queensland Police Service has entered into very powerful partnerships with local government, and in a moment I want to particularly mention the partnership with the Brisbane City Council. In terms of other parts of my portfolio, we also have very strong partnerships with Queensland Corrective Services where people on community service orders are now proactively being used, in partnership with local councils, to remove graffiti. The Task Force Against Graffiti is a joint initiative between the Queensland Police Service and the Brisbane City Council. It commenced on 6 October 2008. That task force is located within State Crime Operations Command at police headquarters. With the support of Brisbane City Council, the police have allocated five police officers and the council has allocated three council office staff who work hand-in-hand with the Police Service to identify areas of

concern. That task force has been very successful to date. It has initiated judicial proceedings against 74 people on a total of 2,163 criminal charges. Again I think the model that we have put in place with the Brisbane City Council is one that other councils can look towards, and we are certainly looking to develop stronger partnerships with other councils to address this problem.

Mrs SMITH: Reference is made to the strengthening of Water Police capabilities. With the Gold Coast having more waterways than Venice, I am interested to know how government is investing in the Water Police and what benefits are expected from that investment?

Mr ROBERTS: I thank the member for the question. I visited the Gold Coast along with all cabinet members, who were down there for the community cabinet last weekend or the weekend before. I had the opportunity to visit the Gold Coast Water Police. I want to place on the record my appreciation for the fantastic work that they and, indeed, all Water Police do throughout the state. Queensland Water Police, in fact, have a history longer than Queensland. They were well established as an identifiable unit within the Police Service before Queensland became a state. They have a very rich history. I was very pleased to join with the commissioner and many current and past officers to celebrate their 150th anniversary this year.

The other significant advancement this year for the Queensland Water Police is the launch of three new 22-metre patrol catamarans. I joined with the member for Keppel a short period ago in his electorate to launch the latest of those. They are a spectacular vehicle that allows police operations to occur with, I think, 20-plus people on board. They can stay out for days on end. This is a very significant step forward for the Police Service. This is about an $11 million or $12 million investment to provide really first-class facilities.

There are 11 dedicated Water Police stations throughout the state, in addition to 13 general duty stations in isolated areas that have small vessels. They are not all on the coastline. A lot of water policing activity takes place inland as well. QPS has a fleet of around 70 vessels of varying sizes, as I have indicated, from the recently launched catamarans down to jet skies and everything in between. They have quite an impressive array of vessels that are there to provide all of the different responses that are required across the state.

In terms of capital investments, projects included in the vessel management plan for 2008-09 totalled over $7.31 million. There were 18 projects involved in that, which included the delivery of three new patrol catamarans, the refitting and repowering of several vessels and the replacement of seven smaller vessels ranging between 4.5 and 7.6 metres. I might add, before I go any further, that the police have a very proud and fine tradition of naming vessels after officers who have lost their lives in the course of duty. On all of the occasions that I have been present at an official launching, members of the family of the deceased officer have been present. That makes it a great privilege to attend such a ceremony, and it also makes it a very moving ceremony to remember a family member through the naming of a vessel.

Ms MALE: I note in the SDS at page 1-134 that the QPS contributes to a range of national initiatives. Can the minister outline for the committee the counterterrorism capabilities of the Queensland Police Service and how they are keeping their skills up to date?

Mr ROBERTS: Thank you for that. The Queensland government's counterterrorism strategy 2008 outlines our approach to counterterrorism and the linkages with initiatives being undertaken between the Commonwealth government and other states and territories. There are a number of ways that the government has ensured that the Queensland Police Service is well equipped to respond to any potential terrorist threat. I will just outline a few of those.

A little while ago we talked about the Bomb Squad, which was formerly called the Explosive Ordinance Response Team. The service's Bomb Squad is the largest in Australia and provides a counterterrorism response capability that, as I have indicated, is equal or better than any in the country. It is capable of dealing with explosive, chemical, biological and radiological devices. The Queensland Police Service also maintains 20 specialist counterterrorist negotiators as part of a state-wide capability of over 100 trained negotiators. The Special Emergency Response Team provides a capacity to respond to incidents exceeding normal policing capabilities or capacities, and there are currently SERT officers based in both Brisbane and Cairns. SERT officers are trained to use specialised equipment and a range of options to resolve high-risk situations and ensure public safety.

Recently I had the opportunity of visiting our SERT team and other specialist agencies at Oxley. Again, I need to pay tribute to those guys, both men and women. They are ultimate professionals who train very, very hard and put themselves at risk to protect public safety. I assure you that they are very impressive, very dedicated and Queenslanders can be proud of that capability that the Queensland Police Service has.

The Queensland Police Service participates in the national counterterrorism exercise program. Last year in October the Queensland Police Service, along with all of our emergency services agencies and other government departments, participated in the multijurisdictional exercise Mercury 08. That exercise tested capabilities such as bomb response, bomb scene examination, forward command intelligence and investigative support capabilities of the service.

As a separate issue, the government has provided $1 million to upgrade the police operations centre and major incident room. That upgrade includes access to closed-circuit television feeds, a new incident management system, information and technology resources and integration with other agencies. The upgraded police operations centre and major incident room has ensured that the QPS has compatible facilities to respond to terrorism and coordinate an emergency response to other incidents.

Ms MALE: I refer the committee to page 1-135 of the SDS and the reference to the QPS commencing work towards trialling new technologies, such as automatic numberplate recognition, mobile LiveScan and in-car cameras. Can the minister outline for the committee how this work will ensure that the QPS remains at the forefront of policing in the community?

Mr ROBERTS: Report No. 51 of the Select Committee on Travelsafe recommended further research trial and evaluation of automatic numberplate recognition technology. The introduction of this technology has potential benefits for the community through the increased detection of offences related to safety, critical road rules and the consequent reduction in dangerous driving behaviour. The service will conduct trials of the technology in a variety of locations throughout the state starting in the next 12 months. Registration and licensing offences, together with stolen vehicles, will be targeted during the trials. The research has identified that people engaged in these offences are considered high-risk drivers who are a significant safety risk to other road users. I think that is a significant point when we think about issues of road safety, that is, there are patterns of behaviour of particular individuals. Just to repeat that the research shows that people who are persistently involved in registration and licensing type offences and stolen vehicles are often involved in very risky driving behaviour on the road.

On that point, I note that to date our progress total for fatalities is 195, which is 22 above last year. These are absolutely awful figures and we need to take every opportunity we can to reinforce in the community that police are serious about detection and prosecution and to remind people that among the more significant factors are the behaviour and attitudes of drivers. If we can change that, we can certainly reduce the road toll a lot below what it currently is.

In terms of mobile LiveScan, digital fingerprinting has been in use in Queensland since 2006 via the LiveScan system. When an offender is charged and fingerprinted at a watch-house with LiveScan, the digital images are forwarded to the National Automated Fingerprint Identification System and the results are returned to the Police Service. This is a very useful tool. The turnaround time for identifying and matching fingerprints of offenders is very quick compared to the older system which required manual checking and submitting of those claims. It is a very significant step forward for the service. There are currently 25 LiveScan devices installed in the busiest watch-houses around the state. The technology enables police to identify someone flagged as a person of interest on the system while they are in custody and reduces the risk of a charged person being bailed when they are wanted on warrants, either here or interstate or by Interpol.

CHAIR: Order! The time has expired for government questions. I call the member for Gregory.

Mr JOHNSON: Minister, I draw your attention to the SDS at page 1-137 relating to professional standards and integrated policy development. Minister, as it is an offence to possess replica firearms, can you confirm that currently in Queensland it is lawful for people to still purchase replica handguns and replica submachine guns without a licence? Why has this loophole been allowed to continue?

Mr ROBERTS: This is an issue of national significance. In fact, there has been a lot of work undertaken in conjunction with the other states to address this very issue. This matter was actually high on the agenda of the recent ministerial council meeting that I attended in Perth. I will ask the commissioner to deal with that. I will say that there is no doubt that the sophistication of some of these replica weapons is of significant concern to the Police Service, not just within Queensland but across the states. As I have had indicated, it was a matter that was discussed in depth at the recent ministerial council I attended. This is not just a matter for Queensland; this is a matter for all states and territories. It is one that is high on the agenda of national police ministers. I will ask the commissioner to add more detail to that.

Commissioner Atkinson: It is a very important issue but one, as the minister indicated, where there does have to be national legislation. It is not appropriate for one state to effectively go it alone. I would not want the members to think that there is nothing that can be done here. There are genuine collectors. Whilst it might be fine for someone in the privacy of their own home to have a replica firearm, there is clear legislation that says that if that person carries that replica firearm in a public place in a way that might cause alarm to the public that of itself is an offence and the police can take action in that regard. It is not as though people have carte blanche to wander about the place with replica firearms in their vehicles, perhaps on the back seat, or tucked into their belt as they walk into a bank. If they do anything like that, they can and will be prosecuted. Therefore, the capacity is there to act, but there has been a recognition that it probably needs to be tighter across the country in terms of the whole thing. Again, confirming the minister's statement, it needs to be national legislation and that is being worked on now through the police ministers.

Mr JOHNSON: Would it be armed robbery if they used one of those replicas?

Commissioner Atkinson: Yes, for the same intents and purposes—

Mr JOHNSON: Exactly.

Commissioner Atkinson:—it would be considered by a court to be, and without question the person would be charged with armed robbery. I think the court would take a very serious view of it being a replica because people do not know.

CHAIR: Order! Minister, the committee will now break for afternoon tea, by way of resolution. The hearing will resume at 3 pm sharp, with examination of the areas of the proposed expenditure for the Department of Community Safety, including Queensland Corrective Services, the Queensland Ambulance Service, the Queensland Fire and Rescue Service and Emergency Management Queensland. Minister, would you like to go on record in relation to your staff?

Mr ROBERTS: Yes. Mr Chairman, I do have some information that I can put on the record, if you wish, now. It will take me just a couple of minutes.

CHAIR: No. Unfortunately the resolution requires us to finish.

Mr ROBERTS: Okay.

CHAIR: What I was asking is if you would like to thank your staff. I can allow you to do that.

Mr ROBERTS: Thank you, Mr Chairman. I take this opportunity to thank not only the commissioner and all of the senior officers but also the many staff within the Queensland Police Service who have spent many, many hours, as all members of the committee will well understand, preparing for this estimates hearing and responding to my demands in terms of information. I am convinced that the estimates process is a very good one, not just for what we see here today. The value of the estimates process is that it requires a lot of internal scrutiny by departments and that puts a lot of pressure on officers. I recognise that, so, again, I take this opportunity to thank the commissioner and all of his officers and staff for the fantastic work that they have done and the hours and hours of preparation that they have put in for today. I thank them sincerely for that.

CHAIR: Minister, in relation to those other issues that you mentioned you have in front of you, there are two ways you can deal with that. You can either table them for the committee now or you might like to write to the committee with those.

Mr ROBERTS: In the break I will look to see whether we can bring this down to a format that would be easier to table.

CHAIR: That concludes this afternoon's session. Thank you very much.

Proceedings suspended from 2.46 pm pm to 3.00 pm

CHAIR: The committee will now continue its examination of the portfolio of the Minister for Police, Corrective Services and Emergency Services. Before doing so though, I ask the media to vacate the room.

Mr JOHNSON: Minister, with reference to SDS 1-111 and the Indigenous status of prisoners, between 2000 and 2009 the percentage of Indigenous overrepresentation in prisons went from 22 per cent to 26 per cent. With no sign of this overrepresentation easing under your government, can the minister tell this committee why this government has failed to address the overrepresentation of Indigenous people in our state's prisons in the past 10 years and instead is allowing it to get worse?

Mr ROBERTS: I will wait for some information. The extent of Indigenous representation in our Corrective Services facilities is of course of concern. When you compare the proportion of the population to those percentages that you have outlined, it is a major issue. Corrective Services has in fact put in place a number of strategies to endeavour to deal with this issue. Ultimately this is a whole-of-government responsibility and a community responsibility to endeavour to work with people in Indigenous communities to reduce levels of crime et cetera. But the number of Indigenous people in prison is a significant concern. Queensland Corrective Services is taking a number of steps to address that. In terms of the figures, yes, you are correct—about 3.6 per cent of the Queensland population are Indigenous and 26.5 per cent of male prisoners and 27.4 per cent of female prisoners in Queensland are Indigenous. That is something we all need to be putting a lot of effort into addressing.

One of the significant developments that has been taking place over the last couple of years in terms of Corrective Services is to expand probation and parole services into Indigenous communities. What the department has been endeavouring to do is increase the confidence the courts have in our ability to properly monitor and supervise offenders in their communities. So there has been a very proactive program by the department to establish permanent presences in Indigenous communities of parole and probation officers both permanent and those that might visit the areas.

For example, there has been a significant investment of $1.3 million in capital and a further $1.38 million for operations and staffing this year to open permanently staffed probation and parole reporting centres in the remote communities of Doomadgee, Mornington Island, Normanton, Thursday Island, Weipa, Aurukun and Woorabinda. In addition to that, a new probation and parole reporting centre opened in Cooktown in April 2009 to service the Indigenous communities of Hope Vale and Wujal Wujal. So that initiative again seeks to build confidence within our court system that we have the capacity to

appropriately supervise some of these people who will be deemed appropriate to be in the community on parole and probation as opposed to what is an option which might be available to the courts to put them behind bars. Of course in those serious cases that is where they should be, but there are probably a number of instances where, with the court having knowledge and confidence of probation and parole out in the communities, we might be able to get some of those people more appropriately supervised in the community rather than behind bars.

Mr JOHNSON: With reference to SDS 1-112 and the increases in assaults in prisons, does the minister accept that overcrowding in some of Queensland's major prison facilities has led to the increase in assaults?

Mr ROBERTS: No. I have been watching with interest the comments the member has been making in the media over the last week or so—reading the letters, reading the media coverage—making claims that overcapacity in terms of places like Lotus Glen in Townsville is leading to increased assaults. The evidence does not support that. In fact, the evidence shows that the rates of assault against prison officers and, indeed, amongst prisoners in those prisons is no worse than in any other Corrective Services facility in the state. That is not to say that individual categories may not increase or decrease, but it is simply not true to make the claim that the current overcapacity issues in Lotus Glen in Townsville are leading to an increase in assaults.

You would be aware of course that with respect to Townsville yesterday we opened an additional 144 beds which basically addresses the doubling-up issue. In Lotus Glen you would be aware that there is a major capital works program underway there to ultimately alleviate that issue. The issue with Lotus Glen is that it has probably the highest number of Indigenous prisoners in corrections facilities. There is a number of ways the department can deal with this. In fact we have a very proactive strategy to do two things. One is to transfer prisoners who are appropriately classified as low risk into low-risk facilities, and that has been occurring on a proactive basis. If the risk assessment of an individual is that they do not need to be in a high-security environment, they will be moved. We need to do that appropriately and monitor that, and that has been occurring. There is also a proactive program of transferring people between facilities.

The reality is that we are currently running at around 15 per cent undercapacity in our prison system, compared to the final year of your government when you were running at about 15 per cent overcapacity. So in Queensland we have excess prison capacity. What we could do is simply transfer people around the state to make sure that we do not have any double-ups in any prison. I think that would be detrimental to the interests of a lot of prisoners, particularly in areas of Indigenous communities where we believe it is important to maintain contact with their family and social networks where we can. It is not possible in every case.

So, in terms of where the double-ups are occurring, assessments are made of individuals. If people are not suitable for double-up then they will not be put in those circumstances. So in answer to your question, member for Gregory, the Townsville situation basically has been addressed with the opening of the extra beds last Monday. The situation in Lotus Glen will be addressed with the opening of the new prison. But we are monitoring assault levels and they are no worse than in the remaining prison population at the moment.

Mr JOHNSON: I refer the minister to SDS 1-110 and correctional intervention services. How much funding and at what locations is the Staying on Track rehabilitation program offered through probation and parole services?

Mr ROBERTS: If you do not mind, we will seek that information. I just do not have that on hand at this point. We will get that information for you.

Mr JOHNSON: How many offenders have participated in the program in 2008-09 and how many of those failed to complete the program?

Mr ROBERTS: This is the same program?

Mr JOHNSON: Yes.

Mr ROBERTS: Again, we will have to take that on notice.

Mr JOHNSON: Minister, why has your government failed to deliver much needed Corrective Services infrastructure—and I refer directly to the expansion of Lotus Glen, which is behind schedule to the tune of $70 million, and the construction of the SEQ correctional precinct at Gatton, which is behind schedule by $107 million? Can you guarantee that these delays will not see cost blow-outs?

Mr ROBERTS: I find it a little ironic that the member is raising issues of capacity.

Mr JOHNSON: Well, I want the answer.

Mr ROBERTS: Because in the last year of the National Party government there was around 15 per cent overcapacity. There was plenty of time in the 2½ years that the Nationals were in power to build those extra 100 beds and so on. But there was 15 per cent overcapacity. As I have indicated today, currently in Corrective Services facilities across Queensland there is 15 per cent undercapacity across-the-board. I dealt with that issue earlier.

Additionally, if we go to the issue of Lotus Glen, yes, there have been some initial delays arising out of that particular project. That expansion will provide an additional 300 cells, and $164 million is provided for the first stage. But I will deal with the Gatton precinct first.

The overriding capital investment is $485.1 million, which will be for a 300-bed women's correctional centre. Part of the original program, as I understand it, was to deliver both the 300-bed women's prison plus the men's component. Part of the deferral that you referred to was in fact a decision not to proceed with the men's component this financial year, but that will be occurring in subsequent financial years and separate funding will be required. So that would account for a significant part of the deferral that you referred to. Additionally, both with respect to Lotus Glen and the Gatton correctional centre, as you would be aware—and I alluded to this in my opening statement—Queensland this year has experienced exceptional periods of rain and that has impacted significantly on major projects such as Lotus Glen and indeed at Gatton.

The Gatton precinct by the way again I think is a clear indication of how this government is planning for the future. It is a massive site out there at Gatton which will deliver significant economic benefits to that local community. Overall, that prison precinct will cater for up to 3,500 prisoners when it is finished. So it is a significant indication of how we are planning for the future. In terms of the Lotus Glen project, there were some issues with the appointment of the contractor in the early stages which did give rise to some delays and the wet weather caused delays as well.

Mr JOHNSON: Minister, I draw your attention to the proposal by your government before the election to relocate serious sex offenders to the precinct at the Capricornia Correctional Centre. Is this proposal still an option for your department to transfer these serious sex offenders to this facility?

Mr ROBERTS: Yes, there is a proposal to house some of these offenders both on the Rockhampton jail site and also at Townsville. The member for Mirani would be pretty familiar with this because he was illegally on the site and had to be escorted off some weeks ago. You might ask the member for Mirani for a bit more detail on that!

This is a very difficult issue for the government and indeed the department. These offenders under the Dangerous Prisoners (Sexual Offenders) Act are released by the courts after they serve their sentence. The first option that this government takes is to argue before the courts, through the Attorney-General's portfolio area, that these people should remain in jail. That is our first option; we argue that. However, we are bound by the decisions of the court. If the court makes a determination that these individuals are not to remain in jail, they are released under very strict supervision orders, and I stress that these are orders which are created by the courts. We will argue obviously for stringent orders, but they are delivered to Corrective Services by the court and Corrective Services is required to monitor and supervise people under those orders.

These are the choices. If these offenders are released under court orders, we have a role in approving their accommodation. In many instances, these people are very difficult to place, and you can understand that. You can understand the angst in the community and the concern in the community, but they have been released and they have to live somewhere. So what we have chosen to do for those who are the most difficult to place for a whole range of reasons is to create more secure supervisory arrangements. We have done that at Wacol, where we can house up to 21 people, but we cannot keep them all in South-East Queensland. Many of these people live in the north so a house is being established now in Rockhampton which will house up to three people, as I understand it, and we are creating and establishing two residences in Townsville which will house probably four to five people. I will point out that those premises have a number of additional mechanisms there in terms of surveillance and defence. I will ask the commissioner to give some more detail on that.

Commissioner Anderson: Those houses have been placed on prison reserves which allows us to respond to the site from the prison itself as well as responding from the specialist supervision unit that we have established. In the cases of both Townsville and Rockhampton, they are significantly remote from the community and are a considerable distance from roads and other facilities. That is the reason we have chosen to put them on prison reserves.

Mr JOHNSON: Minister, what actions have you taken to redress the situation where Lotus Glen prisoners at Innisfail earlier this year had access to pornography, phones and vehicles to roam free?

Mr ROBERTS: I will ask the commissioner to provide some particular detail on these issues, but I will say this: Corrective Services obviously puts a lot of effort and resources into ensuring that offenders and prisoners do not get access to mobile phones, pornography and other contraband. However, I do not think there is a prison system in the world which has been 100 per cent successful in keeping these items of contraband out of prisons, whether they be in secure facilities or in the low-security facilities.

That being said, this is a very serious issue. If prisoners or offenders are caught with this material, they are liable to very significant additional penalties over and above their existing sentence. For example, if a prisoner is caught with a mobile phone—and we did have that instance last week with the new technology we have got—they are liable to potentially up to another two years in prison. We do not take this lightly, but neither I nor any other minister or government in any part of the world can absolutely

guarantee that some people will not breach those very strict conditions that we have in place. With that particular instance, I do not have all the detail but I will see if the Commissioner for Corrective Services can provide more detail.

Commissioner Anderson: Essentially, we rely on three methods of detecting this kind of contraband. The first is the most obvious—that is, we will always have barrier controls in place, particularly where we have visitors to our sites et cetera. So we demand that people show us what they have got and they have to go through a vetting process.

The less obvious type of control is around intelligence collection. We have a very extensive intelligence network here in Queensland and it is probably the most developed in the country. The final one is by a pattern of searching. Indeed, that is why we have recently purchased a machine which is designed to detect the operation of mobile phones, and we are trialling that in each location over the next month. It has already been so successful that I imagine we will be purchasing one for each region. It is essentially those three things: physical barrier controls, intelligence collection and then searching and acting on the intelligence we have received.

Mr JOHNSON: With reference to page 1-112 of the SDS under Community Supervision Services, why does Queensland have one of the highest offender to staff ratios for supervision services in the country? If there are massive jumps in offenders on supervision orders, why are you only budgeted for an additional 45 staff? Doesn't the low success rate of offenders on orders mean that more staff are needed to monitor and assist to increase completion rates?

Mr ROBERTS: Sorry, which particular measure are you referring to?

Mr JOHNSON: SDS 1-112.

Mr ROBERTS: But which measure, sorry?

Mr JOHNSON: Community Supervision Services, page 112.

CHAIR: Bearing in mind that the time for non-government questions has expired, the minister can come back to that at the next session, if you like. Queensland is faced with the challenges of the global financial crisis, in particular the prospect of increasing unemployment. With reference to page 1-105 of the SDS, can the minister please outline which major capital works projects are being progressed and the importance of these projects for delivering on the Bligh government's commitment to protect jobs?

Mr ROBERTS: Thank you for that. As I indicated earlier in this session, there is a very significant Capital Works Program across all of my agencies which is not only delivering improved facilities but also injecting a lot of money into local economies and supporting a lot of jobs. The Department of Community Safety's 2009-10 Capital Works Program will invest $561.3 million in capital acquisitions and grants. Those capital works projects are spread across the state, across all agencies, and will directly contribute to the construction industry across all of the regions. It is estimated that the investment I referred to—$561 million—will sustain over 3,500 full-time equivalent jobs over the financial year. It is not just about improving the correctional service facilities to contain offenders; it is also improving the working conditions and equipment that our ambulance officers, fire officers et cetera are involved with.

I will outline some of the key investments for community safety. There is $199 million for the expansion and upgrade of the Lotus Glen Correctional Centre in Far North Queensland, and the total cost for that project is $445 million. There is $164 million for the first stage of the development of the South-East Queensland correctional precinct at Gatton, at a total cost of $485.1 million. That initial investment is for the women's correctional centre. Again, just to stress the importance of this precinct, this is really step 1 in what will be over many years a progressive rollout of correctional facilities on that location. It has the capacity for 3,500 prisoners or thereabouts, so this is a long-term investment and commitment in that facility. I am sure if you spoke to the people in Gatton you would find that they understand, particularly from an economic point of view, that this will inject significant dollars into that local economy and will sustain that local economy for many, many years to come.

Additionally, there is $54.9 million to build at a total cost of $78.7 million a new integrated communication and state emergency operations centre at Kedron, something which the member for Mirani thinks is a waste of time. That in effect will be the 000 nerve centre for Queensland and also provide a coordinated location for disaster response. In terms of new and refurbished stations, there is $19.3 million on additional ambulance stations at Ashgrove, The Gap and Springfield and 18 redeveloped stations. There are also many other investments in Queensland fire and rescue.

CHAIR: Page 1-107 of the SDS outlines the government's goal of increasing the number of community volunteers by 50 per cent by 2020. What are the benefits of being a volunteer as part of our emergency services organisations, and what support is the government providing to achieve this goal?

Mr ROBERTS: Again, this gives me the opportunity to place on the record our thanks to those many thousands of volunteers across all of the agencies that are directly associated with emergency services or that we support. As we have seen throughout Queensland over the last 12 months and indeed prior to that as well, whenever disaster strikes we have our professional agencies who are always there but standing alongside them in every instance are our volunteers from SES, the

Queensland fire and rescue and I extend beyond that now because we have just entered into a partnership with Surf Life Saving Queensland, the Red Cross and St John Ambulance. All of these agencies that are basically supported by volunteers are a part of the emergency services family which supports communities in need.

Currently, the Department of Community Safety supports around 77,000 volunteers across all of those particular arms that I have referred to. Around 42,000 of those are directly related to the Queensland Ambulance Service. We have our first responders, our local ambulance committees, honorary ambulance officers. We have Queensland fire and rescue, predominantly through our rural fire volunteers, but also our chemical response, with volunteer engineers and scientists. Emergency Management Queensland of course is predominantly SES.

As I have indicated, we also support with very significant funding—which averages around $4.6 million a year—Surf Life Saving and also marine rescue volunteers as well. These volunteers learn valuable rescue skills, rural fire management and advanced first aid skills in their response to natural disasters. As I have indicated, they perform critical roles of administration, communication, stores and welfare.

The government is conscious of the fantastic job they do and in 2008-09 we provided $44.9 million in output funding and $4.4 million in capital in support of emergency services volunteers. One of the announcements we made during the election in particular was the Support our Heroes package, with a $12.98 million investment aimed at boosting volunteer numbers and particularly helping communities prepare for natural disasters. That is both the SES and rural fire. Our 'keeping our beaches safe' initiative provided an additional $200,000 to Surf Life Saving Queensland for additional patrols. We are providing them with a $6 million helicopter, which is currently completing its major refurbishment, and $400,000 annually for its ongoing costs. There are also a range of other initiatives which members hopefully are aware of.

Mr HOOLIHAN: Minister, page 1-104 outlines a number of natural and other disasters that Queensland has experienced, and you have just mentioned some of our volunteer services. Would the minister please outline how much funding is provided for emergency management in Queensland and how responses to those emergencies are coordinated? Can you also advise of any enhancements which are planned to the system?

Mr ROBERTS: Over the last 12 months as Minister for Emergency Services, I activated the Natural Disaster Relief and Recovery Arrangements on five occasions throughout 2008-09. That program is a joint funding initiative between the Commonwealth government and the state government. We provide direct funding support at a range of levels, but the major contribution goes to local councils for the infrastructure repairs and responses that they provide during times of natural disaster—storms, floods and cyclones. There is also direct support in many instances to businesses and individuals who experience impacts from major events. In that regard, people who are directly impacted by major cyclones and floods can very quickly access immediate cash payments under that scheme to give them housing overnight, to buy clothing, fresh food et cetera. That can either be under the state-Commonwealth arrangement or I also have the authority with our State Disaster Relief Arrangements to initiate that at a state level if required as well.

Throughout 2008-09, at one stage 77 per cent of Queensland local government areas had been activated under those arrangements, which incorporated 64 of the 74 local government areas across the state. That is very significant. I think that demonstrates and illustrates the significant impact that natural disasters have had on Queensland communities over the last year.

The whole-of-government estimated total expenditure for events which occurred in 2008-09 is anticipated to exceed $543 million. That is the expected cost. That expenditure will be shared across the current financial year and the next two financial years. The whole-of-government estimated total expenditure in 2008-09 under the Natural Disaster Relief and Recovery Arrangements is expected to exceed $363 million. So these are very significant amounts of money and have a very significant impact obviously on state finances. This money obviously needs to be spent to support communities which have been impacted very severely by flood events. As I have indicated, Queensland through the last 12 months has illustrated very clearly that we are very susceptible to natural disasters. With the impacts of climate change, those risks and those impacts have a significant potential to increase in the coming years.

Mr HOOLIHAN: Can we deal with that matter of climate change? It is referred to at page 1-104 as a key challenge for the Department of Community Safety. Could the minister outline any initiatives and funding that will assist in managing the impacts of climate change?

Mr ROBERTS: Yes, I can. Our emergency staff and volunteers, as I have indicated, are at the forefront of responding to disasters including cyclones, floods, storms, storm surges and fires, all of which are predicted to intensify and become more frequent as changes in our climate patterns unfold in the coming years. Many communities across Queensland are particularly vulnerable to these events, but there is a lot of preparation and a lot of planning which is underway within all of the agencies to respond to that.

As a part of achieving safer communities and a better quality of life, the Department of Community Safety helps communities prepare for the potential impacts of climate change, including disaster management planning and preparation through prevention, mitigation and adaption strategies. We recognise the role that the Department of Community Safety can play in building community resilience. That is an important element in disaster management. It is not just about the capacity of our emergency services' full-time agencies to respond or, indeed, the capabilities of our volunteer network. Communities and individuals also need to share in the responsibility of being prepared in terms of their own home and their own families to support and take steps to protect themselves during natural disasters.

I am very pleased to see that from the Climate Change Fund the government has committed as part of the 2009 election commitment Support our Heroes, which I mentioned earlier, $5.6 million over five years for our State Emergency Services which will provide, from my recollection, 94 additional vehicles. They will start to roll out very shortly in this financial year. I think there are about 19 flood boats or thereabouts and also trailers to assist with emergency responders.

There is $7.34 million over four years for the Rural Fire Service in terms of equipment. There will be specialised appliances provided to the service with a minimum of a 3,000 litre water-carrying capacity. In addition, we are providing funding for fire suppression curtains, which I think is the correct title. We are also replacing all of the petrol-driven pumps with diesel-driven pumps. Additionally, $3.37 million will be provided over three years for disaster management warehouses and caches that will provide essential equipment and supplies at the ready to respond to communities affected by disaster impacts. Emergency Management Queensland already has stores across Queensland where significant numbers of tarpaulins, generators and all of the equipment needed to respond are stored for those emergency situations.

Mrs SMITH: Any increase in the number of ambulance officers is always well received by the community. Will the minister explain the benefit that an additional 50 ambulance officers will have for the people of Queensland?

Mr ROBERTS: I point out again that this year the Queensland Ambulance Service budget has increased to $494.6 million. That is an increase of around $38.9 million or 8.5 per cent. Just on that point, I think it is important to note that the community ambulance levy does not provide all of that funding. In fact, it provides around 30c or thereabouts in every dollar that is actually budgeted for in the service. The community ambulance levy provides about 30c. The other 70 per cent comes directly from government sources or other revenue-raising activities.

As a part of this year's budget, we are delivering a further 50 ambulance officers to the front line with an investment of $3.5 million. Again, it is important to note that this is on top of the biggest single increase in ambulance officer numbers in the service's history. Last year we delivered 255 additional ambulance officers and the year before 250. All up in these three budgets there will be 555 additional ambulance officers. That is unprecedented in the service's history in terms of the increase in resources.

It is important to see how the regional breakdown of those figures are between 2008-09 and 2007-08, and I will put them on the record. For the Brisbane region, there is 72.5—and these are full-time equivalents so there will be some 0.5s that I will refer to—in 2008-09 and 115 in 2007-08. For the south-eastern region, which takes in the Gold Coast to Ipswich, there is 64 in 2008-09 and 31 in 2007-08. For the north coast region, around the Sunshine Coast area, there is 44.5 in 2008-09 and 43 in 2007-08. For the northern region, there is 21.5 in 2008-09 and 18 in 2007-08. For the central region, which is based on Rockhampton and Mackay, there is 20.5 in 2008-09 and 17 in 2007-08. For the south-west—the Toowoomba to Dalby region—there is 15.5 in 2008-09 and 21 in 2007-08. For the far northern region, there is 11.5 in 2008-09 and 10 in 2007-08.

Since 1 July 2003, which is the time or thereabouts that the community ambulance levy was introduced, we have increased ambulance officers by more than 1,000. So there has been a significant enhancement of front-line ambulance officers in the Ambulance Service. The increase in front-line positions as a percentage of ambulance officers for the QAS is now, as I indicated in my opening remarks, around 82.5 per cent operational compared to the national average last year of 81.9 per cent and a significant increase over the proportion of the time of the ambulance audit.

Mrs SMITH: I refer to the QAS implementing demand management strategies. Will the minister outline the key strategies and how this is improving the service delivery of the QAS?

Mr ROBERTS: The issue of demand management is one which the Queensland Ambulance Service has taken very seriously. As committee members will know, it is probably a little under two years ago now that we embarked on the Queensland Ambulance Service audit, which really focused attention of the service on front-line service delivery. This is an issue which is not just about increased resources, which we have been delivering; it is also about managing and delivering the service in a smarter way. One way of doing that is to initiate appropriate demand management strategies. These are issues which

are common not just to the Queensland Police Service but also to the Ambulance Service and the Fire and Rescue Service. It is all about ensuring that you deploy your resources appropriately and to those people with the highest priority and those with the most need.

As a result of the audit, there have been a number of very clever and, I think, impressive demand management strategies put in place. I just want to outline a couple of those. One of them is the inclusion in our key communication centres of a clinical deployment supervisor. Committee members will be aware that our call takers in our ambulance communication centres are very highly trained in both call taking and dispatching, but they are not paramedics. They do not need to be.

In Queensland the medical dispatchers work to a very strict protocol which is used internationally to determine the priority of the cases which are referred or which people call in about, and they deploy those resources appropriately. But there is a need—and this was identified during the audit—to have some clinical oversight of the decisions being made about whether you deploy one ambulance or whether you need two ambulances or whether an intensive care ambulance needs to be deployed. In each of those major communication centres, particularly in Brisbane, we have a clinical officer who is a highly trained paramedic who oversights the decisions being made by those officers. That has been very helpful in ensuring that the appropriate response is deployed to that person in need.

Additionally, we have reviewed the medical priority dispatch system, which is the very sophisticated and internationally tried and tested system we use to prioritise, to make sure that the appropriate responses are held. If I get the opportunity later, I would like to talk about our secondary triage and referral system as well.

Mr MALONE: I want to clarify one point, Minister. I was not escorted from Etna Creek. I was on public land. You should make sure you have all of the facts before you make those accusations. On page 1-109 of the Service Delivery Statement under 'Department Outputs' it notes that the new Department of Community Safety was created in March. What is the dollar amount in saving that will be produced by the amalgamation of the corporate and executive functions of Corrective Services and Emergency Services? What will the savings be applied to? It appears from the staff numbers on page 1-110 that the department will grow in size rather than shrink.

Mr ROBERTS: With respect to the dollar amounts, I will get that in a moment. The increases that you are referring to are predominantly because we have increased front-line staff.

Mr MALONE: So there is no saving in staff?

Mr ROBERTS: Well, we are putting on extra ambulance officers. That means that the numbers will go up, as they have over the last couple of years. In terms of the dollar amounts—

Mr MALONE: So there are going to be no savings?

Mr ROBERTS: Could you repeat your question?

Mr MALONE: I asked about projected savings by combining the two departments.

Mr ROBERTS: The government has applied an efficiency dividend across government to all government agencies. The Department of Community Safety in the 2009-10 state budget will contribute $5 million towards the government's savings target. That is the efficiency dividend that we will deliver. In terms of the amalgamation of the departments, yes, this has been a significant machinery-of-government change where we have brought two agencies together. I do not know whether I can add any more. In terms of the actual savings, I can probably take that on notice and see if there is some information I can provide you with.

The director-general is indicating that the savings are part of that $5 million. We are required to deliver $5 million in savings as a result of that government decision. Obviously that will be identified through savings through the amalgamation of the departments. The commitment that has been given is that there will be no impact on front-line service delivery. That $5 million in savings will be derived from such things as the corporate areas, travel, advertising and marketing. I am happy to talk about travel if you want to ask a question about that. The amount that we will be delivering is $5 million.

Mr MALONE: Just to clarify that, the Premier's statement that savings will be made by combining those departments to make superdepartments is basically achieved by an efficiency dividend?

Mr ROBERTS: That is how it is being delivered. We have identified that we will deliver $5 million from the newly created department. That will have to be found through savings. We will deliver that. That will require us to identify efficiencies. A lot of those will arise directly out of the amalgamation of the departments.

Mr MALONE: Page 1-106 of the Service Delivery Statement states at dot point 6 that the QAS will continue to progress the QAS audit of 2007. I note that page 7 of the December 2007 audit into the Ambulance Service states that the cost to the Ambulance Service is 18.5 per cent higher in Queensland than the national average, with expenditure of $81,000 per employee.

Mr ROBERTS: Where are you referring to now?

Mr MALONE: That is the audit.

Mr ROBERTS: Which figures are you talking about?

Mr MALONE: I will go back. The 2007 audit into the Ambulance Service states that the cost to the Ambulance Service is 18.5 per cent higher in Queensland than the national average, with expenditure of $81,000 per employee compared to $68,000 nationally. Can you give the recent comparable figures?

Mr ROBERTS: I would have to take that on notice. It is fraught with danger to simply compare the service delivery costs in Queensland to those in other states or from other periods of time. One of the reasons Queensland is expending more than other states is that we actually provide more ambulance officers per head of population than any other state.

Mr MALONE: This is the cost per employee.

Mr ROBERTS: That is right. As I said, it is very dangerous to do this—and I really caution you in terms of this issue. Delivering a service in Queensland compared to delivering a service in Victoria or ACT is an entirely different kettle of fish. We have more full-time, permanent service delivery points across all of Queensland compared to, for example, Victoria, which is really on the back of a postage stamp in terms of what they have to deliver.

The costs per employee of delivering a service with such an extensive network across a wide-ranging geographical area will in many instances be higher. That is the cost we have to bear. We obviously tailor our service delivery models to the nature of demand and the communities that they service. We do have more permanent ambulance facilities across Queensland compared to other states.

In terms of the number of ambulance officers we have, which again means additional costs, I point out that we have one ambulance officer to every 1,527 people compared to the national average of one ambulance officer to every 2,079 people. There are significant additional costs in providing that higher level of service and response to the community.

Mr MALONE: The current QAS budget is $494 million and there are 3,655 employees. That gives you something like $135,000 per employee as opposed to when the audit was done, when the figure was $81,000. Can you explain that difference? I am using the current figures in the budget. It appears to me that after the audit your cost per employee has gone up by 30 to 40 per cent.

Mr ROBERTS: Could you provide those figures again, because I think I need an opportunity to challenge them. I do not accept those figures. There are many instances when you have thrown figures out into the community when, on checking and verification, they are wildly inaccurate. So what are the figures you are quoting? I will get them checked and we will get an answer back to you.

Mr MALONE: I can give you those figures.

Mr ROBERTS: What are you saying? What is your cost at the time of the audit?

Mr MALONE: Your current budget is $494 million and you have 3,655 employees. If you work that out it amounts to about $165,000 per employee which is quite different to the figure in the audit that was done in 2007. It gave a cost per employee of about $81,000.

Mr ROBERTS: Could I allow the staff in the department to look at those figures that you have quoted. I would like to get more concrete advice on the claims that you make. I will respond to you later.

Mr MALONE: That is great. It states on page 1-106 of the Service Delivery Statement at dot point 6 that the QAS will continue to progress the audit of 2007. I note the director-general's note on the department's website providing an update on the QAS audit dated 15 February 2008 that all community safety programs will cease, including CPR for Life amongst others. Given the department is now called the Department of Community Safety, are there any new programs in this budget directed at community safety?

Mr ROBERTS: I might just go back to the original decision on this matter during the audit. As you are aware, there was a very conscious decision to move away from a number of services that the Queensland Ambulance Service previously delivered. One of those was the CPR for Life program. In terms of that issue, however, I just want to say that the QAS has been very proactive in working—and I really give credit to the local ambulance committees in the Sunshine Coast area for putting their hand up for this—with local ambulance committees to ensure that the CPR for Life program is continued.

With respect to that particular program, I am very pleased to see that it is now being delivered by a significant number of local ambulance committees. The Queensland Ambulance Service provided the intellectual property rights to the program to the local ambulance committees without cost and has also supported them in the delivery of it.

In terms of new programs, there are no new community safety programs that I am aware of over and above the existing programs that are already delivered. There would have to be good justification to increase them, in my view, because we have made a deliberate decision to focus on front-line service delivery and to move out of those areas. The cost savings from moving out of those areas was a little over $4 million. That money has been redirected into employing more front-line paramedics.

I will outline the things that we are continuing with in terms of community safety. As I have said, we proactively supported local ambulance committees with the delivery of the CPR for Life program. That program is also continuing in our schools through Education Queensland. We also continue to deliver first-aid training. Up to 53,332 first-aid certificates were delivered last year. We have also continued our baby capsule hire service. In answer to your question, no, there are no additional programs being delivered but we have maintained those other very important programs and they are delivering very good outcomes in the community.

Mr MALONE: In the same update note on the QAS audit of 15 February 2008 the director-general mentions that 41 staff from the community safety unit were to be redeployed. What was the saving to the department with the redeployment of these departmental staff or were they relocated within the department?

Mr ROBERTS: I am glad you asked, because you give me the opportunity to reinforce what was a very significant structural change within the Queensland Ambulance Service. Some very tough decisions had to be made, but I firmly believe they were in the best interests of delivering high-quality ambulance services to the community.

The ambulance audit identified around $12 million in savings. There were a number of positions which were in a sense dislocated as a result of those decisions. I will confirm this with the director-general. Firstly, there were no redundancies as a result of that process. Those 41 staff were transferred either into other departments or other agencies or into vacancies that occurred within our agency.

But the important point in all of this is that the savings were made. The savings made by redirecting or repositioning those people into other jobs resulted in direct savings. There were $12 million in savings made. That enabled us to bring forward the recruitment of the additional ambulance officers. The savings made during the audit directly contributed to the employment of around 100 of the 250 ambulance officers that we funded the next financial year. I think that addresses the particular point that you were raising.

Mr MALONE: It states at page 1-107 of the Service Delivery Statement at dot point 4 that the department will build resilient communities. In this context, do evacuation plans exist for the coastal settlements? If so, what process is involved in large scale evacuation and notification? I am particularly referring to the cyclones that have gone through Mackay in recent times.

Mr ROBERTS: Can you repeat the specific nature of your question?

Mr MALONE: In respect of building resilient communities, do evacuation plans exist for coastal settlements? If so, what processes are involved in large scale evacuation and notification?

Mr ROBERTS: I will preface my remarks by talking about our disaster management system. You would be well aware that under the Disaster Management Act all local authorities are required to have a disaster management plan. It is a primary responsibility of local government to develop a disaster management plan for their local authority area. Included in that disaster management plan are a range of issues. For example, what are the risks for the community to which the plan applies? Where are the available facilities in times of emergency for housing people et cetera? Overlaid on that, what evacuation plans might be required for those communities?

The principal response I give to you is that, while Emergency Management Queensland works collaboratively and cooperatively in supporting local governments to develop their evacuation plans, primarily the responsibility for those plans rests with the local councils. That being said, there obviously are circumstances which escalate beyond the capability of a local council.

I give the recent example of Cyclone Hamish. Cyclone Hamish tracked down the coast, parallel to the coastline, for a number of days. Very comprehensive additional evacuation arrangements were put in place, with the cooperation of the local council and other government agencies, to evacuate what could have been many thousands of people from the Hervey Bay region to reception centres in Brisbane. In terms of evacuation plans, in addition to the requirement for a local authority to have them firmly embedded in their local disaster plan, Emergency Management Queensland and other agencies also work with local councils to develop specific event plans.

In addition, just as a point of interest, out of the funding that we receive from the Climate Change Fund, which in total, I am advised, is $7.66 million over five years—$1.32 million in 2009-10—some of that funding will be going towards improved evacuation planning in high-risk communities. So there is actually, firstly, the foundation now of the councils and local governments having to have those sorts of issues already addressed in their plans; secondly, the efforts that Emergency Management Queensland already makes with specific disasters to overlay additional plans on top of that if required, such as the Hervey Bay incident; and there is additional money in this year's budget to work with those communities to further develop those plans.

Mr MALONE: In terms of notification, I am assuming that you are following the Victorian royal commission. There is a proposal for an Australia-wide emergency notification process. Will your government be involved in that? Will you ensure that that works in more remote communities where cell phones et cetera are not necessarily operational?

Mr ROBERTS: We are involved. I have been saying for some time now that Queensland is actively involved in national decisions to put in place a telephone based emergency warning system.

Mr MALONE: The Victorian government has not made the decision, as I understand it, as to what type of service they want.

Mr ROBERTS: That is not correct. Do not get all of your information from what you read in the newspaper. The facts are that Queensland has been proactively involved in the development of a national early warning system from day 1. The decision, which was reported in the media today and which I have already responded to in the media, is that the Victorian government has a leadership role, which we have agreed to. We have actually been a part of this decision. The Victorian government has the leadership role in procuring the provider of the telephone based emergency warning system. So all that has been announced is that a closed tender arrangement has been put in place—and Victoria has led the development of that—involving both Telstra and Optus to develop and provide the capacity for a national early warning system. Queensland will be a part of that.

Mr MALONE: What works in Victoria may not work in Queensland.

Mr ROBERTS: That is absolutely right. You are dead right there. Once the national system has been developed, we will work with that provider to develop an appropriate response dealing with Queensland's circumstances.

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

Ms MALE: The government is investing in the delivery of 150 new or replacement ambulance vehicles. Can the minister advise how much that investment is and what are the benefits to the people of Queensland?

Mr ROBERTS: Thank you. It is important for the government to support the Ambulance Service in upgrading its fleet. Currently, the ambulance fleet is around 1,089. Of course we need to have a very proactive program of replacement. I am very pleased to say that we have maintained a very significant commitment to replacing those front-line ambulances over the last few years. We did 140 two years ago and 145 last year and in this year's budget we provided funding for 150 new and replacement ambulance vehicles. The majority of those are replacements but because of the expanding nature of the service and the additional ambulance officers we are putting on, we are putting additional ambulances out in the field as well.

So to date, we have delivered on our commitment to deliver more than 280 new and replacement ambulances in the past two years, with a total investment of more than $32 million. That vehicle replacement program, as I have indicated, will continue this year, with $20.93 million to commission 150 new and replacement and additional ambulances. The replacement regime is based on a rigorous assessment, considering the overall mechanical and physical condition of the ambulance. There are many instances where ambulance vehicles may have some high kilometres or additional age on them, but they are perfectly safe and reliable vehicles. But we have a very proactive program that identifies those that need to be replaced. That is what this program is about. At the rate that we are currently working on, 150 out of a total of a bit over 1,000 with a rolling program, that is getting up to now 450 over the past three years. That is a significant rolling over and renewal of our ambulance fleet.

Importantly, the QAS identified a need for three specialist ambulance vehicles to transport larger patients. There are situations where extremely obese people need to be transported, which is very sad. We have now invested in three vehicles especially purpose-built—bariatric ambulances, they are referred to—to transport excessively obese patients. We will have two of those based in the south-east and one based in North Queensland. The cost of those is significant—around $350,000 for each vehicle compared to about $150,000 for the standard ambulance. So it is something that we have needed to do and they will be placed appropriately to deal with those patients when the need arises.

Ms MALE: Page 1-110 of the SDS outlines the current staffing numbers for the Queensland Fire and Rescue Service. Can the minister provide the details of any recent increases in firefighter numbers and highlight any new career opportunities that are being developed for these vital Emergency Services personnel?

Mr ROBERTS: Following the ambulance audit I initiated with the director-general a review of the Queensland Fire and Rescue Service. That identified annual savings of around $5.5 million over the period 2008-09 to 2011-12 with a significant proportion of that money obviously to be reinvested back into the service but also to support additional positions. In addition, a comprehensive review of all senior officer positions took place arising out of the enterprise bargaining agreement. That has resulted in some additional positions as well. So in total, both the Queensland Fire and Rescue Service review and the senior officers review arising out of the enterprise bargaining commitment has given rise to an additional 70 personnel who will be provided to front-line service delivery and support across the agencies.

The two new stations at Nerang and Redland Bay will be staffed with 19 firefighting personnel each, giving about 38 in total. As a further result of the efficiencies—and I pay credit to the commissioner for working to identify this—we have been able to identify an additional seven operational firefighting personnel and an additional station officer across the state. Four of those new full-time

station officer positions will be created at Gatton, Beaudesert, Roma and Emerald. In effect, those communities now are currently serviced by auxiliary officers. We will now have a permanent full-time presence through an employed station officer in each of those communities, significantly enhancing the level of service provided.

The service has delivered three additional firefighter positions at Bowen and also another station officer position in Bowen. That will provide in Bowen the extension of the service from the current five-day-a-week service with after-hours support from auxiliary officers to a seven-day-a-week service. So again, for that community through efficiencies driven by the commissioner of the Fire and Rescue Service, we have identified money to expand the services up there in Bowen and also give the member for Gregory a couple of extra positions in his electorate at Roma and Emerald.

Mr JOHNSON: No, Roma is not mine.

CHAIR: Minister, have you completed your answer?

Mr ROBERTS: No, I have a bit more to say. Those extra staff in Bowen will be particularly welcome and I know that the community there will welcome the expansion of the service delivery in that area.

Mr HOOLIHAN: On page 1-108 at dot point 4 and dot point 7 there is mention of a bushfire preparedness strategy and a Bushfire Prepared Communities program. Could the minister outline the preparedness strategy for this year's bushfire season and how people can prepare for the bushfire season?

Mr ROBERTS: Yes. I again want to pay tribute to the commissioner and all the officers in the Queensland Fire and Rescue Service and our rural fire division as well for the very proactive work that has been undertaken both this year and in previous years in preparing communities for the bushfire season. We announced last year that the bushfire season expected last year was potentially one of the worst for a decade or so and this year is no different. We have had significant rainfall across Queensland this year, which has significantly increased the fuel load in a number of communities. Therefore, our rural fire division in particular has been very proactive in the work that it has been doing in planning with other agencies—councils and the like and other government agencies—burn-offs but also in trying to promote in landholders' minds that they need to be proactive themselves in terms of applying for permits for burn-offs and also in informing communities through our Bushfire Prepared Communities activities that householders can be doing a lot of preparation as well. There have been a number of strategies put in place to work with the community and within the agency to prepare for what we hope will be not as severe as what might be predicted. Thankfully, last year the rains in effect dampened the season. But it is a two-edged sword. We now have more fuel, so without lots of rain during the bushfire season there is potential there for significant risk in some areas.

We are providing $4.4 million to build new rural firefighting appliances. We anticipate providing 34 new or replacement appliances, including the first six of 14 specialised appliances with a minimum 3,000 litre water-carrying capacity and also essential communications and firefighting equipment as part of our Support our Heroes initiative, which was announced during the election. This year we have entered into a contract to provide three water-bombing helicopters that have been procured for the coming season. These helicopters provide direct firefighting capability and support to rural firefighting groups. It is anticipated that those air operations will commence in mid to late August and finish in late October with the option to extend it, if necessary, into November.

All Queensland Fire and Rescue Service regional fire coordination centres and incident control centres have prepared bushfire plans, incorporating bushfire alert levels in their respective regions. They also run situational exercises that include interagency participation. So this is not just about the Queensland Fire and Rescue Service rural division; it is about engaging with those other agencies that can provide support as well in terms of their preparedness.

Mr HOOLIHAN: You have probably touched on some parts of my next question. I have approximately 47 rural fire brigades in my region. I have a fairly close liaison with them. You dealt with the new appliances. Could you outline any extra support or funding that is being given to the Rural Fire Service? I think page 1-104 deals with their professionalism and I would like to commend them for that. Is there anything additional beyond just those appliances?

Mr ROBERTS: Yes. I thank the member for the question. Again, I take the opportunity to place on the record the fantastic support that our rural fire volunteers across the state provide to their local communities. As the member would be aware, we have a range of different types of rural fire brigades—those that are simply based on a few local landholders who get together in a structured way to assist each other in times of need up to those urban-rural interface areas where the rural fire brigades are very sophisticated in terms of their structure and the equipment that they have. We have around 34,000, 35,000 rural fire brigade volunteers in 1,500-odd brigades around Queensland. They do a spectacular job in supporting their local communities.

This year the budget for our rural operations division is $29.6 million. There are a number of initiatives being implemented across the state to enhance the already very effective service that they provide, including $4.4 million for rural firefighting appliances, which I referred to earlier, to provide 34 new or replacement appliances. I have referred to the first six of the 14 specialised appliances with that minimum 3,000-litre capacity. It is a bit bigger than the current appliances.

There is $100,000 for the purchase of land for rural fire stations. I might just point out that a lot of the land on which rural fire stations are located is actually leased either from other agencies or from private owners. So there is not a great demand for us to purchase land. We enter into cooperative arrangements with other agencies to lease properties. There are many of those. There is $1.1 million for the upgrade of rural fire volunteer training materials; $150,000 in capital grants for the upgrade of existing and the construction of new stations; and, importantly, 20 brigade training and support officers. This is a very significant role. We have increased that number significantly. We started with 11 and, through some internal funding as well, the commissioner and the service have been able to increase that number to 20. These people play a very effective role in liaising directly with rural fire brigades. We need more of them and we will look to expand on that number where possible, but they do a very effective job in delivering training, working with local brigades et cetera. Since 2003 there has been more than a million a year spent on providing personal protective equipment at no cost to volunteers.

CHAIR: Page 108 of the SDS outlines the support provided to the State Emergency Service. Will the minister please provide the details of current funding to our invaluable SES volunteers, advise whether extra funding has been provided and outline the importance of government support of the SES?

Mr ROBERTS: Just to follow in the same vein, we have been heaping praise on all of our volunteers and the SES is no different. I stress that the State Emergency Service is, in fact, a very proactive partnership between local government and the state. They are in fact housed in local government areas, and local councils provide a lot of the resources and equipment that our SES volunteers use. They work together on a day-to-day basis. So I just want to acknowledge and thank those many, many local authorities who very actively, both in kind and financially, support their SES units.

In conjunction with that, of course, through Emergency Management Queensland the state also provides significant support in partnership with local councils to deliver resources and support to our SES volunteers. In 2008-09 the SES received over 53,120 calls to the new state-wide 132500 number. This is now a single number that people need to call. Before that was introduced there were hundreds of individual phone numbers in phonebooks for SES assistance. Now there is one number. There were 53,120 calls throughout the last financial year. Those calls resulted in more than 75,000 hours of service being provided by volunteers across the state.

In terms of the state contribution, this year the government will contribute through Emergency Management Queensland $14.068 million in direct funding to the SES. That includes $7.311 million as a part of our Safeguarding Cyclone Communities 2006 election commitment which has been an ongoing rolling support program; an additional $1.22 million of new-initiative funding under the 2009 election commitment Supporting Our Heroes, and I made reference to that earlier; and the remaining $5.537 million will fund the ongoing support and management of the SES through Emergency Management Queensland regional area offices and head offices in the areas of workplace health and safety, counselling support—our SES volunteers have access to basically the same levels of support and counselling as our other full-time officers after a traumatic event—SES subsidies, purchase and distribution of equipment, delivery of training and development of policy frameworks. So there is a significant investment there through EMQ.

The government's commitment to Safeguarding Cyclone Communities has resulted in an investment of $33.461 million over five years to the SES. That has significantly improved the capacity of the SES to prepare for and respond to emergencies and disasters.

Mrs SMITH: I refer to the expansion of the aeromedical and air rescue capability in Queensland with the commencement of the new state-of-the-art AgustaWestland 139 helicopter that became operational in Cairns. Will the minister advise of the support the government provides to the community helicopter services that also assist with this capacity?

Mr ROBERTS: Thank you for that. I think it is important to note that our Emergency Services helicopter response in Queensland is basically delivered through two streams. One is the service that is permanently funded by the Queensland government through Emergency Management Queensland, our helicopter rescue service, where we have bases in Brisbane, Townsville and Cairns. The fleet that we have there is the three AgustaWestland new helicopters, which have a significantly enhanced capacity to deliver emergency responses across Queensland, and two of the Bell helicopters as well. So we have a fleet with a mix of both of those types of aircraft. The Bell aircraft are situated in the south and in the north to provide backup and direct responses to the AgustaWestland helicopters.

In addition to that, Queensland is supported through four community based emergency helicopter service providers. These providers receive their funding from their own significant fundraising efforts, through both corporate sponsorship and their own direct fundraising efforts but also through direct funding from the state government. The four community based services are CareFlight, which has bases on the Gold Coast and also operates out of Toowoomba; Sunshine Coast Helicopter Rescue Service, which operates out of the Sunshine Coast and Bundaberg airports; Capricorn Helicopter Rescue Service, which is based at Rockhampton; and Central Queensland Helicopter Rescue Service, which is based at Mackay.

Each of those helicopter providers enters into a funding deed with the state government that is renewed on a five-yearly basis. Those funding deeds provide each of the providers with an indexed minimum of $2.138 million per annum exclusive of GST. That is approximately seven times the amount of funding that was provided back in 1996, when each provider received around $300,000.

CHAIR: The time for government questions has expired. I call the member for Mirani.

Mr MALONE: Thank you very much, Mr Chairman. The AgustaWestland 139 choppers have received some publicity in recent times about some of their shortcomings. Could you give me an indication of the cost of acquiring those choppers and the budgeted amount that is necessary for their upgrades?

Mr ROBERTS: While I am waiting for those figures, I note that the member has been out there undermining public confidence in these helicopters on a regular basis. I just put on the record that these helicopters are in fact a significant enhancement to the capabilities of the existing Bell 412 helicopters.

Mr MALONE: I am just telling the facts.

Mr ROBERTS: In my view, you have been undermining public confidence in these helicopters because you have been raising issues about their performance on a regular basis. These helicopters in fact have delivered enhanced service delivery. They are bigger, they fly faster, they fly further and they are providing emergency responses to communities which could not even dream about getting this type of response prior to their delivery.

In terms of the total cost of the investment, it was $46.2 million. That is on the public record. That has been a very significant investment in the purchase of these helicopters. Those costs, of course, include both the capital cost and issues beyond that in terms of the training required for pilots et cetera. In terms of some of the other issues you have raised, I have in fact provided, through an answer to question on notice No. 15, a lot of detail about some of the issues related to these helicopters.

Mr MALONE: There is no indication of costs in that answer to question No. 15.

CHAIR: I remind the member for Mirani that you have your time to ask the question; the minister has a chance to answer for three minutes.

Mr ROBERTS: As I have indicated, the total cost of the project has been $46.2 million.

Mr MALONE: I know the AgustaWestland 139 acquisition was before your time; however, how can the appraisal team in the department have got it so wrong? The 139 has a problem with its lights. The stretchers are a huge problem. Obviously there is only one stretcher on board. Provided you are under six foot you can get carried. There is no ability to carry a humidicrib. It cannot land on pontoons or soft ground. That is just for starters. I quote your answer on question No. 15 that 'stretchers are extremely expensive, do not meet EMQ helicopter rescue operational needs'. Are we going to get a refund on those? How could your assessment team have got it so wrong? They went to Italy to assess the 139s. Were they too focused on having a good time at the Turin Winter Olympics?

Mr ROBERTS: I think my previous comments about the member being out there trying to undermine public confidence in these helicopters has been vindicated. In fact, what you have just outlined there is just a load of nonsense.

CHAIR: Order, Minister. I would ask you to direct your comments through the chair and I would ask the member for Mirani to desist from interjecting.

Mr MALONE: Through you, Mr Chair, I quoted out of the answer to question No. 15.

CHAIR: Member for Mirani, you have had your opportunity to ask the question. Minister, please refer your comments through the chair.

Mr ROBERTS: The issue of the searchlights was clearly identified by Emergency Management Queensland when these helicopters were acquired. That particular searchlight had an angle at which it could be operated. That was identified early, and appropriate protocols were put in place in terms of landing and using those searchlights in rescue and other arrangements. There has actually been a project to replace that searchlight. The details of that are outlined in the question on notice. It clearly states to the member that there is a replacement program in place and it also clearly indicates that appropriate protocols were put in place to deal with the angle at which those searchlights could be used.

With respect to the stretchers, again it is clearly outlined in the question on notice. That issue was very much to the forefront of the knowledge of EMQ when this helicopter was acquired, as I am advised, and it is outlined here in the question. We now do have the capacity to—and we have approval from CASA—install dual stretchers if required. In terms of the humidicrib issue, the advice I have is that these helicopters actually have a far greater capacity in terms of humidicribs than the previous Bell 412s. With respect to the space available within the cabin, this is far greater than the Bell 412s. The cabin space in this new helicopter provides a greater opportunity for medical practitioners or paramedics to provide services over and above the restricted capacity of the Bell. For example, the cabin volume of the AW139 is 9.2 cubic metres as opposed to 6.2 cubic metres in the Bell. The stretcher capacity is two patients for each of them. The maximum number of passengers in the AW139 is seven passengers and a stretcher; in the Bell 412 it is four passengers and one stretcher. So I think on those figures alone, on the advice that I have received, the capacity of the cabin is far greater than the 412.

With respect to the figure I gave you earlier, that was in fact not quite correct. In fact, $48.7 million was allocated to buy the three new state-of-the-art helicopters.

Mr MALONE: The Eurochopper was given to the surf-lifesavers as an election promise. My understanding is that it was out of hours and required significant funds to become operational, including some operational requirements for the motors. Whose budget did this upgrade come out of and did it impact on the Emergency Service budget?

Mr ROBERTS: This is the helicopter we are providing to Surf Life Saving Queensland?

Mr MALONE: Yes.

Mr ROBERTS: The helicopter required a major service and overhaul, and that is being undertaken and paid for by Emergency Management Queensland. This was a commitment that we gave, the equivalent of a $6 million commitment, to Surf Life Saving Queensland which it is very grateful for. We gave a commitment to deliver to it an operating first-class helicopter and that is what it will be receiving. The costs are associated with delivering that helicopter in a workable state. Surf Life Saving Queensland will obviously bear the cost of putting its insignias and logos on it and repainting it, but we will be delivering to it a fully serviced and overhauled helicopter that we are paying for. Again, on top of delivering what is a significant enhancement to Surf Life Saving Queensland's helicopter capabilities, we are providing $400,000 to it to assist with the operating costs of that helicopter. Again, it gives me the opportunity to highlight what I believe was a very significant and welcomed donation, in effect, to Surf Life Saving Queensland. It will make use of that helicopter. It is a very good helicopter. We are making sure that it will get it in a very well-maintained state.

Mr Chairman, I have some more detail now on an assertion made earlier by the member in terms of the cost of ambulance services. Am I okay to provide that to you now?

Mr MALONE: I will have it on notice, in writing.

CHAIR: It has been asked to be delivered in writing. Is that possible please? If so, I call the member for Mirani.

Mr MALONE: Page 1-105 of the SDS states that the fire service is investing in new equipment. What provision is being made in this year's budget for exercise and equipment to evacuate high-rise residential buildings, particularly in the more regional areas of Queensland? You might have noticed that Mackay, Rockhampton, Townsville and Toowoomba are building high-rise buildings. What forward funding is going into QRFS to supply exercises and equipment to rescue people from high-rise buildings in those regional areas?

Mr ROBERTS: The commissioner might be able to provide some more detail on this because it is a pretty operational focused question. Again I stress that obviously rescues from high-rises and firefighting in high-rises is a specialised skill that the Queensland Fire and Rescue Service develops, the majority of course being in the south-east but also in some of the major regional centres up and down the coast. I know from talking to the commissioner and fire and rescue officers that appropriate planning of the risks to a local community is a fundamental requirement of the fire service. A local station or officers in a region identify the risks in their region and develop appropriate skills, competencies and training for the officers to respond to those. For the actual detail of how that occurs, I will pass over to—

Mr MALONE: Perhaps we could just talk about Mackay, because I am aware of it there more so than any other place.

Mr ROBERTS: If we have information on Mackay, we can provide that.

Commissioner Johnson: In relation to any building, particularly commercial or high-rise, of the nature that you have referred to, the Building Code of Australia sets out the requirements for the construction of all of those. One of the elements of the construction, of course, is fire safety and the ability for people to evacuate safely at the time of fire, and that occurs. Our officers are also involved in the approval process of any new construction. Whether it be in Mackay, Rockhampton, Townsville or any city or town in Queensland, we have a say in the standards and make sure that the buildings are

built to the code's requirements or, if they are being purposely engineer designed, our people evaluate the engineering proposal put forward by the architects and engineers and approve or challenge the design.

The inherent thing with a high-rise building is that, in this day and age and for many years—since the mid 1970s probably—internal fire evacuation routes must be built properly and meet the standards. That is the key to evacuation, because the concept of fighting the fire and rescuing people externally is not achievable. It is not practical. We do have high-rise firefighting appliances in a range of cities and we are continuing evaluating their need and purchasing them as required. I think Townsville is where the next major aerial appliance will come on stream.

The other element is that all fire crews regularly inspect the risks in their patch. As part of that risk management or risk reduction approach, they are also developing what we call local action plans. Once one of those plans is done for a specific building, they then commence a cycle of exercising and training with the crew, so all of the crews on different shifts get the opportunity to familiarise themselves with the particular risk building and conduct those exercises on a pretty regular basis. There is a pretty good regime, from a risk management point of view, from our perspective and we are continually monitoring that but are also critically involved in that building approvals process.

Mr MALONE: Thank you. Page 1-115 of the Service Delivery Statement indicates that target estimates for the number of road rescue extractions for 2009-10 has dramatically risen to an upper estimate of 3,700 from an estimated actual of 2,300 in 2008-09. Does the department expect Queensland roads to be 60 per cent more dangerous in 2010 than they are currently? What criteria would you have used to come to those projected estimates?

Mr ROBERTS: I might need to get some clarification on that issue. I take the opportunity to provide the committee with a bit more information. I raise the issue of the member for Mirani being on the Rockhampton prison reserve recently. The advice I have been provided with is that on 25 June 2009 the member for Mirani and an associate were intercepted by staff from the Capricornia Correctional Centre taking photographs of the prison. Irrespective of where Mr Malone and his associate were standing, it is an offence against the Corrective Services Act, section 132, to take photographs of a correctional facility without permission, and no permission was sought or granted for the taking of photographs. In respect of that particular target estimate, I will need to seek some clarification and get back to the member on that issue.

Mr MALONE: That is fine. Minister, I refer to response to question on notice No. 8, which states that PR flights only account for 2.62 flight hours. Does this figure include flights for the Premier and other ministers to fly over disasters, usually with a TV camera present, or is the level of the expertise of the ministers and the Premier so useful that their observations add to the disaster assessment efforts, therefore designating those flights as operational?

Mr ROBERTS: I think we have provided that information. Question on notice No. 8, was it not?

Mr MALONE: Yes.

Mr ROBERTS: While I am waiting for some information, I might point out that, yes, I have actually participated in some of those flights in disaster areas. I did one recently with the executive director of Emergency Management Queensland to inspect the severe erosion on the Gold Coast. I am aware that the Premier has participated in some of those flights. I would point out that under this government we have not flown sumo wrestlers around Brisbane in Emergency Management Queensland helicopters to have a look at what is going on. As I understand it, under previous National Party ministers, EMQ helicopters were used a little more regularly to ferry people up and down the coast to and from their electorates.

Mr JOHNSON: I would not talk about that if I were you.

Mr ROBERTS: We do not have sumo wrestlers flying around in EMQ helicopters under this government. It is a legitimate role for both the Premier and myself to inspect damage. In fact, the occasions when I have been in the EMQ helicopter have been with the EMQ director or other senior EMQ officers for the surveillance and examination of flood impacts from floods and cyclones on various communities.

In terms of the question on notice, it spells out 2.62 flight hours were used by people such as myself and other—sorry. I have some more specific information. During 2008-09, four flights were undertaken with the Premier and/or ministers, including myself. The flights totalled 7.4 engine hours and all were directly related to surveying the damage caused by damaging weather events, as I have indicated, commencing in November 2008 in the Ipswich to Gatton area, Ingham in February 2009 and two in the Brisbane/Gold Coast/Sunshine Coast areas in May 2009. On 6 February, for example, I accompanied the Premier on further flood damage reconnaissance in Ingham. The Premier accompanied the executive director of Emergency Management Queensland on a reconnaissance of flood devastation in Brisbane and surrounds. Each of those flights was in conjunction with Emergency Management Queensland personnel to provide oversight and information about the impacts of those particular disaster events.

Mr MALONE: Given that several essential functions are to be co-located in the new Kedron facility, can the minister outline what backup facilities will be available in the event of the catastrophic failure of the QEOC, such as fire or other major incidents that demand immediate and long-term evacuation?

Mr ROBERTS: Can you say that again?

Mr MALONE: What backup facilities will be available in the event of the catastrophic failure of the QEOC, such as fire or whatever? What backup facilities do you have?

Mr ROBERTS: This is one of the obviously significant design features for this QEOC, that is, having appropriate backup facilities to be able to take the load. As you are aware, in terms of our 000 emergency response capability, we are consolidating times—

CHAIR: Order! My apologies, Minister. The time for non-government questions has expired. Minister, page 1-105 of the SDS refers to the development of stage 1 of the Gatton prison precinct and the expansion of the Lotus Glen Correctional Centre. Will the minister outline the importance of these major projects to the local and state economy?

Mr ROBERTS: If I may continue for the member, because it is important to put on the record—

CHAIR: I am happy to do that.

Mr ROBERTS: We will be retaining the south coast communications centre and we will also have a communications centre on the north coast. In conjunction, the three of those communications centres—the QEOC, the centre at Maroochydore and the centre at Southport—provide those backup capabilities. That is all part of the new ESCAD system that provides us with a common platform to provide that coordinated backup response if one centres goes down for a period.

In terms of the Gatton prison precinct and the Lotus Glen Correctional Centre, it gives me another opportunity to put on the public record our continued commitment to maintain an $18.2 billion capital works program across the state and across a whole range of agencies that will support around 127,000 jobs. We are delivering on our promises in terms of the combined capital investment in those two projects of around $930 million. At Gatton, $480 million has been provided for the construction of a 300-bed women's correctional centre to be completed by the end of 2011. At full-scale production of the first stage of development, the women's correctional centre construction project is estimated to employ up to 470 workers—tradespeople, labourers and related support workers.

Once the facility is commissioned, it is estimated that the Gatton economy will benefit from an annual injection of some $19.5 million for the first stage of the prison precinct—so, again, a very significant investment into that community. That will have a direct impact on employment when the new centre is complete, with an anticipated 200 staff required to maintain it. Ongoing employment benefits created by the precinct will be enormous, with up to 1,800 full-time jobs created when the precinct reaches its planned prisoner population of 3,500 prisoners. Again, I put on the record that this is a significant strategic purchase and development decision of government. This is all about providing for the expected growth in prisoner numbers over a long period of time. The Gatton correctional precinct will be one of the most significant precincts that Corrective Services will be managing.

In North Queensland, the government has provided more than $445 million for the 300-bed expansion and development of the Lotus Glen Correctional Centre at Mareeba. As a result of the Lotus Glen Correctional Centre expansion project, it is expected that a direct impact on employment of an additional 145 permanent jobs will be created and at the height of construction activity approximately 300 construction workers will be employed.

Mrs SMITH: The SDS highlights the fact that Queensland has the lowest rates in three of the four recidivism categories in the nation. Will you please outline the strategies and support mechanisms government has in place to reduce reoffending and how this assists in managing our prisoner numbers?

Mr ROBERTS: I thank the member for the question. Again, I think this highlights a lot of the excellent work that has been conducted by Queensland Corrective Services. To be leading the nation in three out of the four national recidivism categories is a significant achievement, and all credit to the commissioner and his staff for the work that they are doing in reducing reoffending in the community.

The government of course makes no apologies for its tough approach on crime. That is evidenced by unfortunately increasing numbers in our prisons. But, as I have indicated, those people who commit crimes or breach their supervision orders will end up back behind bars. Currently we have more than 5,500 offenders in our correctional facilities, but reducing reoffending is critical to managing our prison numbers and keeping our community safe. As I have indicated, we have a very good story to tell with regard to reducing reoffending here in Queensland. Queensland Corrective Services is committed to becoming the best corrective services agency in Australia by lowering recidivism rates, and that is a key part of the department's vision.

The independent *Report on government services* provides the analysis on reoffending across the country. As I have indicated, in three of the four categories Queensland leads the nation. For example, for prisoners returning to either prison or community corrections, Queensland reported 42 per cent, with

the Australian average of 44 per cent; for offenders returning to community corrections, 12.1 per cent, with the Australian average of 17.5 per cent; and for offenders returning to prison or community corrections, 20.4 per cent, with the Australian average of 27.9 per cent. So, again, they are significant improvements on the national figures. In the fourth category of prisoners returning to prison, Queensland reported the second lowest rate of 33.6 per cent with the Australian average of 38.2 per cent. So, again, that is quite a significant improvement in Queensland.

We have to continue with our efforts to drive reoffending down. While offenders are being held accountable for their actions, it is equally important to prevent reoffending. As I have indicated, that will be an important and ongoing focus of Queensland Corrective Services in the coming years. The department works closely with other government departments and organisations and community groups to address complex criminal and social justice issues and to find ways to prevent and solve crime, reduce reoffending and improve public safety. A part of that is an ongoing continuum of care while they are in prison and out in the community as well.

Ms MALE: Page 1-109 references essential emergency services provided as part of the Department of Community Safety. Can the minister please outline the benefits of the new Combined Emergency Services Academy?

Mr ROBERTS: Yes, I can. I had the opportunity with the director-general, the ambulance commissioner, the fire commissioner and the Emergency Services executive director to open the new streetscape and scenario village at the Combined Emergency Services Academy just last week. It is a spectacular improvement to our capacity to provide our emergency services workers across all of the agencies with as close as possible to real-life experience training.

For example, there are a number of high-tech facilities there including a two-storey residential house where ambulance officers and other officers can practise their emergency response skills, whether it be the SES climbing on the roof as it has a dual roof where they can rip the sheeting off and throw tarps on and it can be replaced. We also have inside the complex of the residential property very sophisticated monitoring equipment and video coverage so that people can act out a scenario and then go back and analyse it. We have a replica hospital ward bed with a walking, talking dummy which reacts to the treatment with very sophisticated electronics which the paramedics can practise on. We have firefighting facilities. There are smoke rooms where the wall configuration can be changed to make it more challenging. It is just a spectacular service and a great investment of $20 million out of our budget.

Clients of the academy predominantly will remain Department of Community Safety agencies, but other government departments and commercial clients will use the facility as well. I encourage members to go and have a look at it. It is really a great enhancement to the already existing first-class facilities at Whyte Island.

Scenario based training is really a significant step forward for not just ambulance and fire and rescue services but also police who are also actively engaged in this type of training. Effectively what has been provided at Whyte Island is like a local community shopping centre—there is a service station, a bank, a couple of shops, a cafe, streetscape and residential houses—where the officers can arrive as though they are in a real-life community and practise their skills. So it is something that we can be very proud of. It will provide enhanced training opportunities for our paramedics and our other emergency services workers.

Ms MALE: Page 1-109 of the SDS refers to the Queensland Ambulance Service's contribution to the safety and wellbeing of Queenslanders. Can the minister outline what enhancements have been made to the clinical practice of Queensland paramedics in the past 12 months?

Mr ROBERTS: Yes, I can. Again, I want to place on record how impressive the skills of our paramedics are, due obviously to their own initiative and work but also due to the commissioner and people like Dr Steve Rashford, our emergency medical director, who is really at the forefront of delivering enhanced clinical skills to our paramedics. I would go so far as to say that he is probably one of the best in the country. He is such a dedicated professional individual and is an integral part of how we are enhancing the skills of our paramedics.

Some of those enhancements include the introduction of our state-wide cardiac reperfusion strategy. In layman's terms, it is about clock-busting drugs—the delivery of drugs to people suffering cardiac arrest in the community. In most other states, if not all other states, apart from some specialised areas, those clock-busting drugs have to be delivered in a hospital environment. We are the first and, as I understand it, the only state where those clock-busting drugs are now universally delivered by our intensive care paramedics out in the field. In other states there are some more isolated pilots in place. But we now have all of our intensive care paramedics able to deliver those drugs and they are saving lives. In fact, I met the first patient whose life was saved by the delivery of those drugs by our paramedics.

It is not just about our intensive care paramedics but also about the advance care paramedics being able to identify situations when these clock-busting drugs can be used. So it is a partnership. The intensive care paramedics deliver the drugs but they really have to rely upon the expertise and knowledge of the advanced care paramedics in identifying the situations when they can be used.

We also introduced the use of ketamine in August 2008, which is all about the prehospital management of severe pain. Again, our paramedics are confronted with many traumatic situations where people are in intense pain. We now have this drug ketamine in our training regime. Those drugs can now be delivered to patients in the field. Again, that is a significant enhancement to our paramedic skills. Particularly with severe burns and fractures, they can be very helpful to make patients a little more comfortable.

Another significant clinical enhancement was the introduction of something which I am going to call EZ-IO, because I cannot pronounce the second word. Basically, this is all about a driver and needle set which is used as an alternative method to administer fluids and medications to patients where intravenous access is not available. These are just a few examples of where the clinical skills of our paramedics have been advanced through the great efforts of the Queensland Ambulance Service.

Mr HOOLIHAN: Minister, page 1-106 refers to the QAS's continued commitment to implement key demand strategies following the QAS audit of 2007 that focused on increasing the efficiency and effectiveness of QAS response. Will the minister please outline the progress of implementing the audit recommendations and what strategies QAS is implementing to reduce access block to our busy emergency departments?

Mr ROBERTS: Yes, I will do that but, again, I seek the indulgence of the committee to put a short statement on the record in answer to a question asked by the member for Gregory in relation to the Staying on Track offender program. In 2008-09 Corrective Services spent $1.51 million delivering that particular community program across the state. Forty-three offenders successfully completed the Staying on Track program and six offenders commenced but did not complete it. The program is delivered at Southport, Brisbane Central, Ipswich, Cairns and Townsville. However, Cairns, Townsville and Southport only started delivering it in January 2009. So I think that provides the information the member was asking for.

Mr JOHNSON: Thank you, Minister.

Mr ROBERTS: With respect to the audit recommendations and the issue of access block in our emergency departments, as I have indicated, the Queensland Ambulance Service audit is a good story for the Ambulance Service. There has been a number of significant enhancements and changes to service delivery which I believe, and I think the evidence shows, are delivering enhanced outcomes for the community.

In terms of the audit generally, significant progress has been made towards the completion of all 20 recommendations and 45 initiatives. Nine recommendations have been implemented in their entirety, others are underway and a total of 26 initiatives have been implemented. Just on that point, I make it clear that to fully implement some of these recommendations will require a considerable period of time. But I am confident and satisfied, because I regularly get briefed on this issue, that the Queensland Ambulance Service is progressing these recommendations very effectively and efficiently.

As I have indicated previously, the review redirected over $12.2 million in savings to boost front-line service delivery. It recommended that the QAS increase the proportion of its operational workforce to the national average within two years. As I have already put on the record, when the audit was conducted our operational to non-operational proportion was 77.6 per cent. It was increased to 81 per cent in 2007-08, which was an increase of 3.4 percentage points, when the national average was 81.9 per cent. As at 30 June 2009, that ratio is now estimated to be at least 82.5 per cent.

i think again that shows that the Queensland Ambulance Service, through the director-general and the commissioner, has put in a lot of effort and made significant structural changes to the organisation to shift resources from non-operational areas into front-line service delivery, and that is a real success story. I give credit to the commissioner and the director-general for driving those reforms.

CHAIR: The time allocated for the consideration of the estimates for the organisational units within the portfolio of the Minister for Police, Corrective Services and Emergency Services has expired. Minister, would you like to thank your staff or make a closing statement before I close the hearing?

Mr ROBERTS: Thank you. I do have answers to questions asked by the member for Mirani that I took on notice. I can table those if the committee is okay with that. Also, we have managed to respond to three of the four questions asked by the member for Gregory that I took on notice in relation to the Police Service, so I can provide that information for the committee as well. I seek leave to table those responses.

CHAIR: Is leave granted? Leave is granted. Minister, would you like to thank your staff while you have the opportunity?

Mr ROBERTS: Thank you, Mr Chairman. Again, I take the opportunity to thank members of the committee for their participation and interrogation today. I also want to place on the record my thanks to the director-general, the commissioners and representatives, the Deputy Executive Director of EMQ and all of the staff, senior officers and other officers who have spent a lot of hours preparing for today. I genuinely appreciate the effort that they put in to meet my demands. I try to be reasonable, but

obviously in exercises like this there is a lot of information that needs to be collated and I really do appreciate and thank all of our officers for the tremendous amount of effort and hours they put into preparing for estimates.

As I indicated earlier, I am of the view that the estimates process is a very useful process. This couple of hours that I have been before the committee is one part of a very comprehensive process the departments undertake in preparing for it. That is a good accountability mechanism. Ministers are required to be right on top of what their departments are doing and why certain things are happening, and that accountability and focus I think improves service delivery. Again, I just thank everyone involved and I thank the committee for the opportunity to appear before it today.

CHAIR: On behalf of the committee, I would like to thank you, Minister, and your departmental officers for your attendance here today. The transcript of this part of the hearing will be available on the Hansard page of the parliamentary website within two hours from now. That completes the committee's hearings into the matters referred to it by the parliament. Before I conclude, on behalf of the committee I would like to extend our thanks to the research staff particularly, the Hansard and video staff, as well as the timekeepers and attendants for their assistance today. I declare this public hearing closed.

Committee adjourned at 5.02 pm