

WEDNESDAY, 14 JULY 2010

ESTIMATES COMMITTEE B—HEALTH

Estimates Committee B Members

Mr KG Shine (Chair)
Mrs JM Attwood
Mrs EA Cunningham
Dr B Flegg
Ms JH Jarratt
Mr MF McArdle
Ms BG Stone

In Attendance

Hon. PT Lucas, Deputy Premier and Minister for Health
Mr C Crowther, Principal Adviser
Queensland Health
Mr M Reid, Director-General
Mr M Walsh, Deputy Director-General (Acting), Corporate Services
Dr R Thomas, Chief Dental Officer
Ms J Giles, Director, State Funding Unit
Dr P Steer, District Chief Executive Officer, Children's Health Services
Dr T O'Connell, Chief Executive Officer, Centre for Healthcare Improvement
Dr J Young, Chief Health Officer

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 Deputy Premier, departmental officers and members of the public to the hearing. Could I introduce the members of the committee. I am Kerry Shine, the member from Toowoomba North and chair of the committee. Mrs Liz Cunningham, the member for Gladstone, is the deputy chair. The other committee members are Mrs Julie Attwood MP, the member for Mount Ommaney; Dr Bruce Flegg MP, the member for Moggill; Ms Jan Jarratt MP, the member for Whitsunday; Mr Mark McArdle MP, the member for Caloundra; and Ms Barbara Stone MP, the member for Springwood.

The committee will examine the proposed expenditure contained in the Appropriation Bill 2010 for the areas set out in the order of appointment dated 20 May 2010. 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 Education and Training.

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 3.15 pm to 3.30 pm. I remind all 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 any changeover in organisational units. I ask that mobile phones or pagers be either switched off or switched to silent mode. I remind members of the committee and the Deputy Premier that under the standing orders the time limit for questions is one minute and answers are to be no longer 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 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 the government and non-government members. The committee has resolved that non-committee members be given leave to attend and ask questions during the hearing. The member for Mudgeeraba, Ms Ros Bates, and the member for Aspley, Ms Tracy Davis, will attend the hearing and seek the leave of the committee to ask questions.

For the benefit of Hansard, I ask departmental officers to identify themselves before answering a question referred to them by the minister. I now declare the proposed expenditure for the department of health open for examination. The time allocated is three hours. The question before the committee is—

That the proposed expenditure be agreed to.

Deputy Premier, 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. Thank you.

Mr LUCAS: Thank you, Mr Chairman, and thank you to your deputy and committee members. Let me say at the outset that fixing payroll is my No. 1 priority. Since the new payroll was rolled out in March this year, I have spent time with Queensland Health staff right across the state to hear firsthand the impact this failure has had on them and their families. I have sought their advice on how to address the immediate challenges and what we must do to improve the system for the future.

The Auditor-General's report has indicated a very clear road map for the future, and what we need to do as well is listen to the real experts. Those are the people who are being paid: our employees. I have said before and I will say it again that we apologise for the distress that this has caused to our hardworking staff. I cannot stress enough how the government takes responsibility to treat its employees decently to ensure that they receive every cent of their wages and entitlements. That is why we are taking decisive action. All the Auditor-General's recommendations will be implemented and, what is more, we have committed to going further. The Auditor-General, of course, notes that Queensland Health has already begun that task of implementing those recommendations. Today, I also announce that any staff who have been overpaid up to \$200 will not be required to pay it back. As work on this continues, we will also be offering even greater support to all Health staff who need assistance with their individual pay. Getting this right will not happen quickly, but I give my commitment that I will work tirelessly until the job is done.

We have one of the most complex, expensive, growing and successful health systems in the world—both in this country and in this state. The ultimate illustration of its success is, according to the World Health Organisation, Australia's life expectancy of 81.4 years, which is second only to Japan at 82.2 years. According to the intergenerational report, by 2050 the number of people aged 65 to 84 years will more than double. The number of people above 85 will quadruple. Yet our ageing population, increasing success in medical outcomes and rising community expectations dictate that our health system is facing ever-increasing demands on its services. To illustrate, in 2003-04 Queensland Health provided around 8.8 million occasions of service. In just five years, this figure has skyrocketed to 10.8 million—equating to a 22 per cent increase. The life expectancy of a child born in 1965 was 71. For a child born in 2010, it is 81. As our community ages, there is less workforce there to pay for the ageing in a health sector.

As our population ages, the nature of health care changes, too. Older people are more likely to require hospitalisation. Ten years ago, we just had just over 80,000 renal dialysis treatments. Today, we have more than 180,000 episodes. In 1984-05, we did 32,000 hip and knee replacements in Australia. About 12 years later, we did about 72,000 and the cost of treatments is increasing as quality improves, technology advances and new treatments become available.

The state Health budget has nearly doubled—from 5.1 billion in 2004-05 to \$9.99 billion this year, a 96 per cent increase and approximately a quarter of the total state budget. In 1990, Queensland Health employed about 31,000 people and cost \$1.4 billion. Today, we employ more than 72,000—or 78,000, depending on the measure you use—and the cost is nearly \$10 billion. The total employment of those industries proposed to be privatised is about 7,274 employees. That is less than half of the 14,000 extra doctors, nurses and allied health professionals we have employed since 2005. That is the future of the government.

We have more than doubled our medical workforce, increased the nursing workforce by 39 per cent and increased the allied health workforce by 45 per cent. We have more than doubled the number of medical interns—from 250 in 2005 to 556 this year and 644 next year. We have announced a number of important initiatives in the budget—less expensive but just as important—in the areas of persistent pain, children's hearing and the stigma of mental health. Our capital program is \$7.3 billion—the largest in the nation. New South Wales pales into insignificance in comparison. We will deliver more than 40,000 jobs.

It is not just about buildings; it is also about more services and building up regional areas, such as radiation/oncology in Cairns that will not only provide services in Far North Queensland but also liberate North Queensland and Townsville to provide more services. As a Labor government, health is at our core. We proudly seek public health care and make significant financial commitments because we see access to health care as being at the heart of a humane and fair society. But a decent public healthcare system also impacts on the economic life of the community. There are serious benefits for the productivity of the Queensland economy in having a healthier population. These examples of good health policy serve to improve the health of Queenslanders but also improve the economy.

The Queensland government, as a massive infrastructure investor in Queensland, is also supporting the economy. Our strategy to invest in health infrastructure will create over 40,000 jobs over the life of projects, keeping Queenslanders in work. It means not only are more people working but the flow-on effects for the economy and health will be there for many years to come.

CHAIR: Thank you, Deputy Premier. The first period of questioning is allocated to non-government members. I call the member for Caloundra.

Mr McARDLE: Thank you, Mr Chair. Deputy Premier, I take you to page 3-135 of the SDS, 'Employee expenses', and page 3-125, 'Staffing'. Minister, as you know, there are some 78,000 employees paid on a fortnightly basis in Queensland Health. That is based on the Auditor-General's statement in his report. Two hundred and ten million dollars is expended per fortnight out of an amount of about \$5 billion. You became health minister on 26 March 2009, by which time three go-live dates on the payroll system to get up and running had expired. On becoming health minister, were you given a briefing or did you request a briefing from any person in Queensland Health on the problems in relation to the system?

Mr LUCAS: I have made it repeatedly clear over time that the issue of the delays—in fact, the issues with CorpTech—were a matter of public record over a lengthy period of time. In fact, the Minister for Public Works was asked a question in estimates last year. This was a matter that was the subject of media coverage last year. So the fact that there were delays in the implementation of the Shared Service Initiative broadly across Queensland is nothing new, nor is it anything that has not been covered before.

What the issue, however, is in relation to payroll is not so much there were delays—that was known—but the issue is that, and the Auditor-General very, very clearly identified this, a number of people signed for it to go-live when it clearly was not, when there were insufficient contingencies in place. Even before then the decision of CorpTech, the contracting mechanisms between Queensland Health, between CorpTech and between IBM, were substandard. IBM was contracted not only to advise in relation to the issue of the implementation of the payroll but also in relation to the selection. It had two roles, both of which, one would argue, are inappropriate. So the issue here—and it is clearly identified by the Auditor-General—is not so much that there was a delay in the implementation of the payroll. That was known. It was delayed several times. But the fact is that people signed to go-live. Many payrolls are delayed. That is not something that is new at all.

Mr McARDLE: Minister, in your ministerial statement of 15 April you referred to the briefing note dated 6 July 2009 titled 'Interim Payroll Replacement'. Referring to the date of 6 July 2009, you made this comment—

But the fact that the payroll system development had very significant issues at the time was well known.

As at 6 July you have admitted that you knew the payroll system had very significant issues. At that date did you seek or were you briefed in relation to what those issues were? If you were briefed, who advised you and what were you advised or did you take no action at all?

Mr LUCAS: I have made it clear before that that briefing note that the honourable member refers to was not a briefing note that went to the director-general, let alone to me. But in any event, I have also made it clear, and the honourable member quite well knows—he quite well knows and he chooses very selectively to come in here and to quote certain documents and not others—that that individual again provided a further internal briefing note that then indicated later on his satisfaction. Indeed, off the top of my head, he was part of the team that prepared the brief to go live.

So you cannot rely on one part of a document that did not get to the director-general, let alone the minister, and then when the same person writes something else not seek to rely on that. Fair dinkum! You cannot have your cake and eat it here. What this said, and what is the critical issue identified by the Auditor-General, is that people certified this to go live when it was not ready to go live.

What the Auditor-General also indicated, for example, is that there had been an ongoing problem with Lattice and Lattice needed to be replaced. The Auditor-General clearly notes in his report that Lattice, over the last number of pay runs, had significant numbers of errors in its processing. What this has done in relation to the new payroll is brought that into further relief and indicated that these matters need to be resolved once and for all whatever the payroll system is, whether it is the past system under Lattice or the current system.

Clearly, and I have said this over and over again, if I was aware of these issues in terms of implementation I would have been down there every day kicking people in the backside—that is, those issues with respect to go-live. The fact that it was delayed was common knowledge.

Mr McARDLE: I again refer you to your statement of 15 April and again quote what you say in relation to the date of 6 July—

But the fact that the payroll system development had very significant issues at that time was well known.

You have just admitted that you would have been down there every day kicking somebody to make certain it would have been on time. As at 6 July, you have admitted you knew there were very significant issues. What did you do—

Mr LUCAS: Listen, don't you verbal me.

Mr McARDLE: Just hold on, Minister. Minister, I will ask the questions; you will answer them. As at 6 July, with that knowledge, what did you do to inform yourself of what the very significant issues were—or did you do nothing?

Mr LUCAS: Don't you verbal me. I have made it crystal clear to you what is the situation with respect to the advice provided in relation to the payroll. It was a matter of public record—the issues with the shared services model. It was a matter of public record that there were delays with the implementation. The Auditor-General noted that himself. In 2002, off the top of my head, Health was originally scheduled to be rolled out as part of that. The simple fact of the matter is that issues in relation to the go-live were signed off by people without reference to myself, in any event, certifying that all matters were ready to go. The document was not endorsed, in fact, by Adrian Shea, Michael Kalimnios, the director-general or, indeed, myself.

Mr McARDLE: Minister—

Mr LUCAS: We will just go through it again—

Mr McARDLE: No, Minister, you stopped. I started asking my question.

CHAIR: We will let the Minister continue.

Mr LUCAS: We will just go through it again. It is a 6 July brief that was not signed by Adrian Shea, the next person up; it was not signed by Michael Kalimnios, the next person up; it was not signed by the director-general and it obviously was not signed by me and did not get to me. Yet the member for Caloundra seeks to verbal me on it. That is ridiculous. No wonder, after his performance on Madonna King last week, he will never be on there again. No wonder he would seek to do this. This is his form.

Mr McARDLE: Too many villains, the same government in relation to that point. Your statement of 15 April again refers to the 6 July 2009 document. You would, on reading that document, come to the conclusion that it was a very important document. It outlined very, very clearly major issues. It was prepared not by a person who was in QHIC, but the director of QHES, somebody removed from QHIC, trying to get to you the important status of the situation. In fact, one of the headings is 'Key reasons for failure of a QHIC project' on page 2 of the document.

What steps did you take to see why that document did not reach you, given the critical nature and the information it would have given you as at 6 July, given you also knew very important issues had to be resolved?

Mr LUCAS: I will just make this point: again, of course, you do not refer to other documents that are in existence. That document, of course, is authored by Tony Price. Of course QHIC reports to QHES. There is then a further document, also in relation to the go-lives, again authored or cleared by Tony Price, dated 12 October that then provides approval of implementation and extended support. Then of course there is the further document authored by Tony Price dated 26 October. These are documents that indicate from those people that they were happy with that then to proceed and then there was the go-live.

The point is this: what we did in relation to this—and let us just go to the history of what the opposition has done. You have scrambled all over it. First of all you wanted the Auditor-General to look at it. We were happy for the Auditor-General to look at it because the Auditor-General is the person who looks at these governance issues. So it goes off to the Auditor-General. Then you decide you do not want the Auditor-General to have a look at it because you got what you wanted. So the Auditor-General had a look at it, and then the Auditor-General has issued his report indicating seven recommendations. Two of those recommendations relate to Queensland Health; five of them do not. He notes in relation to two of those recommendations that Queensland Health is, in fact, in the process of implementing them.

Indeed, he makes a number of commentaries about project management when it comes to how we might deal with these things in the future and I intend to make sure that we deal with that. Of course, part of what the government will do as well, although it is not in my portfolio, is a review of CorpTech. There are a whole lot of issues that we will address in relation to these matters.

Can I just say this, and I am not at liberty to comment on some of the matters that have taken place in relation to employment and other things for obvious reasons, but we have made a number of changes and done a number of things in relation to these matters because clearly the process was not acceptable. It is not so much those issues in relation to the July brief that did not get up the chain, let alone to the director-general and let alone to me; it is the go-live signature. Any implementation of an IT project in an organisation as big as Queensland Health is bound to have issues. It is what happens when those issues present themselves.

Mr McARDLE: Let us go back to the crux of this matter to a certain extent: 78,000 employees, \$210 million per fortnight, \$5 billion per year. That is a monumental matter for any department. This matter has been handled in an abysmal fashion. You acknowledge that. The 6 July document, if it had gotten to you, would have advised you of critical components that had not been met, that had not been dealt with. I am assuming you had no knowledge of this document until such time as it was given to you on the morning you tabled it in the House on 15 April. But since that date, given the intent and the content, what have you done as the health minister to find out why such a critical document was not given to you?

Mr LUCAS: I have indicated before that we have taken action in relation to a number of organisational and structural matters that go to the heart of how we deal with IT matters in Queensland Health. Not only, of course, was the matter referred to the Auditor-General, and of course I expect my director-general to deal with internal and organisational matters as a result of this matter, but additionally, KPMG have been retained to actually have a look at how the system was rolled out and how we might stabilise it for the future. That work continues. We have appointed Michael Walsh to head the project. Michael Walsh within the department has very, very broad experience within the system itself. His ability in project management I think is undoubtedly the case.

Also Ernst & Young have been retained in relation to an investigation of the longer term relationship between Workbrain and SAP. One of the things that our nurses have said is that they have some doubts about whether Workbrain and SAP will work together. I think that it is really important that we actually get out there and verify that. Workbrain was recommended, according to the Auditor-General's report by, off the top of my head, IBM. Additionally, Ernst & Young will look at that. Obviously I think that our key stakeholders will not just take someone's word for it; they will want to clearly be convinced in relation to that. PwC are doing some work in relation to CorpTech. That is more in the field of the Department of the Premier and Cabinet and the Department of Public Works. Michael Walsh is heading an implementation team that is about getting it fixed.

What you want to do is focus on a memo that did not get to anyone, that was subsequently superseded by a memo that said everything, from that person's point of view, was being dealt with, which was subsequently superseded by a memo that was a go-live signed off by everyone, including IBM, including CorpTech and all of those people involved. What I want to do is focus on getting it fixed. It is very, very interesting that none of your questions this morning have related to getting it fixed. What they have related to is a cheap shot from someone who actually is not focused on getting nurses paid. That is your style.

What I want to indicate is that we are employing more people in payroll to make sure that we get people paid properly and appropriately. We are making sure that we can fix any issues in relation to the payroll. That will be an ongoing task with immediate software and longer software issues. Indeed, one of the things that the Auditor-General identified was the need to do business process re-engineering generally.

Mr McARDLE: On 17 September 2009 in a question without notice Minister Schwarten made this comment in relation to the payroll—

IBM has written to me about the solution for one of the largest and most complex single employer payrolls in Australia.

Minister Schwarten in the House is warning the House that this is a very complex payroll system. In fact, he claimed it as the most complex payroll system in Australia. Given the knowledge that you claim you had, what steps did you take as a consequence of that answer in the House to inform yourself of what the complex issues were, what needed to be done and were you down there, as you said, kicking the butt of people to make things happen on time?

Mr LUCAS: This Auditor-General's report makes it very, very clear that a number of people have let our Queensland Health staff down and I do not intend to allow it to continue that they are not getting paid appropriately. It is simply not on. One of the great things about Auditors-General is that they will get in there and forensically look at issues. I wish though that we could have had Auditor-General's advice beforehand so that these people who let our Health staff down would not have been allowed to get into error. But that unfortunately is not the situation that we are in. I have made it crystal clear time after time

that people who signed off something to go live when it was not ready to go live have let everybody down. It is not just about letting me or the government down; more importantly, they have let Queensland Health staff down, people who work hard and do a fantastic job for our people. All of these indicate that the system failed people. I have made that crystal clear. It failed people and I want to get it fixed.

Mr McARDLE: On or about 21 September 2009 the payroll rollout was limited only to Queensland Health. It had gone from whole-of-government to four departments to Queensland Health alone. Given the incredible danger in not getting this right and the amount of money and the employee numbers involved, and given it was only Queensland Health who were going to roll this system out, at that point in time were you briefed on the issues or did you seek a briefing on the issues that would impact upon the rollout in Queensland Health and the possible consequences if it was not put together properly?

Mr LUCAS: I will just quickly go through the history of the Queensland Health payroll. Some of this, in fact, is very easy to acknowledge from reading the Auditor-General's report, for those who have not yet read it. We employ about 78,000 staff. We have about 13 awards and multiple industrial agreements which provide for over 200 different allowances. As the Auditor-General indicated, there are about 24,000 different combinations, is the term I think he uses, of calculation groups and rules for Queensland Health employees professional occupations, 24 hours a day, seven days a week. From the end of 1997 up until 8 March, Queensland Health employees were employed under a system called Lattice payroll and ESP systems. The Lattice payroll system, I am advised, needed replacement as it would be unsupported by its supplier from July 2008. Indeed, I think the Auditor-General acknowledges that.

The Auditor-General also acknowledges the stability issues with Lattice. Indeed, in the number of pays immediately before the cutover a very substantial number of adjustments were required in Lattice. Clearly, in the opinion of those implementing the project, sitting still or doing nothing was not an option. However, can I add this: while that was not an option, they had to do it properly. They had to do it properly and they did not. The decisions in relation to the Shared Service Initiative and the like are made essentially on a whole-of-government basis and Queensland Health was selected to do that, but Queensland Health has to pay people. Queensland Health has to make sure that its staff are paid, and if the old system needs replacement then ultimately it has to do it. My concern is that, clearly, the replacement project for the old system did not work appropriately in this instance and the Auditor-General's report identifies that.

The Auditor-General's report also indicates that Queensland Health is in the process of addressing these issues. Of the seven recommendations, in relation to two of them and in relation to Queensland Health, he indicates that we are progressing those outcomes. The Auditor-General's report indicated—and I indicated earlier the combinations of calculation groups—that the governance structure for the system implementation as it related to CorpTech, the prime contractor in Queensland Health, was not clear, causing confusion over the roles and responsibilities of the various parties. The report states—

System useability testing and the validation of the new processes in the business environment was not performed. As a result, Queensland Health had not determined whether systems, processes and infrastructure were in place for the effective operation of the new system.

He then went on to identify matters in relation to the payroll in the future.

CHAIR: The time for this round of opposition questions has expired. I will ask the first question on behalf of the government members. Deputy Premier, on page 3-121 of the SDS I note the Queensland government's commitment to providing \$39.1 million in operational funding over four years to implement the Statewide Persistent Pain Health Services Strategy. How will this funding improve persistent pain treatment services for Queenslanders?

Mr LUCAS: Thank you, Mr Chairman. The Queensland government has made a very significant \$39.1 million investment in persistent pain services to meet both existing and future demand for persistent pain care. I have spoken to a number of people about pain initiatives. I have been to the Wesley Hospital to speak with Dr Leigh Atkinson, one of the great experts on persistent pain. We have found that if you do not actually address the pain issue within about six months of someone first suffering it, you run a very real risk that they will never be able to go back to work. That risk massively increases. There are two main ways that persistent pain occurs: one is in relation to accidents and the other is frequently in relation to cancer. These days we have very good survival rates in relation to cancer and that is always increasing. Sometimes you will suffer cancer and recover from it but there will be an ongoing pain situation.

Persistent pain is defined as the pain experienced every day for three months or more in the previous six months. The predominant cause is musculoskeletal and connective tissue problems. One in five Australians will suffer chronic pain in their lifetime. This number is expected to increase as the population ages and grows. Thirty to 50 per cent of postoperative patients suffer with major pain issues and 30 per cent of cancer patients survive their disease but then suffer from chronic pain. The Access Economics report estimates that chronic pain costs the Australian economy \$34 billion per annum.

Most persistent pain can be managed with medication, education and support in the primary care setting by GPs, private allied health providers, domiciliary nurses and complementary alternative therapists. For complex cases, specialised treatment services are ideally provided in an ambulatory or inpatient setting by multidisciplinary teams with skills to assess and treat patients with persistent pain problems. At present there is only one dedicated public persistent pain clinic in Queensland, located at the Royal Brisbane and Women's Hospital. Queensland Health has developed the Statewide Persistent Pain Health Services Strategy for meeting both existing and future demand.

Over the next two years from 2010-11 we will roll out our pilot at the Gold Coast, Townsville and Princess Alexandra hospitals and Nambour General Hospital on the Sunshine Coast. The access to specialist pain treatment and management services will help people back to health and a productive life in their communities. That is a \$39.1 million investment and, while it is a relatively modest investment in the scheme of a \$9.99 billion budget, it might allow people who are off work or on a sickness benefit to get back into the community and maybe a tax situation or something like that.

Ms JARRATT: Minister, in reference to page 3-121 of the SDS I note that the Queensland government has a commitment to providing some \$45 million over four years towards building and operating dental clinic training facilities at James Cook University's Cairns and Townsville campuses. What benefits will this investment at the James Cook University's dental school have?

Mr LUCAS: Queensland Health has the broadest eligibility criteria for publicly funded dental health services in Australia. About 45 per cent of our population is eligible, that is, 1.9 million people. In 2009-10, public dental services to adults in Queensland comprised 472,701 occasions of service, 42,971 general courses of care, 182,375 emergency courses of care, 21,237 dentures and 342,711 preventive treatments. In 2009-10 our expenditure on public oral health services across Queensland was about \$166 million.

Ironically, although we are getting older, our public health is getting better and more people are keeping their teeth. That means that you need to do a bit more work on teeth. Most of the 3,100 dentists registered in Queensland work in the private sector, so only about 340 work in the public sector—that is, about 11 per cent. That is much less than the proportion of doctors in the public versus private sectors. Indeed, with doctors a significant proportion of their fees are paid by Medicare and so on. Therefore, there is a shortage of dentists in both the public and the private sectors, particularly in rural and remote locations. Regional areas have around half as many practising dentists per person. Remote areas have only one-third as many. As a result, people living in rural and remote locations frequently have poorer oral health and fewer dental visits compared to people living in urban areas. They have fewer frequent dental visits, are more likely to visit a dentist for a problem rather than a check-up and have more untreated tooth decay and more tooth loss. We have strategies in place to encourage dentists to work in rural and remote locations, including rural scholarship schemes and rural and remote pay incentives.

What are we doing in this year's budget? In 2010-11 there is \$22 million of capital funding for a 60-chair facility in Cairns for third- and fourth-year students at James Cook University, and in 2011-12 there is \$10 million of capital funding for a 20-chair facility at Townsville for final-year students and \$13 million for operational costs. The first 66 graduates from the new Bachelor of Dental Surgery program will complete their training in 2013.

The establishment of a dental school in North Queensland will have a number of potential benefits. First of all, kids from your neck of the woods and further north will have somewhere to physically study that is closer to home. It will increase attraction and retention of dentists, help address our workforce difficulties and help reduce waiting lists. As part of a three-year agreement, which commenced in January 2008, we have provided the UQ dental school with \$1.85 million to support the education of dental students, as well as \$5.48 million to Griffith University for the education of oral health students.

To summarise this and make it really clear, in 2006 there were 45 dental graduates. By 2013 that number will increase to 221 graduates. On any measure, that is a significant increase.

Ms STONE: Good morning, Deputy Premier. In relation to page 3-123, how are Queensland emergency departments performing? Can you please tell us about some redevelopments that are occurring?

Mr LUCAS: The government publishes more data on emergency department performance than we ever have before and certainly more than our opponents sought or deemed to publish. The data shows that Queensland emergency departments are performing well, with the average wait for most urgent patients in category 1 across the state less than one minute. For least urgent patients, category 5, the average wait across the state was around 46 minutes, which is up from 45 minutes in April. The average wait across all categories is 41 minutes, which is down from 42 minutes last month. That is an enviable record. If you turned up at a GP's without an appointment, you would wait longer than 41 minutes.

There is an increasing demand on public hospital emergency departments arising from such issues as population growth, a rise in chronic disease and inadequate access to GP services. We have gone from sixth to third in ED treatment times, but we are improving and we can always do better. That

is why our program of expanding EDs across the state is delivering an extra 261 treatment spaces and 84 short-stay beds. For example, the Gold Coast has 25 ED treatment spaces; Ipswich has an additional 30—18 adult and 12 paediatric—short-stay beds as part of its redevelopment; Logan Hospital has an additional 30—18 adult and 13 paediatric—ED treatment spaces as part of its \$48.1 million redevelopment; Redlands has an additional four ED treatment spaces as part of its redevelopment; Princess Alexandra Hospital will have an additional 25 ED treatment spaces and one ED additional short-stay bed to be delivered by 2011; Queensland Children's has 12 additional ED treatment spaces and eight additional ED short-stay beds; at Prince Charles we have committed to provide 12 paediatric ED treatment spaces and five additional paediatric short-stay beds; Caboolture has five short-stay beds; Caloundra will have an additional six ED short-stay beds as part of the redevelopment to be delivered by 2010; Nambour General Hospital has an additional seven adult ED treatment spaces as part of its redevelopment; Bundaberg Hospital has an additional 19 ED treatment spaces; Rockhampton Hospital has an additional 14 adult ED treatment spaces and eight additional—six adult and two paediatric—ED short-stay beds; Mackay Base Hospital has an additional 20 treatment spaces and 16 ED short-stay beds; Townsville Hospital has an additional 35 ED treatment spaces and six additional ED short-stay beds—Townsville, incidentally, will have the biggest ED in the state when it is completed; and Cairns Base Hospital has an additional 17—14 adult and three paediatric—ED treatment spaces. This is about getting more and more there.

In addition to that, and I may need to talk about this later, we have the wonderful work that Tony O'Connell is doing—he is down the back somewhere—with patient flow strategies. The Auditor-General's previous report on patient flow indicated a number of very significant things that Queensland Health is doing in terms of improving patient flow through our hospitals. Ultimately, of course, we want to make sure that more people who are aged care suitable are able to move on from our hospitals to nursing homes. Indeed, whilst the federal government still needs to provide more money for aged care, it has at least indicated that it will pay us better for those people who are aged care assessed in our hospitals.

Mrs ATTWOOD: Good morning, Deputy Premier. I refer to page 3-118 of the SDS regarding health controlled expenditure. Can the minister outline how Queensland Health will meet the ongoing demands of a growing population?

Mr LUCAS: I thank the honourable member for the question. Improving care, better services, new technology and improved models of care are what we are about. We are sticking to our strong economic plan of delivering more jobs, building infrastructure and investing in Queensland's economic recovery. No portfolio more starkly illustrates that than Health. Our building or rebuilding hospitals program across the state dwarfs that of any other state. Off the top of my head, for example, the AMA has called for 3,700 beds to be delivered nationally; we are delivering 1,700 by 2016. That shows what we are doing in that sense.

We are hiring 1,200 new clinical staff this coming year. In fact, yesterday the Treasurer caught the opposition letting the cat out of the bag with their view on privatisation. We know that nothing they say on privatisation takes away from the fact that they are the big privatisers. The people who have a go at us about Queensland Rail are the ones who sold Australian National federally. They said that anyone could buy it, as long as it wasn't Queensland Rail. Queensland Rail could not buy Australian National, but anyone else could buy it. They would rather employ coal train drivers than doctors, nurses and allied health workers. I would rather employ doctors, nurses and allied health workers.

The Health budget will grow by 10.5 per cent on last year's Health budget, which is well above our 2.6 per cent population growth. Our \$7.33 billion infrastructure program across the forward estimates is the largest ever undertaken in the nation's history. We have our emergency departments, which I referred to before, including Logan, Redlands, QEII, Caboolture, Ipswich, Toowoomba and the dedicated paediatric emergency department at Prince Charles. There are major hospital projects underway at Cairns, Townsville, Mackay, Mount Isa and Rockhampton. We have the dental work being done at Gladstone, in the member for Gladstone's area. Two hundred projects across the state will secure close to 40,000 construction jobs over the life of the projects. Our election commitment to employ 3,500 doctors, nurses and allied health staff over three years is ahead of target, with an additional 2,827 clinical staff employed since the last election.

There is \$8.5 million for our mental health social marketing campaign, and a big increase in funding for medical research at QIMR because we see medical research as fundamental to creating the health treatments for tomorrow. Similarly, \$1 million over four years has been allocated to the Wesley Research Institute. An area that I am particularly passionate about is our \$16.5 million for children's hearing services to boost the number of cochlear implants done by both us and through the Hear and Say Centre and also expanded early intervention and therapy services for kids who have hearing aids. There is a funding boost for cancer services in regional Queensland of \$194.5 million operational and \$179.3 million capital. Extra chemotherapy chairs are a part of that and they will be rolled out on a broader level. This is about being comprehensive and making a real difference.

CHAIR: In reference to page 3-120 of the SDS, I note the investment of \$373.8 million in operational and capital funding by the state and federal governments to provide new or upgraded cancer centres throughout Queensland. How will this funding improve cancer services in Queensland's regions?

Mr LUCAS: The incidence of cancer is expected to grow by about 4.2 per cent per annum in the years between 2006 to 2016. One of the reasons that is happening is that, frankly, fewer people are dying from things such as heart attacks and strokes. The cure rates for those, with new treatments and the like, have massively improved. Because we are all ultimately mortal, we have to succumb to something. As we get older, the cancer incidence rate increases. In 2006, 407 Queenslanders were diagnosed each week with cancer. By 2016, it is projected that every week about 580 Queenslanders will be diagnosed. It is the leading cause for the burden of disease and injury, accounting for 18.9 per cent of our total burden of premature death and disability.

Ageing and the increase in population have resulted in an increase in the total number of cancer deaths in Queensland from 6,987 in 2004 to 7,531 in 2007. But the death rates for all cancers continues to fall—some by very marginal amounts, some by very significant amounts—following reported trends. The number of cancer deaths per 100,000 Queensland residents has decreased consistently from 183 in 2004 to 178 in 2007. Since 2000, the death rate of all cancers in males decreased by 2.2 per cent per year and females by 1.3 per cent. There is a noted decrease in the mortality rates for all cancers—in men, lung and stomach cancer and more recently prostate cancer; in women, cervical and stomach cancer and more recently breast cancer.

Since April, \$194.5 million operational and \$179.3 million capital funding over four years has been committed by the state and federal government to expand and enhance cancer services throughout Queensland. Our bid for funding under the federal government's regional cancer centres initiative was informed by the Queensland cancer treatment services plan. That plan reflects the detailed service planning undertaken to reposition Queensland to high-quality cancer care. Just off the top of my head, we have about 20 per cent of the population and I think we have about 29 per cent of the federal funding, which I think reflects very well on the nature of the submission that my department provided.

The significant \$373.8 million funding injection by Queensland and federal governments will deliver enhanced cancer services in North Queensland, with 26 additional chemotherapy chairs, two additional linear accelerators, a PET scanner at Townsville and enhanced tele-oncology and chemotherapy treatment services at Mount Isa. I make this observation about North Queensland and Far North Queensland. As we roll out the additional services in oncology—radiation oncology, for example, in Cairns—that then frees up more space in Townsville to treat more—

May I have an extension of time, Mr Chairman?

CHAIR: That is up to the questioner. I am the questioner. Yes, you may.

Mr LUCAS: Similarly, in other parts of Queensland, with additional capacity you can not only treat them there but also in surrounding areas. I know the member for Gladstone has a significant interest in her neck of the woods. This investment has already opened the Queensland Cancer Council accommodation facilities in Rockhampton, which allow people who need to stay in Rocky for a period of time better accommodation access. Similarly, the upgrade of regional cancer initiatives will increase numbers, beds and day treatment spaces at Rockhampton, Bundaberg and Hervey Bay, with outreach services to be provided by RBWH. Also, Mr Chairman, in your area, there is the expansion of medical oncology services in Southern Queensland, including treatment spaces and the number of inpatient beds at Toowoomba, with outreach services to be provided by the PA Hospital. So this is very important to do in regional communities. We make no apology for doing that.

CHAIR: Thank you. I call the member for Whitsunday.

Ms JARRATT: With reference to page 3-121 of the SDS regarding the Priority Capital Program, can the minister outline what initiatives the government is taking to improve health services in the Mackay and Whitsunday region? I know that two minutes is hardly enough to explain all of that, but I would be grateful if you would.

Mr LUCAS: I thank the honourable member for the question. Our health infrastructure investment over the forward estimates period is \$7.33 billion. As we indicated before, it is the largest in Australia. The greatest threat to building hospitals in Queensland is, of course, from an LNP government that thinks it would rather own coal trains than build essential public infrastructure. Interestingly, the cost of the Mackay Base Hospital off the top of my head is significantly greater than what was received from the sale of the Mackay Airport. Notwithstanding that, the airport is still there and we are getting a new hospital. That is very important.

The LNP do not mean what they say about privatisation. They do want to do it. They will do it, and the cat was let out of the bag yesterday. What we will be is upfront with people. The people of Mackay know more than anyone that the airport is still there employing people but we are building a hospital there now. The \$405 million Mackay Base Hospital redevelopment announced in 2008 is progressing well, with \$75 million allocated this financial year for finalisation of early works packages and

commencement of block E, the main clinical building. The redevelopment of the hospital will result in a 95 per cent increase in same day and overnight bed capacity to meet projected service demands and future needs to 2021—318 beds in total, an increase from 160 beds. The Mackay Base Hospital redevelopment has been planned to be undertaken in stages to ensure minimal disruption to patients. Might I have an extension of time, Mr Chairman?

CHAIR: Yes.

Mr LUCAS: It will deliver new theatre day procedure suites—

CHAIR: Sorry, the time for government questions has expired. I transfer it over now to the non-government members. Member for Gladstone.

Mrs CUNNINGHAM: Minister, much has been written about the Queensland Health pay travesty, and Queensland Health and you appear to be wearing the flak of the CorpTech Public Works-Queensland Health debacle. Estimates of the cost of the new system and this government's attempts to fix it will exceed \$1 billion. How much of the cost of implementing the new system and, more importantly, attempts to remedy the problems will come out of the Queensland Health's 2010-11 budget and how will that affect services?

Mr LUCAS: I thank the honourable member for the question. It is a very reasonable question to seek information on. We do not expect that any clinical area should bear the cost of the payroll implementation matters or any additional expense in relation to that. We want to make sure that our hospitals are still doing what they need to do in terms of operations and treatments as the case may be. When it comes to a number of issues, we do have a significant corporate services budget—I will get Michael Walsh to talk in more detail about that in a minute—that does allow us to expend money on payroll.

I have indicated that the 2010-11 budget is \$282 million, which is some \$18.5 million higher than last year. I have to be quite clear with you though. That budget was prepared prior to the payroll issues. So there will be some further imposts on us in relation to that. Ultimately, if they are significant—in excess of what corporate services is able to deal with—then that is a matter that I will address with the Treasurer in relation to consolidated revenue, and he has indicated that before. I will ask Michael Walsh, the deputy director-general, if he has anything further to add to that.

Mr Walsh: The costs for the payroll stabilisation project have been budgeted at \$4.3 million and they will be coming from the corporate services budget for the department up until 30 June. Those costs cover the additional 250 staff that were put in the payroll hubs to ensure that there were sufficient staff to process the backlog and stabilise the payroll system, as well as the work to develop the new payroll operating model—which is a decentralised operating model to ensure that there is a partnership between the districts and their payroll hubs so that workflow occurs directly between the district and the payroll hub and therefore people would have a clear understanding of where paperwork was up to, when it was processed and completed, so they understood the arrangements that the payroll system had in place for them. That new payroll operating model is being rolled out over the next three months during which time we will be working with the payroll hubs to work in partnership with the districts, identify additional software to assist them to manage the forms going backwards and forwards between the system as well as providing that electronic feedback to staff and reducing the burden on line managers to provide information.

Mrs CUNNINGHAM: Thank you. Minister, Queensland Health and you have continued to espouse the hub-and-spoke model for Queensland Health funding, and it is the reason given when rural and regional hospitals are not funded for specialists and specialised services. That reason was given in answer to a question on notice on 8 June. In this 2010-11 budget, were any hospitals funded outside that model and, if so, which hospitals and what level of funding was given to each hospital?

Mr LUCAS: Outside the hub-and-spoke model? This was something that was a big discussion with the federal government on the national hospitals and health reform. Traditionally, in a perfect world you would have activity based funding for all hospitals, but we cannot do that. It is not realistic because the throughput in many of our hospitals in a state like Queensland is not uniform. They play an important role but they do not have uniform levels of surgery or those sorts of things. One of the issues that we have negotiated with the federal government is that—and this even happened in Victoria when they went to activity based funding—a number of hospitals will need to be funded on a block grant basis because it is simply not fair to them to do otherwise. Indeed, even the ones that are activity based funded, you need to do it in a mechanism that is fair to them.

Having said that, it should be acknowledged that, putting aside super, super specialities, by and large, there are economies of scale in operating hospitals. So generally, a small hospital is pound for pound, putting aside the super specialities, more expensive to operate than a larger one. But we need to have people at the appropriate places. As the population grows, it is very important for us then to be in a position, if there is critical mass, to roll out more services. I know you have made very strong representations about Gladstone. I am actually extremely sympathetic to the representations that you have made, because we will see further population growth in Gladstone. I have asked my department to

make sure that we are abreast of that and what it will mean in terms of population trends for the future and how services at Gladstone Hospital might be rolled out. I might ask my director-general, Mick Reid, to make a few other comments on that.

Mr Reid: The notion of a hub-and-spoke model, which is at the heart of your question, is one which is being addressed through the national health reforms. As you know, they are proposing local hospital networks, which will bring together larger and smaller based hospitals. We are now in the process of having a discussion with those around the state to see what our best model is and we will go back to the Commonwealth and advise them on what our hub-and-spoke model would be or our networks, the geography, and the hospitals contained in them.

The Commonwealth are proposing that from 1 July 2012 they will fund the local hospital networks, not the individual hospitals but the funds will go to the hospital networks. As the Deputy Premier said, they will go on the basis of both activity based funding and block grants. It will be a combination of both. Then it would be a matter for the local manager, or the CEO of that local hospital network, to ensure that there is appropriate interface between the base hospital and the smaller hospitals in terms of the mix of services between them. But it is not intended under the current arrangements that there would be a direct funding approach to the individual hospitals. That is still a matter for discussion as of today.

Mrs CUNNINGHAM: Minister, in a previous answer you listed a number of hospitals in Queensland which are getting additional emergency department beds. Gladstone was conspicuously omitted from that list. Given the growth projections for Gladstone, why has that omission occurred?

Mr LUCAS: At the present time, you would be aware that we have got our commitment in Gladstone in relation to the dental issues I announced the other day. We look like we will be able to assist with some further oncology treatments there. I know that has been a big issue for you.

I have to say to you, as I have said to you before, that I acknowledge and I have said to my department that further planning for the growth in Gladstone in the context of the LNG growth is a very important priority for us. What the Auditor-General does note as well in one of his previous reports is the need to actually make sure that the rollout of additional services is on the basis of appropriate plans. They need to be tested on the basis of what is offered around, what the likely population will be and what the impacts of that population will be, depending on its age, those sorts of needs and the like.

I have indicated to my department that Gladstone is an area that we need to give priority to, simply because it is not an area that is necessarily likely to have static population. It is likely to have a significant population increase, as will the other resource areas. So that will inform where we will go in the future. Also, the planning process is not just about individual districts or hospitals; it is looking at how they interact with others on a state-wide basis.

Mrs CUNNINGHAM: Following up on that oral health matter, I acknowledge that there is a new oral health building currently being constructed. Indeed, it has been on the budget books for four or five budget cycles and we are finally getting the dental clinic under construction as the co-location is completed. When that was first on the budget, it was to allow for an increase in actual dental chairs and an increase in the number of dentists. In response to a question on notice I asked on 10 June, you said that it will allow for increased hygienist services. Is there funding in this budget for additional dentists at Gladstone as well?

Mr LUCAS: I will get that answer specifically in a minute but I will just make some general observations. I indicated before that one of the issues we have in Queensland is that we have a very significant shortage of dentists, particularly in regional areas. Eleven per cent of dentists work in the public sector. That is a very, very small proportion of dentists working in the public sector. Traditionally also we have used not just dentists but also other people from the dentistry professions who are qualified to do things. For example, these days dentures can be done by dental prosthetists and the like. One of the problems we have is that the federal opposition—and I am not blaming you for this; you are not one of them—has held up significant proportions of funding at a federal level that would have been available for a number of extra services that could have been rolled out at a state-wide level.

I want to make this point about our dental funding. In 2008-09, our per capita dental funding in Queensland was \$35.05, compared to Victoria at \$26.29 and New South Wales at \$21.53. The federal funding blocked in the Senate was \$52.8 million over three years. That would have provided an extra 187,000 occasions of service. We had the situation of course before where John-Paul Langbroek got all hairy-chested when it came to the issue of fluoride and then squibbed it when it rolled out, which will also have an impact. I will get you some specific comments in relation to Gladstone.

Dr Thomas: Gladstone has been under review for a long time. The new clinic being built is going to be an extension of what we have had there before, but at this stage I am not sure whether there will be any extra staff in that clinic. We will need to take that on notice.

Mrs CUNNINGHAM: Thank you. Minister, a constituent came to my office yesterday. His daughter had given birth to a baby at the Gladstone Hospital, and they praised the staff there. However, he brought in photos of her maternity room showing significant maintenance needs. In response to my

question on notice No. 10 to the estimates committee, you advised that the Gladstone Hospital budget had increased for this budget by three per cent. I would contend that that is not enough to cover CPI and wage increases. How can necessary new services be funded with only a three per cent increase, let alone maintenance and services for increasing populations?

Mr LUCAS: I will get Mick Reid to make some comments, and there is another comment I want to make about maintenance generally.

Mr Reid: We are at the moment undertaking a major health service infrastructure planning process across all of our rural and remote hospitals in Queensland which is going to be followed by some more infrastructure planning. We recognise that for many of our smaller hospitals there are some issues around maintenance and the need for additional maintenance of those buildings, particularly where they are very old. A number of them are timber based, as you are aware, and have been in existence for many, many years. So we are doing a plan at the moment across Queensland to try to assess the extent to which some of those services—this is not of course Gladstone—might more appropriately move to multipurpose services. Nineteen Queensland Health services have done that and a number of others are planned. Others obviously would need to be rebuilt on the current site, and others would need considerable maintenance to their current arrangements in order to bring them back to a suitable condition to provide clinical care.

That review is currently in process. Our current expectation is that it would be finished by October this year. It would then be submitted to government as a submission for capital infrastructure in order to enable those services to be developed over a period of time.

Mr LUCAS: In relation to the general maintenance issue, I am advised that our maintenance funding policy was implemented in July 2008. I will have Michael Walsh correct me if I am wrong, but he prepared the brief so I presume it is right. So 2.15 per cent of our building asset replacement value is set as a minimum benchmark funding level. That exceeds the one per cent set by the whole-of-government policy for the maintenance of Queensland government buildings. That is due to the higher levels needed because of the highly critical and complex nature of hospital facilities.

Strategic maintenance plans are developed to reflect the maintenance needs of the building portfolio, and asset maintenance budgets are set by health service districts. Annual maintenance plans are developed to determine how maintenance budgets and resources are allocated. The expenditure in 2009-10 was slightly more than the minimum funding benchmark of 2.15 per cent. We make sure that we do that. I am more than happy to look at the specific issue raised by you. I will have that taken up with the appropriate district.

Mrs CUNNINGHAM: Thank you. In the 2010-11 Health budget, which hospitals received funding for new or enhanced intensive care units and which hospitals had high-dependency units upgraded to ICUs?

Mr LUCAS: I might call on Tony O'Connell to provide some information in relation to that. If I need to, I will add something further. Actually, I will take that on notice.

Mrs CUNNINGHAM: In Queensland Health's new budget, how many new renal services are funded and where, and how many existing services have had the number of chairs increased and where?

Mr LUCAS: The demand for renal dialysis is growing across Queensland. The demand, according to ANZDATA figures, increased by 9.7 per cent as opposed to six per cent nationwide. In 2007 we developed the Statewide Renal Health Services Plan, and \$3 million was allocated in 2008-09 to enhance renal services across the state. This funding allocation is in addition to a previous commitment in 2004 of \$33.8 million over three years to boost access and care for people with kidney failure.

In 2009, additional dialysis chairs and sessions began operating at Robina, Southport, Nambour and Redland. Some of these include weekend services. The Statewide Renal Clinical Network is looking to develop a system to monitor dialysis capacity across the state. The system could assist with transfer between facilities and act as an early warning system. I will give you these figures in relation to renal dialysis chairs and trolleys: in 2010-11, an additional 10; in 2011-12, nil; in 2012-13, 14; in 2013-14, 10; in 2014-15, 10; and in 2015-16, three. For 2009-16, that is an additional 47. I would also make a couple of points in relation to dialysis. Firstly, kidney failure goes through, off the top of my head, five stages. Where are the physicians?

Mr Reid: They are nodding.

Mr LUCAS: Depending on the level, it is only the last one or two stages that require access to dialysis. I will ask the physicians again: is it stage 5 and 4, or stage 5 only? They are saying that only stage 5 requires access to dialysis. The real secret is to actually make sure that people's conditions are treated long before they require dialysis or to see if they can receive dialysis in the home, which is significantly less expensive than dialysis in a hospital. I emphasise that: it is significantly less expensive. Additionally, though, in relation to the chairs, often one of the biggest issues that we have is not so much

the chairs—and I opened a number of them at Caloundra recently with the member for Caloundra; it is actually having specialist renal dialysis people, either a nephrologist or renal nurses. One of the ways that one can increase the capacity is not just chairs but additional shifts as well.

Mrs CUNNINGHAM: Thank you.

CHAIR: The time for non-government members has expired. I call the member for Springwood.

Ms STONE: With regard to page 3-119 of the SDS, can you please advise how Queensland Health is addressing the challenges of meeting the oral health needs of Queenslanders?

Mr LUCAS: I thank the honourable member for the question. I indicated earlier that we have the largest eligibility for public dental health services in Australia, at 45.3 per cent of our population. That is more than 1.9 million people. That includes Seniors Card holders and their dependants, pension and concession card holders, hospital inpatients et cetera. The Howard government stripped funding for public dental services to the tune of \$20 million from 1996. The federal government used to play a role, but they took the money out. Queensland more than any other state stepped up to the plate and continued to fund those. This is the whole thing about federal governments. They put money in and they take it out. They do not get in there once and for all. That is the beauty of Kevin Rudd's national health reform. Residents in regional and remote areas where there is no private dentist are also eligible for public treatment on a fee-for-service basis.

In 2010 we provided funded public oral health services to the tune of \$166 million. In 2009-10, in relation to public dental services delivered to adults, we provided 472,701 occasions of service. On an average day in Queensland Health, 1,881 adult dental appointments are provided, 1,804 child and adolescent dental appointments are provided, and there are 916 child and adolescent complete dental treatments.

Queensland children have long had the poorest oral health in the nation, and Queensland children had more filled teeth, extractions and decayed teeth than in any other state or territory. I have got a mouthful of fillings, I might add. I have got all my teeth but I have a mouthful of fillings. Our introduction of fluoride will over time address this, but it will take time and in the meantime there is still high demand for acute emergency dental health care.

The high demand has also resulted in a reduced ability to provide routine dental care to clients on waiting lists. The ability to meet this growing demand is hindered by difficulties that exist in recruiting and retaining experienced dentists in the public sector. I spoke about our commitment to James Cook University and the \$45 million there. We have the UQ dental school and the Griffith dental school. The first cohorts of dentists graduated from Griffith in 2008. In Queensland there were 45 dental graduates in 2006. Off the top of my head, there will be 221 by 2013. So they will be very welcome—many of them in the public system.

It is important to note that as at 31 March there were 107,623 patients waiting on the assessment waiting list. It is important to note that for routine check-ups 95.5 per cent of these patients were in the bottom two of eight categories. The average wait for acute emergencies, I am advised, is less than 24 hours. Still, we would like to do better. We have that federal government money, but there is also some money that I understand is available from the federal government for children—I think a voucher for treatment in the private sector.

Mrs ATTWOOD: Minister, with reference to page 3-119 of the SDS, can you please advise what the government is doing to close the gap between Indigenous and non-Indigenous health outcomes?

Mr LUCAS: Australians enjoy one of the highest life expectancies in the world, second only to Japan. A child born today can expect to live to 81.4 years, yet the Indigenous life expectancy today is equivalent to non-Indigenous life expectancy in the 1950s. There have been recent improvements in adult and child mortality rates. However, child mortality rates are still twice as high.

The rates of diabetes and renal disease, obesity, smoking and substance use are worsening and increasing. Eighty per cent of the health gap is in relation to cardiovascular disease, diabetes, respiratory diseases, cancers, mental disorders and injuries. Then smoking and obesity contribute 17 per cent and 16 per cent of the health gap. We are committed to achieving nationally agreed Indigenous health targets and specifically to close the gap in Indigenous life expectancy by 2030 and to halve the Indigenous child mortality rate from nought to five-year-olds by 2018. Interestingly, just as an observation on general mortality, I was looking at infant mortality rates the other day. In the last 10 years or so, I think the 10 years to 2007, the infant mortality rate in Australia decreased by one-third. That is recently—the 10 years up until 2007. So progress continues to be made.

The issue with us closing the gap is of course it is not just about us closing the gap with 81.4 years at the moment. Non-Indigenous life expectancy continues to increase, so we are both going up on curves and we need to make that Indigenous one cross and be equal with the non-Indigenous one. The Making Tracks: Policy and Accountability Framework is a long-term evidence based approach to achieve sustainable health gains. It will allow us to be more strategic about where money in Indigenous health is spent in the future. It is about evidence; about what interventions have proved successful and

most likely to close the health gap. It is about where the low-hanging fruit is, in particular. It is also a multifaceted strategy of increasing sustained effort across the entire health system. We know because so many of these conditions are chronic, and chronic conditions, particularly something like diabetes—which I should specifically acknowledge in diabetes week—and so many other conditions are knock-ons: cardiovascular disease, circulatory matters, kidney issues, eyesight issues. All of these things can come along as a result of diabetes. Often, if they are addressed, for example, by Indigenous health workers looking at behavioural matters and those sorts of things in communities, then they can deal with it upfront.

The main contributors to the health gap are cardiovascular disease and type 2 diabetes, which comprise 44 per cent of that gap. As far as I am aware, Queensland is the first state to develop its own comprehensive whole-of-government policy framework and plan of action for closing the gap. We have allocated more than \$337 million over four years to support initiatives including the Making Tracks implementation plan, of which I can provide more detail later.

CHAIR: With reference to page 3-123 of the Service Delivery Statements, could you, as Deputy Premier and Minister for Health, please explain the role of the QCH, the Queensland Children's Hospital, in future healthcare provision?

Mr LUCAS: Thank you, Mr Chairman. I think the QCH is an exciting project that will take children's services in Queensland to a new level, delivering better outcomes closer to home for Queensland kids. The Queensland Children's Hospital will be the major specialist children's hospital for all Queensland children. It will be the hub of a state-wide paediatric network. A single specialist hospital will improve health outcomes for Queensland children, reduce duplication of services, maximise use of a specialty workforce and minimise travel for families. In many respects it will be a one-stop shop. Both the Royal Children's and the Mater have developed particular interests in particular areas, and that is appropriate, but sometimes a child's illnesses might be across both. Of course if all specialties are under the one roof, that improves the ability to treat.

The heart of the children's health services network across South-East Queensland will be dedicated paediatric emergency care at Caboolture, Redlands, Ipswich, Logan and Redcliffe, with major redevelopment at Prince Charles also providing for 20 short-stay beds and 12 ED treatment bays. It will enable the children's hospital to provide specialist care to the sickest kids while providing a network of emergency paediatric services closer to families' homes.

I know people are concerned about how long it will take them to get them. Of course if you are in regional Queensland it takes quite a significant period of time. That is why in regional Queensland they understand very well that there also needs to be paediatric services consistent with safety as far as possible also available in regional hospitals. That is why one of Peter Steer's jobs as the hub and spoke is to make sure it is the Queensland Children's Hospital, not the Brisbane children's hospital, and for those services to be provided there as well. It will have 359 treatment bays—71 more than the Royal Children's and the Mater combined. It will have 48 ED treatment bays—12 more than the Royal Children's and the Mater combined. The other one I want to make a specific point about is the ICU increase, which is even bigger than that. Dr Peter Steer just advised me that there is a 63 per cent increase in ICU beds there. Why is there such a massive increase? Because this is the hospital that the really sick kids go to, and making sure that you have more of an ability in your local hospitals to appropriately deal with kids in those situations there.

It is expected that it will require approximately 2,419 FTE staff—up from the current 2,095 at Royal Children's Hospital and the Mater now. It will incorporate leading health research with an academic and research facility owned and managed by the children's health service district. There will be 7,500 square metres of research space and a research reference group as well. So I think this will be a very exciting thing. It was recommended by the Mellis review. It was not dreamt up by politicians; it was recommended by the Mellis review as world's best practice. We recruited Peter Steer—who is an Australian—from overseas because he is the best in the business. I am very keen as a parent to see this great hospital built.

Ms JARRATT: On pages 3-120 and 3-121 of the SDS, I note the Queensland government's funding for the Hear and Say Centre. How will the Hear and Say Centre assist the Queensland government in delivering on its commitment to double the number of paediatric cochlear implants available for Queensland kids?

Mr LUCAS: The financial commitment to the Hear and Say Centre was part of our \$16.5 million commitment to double the number of paediatric cochlear implants available to Queensland children to provide pre and post implant therapy for recipients of cochlear implants, and to provide increased services for children with hearing aids and children with complex needs. Implanting a child with cochlear implants is essentially part of two steps that you need to do. It is like putting the hardware in. It is like buying a computer, but then having got the hardware in—and we are giving everyone the best hardware with two—you then have to do the software, which is training kids in how they work. It is wonderful to sit with Dimity Dornan, as I have at the Hear and Say Centre at Auchenflower, and see when they first turn on a cochlear implant a little boy's or a little girl's eyes light up. It is just wonderful.

Speaking with her and thinking about those sorts of things, I think what you can do by doing this is to give a child a real future. We now have screening of kids at birth, some within a few hours of birth, so we know whether they have a hearing problem straightaway. Once upon a time you might not have known for a lengthy period of time. Not an enormous proportion of children have a total loss of hearing. Most of them have a loss, even though it is serious, that can be dealt with by hearing aids but you still need to provide support for that. That is very important and our funding allows for that. Those who have total hearing loss who need cochlears are still relatively modest in number, but we are making sure that they will all get a dual cochlear. So in life and at school they will not need the level of support that they would otherwise need. Hopefully in most instances they will then be able to compete in the workforce to get their education no differently from anyone else. I want to make it so it is as if you are wearing glasses or not wearing glasses. That is the difference. There is no difference at school between kids who wear glasses and kids who do not need to wear glasses, and that is what we want to do with kids and hearing.

The Hear and Say Centre operates in Brisbane, on the Gold and Sunshine coasts, in Cairns, Townsville and Toowoomba as well as providing outreach services. No other operator provides post cochlear implant mapping. We are committed to ensuring that every child in Queensland who was assessed as requiring a cochlear implant will receive one. Our funding is not only a three-year operating grant of \$796,000 in the first year but a \$2 million one-off capital grant—it is a bit crowded where they are at the moment. That will allow them to provide audioverbal therapy to 66 children as well. That is about one-quarter of their case load. They also receive other funding as well.

I think Dimity Dornan is a great Australian—Queenslander of the year and a wonderful person. Fortunately my kids have never had that issue. A little while ago Wally Lewis was at the centre, and I was talking to him. His daughter of course had a hearing issue. The work that the centre does is just wonderful.

Ms STONE: In reference to page 3-119 of the SDS, specifically in relation to protecting the health of all Queenslanders and improving access to cancer screening programs, can you please advise how the Queensland Bowel Cancer Screening Program has already demonstrated significant health gains for Queenslanders?

Mr LUCAS: I thank the honourable member for the question. The Australian government committed \$43.4 million over three years for phase 1 of the National Bowel Cancer Screening Program. It is the first population screening program to target both men and women. The provision of colonoscopy services for the program was to be via usual funding arrangements. So no specific funding was provided to the states for the program, but we were the first state to implement the National Bowel Cancer Screening Program, and since 2006 we have committed \$5.68 million per annum to support the implementation.

We have developed an authorised provider model to ensure there is an organised approach to the way that we provide colonoscopy services for program participants. That program is unique to Queensland and aims to minimise the impact on existing colonoscopy services and provide coordinated care for individual participants with a positive test result. The authorised provider model includes 29 designated Queensland Health facilities and 48 authorised proceduralists who provide assessment colonoscopies for the program.

Services are coordinated within each of the 11 catchment areas by gastroenterology nurse coordinators. The program was phased in to ensure that health services, particularly colonoscopy services, can cope with the increased demand. Our participation rate of 41.4 per cent in the calendar year 2008—which is the most recently published data, I am advised—is significantly higher than other large states, such as New South Wales at 31 per cent and Victoria at 32 per cent. Between August 2006 and August 2008, 874 program participants who had their colonoscopy at a Queensland Health facility were found to have an adenoma or precancerous growth. Left undetected, these adenomas could have developed into bowel cancer.

Our program supports infrastructure—12 gastroenterology nurse coordinators and 11 health promotion officers, promotional activities, quality and training initiatives, support for the establishment of an endoscopy services information system solution, and increased capacity for additional public sector colonoscopies as a result. The program recommenced in November 2009. There was an issue with the federal government tests that temporarily were suspended. I am advised that all eligible for phase 2 of the program will receive their new test—it is a federal one—by 30 March 2011. It is quite a significant cause of cancer and clearly is an issue of concern for us into the future.

Mrs ATTWOOD: Deputy Premier, I refer to page 83 of Budget Paper No. 3. Can you outline what the government is doing to improve services at the Princess Alexandra Hospital and how this will help families on the south side?

Mr LUCAS: I thank the honourable member for the question. Our investment there is \$134 million and includes the redevelopment of the emergency department, which will more than double the number of beds. Some 264 construction workers have been employed over the life of the development projects. The emergency department redevelopment will deliver more than a doubling of its size, with 25

additional treatment bays and 30 new MAPU—Medical Assessment and Planning Unit—beds, an additional short-stay bed, four dedicated mental health treatment rooms, additional ambulance and emergency vehicle bays, and an ED floor space three times the current space. It is quite significant on the south side, I would add.

The helipad was one of the first milestones of the project. I was present for the opening of the state-of-the-art Dr Peter Thomas Helipad. It is a high-speed helipad to aid in retrieval and emergency medicine in Queensland.

Other new facilities include the major expansion of cancer capacity: three new bunkers, which is a doubling; two new linear accelerators to add to the existing three; and a new PET scanner. We do not have one now. Under Dr David Theile we have certainly grown what we are doing there, as we are in all of our areas.

There are approximately 47,000 patient presentations to the ED per annum which is about 130 per day. I am told that approximately 100 per cent of our category 1 patients to the ED are seen within a minute. The average wait to be seen in an ED during May 2010 was only 51 minutes, which is the envy of a GP surgery.

I am advised that the elective surgery performance has been pretty good. When Labor came to power in 1998—this is a good figure—there were more than 8,500 patients waiting for more than a year. The number waiting longer than a year was just under 4,000. As at the end of the financial year in 2010 the figure was just over 200 patients.

The PA employs 3½ thousand staff across medical, clerical, nursing, technical, professional, operational and trade operational. The simple point is that Princess Alexandra Hospital is bigger than some government departments.

CHAIR: With regard to page 3-120 of the SDS, can you outline what the Bligh government is doing to support cancer treatment services for the residents of Toowoomba and surrounds?

Mr LUCAS: Mr Chairman, I thank you for the question. I indicated before that the incidence of cancer is expected to grow by 4.2 per cent per annum in the 10 years between 2006 and 2016. We have committed 194.5 operational and 179.3 capital funding over four years—state and federal governments.

I know that both you, Mr Chairman, and Mr Horan asked about the need to provide additional cancer capacity in southern Queensland. The good news is that funding will provide additional medical oncology services through the recruitment of additional medical, nursing and allied health staff, increasing the number of treatment spaces and the number of inpatient beds at Toowoomba. Outreach services are to be provided by the PA Hospital. The Darling Downs was also successful in securing a 16.2—

CHAIR: That is the end of the 20-minute session. You can carry on answering your question.

Mr LUCAS: Would you prefer me to provide you with the answer in writing?

CHAIR: You can carry on and finish that answer.

Mr LUCAS: The Toowoomba Hospital secured \$9.55 million for chemotherapy treatment and inpatient beds—specifically an additional 12 beds for medical oncology and haematology services and 12 beds for palliative care within the existing surgical block at Toowoomba Hospital. The Toowoomba Hospital's oncology care day unit activities will expand to provide an additional four chemotherapy chair services. That is an extra shift. The service will be supported from the comprehensive cancer centre at PA. Practical completion of the project is expected by early 2012.

St Andrew's Private Hospital secured 6.69 in capital funds to provide an additional eight chemotherapy treatment beds and two inpatient beds and to upgrade the existing linear accelerator. To operate the expanded cancer treatment service in southern Queensland we have committed \$33.4 million over four years and \$27.06 million operational over four years for the PA Hospital. Most of if not all of the federal funding is capital. We need to put in capital and recurrent funding.

Proceedings suspended from 10.33 am to 10.51 am

CHAIR: We will now continue the examination of the expenditure of the portfolio of the Deputy Premier. I defer to non-government members.

Mr McARDLE: Chair, I note that it is now 10.51 am. This committee was due to resume at 10.45 am. I will make comment upon that shortly. Minister, I take you to the briefing note of 17 November 2009. This is the one that you in fact tabled in the House in April of this year. This note did get to your department. In fact, it got to one of your advisers and had been signed off by the director-general. Again, this is a very telling note. You made the comment in the House that you anticipate that you did not receive this document. My questions are these. Did you receive this document? Did a departmental officer in your office show you this document? If the departmental officer in your office did not show you this document, what did you do after you became aware of it to ascertain why you were not informed of the very important contents therein?

Mr LUCAS: The document was tabled in parliament by me. It is actually interesting that the honourable member cannot focus on anything in terms of the payroll issue past documents that have already been tabled by me or others several months ago. That is material that was referred by an adviser of mine back to the department for further information.

I keep on coming back to this point here. What is the issue identified by the Auditor-General? I keep on coming back here. The project governance on this whole issue was flawed. Indeed, subsequent to either the document in July that you referred to before or this 17 November document, the project was signed off to proceed. That 17 November 2009 brief, which was not signed by me—and I do not recall ever having received it—is not new. It was tabled in parliament months ago. There is nothing new in it. It raised a number of questions. The Auditor-General indicated that the governance issues and, more particularly, the go-live were the issues. This is what the Auditor-General said in relation to Queensland Health—

1. The current action to stabilise the Queensland Health payroll and rostering systems be continued to ensure Queensland Health employees are correctly paid. Any mismatches between business practices and business rules configured within the system need to be analysed and appropriate changes made to address defects or to improve the accuracy or effectiveness of the payroll output. Technological changes should be performed through strict change management processes and testing regimes to ensure that system stability is maintained.
2. Queensland Health should reconsider its current business model to determine the most effective and efficient strategy to deliver payroll services. To mitigate the risk of payroll inaccuracies, simplification of award structures and pay rules need to be considered. Reengineering the payroll process should be undertaken to provide an appropriate blend of local decision making and action and the efficiencies of centralised processing. System reporting to enable effective performance management for both local and central processing hubs is an essential component of any business process reengineering.

So what have we done about it? First of all, you would be aware of the personnel changes that we have made. You have asked me on a number of occasions: what have I now done, knowing what I now know? We have made a number of essential personnel changes. We have commissioned KPMG in relation to the ongoing role. The Premier has indicated that the role of CorpTech in the future in a whole-of-government initiative will be reviewed, particularly with respect to larger units such as Queensland Health. I could say more.

Mr McARDLE: Minister, I have asked you a series of questions today giving specific dates when you could have asked for a briefing or you were provided with a briefing. Are you saying to this committee that, from 26 March 2009 until the date it went live in March 2010, given the knowledge that you had and that you stated in the House that you had, the knowledge that came from the media, the internal briefings and the knowledge from people who work around you, you never, ever, ever sought a briefing at any time from any person in your department as to the full implications of the payroll system, whether or not there were any problems with it and what action could be taken? Are you making that statement to this committee?

Mr LUCAS: The honourable member again asks questions about matters that were dealt with in the House months ago. It actually speaks volumes. Every question that he has asked thus far in estimates relates to payroll. I do not have an issue with that. That is his right to do and it is a very important issue. But none of them has actually related to issues with respect to the current implementation of the payroll system, issues with respect to what might be happening with staff or what might be happening with particular rules or those sorts of things. None of them relates to that.

That absolutely shows that he has no interest in what the solution to this is. He has no interest in the proactive fixing of the matter. He has no interest in what the Auditor-General says. He has no interest in any of that. What he is simply interested in is seeking to refer to documents that have been tabled in parliament and were not received by me and then say, 'Okay, you must have got them and therefore, based on documents you did not get, you should have had a state of knowledge.'

What we know from the public domain—we know this from estimates last year; it was asked of Robert Swarten, and it was printed in the paper—is that the payroll project was being delayed. The honourable member knew that and the honourable member did not ask any questions about it at estimates last year. The honourable member did not ask any questions about it. He should not try to come here and be wise after the event.

As lawyers, which both he and I are, I wish we all had the benefit of hindsight. I can tell you now that the people who have paid the penalty are our health workers. They are the ones that I am focused on getting it fixed for. You have not asked me one question about the implementation of the fix for this. This is about what we are doing to fix the problem.

The Auditor-General's report is something that I urge everybody to read. The Auditor-General's report did not make the comments or assertions, as independent as he is—and you referred the matter to him—that you are making with respect to me. I find that something of significance.

Mr McARDLE: In September 2009 SAP warned that this payroll project should not go ahead without a full parallel test. This warning was ignored. In January 2010 a testing specialist company engaged by Queensland Health warned that there were too many functional defects to be a go-live system and that a full integration test be conducted. This was also ignored. Minister, you are ultimately

responsible for your department's decision. Will you now accept full personal blame for the fault, the defects and the pain and misery that has been caused by your department and your lack of capacity to understand the problem?

Mr LUCAS: I accept full responsibility to sort this out. This is my job as health minister. With regard to the Auditor-General's report, you do not refer to the Auditor-General's report. Again, you have not referred to it in any of the questions that you have asked me today. You have not referred to what we are doing for staff for the future and anything about the Auditor-General's report when it was an issue that you referred to him. That just speaks volume, as I said, for what you think about this issue. The simple fact of the matter is those are very serious matters in terms of not running parallel in terms of SAP advice with regard to doing those go-live issues. That is part of the reason the problem was there. But that is also the reason we have made a number of significant changes as part of the implementation of this project. This Auditor-General's report makes a number of very serious allegations in relation to how this project was rolled out, not just in Health but in other government agencies, and this is about fixing it up. It should not happen. It should not have happened, and I make no apology for making that point.

Mr McARDLE: Minister, in last night's estimates hearing the director-general of Public Works denied any responsibility for the requirements of the Health payroll system. He said—

... the requirement to specify the scope for the system was a health department responsibility, not a CorpTech responsibility.

The AG's report found at page 21 that the project scope was not formally agreed to by Queensland Health. Public Works is quite clearly here placing the blame for this whole debacle on your department and you as minister are required to take responsibility. Do you continue to deny that you are ultimately liable for what has taken place as minister of the department to the health workers across this state?

Mr LUCAS: I did not hear what the director-general of the Department of Public—

Mr McARDLE: I will table a copy of the *Hansard*.

Mr LUCAS: I did not hear what the director-general of Public Works said last night. What I take my advice from here is in relation to what the Auditor-General found. I know that you have one mission and one mission only, and that mission is not to get it sorted out for health workers because that is not what you are interested in. I have one mission and one mission only: to make sure our health workers get paid. If you are a nurse who has not got the right pay or been underpaid you do not frankly care whether it is CorpTech or Health or Public Works or IBM or SAP or Workbrain; you just want it fixed. I am not turning up here today to say, 'It's someone else or it's IBM or Workbrain or CorpTech,' and the Auditor-General has made criticisms in relation to this. The Auditor-General finds who was responsible at page 19 of his report and thereon. He goes on to indicate his views in relation to it. So can I tell you that I would much rather take the Auditor-General's view on it than your ex post facto idle musings.

Mr McARDLE: Minister, let us finalise this session in relation to this matter by asking this question: are you now saying to this committee, one, that you are in no way liable for what has taken place; two, that you did not at any time receive a briefing; three, that at no time did you ask for a briefing, even though your knowledge indicated one should have been obtained; four, that your departmental officers failed to pass on to you a briefing note that was sent away for more information; and, five, at the end of the day it is really up to other people to take obligation and responsibility for what has taken place?

Mr LUCAS: I have answered that absolutely on a number of occasions. Again, we have now spent a significant amount of time at this estimates debate this morning and at no stage have you asked one question about what happens if you are a health worker and you have been underpaid, what happens if you are a health worker and you have been overpaid, what happens in relation to assessments of particular things or what we propose to do in terms of the new system. Nothing at all has been asked about that. It just shows that, like the laziest opposition that you are, you did your homework on this. You did some work about three months ago and you have gone into hibernation since then, and that is a terrible, terrible thing. This report is about what governments need to fix up. But I say this: oppositions need to look at their own behaviour as well. I will call on my director-general because he may wish to add something. I answered the issues in relation to your questions before. I might just ask the director-general to add some issues.

Mr Reid: Yes. As you would be aware, on numerous occasions when I have been asked the questions around responsibilities for the payroll issue, I have accepted that responsibility ultimately resides in the department. I have accepted full responsibility of that. We have acted in respect of people who we felt over a period of time had major involvement in this. What we need to do now, as the Deputy Premier has spelt out, is to move forward to try to make sure that every person in Queensland Health deserves a fair pay and gets a fair pay and gets it on time and gets the right amount, and that is the sum and utter focus of our attention. So in accepting the responsibility I think the prime thing we need to do is rather than reflecting on the past, although obviously taking the very cogent recommendations of the Auditor-General to heart, the most important thing is to make sure that every pay that we pay is an

improvement on the past pay and also to ensure that the systems we have in place, particularly in terms of the SAP and Workbrain, are at the end of the day the appropriate systems for a complex pay like we have.

Over time we have continued to reduce the backlog of outstanding claims. You would be aware that we have now entirely removed our Lattice overlap and we have our other backlog down to something which is well under half of what it was at the start of this payroll period, and we reduced our zero pays down to something which was very much akin to what it was in the previous Lattice system. You would be aware the Auditor-General found that there was up to a 20 per cent work-up in repeats in some of the Lattice payments which was falling over over a large period of time. So the actual total focus of where we are moving at the moment is to continue that improvement. There are three things we are doing: firstly, to continue the improvement; secondly, to put in place those things which are business reengineering trying to improve the process; and, thirdly, to examine other options.

Mr McARDLE: I want to move on to the Queensland Children's Hospital, Minister, and you made the comment earlier that the hospital will combine the Mater Children's and Royal Children's. One of the issues that has been brought to my attention is that the new QCH will not have a hydrotherapy pool or services. That service deals with children who have limb reconstructions, acquired brain injury, spinal cord injury, oncology, neuromuscular conditions and connective tissue disorders. Given the critical importance of a hydrotherapy pool and given that the hydrotherapy pool at RCH will more likely than not be closed down, what are the plans to provide children with hydrotherapy services and, more importantly, where will those services be provided once the new hospital does open?

Mr LUCAS: I thank the honourable member for the question. I will call on Dr Peter Steer, the director of Queensland Health Children's Health Services.

Dr Steer: You are correct that in the planning process to date for the QCH we will not be replacing the current hydrotherapy pool at the Royal Children's Hospital. That does not mean that hydrotherapy services will not be available for children and youth for which that service is appropriate. You have outlined some of the diagnosis and problems that in fact would be appropriately met by hydrotherapy, but it is also important to note that almost universally those patients and families would be accessing that service in an outpatient capacity. It is essentially not an in-patient service. It is also important to note that as we are developing a philosophy for the Queensland Children's Hospital as a health service as opposed to a hospital we are not in any way suggesting that the scope of the hospital should have every service delivered underneath the roof of the QCH. It very much is a hub-and-spoke service that we are looking at. The two other things that fed into the decision to date to not replace the hydrotherapy pool are that there are a significant number of other hydrotherapy pools underutilised within the greater metropolitan area. In fact, looking at the activity to date, three patients a day was in fact the average use of the hydrotherapy pool at the RCH. It was a combination of decisions—three patients a day as of 2009. So putting all those things together, the decision is to look at providing that service. That planning is still in process but, yes, it will not be on site at the QCH.

Mr McARDLE: Thank you. Minister, staying with that particular point, if we assume the RCH hydrotherapy pool will be maintained, there are of course transport issues between QCH and the RCH, the time in travelling, staff required to travel and of course there are multiple occasions during one day when children may be required to undergo the service. I understand the PA Hospital hydrotherapy pool is adults only. Again, we have the transport issue, times and logistics. We have the parking issues regarding that hospital and also the renovations required. There are some community pools that do have the availability to be used, but of course they are not heated. So, Minister, could you explain exactly which pools will be used for hydrotherapy services once the new hospital is opened?

Mr LUCAS: I will ask Dr Steer to again make some further comments, but I will just make these comments about the hydrotherapy issue generally. I am not disputing the significance of hydrotherapy, though I am advised it is used on average for three patients a day. That is important for those three patients. Having said that, one of the things about hydrotherapy, particularly for kids, is that, I would presume, you do not use it unsupervised. So the fact that there are other hydrotherapy facilities that are available that may be adult ones does not necessarily mean that they are not inappropriate for children to also use. There is a hydrotherapy pool, for example, in my electorate at the Lota Police Citizens Youth Club and is used by a number of people, people who have been there for many years. That is used predominantly by groups such as the former Bayside Rheumatism and Arthritis Support Group. So these are in a number of places. As Dr Steer indicated, if the predominant use of hydrotherapy pools is in fact in an environment where they are outpatient, then actually having them where they are closer to children is in fact a better thing to occur. So both the PA and RBW have hydrotherapy pools with spare capacity, and I would expect then that that would justify their particular use. Dr Steer, would you like to add anything to that?

Dr Steer: No, other than the fact that we actually also do not plan our services related to a particular tool or utility such as a pool. So when we take a step back and look at the use of the hydrotherapy pool and the cohort of patients who would be accessing that, it really is, as you say, in the theme of a slow-stream rehab service.

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

Ms JARRATT: Minister, with reference to page 3-119 of the SDS in terms of meeting Queenslanders' healthcare needs safely and sustainably, could the minister please outline some of the challenges facing the future provision of health care and the need for innovation and reform?

Mr LUCAS: I thank the honourable member for the question. We have a complex, expensive, growing and successful health system but one that is forever costing more. I indicated in earlier statements about the dramatic increase in the number of knee and hip replacements. That is not because people's knees and hips have got worse between 1982 and 1995. The ever-increasing demand on us for cancer treatments is not because people are more ill; it is because people are better and therefore these are things that they do not succumb to. I should ask the Chief Health Officer how many died from the influenza outbreak in the First World War. The director-general tells me 19 million. If you look over time, death rates from major infectious diseases—and the AIHW report will have them and I will get someone to dig them out if I can—have massively plummeted.

The world is changing but one thing about health compared to anything else is that the world does not change in a way that is less expensive; it changes in a way that is more expensive. So the challenge for us is to then maximise those productivity gains that we have from people being better off. I do not think that governments as a whole have given enough attention to that.

Ten years ago, we had 80,000 renal dialysis treatments. Today, we have 180,000 episodes. In 1984-85, as I said, there were 32,000 hip and knee replacements; 12 years later, 72,000. So new cancers each year increased by 25 per cent in 1994 to 2004. The good news is breast cancer incidents. Whilst it has risen from 20 per cent in 1996 to 2006, mortality from breast cancer from 1993 is decreasing by 2.4 per cent per annum and between 1993 and 2004 it decreased by 22.8 per cent. I was elected in 1996. It was not that long ago. Shortly before I was elected until 2004 if you were a woman and you were diagnosed with breast cancer your likelihood of passing away as a result has decreased by 22.8 per cent. So this is good stuff. But the cancer rates will increase as women get older.

Health costs are rising faster than population growth. That is why health is so important to us. So what are some of the things that we need to do about this? Make more efficient and better use of our beds, patient flow strategies, e-health and telehealth so that we can make sure that we can do consultations. I was in Toowoomba a little while ago sitting down with an anaesthetist and a nurse having a telehealth consultation with someone in Dalby. Those are all things that can improve.

CHAIR: Member for Springwood.

Ms STONE: I just want to take this opportunity to welcome school captains from all the high schools in the Springwood electorate who are joining me here today. I hope they enjoy watching this session of estimates. With regard to page 3-123, can you advise how many extra beds the Queensland government's infrastructure program will deliver this financial year?

Mr LUCAS: I thank the honourable member for the question and I, too, welcome her school captains from her electorate. I think that is wonderful. I think it is a great credit to your school and your parents. Thanks very much for being here. We have a \$7.33 billion health infrastructure program over our forward estimates compared to New South Wales, which is a little more than two. So from the Torres to the Tweed we are expanding services and opening more beds. What is more, we are committed to building and opening new beds across the state. The AMA has called for 3,700 extra beds nationally. We will deliver 1,700 by 2016 and we have delivered more than 900 since 2005.

In 2009-10 we opened 99 additional new beds and 222 new acute hospital beds and bed alternatives are planned to be delivered in 2010-11: Townsville hospital, 40; Mackay, eight plus three bed alternatives; Rockhampton, 10 bed alternatives; Bundaberg 38 beds; Nambour General, 34, including four neonatal cots; the Gold Coast University Hospital, two neonatal cots; Robina, 20; the PA 31; and Eventide, 34 rehab beds. That is just in this coming financial year. Of course, you have the massive projects like the Gold Coast Hospital, for example, and Townsville and Mackay that are coming through the pipeline as well. Also, at COAG the federal government announced a further \$325 million for 270 subacute beds.

I would like to have a little chat about beds and bed alternatives because the member for Caloundra, in a spectacular own goal a little while ago, ignored what his predecessor who sits in parliament with him, Mike Horan, had said and ignored the fact that cancer and dialysis people often sit in specialist chairs that they do not lie down in and, therefore, must not count, according to him. I will just tell you what the bed definitions are. Available beds and bed alternatives are beds or bed alternatives that are exclusively or predominantly used for admitted patients immediately available for use, located in a suitable place for patient care and if nursing or auxiliary staff is available, somebody might occupy them—for example, renal dialysis chairs, chemotherapy chairs and ED trolleys. Trolleys are included because they need to admit patients to the ED but they also need to be moved around. You do not put a solid bed in an ED because you might have to move someone around to somewhere else, but it is still like a bed; you lie on it. It is a national definition.

Interestingly, we will go to that sage old bairn, Mike Horan, in his question on notice 372 of 1 May 1997—

Using numbers of beds to judge the adequacy of health services is an outdated concept. Best practice in health care is increasingly focused on the use of day surgery and other ambulatory care services and alternative overnight admission to hospitals. The critical question is the quality and quantity of services provided and not the number of beds.

So the average length of stay for admitted patients in public hospitals in 2007-08 was 3.4 days. Thirty years ago it was 10.9 days. So we make better use of those beds that we have as well.

Mrs ATTWOOD: I refer to page 3-126, 'Prevention, Promotion and Protection', and I ask the minister to advise what the state government is doing to protect Queenslanders from the Hendra virus.

Mr LUCAS: I thank the honourable member for the question. This financial year, the Office of Health and Medical Research will invest \$7.45 million to support Queensland's medical researchers. Further, the department of employment and economic development is expected to invest over \$160 million through programs such the Smart Futures Fund and Agri-Science Queensland. So we have a collection of world-renowned, independent university research institutes that every year attract millions of dollars in research funding and grants. In fact, a little while ago I had some clinical researchers from the United States who came in to see me in my office in this building and they were just remarking on the level of medical research that takes place in this state and the opportunities for us now to convert it to clinical research and the like, which Queensland Health is very, very serious about doing.

I am pleased to advise the House today that the state is contributing \$300,000 to the Australian Institute for Bioengineering and Nanotechnology at the University of Queensland for production of a monoclonal antibody for use as an experimental Hendra virus treatment for humans. Researchers and infectious disease experts hope that the new therapy will improve the survival rate for people exposed to the Hendra virus. I want to make it clear that the monoclonal antibody remains an experimental drug. Encouraging advancements have been made in developing the antibody and the grant will greatly assist researchers in their efforts. It is important that we are able to produce this locally and it is great to see Queenslanders at the forefront of research once again.

Hendra virus is not common, but the effects of it can be devastating. There is still a lot that we do not know about it. Since 1994, there have been 14 outbreaks in Queensland. Seven people have contracted the virus after contact with infected horses, with four of those human cases resulting in a fatality. There is some evidence to suggest that the treatment with a monoclonal antibody before symptoms occur may prevent people from developing symptoms of the virus. So the mother and daughter in that Tewanin outbreak who were in closest contact with the infected animal accepted Queensland Health's offer of receiving monoclonal antibodies, but they came from the United States. So far, we are waiting on one result of the third and final round of testing—is that correct, chief? Yes—to be able to give the last of those 12 people the all clear. It is not a vaccine, but it is developing an antibody that maximises a person's chances of survival. Additionally, of course, you would be aware that there is work being done to produce a horse vaccine against Hendra virus.

There are two other matters that I previously indicated that I wanted to clarify. The dental issue in Gladstone, I might ask my director-general to deal with.

Mr Reid: The question was the extent to which there might be some increase in dental services at Gladstone. We have checked on that. Three things I can say—

Mr LUCAS: Might he have an extension?

Mrs ATTWOOD: Yes.

Mr Reid: There are currently three chairs there. So we are increasing the number of chairs to five. That will allow a lot more services to be done. There is a dental therapist who currently works part-time in the school who is now going to work as a dental hygienist and that will put a dental hygienist back into the clinic itself. So that will increase the dental hygienic services. There are three dental positions, two of which have been filled and one is being sought now for it to be filled. But most importantly—and this goes to the long-term sustainability of dental services in Gladstone—those extra chairs enable an additional number of students to come to provide dental services. As you know, often the great attraction to people deciding to reside in rural and remote areas is the fact that they get there early. So we will be bringing a number of students in to those chairs, who will work under supervision to the dentist.

CHAIR: Thank you. Deputy Premier, with reference to page 3-119 of the SDS in relation to the Queensland government's continued commitment to promoting and protecting the health of all Queenslanders and the prevention of ill health by supporting healthy behaviours and lifestyle choices, can the minister advise what the Queensland government is doing in response to the rising rates of diabetes, particularly, I think, as it is National Diabetes Week?

Mr LUCAS: Yes. I have been a naughty boy, I left my badge at my ministerial office. I should again recognise that the Diabetes Week theme is, 'Don't be the type to leave it too late'. The Queensland government has a strong partnership with Diabetes Australia—Queensland. It is working closely to encourage Queenslanders to think about their risk of developing type 2 diabetes in this National Diabetes Week.

In 2007, it was estimated that 50 new cases of diabetes were diagnosed in our state each day but, if current trends persist, by 2031 the numbers are expected to have tripled to about 160 new diagnoses each day. It is really interesting when you find out a little bit about diabetes. There are a couple of observations that I would make about it. First of all, there are ongoing knock-on effects that happen as a result of diabetes, and I mentioned them earlier in the estimates debate. I think they are important. You can get other things as a result. So it is a really important condition to deal with. Secondly, one of the ways that people can—manage is not the correct word—mismanage their diabetic condition is if they run their blood sugar too high. If it is too high they can still function but do tremendous damage to themselves on a long-term basis. If you run too low you will go into a hypo and then pass out and you can ultimately die, but if you run it too high then you can actually—and I hope I have those the right way around—do yourself tremendous long-term damage. Have I got it the right way around?

Mr Reid: Yes.

Mr LUCAS: Yes, good. Thank you. So it is very important that we educate people about these things. The other thing is things like diet. You do not have to eat tofu or something or other to deal with diabetes. You look at people like Michelle Trute from Diabetes Australia who has done great cookbooks about it. It is not a sentence of difficulty for the rest of the family to live with someone who is a diabetic, frankly. Two hundred and fifty thousand Queenslanders are known to have type 2 diabetes and another similar number probably do not know that they have it yet. Yet more than 60 per cent of the cases are preventable. Through the Queensland Strategy for Chronic Disease 2005-15 and through Q2 directions, the Queensland government remains committed to making Queenslanders Australia's healthiest people. We are spending around \$511 million on chronic disease and health promotion in the 2010-11 financial year, which includes a range of programs and initiatives that contribute to diabetes prevention. This includes positions to support nutrition and physical activity programs, such as Lighten Up and Living Strong, social marketing campaigns to raise community awareness about the importance of healthy choices, like Go for 2&5, and innovative service delivery models such as telehealth and telephone based on self-management support, like the Coach program that uses 13HEALTH. Additionally, the Queensland government funds a range of non-government organisations, for example, DAQ and general practice, to develop and deliver diabetes prevention. Can I just put a plug in for General Practice Queensland. It is a great organisation, as is DAQ. Of course, the federal government also has a role in terms of primary health care.

CHAIR: With reference to page 3-121 of the SDS regarding the Priority Capital Program, can the minister outline how this is impacting on the Darling Downs-West Moreton region?

Mr LUCAS: Yes, I thank the honourable member for the question. We have nearly doubled our Health budget in recurrent terms to \$9.99 billion in 2010-11 from \$5.1 billion in 2004-05. Our big capital program—\$7.33 billion—will deliver 40,000 jobs. In Toowoomba, we have the birthing centre to provide new birthing services at Toowoomba Hospital—two new birthing centre suites on a midwife model of care. The Premier is absolutely passionate about it, your local community is passionate about it, I am passionate about it. I think it is great. You are passionate about it. Everyone is passionate about it. I think it is wonderful what they are doing up there. That will open very shortly—about August; in a month or so. The emergency department transit lounge—a \$2 million 2009 state election commitment—is a new transit lounge for patients waiting to be discharged or transferred to Toowoomba Hospital. There is a new discharge lounge for up to 12 patients that will include patient flow through the ED as well. So if you are in the discharge lounge and if someone else needs to be admitted to a bed they can be admitted to the bed. The regional cancer centre—I spoke about that before. The federal government put in 9.55; we are providing 33.11. Federal governments are interesting. They buy the toy and then we have to put batteries in it all the time and the batteries cost more than the toy. But anyway, it is still important. We will provide 12 beds for medical oncology and haematology services and 12 beds for palliative care at Toowoomba Hospital. In the oncology day unit, activities will expand to provide an additional four chemotherapy chairs.

One of the other reasons that I think that investment in Toowoomba is really good is that it is a university city. So it has that throughput of university students training in the health sciences in there as well through USQ.

The proposed expansion is to develop a new child and youth mental health unit and also a separate facility to the adjacent acute mental health unit. Similarly, we have our capital in Ipswich, including \$122 million to increase the capacity by 90 extra beds in key areas by the end of 2016 and \$6.7 million expanding the ED for paediatric services. When completed, the expansion will provide 90 beds and 12 paediatric emergency departments, expanded medical imaging, a dedicated paediatric ED area and three dedicated paediatric outpatient waiting rooms. I might just ask Tony O'Connell to fill in some further information about ICU that I think I said I would take on notice but can deal with now.

Dr O'Connell: As at May 2010 there are currently 191 ICU beds, including eight at the Mater, available across the state. This includes two new beds opened in the recent financial year at Princess Alexandra Hospital, two at the Prince Charles Hospital and one at Gold Coast Hospital. Of course, ICU beds are the most expensive beds that Australian public hospitals operate and so it is important that we both plan appropriately and use the beds efficiently.

We have developed service planning benchmarks which have identified that an additional 58 ICU beds are required by 2016, so we will be bringing on a total of 92 ICU—including paediatric ICU—HDU beds over the years to 2016 including 12 at Cairns, 13 at Townsville, 11 at Mackay, 10 at Queensland Children's Hospital, 38 at the Gold Coast University Hospital, four at Robina and four at Ipswich.

With regard to the efficient use of the hospitals, we have developed an ICU patient flow occupancy indicator as part of the broader Queensland Health patient flow strategy, which monitors the capacity of 17 Queensland Health public adult ICUs, enabling early awareness and therefore early implementation of strategies to minimise access block to the ICU.

CHAIR: With reference to page 3-125 of the Service Delivery Statement in relation to meeting Queensland's healthcare needs across the state safely and sustainably, can the minister advise how the Queensland government is supporting our rural and remote health workforce in providing services to Queensland patients? You have less than a minute.

Mr LUCAS: Well, I had better be pretty quick, then. First of all, the unfortunate past freeze federally on medical places is something that Australia has paid for very, very dearly. Queensland will go from 250 interns in 2005 to 556 this year and 644 next year to grow our future medical workforce. There have been 600 doctors employed outside South-East Queensland since 2005. We have got our rural generalist pathway, our rural scholarships, which are all about encouraging people. One of the things that RDAQ wanted was the establishment of Queensland Country Practice, which we have given a commitment to. In regional Queensland it is about sustainability. We want to support our doctors in that sustainability.

Mr McARDLE: Minister, I take you to pages 3-127 and 3-128, the ED performance indicators, and table a copy of the ED status report for February 2010 for the full month as well as a 78-page document that we obtained from the QAS in relation to six hospitals. That document covers texts or emails sent to QAS drivers advising when hospitals are either on bypass or they are on extreme capacity.

Logan Hospital shows one day that it was on bypass. The documentation we obtained from QAS shows 16 days in February 2010 that Logan Hospital was on bypass. There is a critical difference between the two. When are we going to get accurate reports on ED bypass status?

Mr LUCAS: The first thing I would do is never take anything that you tabled as gospel without having the opportunity to read it. If you table an 82-page document, how can I have the opportunity to validate that prior to providing the answer? So, again, you have no intention of wanting to seek the appropriate answer when it comes to this issue.

I will indicate, though, that in relation to our emergency departments we have had a 23 per cent increase in presentation since five years ago. I have indicated on a number of occasions here to members the massive increase in expenditure in emergency departments that we are actually making—the recruitment of nurse practitioners, for example, to assist in those things, patient lounges and the like.

When one actually has a look at the figures, as at May 2010 the target of 100 per cent of category 1 patients treated within the recommended time was met. In relation to category 2, 81 per cent were treated in the recommended time. The target was 80 per cent. We exceeded it. In category 3, less serious cases, we did not meet the time there. We got 61 per cent and the target is 75 per cent. For category 4 we achieved 66 per cent while the target was 70 per cent. That was not met. In category 5 we exceeded the target. We got 88 per cent treated within the recommended time. The target was 77 per cent.

I will get Mick Reid to talk further about the collaboration with the Queensland Ambulance Service. I will get him to deal with category 1 emergency patients when it comes to hospitals.

Mr Reid: The Ambulance Service and Queensland Health have been working over the past three or four months to try to get an improved relationship between us around the access of ambulance services and to reduce the incidence of ramping which has occurred. We are putting in place a number of strategies, some of which are quite innovative throughout Australia and indeed the world, which we hope over time will reduce some of the pressures at some of the key hospitals. One of the things we are doing, for example, is—in a number of hospitals now we are increasing the capacity of this—putting ambulance officers within the hospitals who are working within the hospitals. And now when a car pulls in or an ambulance pulls in if there are two of them, often that ambulance officer can deal with both of those groups, as long as they are not a serious case themselves, while the ambulance actually goes off and does other work. So that is quite an innovative strategy.

We are actually putting cameras throughout all our major emergency departments so the cameras can actually see out into the ambulance bays so that we can get an assessment of how many ambulances are waiting. We are also putting arrival boards into a number of the emergency departments. So for the first time there is good communication between the Ambulance Service and the emergency departments about planning arrivals so that we know when they are coming rather than them suddenly turning up at the door.

Mr McARDLE: Staying with Logan, the data reveals that on 35 occasions in February this year the ED at Logan was on bypass or extreme capacity alert—a total of around 148 hours. Let us look at the reasons for some of this: 16 February 2010, six ambulances ramped; 19 February 2010, five ambulances ramped; 23 February 2010, four QAS in corridor, four ambulances ramped, two hours off-load time. This is critical data that should be gathered by Queensland Health and acted upon. Can you advise: will we now see a proper reporting of the bypass and extreme capacity in our hospital system across this state as opposed to a snapshot picked at 10 am in the morning?

Mr LUCAS: Coming from you crowd, a question about reporting in hospitals is the greatest joke I have ever come across. This is an extremely serious matter, yet you are people who reported on nothing. It is not as if at some theoretical time in the past your deputy leader was in parliament and a minister at that time. You sit in parliament with your former health minister and you have the bald-faced cheek to come in here and criticise the government. Almost every six months we are reporting more and more and more and more. I am happy for us to report more and more information, because it is part of the process of accountability. When you get that information you mislead people with it. So you do not even use the information responsibly. We will continue to report more and more and more. Mike Horan in the past talked about bed alternatives and the fact that nationally they are reported, so you go out and stick out a media release about it trying to mislead people.

You do not have, and you have demonstrated that you do not have, the responsibility and you certainly do not have the wherewithal—you showed that on the Madonna King program the other day—to actually use data appropriately and responsibly. Having said that, the community do have an interest in these things and that is why we put that information out there. That is why we make that available out there. But you will never be satisfied until you get any piece of information out of a thousand pieces of information that is negative to then create a negative impression about what is happening.

I say this about Logan Hospital: Logan Hospital is a hospital that has significant pressures on it. I tell you now: our staff at Logan Hospital work jolly hard and under difficult circumstances with that pressure and growth in that area. One of the problems we have had in the past with recruitment in Logan Hospital is the fact that people like you spend their lives trashing it. I have had a gutful of people doing that to Logan. It is a wonderful community. We are spending big money down there: \$84 million over four years. With the growth there in the future, I want to make it a real area that we are giving absolute concentration to because I think it is a wonderful part of the community where there are working people. Our investment in the ED is very, very significant, as is our investment in EDs across the state. I am told that in Logan the category 1 average wait is less than a minute. And do not forget that if an ambulance is ramped the triage nurse goes out to actually triage someone there. So no-one who is a category 1 person is obviously in an ambulance ramped and the like. We have ambulance paramedics in them. But it is about time you gave Logan a fair go—\$48 million in expansion and \$95 million in COAG funding.

Mr McARDLE: First of all in relation to Logan Hospital, yes, doctors and nurses do a fantastic job. After 12 years in government you would have thought you mob would have got it right. Let us move to RBH and the ED situation there in February. That hospital ED in February was on bypass and extreme capacity for a total of 134 hours, based on that data. Some of the details in relation to why it was on bypass or extreme capacity were ambulance ramping, 61 in department and 24 inpatients, lots of patients in corridors, four ambulances ramped. On 3 February 2010 inpatient access block, 64 patients in department, six ambulances ramped. These are shocking figures. Do you acknowledge that they are shocking figures and that after 12 years in government these figures continue to get worse and worse?

Mr LUCAS: Again, they do not get worse and you know that they do not get worse but again you will mislead people. We have the third shortest ED waiting times in Australia. We have a capital works program that is massively bigger than other states. I am advised that less than 10 per cent of the time between February and April was RBWH on bypass. In May, for example, our ED reports report that for category 1 patients the target was met across Queensland, the category 2 target was exceeded and the category 5 target was exceeded. But you will, of course, pick one day because that is what you do and you do it every time. I have never seen you acknowledge that most of the time this is not an issue. You do not even have the grace to do that. It is the most rudimentary arguing ability that you have that you cannot even do that. You actually make concessions when you want to make a valid point. You never do that. You would never concede that you get proper levels of treatment at RBWH. I have been in RBWH when it was busy. I have been in RBWH when it is not as busy. What I say is this: when you go from, for example, in 2005, 250 interns to 556 this year to 644 next year, when you actually spend the amount of money that we are in EDs across the state, you are making a serious and demonstrated commitment.

The other thing that we need to do—and of course you have fought this tooth and nail—is work further with the Commonwealth government, because some of the growth in admissions in our hospitals is in the lower acuity categories. I just told you that we are meeting and exceeding category 1 and 2 targets—the real emergency ones—but because people in the past, including John Howard, did not increase the number of doctors in our universities it is difficult for many people that you and I represent out in the community to get and see a doctor. It is even harder for people like Liz Cunningham in Gladstone and Jan Jarratt in Whitsunday to get and see a doctor. You totally ignore and have never, ever once acknowledged the responsibility of federal conservative governments for that. I am happy to acknowledge the responsibility of both conservative and Labor governments federally—past Labor governments federally—in relation to that. That is also a part of addressing this issue.

It is a multifaceted thing. We have the issue of aged care in terms of throughput, we have the capacity of emergency departments, we have the capacity of people seeing general practitioners and those sorts of things, and we have the issue of managing chronic diseases. That is why our budget is increasing so significantly, but you continue to pick a statistic on a day, as if you are on *BP Pick A Box* picking a packet, except you only want to pick the one that suits you and mislead people about the nature of our health system.

Mr McARDLE: Staying with the documentation, in February this year Caboolture Hospital was on bypass or extreme capacity alert for a total of around 99 hours. There are some reasons for that. On 16 February 2010, the primary reason was volume overload, department full, four patients awaiting admission to ward, six ambulances ramped; 2 February 2010, volume overload, all ED and resus. beds occupied, two ambulances ramped; 8 February 2010, volume overload, all bays and resus. occupied, patients cannot be off-loaded, three ambulances ramped. Minister, again those are more statistics that go to the core that show the real state of our EDs in Queensland. The document that you publish at 10 am each morning is misleading to say the least. Will we now get a proper recording of bypass and extreme capacity alerts across the state on a daily basis, as the people of Queensland are entitled to?

Mr LUCAS: Interestingly, if the roles had been reversed in 1996 to 1998, I would not have been able to ask this question of the honourable member if he was health minister, because that information would not have been collated and it would not have been released. What a delicious irony that he has the bald faced cheek to put that to me.

Again, of course, he has selected a number of our hospitals that I fully concede are hospitals that have significant pressure on them. Logan and Caboolture in particular are in growth areas. I am told, for example, that on the May 2010 published figures in category 1 the average wait was less than one minute. The category five average wait was 29 minutes, which was up from 26 last month. The average wait was 30 minutes across all categories, one to five, which is down from 39 last month despite an 11.1 increase in presentations. Less than five per cent of the time Caboolture is on bypass, but again the honourable member picks his statistics for the time that suits him. He will pick February, then he will pick January, then he will pick March or then he will pick August. What I try to do is pick similar things, so when we have the quarterly hospital waiting lists, normally you compare the quarter this year with the quarter last year. He will do that if it suits him, or he will compare the quarter this year with the quarter of the year before that. He has no credibility when it comes to his ability to deal with these things. We put this data out proactively. In fact, I think we issued a media release with the 1 May data. Similarly, we have a right to information regime that is extraordinary. In fact, I forget how many extra applications the opposition has done—I will get that in a minute—under the new RTI regime, which of course was something they never wanted to do.

In relation to Caboolture, since 2005 we have had significant increases in staffing with 14 medical and 11.9 nursing. We have a number of service strategies to assist in throughput: the nurse practitioner model in the emergency department, the opening of the fast-track dedicated area within the current ED in April 2010, the implementation of the blue team within the ED opened for the last 18 months and significant increases in the budgetary expenditure as well. We will continue to fund, on a statewide network, important improvements in our emergency departments. No-one has a building program like us. It is about addressing them.

For interests sake, in 2008-09 the opposition put in four RTI applications and 48 in 2009-10. Do not complain about the information you are getting. You are getting more than you ever would have dreamt if you were us.

Mr McARDLE: Minister, I table the ED monthly performance reports for July 2009 until May 2010. That document contains different segments. One of the group is group 3. If a segment has a colour matching group 3, it is 'significant change, recommended review'. I table that document.

We FIO'd what documentation exists in relation to the review. It says this: by providing the data in this format back to staff on the frontline, it is anticipated that two things will happen. The first is that the departments will concentrate their efforts to improve data quality to accurately reflect performance. That is fine. Secondly, where it is identified that performance is deteriorating, implement local strategies to improve the situation. However, in relation to this report there will most likely be no formal documentation relating to a departmental review. What we have here is a Queensland Health

publication that recommends a review be undertaken, but up until—and I make this point very clear—I think it was February or March, no documentation exists indicating any review was undertaken, even though it was stated a review should be done. Can you explain why?

Mr LUCAS: Again, you complain about RTI access to documents and then that there are not more RTI documents to access. I think that is quizzical. The commitment of this government to improving patient flow is absolutely paramount. I will get Tony O’Connell to talk about some of the things that we are doing in terms of patient flow. We are working very closely with our clinicians, including people such as our surgeons, oncology emergency medicine members and nurse practitioners. I have been to meetings of the statewide clinical network for emergency health practitioners and seen their commitment to what they are doing there. In fact, they tell us that their commitment to statewide clinical networks at the present time is one of the things they are concerned about. They say, ‘Please do not be part of this Commonwealth local health networks or do anything about reducing the opportunity to do those at a statewide basis.’ I will get Tony O’Connell to talk more about what we are doing to improve that throughput at a clinical level.

It strikes me as funny that you produce documents that you say support an argument about us needing to do things and then you say, ‘Oh, but you are not producing documents to support an argument about you needing to do things.’ That strikes me as very odd.

Dr O’Connell: The document that the honourable member refers to talks about the fact that data needs to be reviewed. This data is supplied by busy clinical staff who are currently trying to service the most critically ill patients as they are coming through the door of an ED. Clearly, sometimes there are inaccuracies when staff are under pressure to both complete data and to service the patients. The reference there is for the need for the data to be appropriately looked at if it does not match expectations. It is inappropriate to ask the staff to perform even more data cleansing activity, which would be clearly inappropriate.

With regard to what we are doing in terms of improving patient flow, we have established a patient flow strategy that the Deputy Premier launched in March, which is assisting hospitals across the state in diagnosing what their current constraints are in delivering smooth patient flow across the continuum of care. It provides tools through a website available to staff to identify what their constraints are, to assist them to design new solutions to improve the flow of patients and to implement strategies that will be both sustained and spread. It is one of the elements of the Auditor-General’s report tabled in parliament last year that we have pockets of excellence, but we can do more in terms of spreading the successes that we already have and that is the intention of this strategy. The strategy includes three dozen new models of care.

Mr McARDLE: Minister, Dr O’Connell is right: I am not questioning the capacity in relation to improving data performance; I am questioning the capacity that reports are not provided in relation to what is happening in the ED and how it can be made better. Can the Minister explain why this system is not being followed when clearly the reports indicate there are significant changes, and that is why they are group 3, and a report or a review is recommended? As I understand it, not one of the 1,600 group 3 has ever had a recommendation acted upon in relation to departmental documentation existing and we are seeking original documentation.

Mr LUCAS: Dr O’Connell?

Dr O’Connell: There is no documentation of what has been done. Of course, the whole patient strategy is a statewide strategy that is enacting all of these individual pieces of work across the entire state. As I was saying at the end of the last question, there are 36 new models of care that are examples of excellence in how things can be done, which we are spreading across the entire state.

CHAIR: Do you need more time? Is that agreeable to you?

Mr McARDLE: No. I am finished.

CHAIR: We will move on. The member for Mount Ommaney?

Mr LUCAS: Is that the conclusion of that round?

CHAIR: It is.

Mrs ATTWOOD: Deputy Premier, with reference to page 3-122 of the SDS, what has the Queensland government done in response to H1N1, otherwise known as swine flu?

Mr LUCAS: I thank the honourable member for the question. While I am here I will table the ministerial media release dated Friday, 2 July, 2010. The government kept such a big secret about bypass issues where we said, for example, Logan Hospital and PA were able to share demand with other nearby hospitals by going on bypass for less urgent patients up to 15 per cent of the time. We actually quoted it. It was such a big secret, it went out in a media release. That is how secretive we were about it. I will table that document.

The pandemic H1N1 2009 human swine influenza is a novel virus never before circulated among humans. The first reported case was in Mexico in April 2009 and the first detected case in Queensland was in May 2009. As of 27 June, worldwide more than 214 countries and overseas territories or communities have reported laboratory confirmed cases, including 18,239 deaths. Australia has 37,737

laboratory confirmed cases and 191 deaths as at 25 June. We need to express caution with the laboratory cases figure, because it can be mild in most people and many people will not actually have been tested. Ultimately, that happens when they get to the second stage, so they are not routinely being tested for it. In Queensland, there are 11,990 laboratory confirmed cases and 41 deaths as at 30 June. Since 1 January, we still have influenza A circulating.

Children under five years with H1N1 have the highest risk of hospitalisation. The highest risk of death due to H1N1 is in young and middle aged people, but the highest risk of death from seasonal influenza is different; it is in the elderly. As with seasonal influenza, children and adolescents are believed to be the biggest spreaders of the influenza. The government has been proactive with our response to the first epidemic of swine flu. Hospitals prepare for higher than average presentations during flu season. We always have that. There were over 41,000 emergency department presentations for flu and winter symptoms between April and October 2009, compared to 15,000 for the same period. There were 1,200 admissions to hospital and 160 intensive care unit admissions. In the past, the Chief Health Officer has been very active buying ventilators and the like so we can increase our capacity, because in many instances people require ventilation. Off the top of my head, I think she brought an extra 50. Is that right, chief?

Dr Young: Fifty-five.

Mr LUCAS: She exceeded expectations. We had them available to provide that extra service. Of course we still own them, so they are still available for us to use. Importantly, what we have this year that we did not have at the height last time are the vaccinations. There is an issue at the present time with the juvenile vaccination for seasonal flu, but I am advised not for juvenile H1N1. I have had the H1N1 and the seasonal flu vaccination. They are very important. We have had 804,795 vaccinations reported in Queensland by public and private vaccine service providers, and 103,536 have been administered to over 50,000 children by 17 flu clinics. Might I seek an extension, Mr Chairman?

CHAIR: An extension is sought. It is up to the member.

Mrs ATTWOOD: Yes.

Mr LUCAS: Of course, we want to highlight our school based weekend clinics. I do not know if any honourable members here have managed to get to them in their electorates. I had one at the Brisbane Bayside Secondary College in my electorate. Mums, dads and kids can line up and get a shot at no cost. When you have about 804,000 vaccinations reported in Queensland, that is about one-fifth of our population. You would hope with all other things being equal with swine flu that we will see significantly less this winter. We are just starting the season now. Having said that, it is a fact that if it is not one flu it will be another flu. It is always a pressure issue with us.

Ms STONE: Deputy Premier, there has been a lot said about the Logan Hospital this morning. I just want to put on the record that I have seen it firsthand and that my people certainly use the Logan Hospital. They do wonderful work. As an observer of a night shift with the ambos, I saw the challenges that not only the ambos faced but our hospital staff faced. I regularly get praise for that hospital just as I regularly get requests, and those requests are listened to. If we look at page 3-121 of the SDS, we see that that is happening not only at Logan but at our emergency departments around the state. I would like you to tell us what the government is doing to improve waiting times in our emergency departments.

Mr LUCAS: Logan has the third busiest emergency department in Queensland. I should just acknowledge—and I think this is a very good thing—that one of my new deputy director-generals, Prof. Michael Cleary, who is here somewhere—

Mr Reid: The bald one.

Mr LUCAS: The director-general said, 'The bald one,' which (a) is offensive and (b) does not sufficiently identify him amongst others, I think. He has extensive experience at Logan Hospital himself. As a former planning minister, I know that those growth areas are very important for us to be integrating the rollout of hospitals with what we are developing in the community. That is why we have invested \$48 million to upgrade the emergency department. These funding allocations will build on previous commitments—25 mental health inpatient beds and an expanded ambulatory care services building at Logan.

One of the things that I have said to people repeatedly that has to change—and it is changing in Queensland Health—is how we build campuses in outer urban areas and regional areas as well. What has happened in the past—and Cairns is a classic example, or Mackay or, frankly, Logan—is that because it was cheaper they would build buildings of one floor or maybe sometimes two but once they expand to a certain level you have to go back and knock them down. What we are going to do in this planning is that I have said to my department that I want to know what it is going to be like in 20 and 30 years time. If you look at the Gold Coast University Hospital, you can point out where the additions will be. That is the important thing with Logan as well.

The 2009 *South-East Queensland paediatric planning report* identified Logan Hospital as one of the greater metropolitan sites to be expanded in a hub-and-spoke service model for the new QCH. At the end of the March quarter, 278,760 people presented at Queensland's largest EDs. This was a 3.1 per cent increase on the March quarter 2009. This includes 15,250 attendances at Logan alone.

Despite increased ED presentations, Logan continues to perform well, with the average wait for category 1 patients less than one minute and category 5, 42 minutes. As I have said to the honourable member for Caloundra before, you can point out specific incidents where you will have ramping or bypassing—and that is to be avoided; I do not dispute that at all—but the average figures give you a pretty good picture of what it is for most of the time. But we need to continue to do that work.

The state of our public hospitals report June 2010, the national report which compares us against others, shows median waiting time improved from 28 to 25 minutes between 2007-08 and 2008-09. The percentage of presentations seen within the clinically recommended time improved from 63 per cent to 66 per cent between 2007-08 and 2008-09. That is why it is so important to spend money on building things in our hospitals, patient flow, staff, fabric of buildings and the like.

CHAIR: Thank you, Minister. On pages 3-120 and 3-121 of the SDS, I note the Queensland government's commitment to providing \$16.5 million over four years to Children's Hearing Services. How will this funding realise the Queensland government's investment in universal neonatal screening?

Mr LUCAS: I thank the honourable member for the question. It gives me an opportunity to develop a bit further the point I was making earlier about Hear and Say and the like. We expect now that every child who needs dual cochlear implants will receive them under our new initiatives in the 2010-11 budget. Hear and Say, which I mentioned before, provides auditory-verbal therapy. It is not the only body that provides it. We have a great team in the public sector who provide cochlears as well. Together everyone does a great job there. There is \$16.5 million over four years. Amongst other things, it will double the number of publicly funded cochlear implants; provide an additional 22 implants every year after 2010-11; and ensure that every child with a cochlear will receive appropriate and timely follow-up therapy to ensure that their speech and language outcomes are optimised.

For children with permanent hearing loss, early intervention can make all the difference. There are two major technologies or methodologies: auditory-verbal therapy, which focuses on listening and talking, and they do not allow sign language—that is the Hear and Say model; and auditory-oral method with sign support, which is a combination of aural and/or visual communication methods. That is needed because up to 40 per cent of children with permanent hearing loss have other disabilities. It may be that they are not able to speak for other reasons, so that is why you need to have both available. And, for some, hearing aids or implants are not successful. That is a very small proportion, an extremely small proportion. However, it is still important.

Queensland funding for both post implant therapy will offer all options. The cost of untreated permanent hearing loss at birth is estimated at around \$1.14 million a child over a lifetime. So think about what not only from a social justice point of view we are achieving for these kids but from an economic point of view we are achieving for them. In the past if their hearing issues were not addressed they may not have been able to have the same level of educational achievement. They will now be able to compete as equals in the educational stakes and be paying taxes, be doing this that and the other thing. I think it is a wonderful case of good policy.

Since 2004, our screening program has screened over 289,000 newborn Queensland babies—some as young as six hours old. We spend \$9 million each year for newborn screening. We have exceeded the national benchmark, with more than 98 per cent of our babies being screened within 30 days of birth.

I would like also to acknowledge the work that Dr Chris Perry and his colleagues do in Indigenous hearing—for example, his Deadly Ears program. I should say, Mr Chairman, like the Speaker, he has the misfortune of being a St Laurence's boy, unlike you and I, who are Villanova old boys—arch rivals. Chris Perry and his team are doing a wonderful job in Indigenous hearing. Again, that is not because kids are born with hearing issues, but for various reasons hearing deteriorates and that, again, is an equity and education issue over their life.

CHAIR: Thank you. Member for Whitsunday.

Ms JARRATT: Minister, if I can just divert from protocol for a moment to endorse your comments about the cochlear implant. I recently met an eight-year-old girl who is profoundly hearing impaired but they did not realise until she was three years old. But with that implant she is now getting As at school and is living a really wonderful and normal life. So I just endorse that program. I now refer you to page 3-121 of the SDS and ask you to outline the range of new and expanded health services across the Sunshine Coast.

Mr LUCAS: Thank you. I have been up to the Sunshine Coast a lot as the health minister. I have very much enjoyed my interactions with the community on the Sunshine Coast. I have enjoyed the work that I have been doing with the CEO on the Sunshine Coast, Kevin Hegarty, in relation to the work in particular with the clinicians up there. One of the problems about the Sunshine Coast is that it has its fair share of people who want to take political pot shots and critics, but it is also important to remember that it has a hell of a lot of people who want to work constructively to get some really good outcomes.

I had a great meeting with the Sunshine Coast Division of General Practice the other day. It was a fantastic meeting about some of the initiatives and things that they see as important. That is what makes it worthwhile when you are health minister—meetings with the clinicians on the Sunshine Coast in terms

of rolling out the \$111 million worth of operational funding and \$26 million of capital funding to ramp up services at Nambour ahead of the opening of the Sunshine Coast University Hospital. These services were never going to happen until the new hospital was built. But by talking we have actually got services earlier than we would have even under the original proposal for the university hospital—the cardiac catheterisation lab at Nambour, the vascular procedural suite, the implementation of a sustainable radiation oncology service. All of these things will roll out ahead of the Sunshine Coast University Hospital.

The Nambour Hospital is going ahead of schedule. What that means is that for people in Brisbane, for example—and Keith McNeil can tell you this. He and his people do a great job for us. I am very blessed. On the north side I have Keith and on the south side I have David, and they are all doing a fantastic job. I have Adrian on the Gold Coast and Kev in the north. I will stop now because I am doing a Con Sciacca—you thank everybody except you forget to thank someone and you get in trouble. What it has shown is that we can work with people to get these services delivered. Having these services on the Sunshine Coast will mean that people on the Sunshine Coast will travel less. So you then have a benefit from extra services for people in the northern suburbs of Brisbane—just like the Townsville-Cairns model. So that is great news.

We will purchase public beds from the private hospital—70 in 2013, increasing to 110 the following year. So there will be more public beds sooner than what was announced originally. We have two leading providers—Ramsay and Healthscope—short-listed for the private hospital. I cannot comment any more about that, but they better have sharp pencils that is all I am saying, because we think the Sunshine Coast is a prime market for private hospitals, particularly one to be located next to a university hospital. We will start construction of the new interim services that I indicated earlier next year as we can move people out. I was also in Caloundra recently at the lovely nursing home that we have just opened there. I met Brownie up there; she was a lovely lady.

Ms STONE: In relation to page 3-119 of the SDS, can you please explain how Queensland has performed in addressing the cohort of long wait patients under the national agreement?

CHAIR: Minister, can you try to limit your answer to about a minute and a half to restore a balance of time?

Mr LUCAS: Okay, I will do that. I will be very, very quick then. The Rudd government in 2007 released a progress report on patients who were identified as waiting too long for elective surgery. There were 9,000 Queenslanders who had waited too long. Of that group, there are only five waiting to have that surgery—four are booked this month and one is not able to be operated on due to ongoing specialist consultation for the complicated nature of their treatment. These are real people who have now received their treatment.

What we have tried to do under Tony O'Connell—and I want to thank Tony and people like him and Russell Stitz, who have done wonderful work with our doctors, nurses and allied health professionals to manage the throughput. We should not have people waiting more than 12 months for surgery. It is just not good enough. This is a mathematical exercise as much as it is a surgical exercise. By simply looking at how we schedule patients—if one year is the recommended time for a category 3 operation and someone goes from 60 to 61 days, that is not a significant change to them for a category 3, but if it means that someone who is going on two years gets within a year that is a big thing for them. The whole issue about sharing that information and making sure that we are out there talking to our clinicians about that makes a real difference. More and more we will do that. That will be part of the performance requirements on our CEOs in our districts to make sure that they are managing this as well. I am pleased to say that we are getting great cooperation.

CHAIR: Thank you, Minister. That concludes the government questions. We move to non-government members.

Mr McARDLE: Minister, I take you back to the 78-page document that I tabled. The source of this document is, I understand, from an email address echoadmin@health.qld.gov.au. So they are sent out by Queensland Health. One of the places that it is sent to is deputypremier@ministerial.qld.gov.au. So this data is in fact Queensland Health data that is sent to your office as well. Will you now confirm that this data will be made available on a regular basis so that the people of Queensland can, in relation to the report on hospitals, access what is going on on a daily basis—why extreme capacity occurs and why bypass occurs—as it is Queensland Health data to my knowledge?

Mr LUCAS: Who it is emailed to is ridiculously irrelevant. What I am saying to you is that I cannot authenticate a document that you are referring to now. If you were serious about that, you would have given that to me beforehand. What we do is report more and more on what is happening in our hospitals than ever before. Off the top of my head, you went from four FOIs last year to 48 this year. You have got access to the information in spades. The information is out there and then, of course, you use it, as you have a democratic right to do, and you go out there and mislead people with respect to it.

As I said, I have never seen a media release from you that says, 'We welcome this aspect,' or 'This time this is okay.' You selectively pick the eyes out of something every time. One of the things that I always try to do in the quarterly report, for example, is to say, 'This is good but this is where we need to

improve.’ That is not what you want to do and you are not even interested in doing that, because you are not interested at all in telling the good stories about what happens in our health system. The member for Gladstone is not like that. She observes her ability to be objective and actually asks tough questions but at the same time she acknowledges when things are happening the right way.

We publish ED wait times, access block times and ramping monthly. We publish ED wait times and access block quarterly. We publish bypass and extreme capacity daily. We have gone from sixth to third in EDs. What did you publish during your time? Nothing.

Mr McARDLE: In the time that I have available to me, I am going to table a media release by Adjunct Professor Peter Bycroft. He states that suicide rates in Australia remain very high. According to the latest data by the ABS from 14 May 2010, 2,191 Australians chose to take their own lives in 2008. That statistic remains higher than road deaths, which stand at around 1,400 deaths annually. I will table that document.

Minister, in relation to page 3-121 and the mental health stigma campaign advertising figure, one of the things that we do not talk about is suicide. If I can say this to you and the D-G: not talking about suicide with those statistics could be a very negative fact. I am not talking about how the suicide occurs; that is a different question. I think we need to start changing our attitude towards suicide. The media does not cover it. We do not cover it. If we do not cover it, the statistics could get worse and worse. Would you consider that in relation to your campaign?

Mr LUCAS: I thank you for the question. It is a very good question. I know Peter Bycroft pretty well. Chair, have I got enough time to answer the question fully?

CHAIR: Yes.

Mr LUCAS: It is an important question. Each year about 500 people in Queensland die by suicide. About 80 of them were in contact with the public mental health service, so the vast majority of them were not. Suicide rates across Australia have declined in recent years but it is not uniform. They are unacceptably high for Indigenous people, males and people with a mental illness. There are government initiatives that we have annually in relation to funding and also early psychosis. I have children, and my sons are in the age bracket where this potentially can occur. The member for Moggill’s sons are a little bit older than mine, I think. This is terrifying for me. I am more than happy to take on board some further examination on that, but I did want to explain what we are doing with the mental health advertising.

Mental health, interestingly, is not the leading cause of death as a medical condition, but it is the leading cause of lost work time. That is why it so important to address this, as well as of course the deaths that happen as a result thereof. Most people do not die; they just have a very poor quality of life. I will not talk about the community mental health care units that we are building. I will just talk about the advertising campaign.

The reason we are doing the advertising campaign is twofold. Firstly, I think there is a real stigma in the community about what people with mental illnesses suffer from. People think they are a threat to the community. The vast majority of people actually are not seeking treatment for mental illness. So people stigmatise them, they do not have a proper understanding of them and they do not support them. If someone said, ‘I am a diabetic. If I have a hypo, this is what you have to do,’ then people would respond, ‘Okay. We will look out for that.’ If I had a walking disability, those people would say the same thing. We need to treat mental illness the same. It is a condition that people have and they should not be stigmatised as a result.

There is a very good New Zealand campaign which encourages people who may have a mental illness issue to go and seek treatment themselves. It actually says, ‘I should go and talk to someone about it,’ because the vast majority of people with mental health issues could be managed effectively in the community by their doctor on an ongoing basis. I thank the honourable member for a very good question. I am pleased that he finished on such an important question.

CHAIR: The time allotted for the consideration of the estimates of the expenditure of the portfolio of the Deputy Premier and Minister for Health has expired. On behalf of the committee, I thank the Deputy Premier and your departmental officers for your attendance. The transcript of the hearing will be available on the Hansard page of the parliament’s website within approximately two hours. I remind the minister that the committee has decided that answers to questions taken on notice at the hearing and additional information about an answer given at the hearing should be provided by 10 am on Friday, 16 July 2010. The committee will now break for lunch. The hearing will resume at 1.15 pm with the examination of the budget estimates of the Department of Education and Training.

Mr LUCAS: Chair, I thank you and your fellow committee members. I thank the parliamentary staff. I thank my office and also my departmental staff.

Proceedings suspended from 12.19 pm to 1.15 pm

ESTIMATES COMMITTEE B—EDUCATION AND TRAINING

In Attendance

Hon. GJ Wilson, Minister for Education and Training

Mr M Daniel, Principal Policy Adviser

Department of Education and Training

Ms J Grantham, Director-General

Mr A Wagner, Deputy Director-General, Infrastructure Services

Mr J Hunt, Assistant Director-General, Corporate Strategy and Performance

CHAIR: The hearing of Estimates Committee B is now resumed. The next item for consideration is the proposed expenditure for the organisational units within the portfolio of the Minister for Education and Training. 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 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 a question if the minister refers a question to them so that Hansard can record their name. I also ask that all mobile phones and pagers be switched off or to silent mode.

I now declare the proposed expenditure for the organisational units within the portfolio of the Minister for Education and Training open for examination. Whilst the time allocated is four hours, I bring to the notice of those present that the committee has adopted last year's Estimates G hearing schedule for the last hour of the portfolio of Education and Training—that is, it is devoted to the Office for Early Childhood Education and Care but members are not to be restricted in their questions regarding the Department of Education and Training during that time. Likewise, they can ask questions in relation to early childhood at any stage during that four-hour period. 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 WILSON: Thank you, Mr Chair, and good afternoon, members of the committee. I, firstly, apologise for my voice. I am struggling with a heavy cold like some others here, so if I cannot be clearly heard I am sure people will ask me to speak up. I also recognise Peta-Kaye Croft, the member for Broadwater, as my parliamentary secretary.

Members of the committee, I said last year how pleased I was to be taking on the role of education and training minister, and the portfolio has not disappointed. I am aware today, more than ever before, that quality education can have a profound impact upon the life of any child. I am struck daily by the good that can be achieved in this portfolio and I am passionate about making sure each and every child gets access to the education that they deserve.

The \$9.5 billion education budget is about reform. It is about our students and their parents. The Bligh government set aside nearly a quarter of the Queensland budget so that vital education programs it has announced can begin in earnest and can continue where they have already started. Many of these exciting changes are canvassed in the discussion paper the Bligh government released in February, *A flying start for Queensland children*. The discussion paper brought new ideas to the table—big ideas—that required the input of Queenslanders right across the state. We have just finished consulting on these big ideas: the proposal to move year 7 to secondary school, the proposal to streamline three statutory education authorities into one, and the goals we have to review and improve teacher training and quality.

The discussion paper also included one of the government's most important ideas—a reading awareness campaign for parents and young families. We have supported this campaign by raising an army of ready reader volunteers who will go into classrooms across the state to assist teachers and teacher aides by reading one-on-one with children who need an extra helping hand. This morning I announced for the first time a reading support program for parents. Training will be provided to parents of children in prep to year 3 and this reinforces the value we place on parents as first teachers. This

training will help parents make reading fun so that their children can get the flying start they deserve. We have spread the reading message, and from 1 July this year we are giving a new book to every newborn in Queensland. Read to a child early and that child will be learning for life.

The progress we make today comes from our vision of the education and training system we want for tomorrow's Queensland. That is why this budget has delivered on our promise to provide more than 316 extra teachers and teacher aides this year. We are giving back powers to principals so that they can run their own schools effectively and take tough action on bullying. The government has also fast-tracked the delivery of 40 kindergarten services which will now come online in 2012, bringing the total to 108 services that year. This is part of our \$321 million commitment to fund up to 240 kindergarten services by 2014.

The Bligh government has also increased special education funding by \$55.8 million to \$511 million to ensure all Queensland students can access a quality education. The Bligh government together with the federal government are spending \$10 million a day on capital works programs in Queensland state schools.

The \$850 million State Schools of Tomorrow program is making a lasting difference at our schools most in need of renewal. There is the record cash injection of the Building the Education Revolution projects which is providing work for businesses, resources for our schools and jobs for our local workers. An independent assessment by PricewaterhouseCoopers has shown that not only are principals and school communities overall happy with their BER projects but these projects provide value for money.

The Bligh government is building two new schools at Springfield, relocating two others and putting in place a plan to make sure Queensland state school students are learning in 21st century facilities—all with the budget allocation for this year of \$135 million. This government is investing \$1.4 billion to increase training and further education opportunities over the next 12 months. I announced just yesterday that our training and post-secondary education sector, which includes TAFEs, will be reviewed to ensure that training is being delivered on the ground to meet the needs of employers and workers. This review will put TAFE in the box seat to provide the skills employers, unions and industry experts tell us we will need as the economy recovers. All this is in line with our Toward Q2 commitment that by 2020 all children will have access to a quality early childhood education and three out of four Queenslanders will hold trade, training or tertiary qualifications. I will now happily take questions from the committee.

CHAIR: Thank you. The first period of questioning will be from non-government members. I call upon the member for Moggill.

Dr FLEGG: Minister, I understand that you along with ministerial colleagues required and utilised departmental resources and staff to practise for today's estimates committee appearance. Can you tell the committee how many days you required departmental resources and staff to practise for today's hearing?

Mr WILSON: That is a very significant issue—that is, the proper conduct of the estimates process in this Queensland state parliament. This is an estimates process that was introduced by a Labor government in Queensland, and it is contrary to how this parliament functioned in years prior. Certainly, there has been a much greater revamping of the way in which the estimates committee process operates in this Queensland parliament as a result of this Labor government. That involves a process whereby all departments are put under heavy scrutiny—heavy scrutiny by the minister and heavy scrutiny by their director-general. Why? Because Queenslanders demand that their departments that are working for Queenslanders get the best value for every dollar spent and provide all of the services.

So the three lots of two hours of preparation that I made involved me scrutinising the department, and indeed every one of the senior members of the—I am being corrected here; I had two lots of two-hour preparation sessions. They were not preparations of me. They were my preparations of the department so that my department is in a position, especially through my director-general, to advise me as may be appropriate at this hearing. In that way, this department and I will be in a position to adequately and fully answer any question that this committee might ask.

Why do we do that? Because Queenslanders are entitled to see that this committee process works effectively and scrutinises the way in which a significant part of the budget is allocated. This government is allocating 23 per cent of the Queensland budget to education and training. What could be more important to parents, students, apprentices, trainees and employers across Queensland than ensuring that that \$9.5 billion is actually being expended in the most effective and efficient way?

I demand high standards of my department. I have made that clear to my director-general. The approach I have used in preparation for this committee is to ensure that the department provides the best quality advice and information to me so that I can provide it to this committee. I think that is a fulfilment of my ministerial responsibility and I defy anyone to suggest that the demands that I put upon my department to perform to the highest expectations I have are in any way out of order. Indeed, they are totally in order. Whatever you might say in, frankly, such a silly question. I will continue unperturbed

in my resolute pursuit of high standards and performance from my department through my director-general. I intend to provide every assistance that I can to this committee and answer whatever question you might ask. If I cannot answer a question at this time, I demand of my department that they provide the response that is appropriate.

Dr FLEGG: Minister, given that approximately only half the budget for a BER project is spent on actual buildings and the balance represents fees, site specific works et cetera, when your government proposes to close a school—and there are many examples I note that you have commented on—how much is it going to cost to remove those school buildings, prepare a new site elsewhere and pay for fees and services for that site at the new school? Who is going to fund those expenditures, given that the BER funding has already been expended at the original site?

Mr WILSON: I thank the honourable member for the question. This is a question directed at a multibillion dollar program across Australia which was initiated by the federal Labor government. This program was vehemently opposed by the Liberal and National Party in the Senate on two occasions and it has been vehemently opposed by the Liberal National Party in Queensland ever since it commenced. I thank you for asking a question about this important initiative.

The fact is that \$2.1 billion of taxpayers' funds are being spent to upgrade halls, resource centres and classrooms in independent schools, Catholic schools and state schools in Queensland. I take note of the fact that time after time, whenever the opportunity arises, Liberal National Party members have been exceedingly critical, firstly, of the existence of this program, and, secondly, of any alleged claim of waste taking place. They have denigrated the entire program. Be very clear: this government will not abide waste so we have made sure that we have independent, third party scrutiny of the way in which the BER program has been rolled out in state schools in Queensland. We cannot do that for the Catholic education system or the independent education system, but we are certainly doing it for the state education system.

Two reports from PricewaterhouseCoopers have confirmed—and we acknowledge that they have confirmed—that value for money is being obtained through the way in which the department is rolling out this program.

Dr FLEGG: With respect, Minister, the question was about who paid for—

Mr WILSON: If I could have the opportunity to complete my answer, that would be—

CHAIR: Order! The minister is entitled to answer the question in the manner in which he—

Dr FLEGG: It is irrelevant.

CHAIR: He is addressing the question in his answer—

Dr FLEGG: Does your department pay or does Canberra pay when you close the school and move the building?

CHAIR: Order! The minister is entitled to answer the question as he sees fit in his own time.

Dr FLEGG: He is not answering the question.

CHAIR: You are entitled to ask your question at the appropriate time.

Mr WILSON: Despite all of the evidence to the contrary, the member continues to attack the BER program. The PricewaterhouseCoopers' report in September confirmed that value for money is being obtained. A report only recently put out by PricewaterhouseCoopers confirmed that we are obtaining value for money, all the professional fees are within caps, the BER program is being rolled out under strict compliance with the guidelines, cost containment methods are in place and there is a large level of satisfaction in the school communities and across the sector in the programs that are being rolled out. I will ask my director-general to address the issue of the schools at which BER funding is being sought.

CHAIR: Are you seeking an extension of time? The time has elapsed. The question of an extension of time is up to the questioner to agree to it.

Mr WILSON: I am in the hands of the committee.

CHAIR: Well, if you request it, it is up to the questioner.

Dr FLEGG: The minister has wasted three minutes not addressing the question with an answer and now he wants an extension of time.

CHAIR: No, I offered it; he did not ask. The next question?

Dr FLEGG: Minister, I refer to the building of a library hall under the BER program at Glenmore Grove State Primary School, a very modest little building of which I have a picture there. Like all BER projects, it has a huge contingency fund—about \$60,000—that it was unable to use until the building was completed. The P&C wanted the hall air-conditioned with ducted air conditioning like it has paid for in the rest of the school and funded by the P&C, but because it was not able to utilise any contingency funds it was denied this. In the end, seven different wall split systems at a cost of \$45,000 were installed from the contingency fund. Minister, in the case of Glenmore Grove, was any effort made to get a builder who could supply what the school wanted within the \$850,000 budget for this modest little school library?

Mr WILSON: I thank the honourable member for the question. This is one of the most significant infrastructure programs in Queensland state schools and in the other two sectors. That is why it is important that its management and rollout be undertaken in compliance with the strictest of guidelines and under the heavy scrutiny of independent third-party reviewers. That is indeed what is happening here. Indeed, some four weeks ago or thereabouts so interested and committed is the government in ensuring that we do get value for money in every aspect of the BER program that I wrote to the honourable member for Moggill and provided him with the terms of reference of the report that has just been released. On 18 June—

Dr FLEGG: With respect, Minister, I asked about Glenmore Grove.

Mr WILSON: And I invited the honourable member to provide to the department or to PricewaterhouseCoopers, who are the independent reviewers of the way in which this program is happening, any concerns that he might have about the rollout of this program. I will ask my department to consider the document that you have provided and to provide advice to me in due course during this hearing, but I want to make it clear that it is a matter of some remark that today—it happens to be estimates day—the member raises a question of concern, so he says, about the rollout of an aspect of this program despite the fact that as late as 18 June I asked the member to provide the department or PricewaterhouseCoopers with any concerns that he had about this program—

Dr FLEGG: PricewaterhouseCoopers were supplied with that by—

CHAIR: Order!

Mr WILSON:—so that the independent reviewers—

Dr FLEGG: It has gone to them.

Mr WILSON: PricewaterhouseCoopers—

Dr FLEGG: They've got it.

Mr WILSON:—and Mitchell Brandtman could properly review it. Then they are in a position to assess it, and that is what they have done or are doing. I will hand over to my director-general.

Ms Grantham: While I call on my deputy director-general, Al Wagner, to answer the detail of the question, it is my understanding that the complaint at Glenmore Grove was more about the outdoor learning area. There was confusion about what the P&C perceived to be a gap in the price of delivery of a playground area.

Dr FLEGG: That is a different issue. I am talking about the—

Mr WILSON: I beg your pardon, Mr Chairman: I think it is entirely discourteous of the member to interrupt the director-general.

CHAIR: I remind the member for Moggill that he probably has some other questions to ask, and in order to safeguard that right to be able to continue to ask questions I would ask him to comply with standing orders. Next question.

Dr FLEGG: Minister, with regard to the eight managing contractors and the revelation that a constant six per cent design and construct management fee, as it is referred to by PricewaterhouseCoopers, which amounts to \$50 million, was negotiated on behalf of all eight by a trade organisation, thereby eliminating all competition on this multimillion dollar fee, the ACCC published a document *Cartels: deterrence and detection—a guide for government procurement officers*, which states—

A cartel exists when businesses, instead of competing, agree to act together in a way that defeats competition.

Minister, why has your government dealt with a cartel despite advice from the ACCC that this deprives taxpayers of the benefit of competition? It also goes on to state that price fixing occurs when competitors agree on a pricing structure rather than competing.

Mr WILSON: I thank the honourable member for the question. I reject the claim being made by the member in the asking of this question. The way in which the BER program was set up to be managed from the outset has been subject to two independent reports. The first one was in September 2009 which examined the way in which phase 1, phase 2 and all other aspects were being rolled out. It concluded that the way in which the funds are being rolled out and the contracts being awarded—all through a proper market tested and tender based process—was appropriate for the program.

When PricewaterhouseCoopers commented and reviewed the program on the second occasion—and the report was released only several weeks ago—they concluded again, as I said earlier, five key points, one including value for money. The imputation that you seek to make about the credibility of the department of education and the facilities section, and of Queensland Master Builders and the other key stakeholders in the industry is really extremely disappointing, I must say. What you are wanting to do is create an impression, without any evidence to substantiate it in any way whatsoever, that there has been an infringement of federal law regarding competition policy. There has been no evidence that you have put forward.

On 18 June I asked you to put forward any concerns you had. You have not raised that issue with the department or with PricewaterhouseCoopers. You were given a fair opportunity, and you did not need to be given an opportunity, on 18 June. If you had these concerns that you are now just asserting, then why have you not acted on them independently, in the absence of any prompting by myself or even an extension of any invitation by myself? Why have you not referred them to the ACCC? Why have you not taken them to PricewaterhouseCoopers? Why have you not done that? Because I am asked in ensuring, on behalf of Queensland taxpayers, that we get maximum value for dollar. I want to make sure that there is no opportunity for waste and that there is no inappropriate or unjustifiable expenditure under this program. That is why I instructed the department in September or earlier last year to engage PricewaterhouseCoopers in the first instance, and that is why I have asked and have since received an updated report and review by PricewaterhouseCoopers on the second occasion.

Dr FLEGG: Minister, federal minister Simon Crean says that it is too late to halt BER waste if contracts already exist. I am glad you mentioned the PricewaterhouseCoopers report, of which that is the second volume, because in neither of those volumes—and you kindly sent me that one yourself—is there a single analysis of the cost of any single project, nor is there any comparison of the cost of a project in a state school compared to a private school or elsewhere to see whether there is value for money. These contracts are being let rapidly. Many of them have been let. It is going to be far too late to do anything about this waste. Surely studying the cost of individual projects and seeing why private schools are getting much more for their money should have been part of the reports that you are touting so highly here today.

Mr WILSON: I thank the honourable member for the question. He is wrong. The member is simply wrong. We asked PricewaterhouseCoopers to adopt whatever they considered to be the appropriate methodology for examining the cost structure and the way in which costs were allocated with contracts both across the program and from the head contractor right down to the subcontractors on projects. We left it at the discretion of PricewaterhouseCoopers to undertake or adopt the methodology that they believed would best rigorously test the efficiency, effectiveness, value for money and a range of other things of this program. They adopted a methodology that involved engaging Mitchell Brandtman, which is a 30-year-old firm of independent quantity surveyors and cost assessors.

As part of the methodology they identified randomly 25 projects that they asked Mitchell Brandtman—who are the experts in the field, and I defy the member to say otherwise—to examine the cost structures from the top to the bottom, and that is what they did. The conclusion reached by them and by PricewaterhouseCoopers was that the management and control of the costs along the line of contracts was effective.

In reference to the member's previous question, PricewaterhouseCoopers' second report also confirmed that all the professional fees were within the federal government BER guidelines and that they were tightly within those guidelines. I invite the honourable member if you have any material that you believe substantiates whatever concerns you may have expressed here this afternoon or may have in the future to provide that to the independent reviewers, PricewaterhouseCoopers, because we have commissioned them to further review the program from another perspective—that is, from the perspective of value for money in the state school sector relative to value for money in the Catholic education or non-state school sector, and they will produce a report on that.

It is interesting to note that at the end of the question you asked you asserted, with no evidence whatsoever, that value for money is being better achieved in the non-state school sector than in the state school sector. You have said that in the media and in the press. You have no basis for saying that. You are outside your field of expertise.

Dr FLEGG: With respect, Minister, that is not the case either.

Mr WILSON: You should put the evidence, if you have it, to PricewaterhouseCoopers.

CHAIR: The time allotted for the first period of non-government members' questions has expired. Before going on to government questions, I remind the minister and members that the prescription on the word 'you' as applies to the chamber also applies to the hearing of this committee. The first question of government members is: I refer to SDS 3-69 and asbestos removal. What was the total spending for 2009-10 on the removal of asbestos in Queensland schools?

Mr WILSON: I thank the honourable member for the question. The department has allocated a total of \$16 million in 2009-10 to replace asbestos flooring in state schools. In addition to the replacement of asbestos vinyl flooring, \$1.8 million has been expended in 2009-10 to remove asbestos-containing materials from building elements such as bag racks, ceilings and walls. Asbestos vinyl floor coverings in a poor physical state are replaced under the department's centrally managed asbestos flooring replacement program. Vinyl floors may also be replaced as part of capital project refurbishments and projects managed directly by schools.

Any asbestos material classified as being in poor condition by the Department of Public Works is immediately made safe and programmed for removal as part of the school's maintenance program. This program was accelerated earlier this year when an additional \$10 million was redirected from the capital works program to supplement the original allocation of \$6 million. As of May, 322 flooring projects at 195 schools have been completed this financial year as part of this program.

Major school projects that are either completed or underway include: at Kingston College the replacement of 272 square metres of flooring in their home economics block and 152 square metres of flooring in the canteen amenities block at a total cost of over \$240,000; at The Gap State High School the replacement of 530 square metres of flooring in the science block at a total cost of \$133,000; and at Coorparoo Secondary College the replacement of 370 square metres of flooring in block D at a total cost of \$114,000. Some \$18 million has been allocated from the State Schools of Tomorrow program in 2010-11 for the removal of asbestos.

CHAIR: Again referring to the same page and subject matter, what is the Bligh government doing to ensure that proper processes and procedures are in place to keep our children safe from asbestos in schools?

Mr WILSON: I thank the honourable member for the question. The Department of Education and Training is currently working with industry professionals in finalising a revision of the department's asbestos management policies and procedures in Department of Education and Training facilities. In February 2010 the Queensland government engaged the services of Mr John Gaskin, an experienced building industry professional. He has over 30 years experience and was twice the president of the Queensland Master Builders Association. I defy anybody to say that he is not the most credible and authoritative commentator in this area within the field of his expertise.

We engaged him to conduct an independent audit of the department's asbestos management in Queensland state schools and to determine whether the department was meeting its health and safety requirements as well as its requirements under Queensland law. In April 2010 Mr Gaskin's terms of reference were extended to include an investigation of specific asbestos related incidents in the Mackay region followed by an independent review of management policies and procedures in state schools.

All recommendations from Mr Gaskin's review have been considered and incorporated into a revised draft policy for the management of asbestos in departmental facilities and the newly drafted asbestos management plan, which is currently being reviewed by stakeholders. The government will continue to consult with experts and stakeholders through the establishment of an expert advisory panel—Mr John Gaskin is on that panel—and the asbestos stakeholders reference group to monitor the management of asbestos in department facilities and to develop and refine information for staff, parents and the community.

The department has appointed a chief safety adviser on asbestos. That adviser is indeed Mr John Gaskin. He will provide expert advice via the expert advisory panel on safety issues associated with asbestos incidents and management. In addition, the department has established a chief health adviser on asbestos who will provide expert advice via the expert advisory panel on health issues associated with asbestos incidents and management. That expert is Dr Keith Adam. He is an associate professor of occupational medicine at the University of Queensland. Asbestos is one of his several fields of expertise.

These measures are about making our schools even safer so our students can continue to learn and prosper. The Bligh government has worked on improving asbestos processes and became one of the first governments to release a comprehensive online register of state asbestos sites last year. The unprecedented level of transparency is helping us provide assurances to teachers, parents and children that the strictest guidelines apply and when they do not action is taken.

CHAIR: With reference to school maintenance on page 3-69 of the SDS, how much did your department spend in 2009-10 to ensure that our classrooms are maintained and are in an acceptable condition?

Mr WILSON: I thank the honourable member for the question. In 2009-10 the government invested \$126 million for school maintenance services to ensure buildings are maintained in an acceptable condition. This included funding allocated notionally to schools as well as special maintenance programs designed to address larger scale projects that are typically beyond the capacity of schools to deliver.

In 2009-10 funding of nearly \$5 million was allocated to the targeted maintenance program to address maintenance needs associated with building structures and external surfaces. This program has made a significant contribution to improving the school environment and protecting valuable assets. Projects include: at Brookfield State School re-laying the lifted and uneven sections of pavers at the front of block C of approximately 80 square metres at a cost of nearly \$14,000; and at Clinton State School replacing the veranda decking boards on modular No. 3 with new hot edge decking boards and sealing them at a cost of about \$9,000.

Also in 2009-10 external finishes were addressed through a nearly \$45 million investment under the State Schools of Tomorrow program. An additional \$10 million was redirected from the capital works program to fund asbestos removal in schools, as referred to earlier. Some \$18 million will be spent on asbestos removal over the 2009-10 and 2010-11 financial years.

The targeted maintenance program will continue in 2010-11 with another \$5 million allocated. Planned projects include: at Benaraby State School repairing stairs, including stringers, handrails and posts, in A block at an expected cost of about \$10,000; at Caloundra State School replacing external stairs at an expected cost of \$20,000; at Kenmore State School resurfacing the bitumen of the driveways and car parks at an expected cost of nearly \$14,000; at Springwood Central State School there are two projects—one is replacing uneven paving with reinforced concrete and the other is removing and replacing uneven concrete at an expected total cost of nearly \$20,000; at Toowoomba West Special School preparing and re-laying new driveway surfaces at an expected cost of just short of \$20,000; and at Proserpine State School repairing timber decking as required at an estimated cost of nearly \$8,000.

Ms JARRATT: In reference to page 3-71 of the SDS and the flying start discussion paper it is clear that the Bligh government has had a clear vision for the future of education in Queensland. I ask the minister to outline how the government is ensuring that the views of parents and teachers are being heard and therefore informing this vision?

Mr WILSON: I thank the honourable member for this question. I know that she has strongly supported this initiative and this widespread consultation process throughout her region. The public consultation forums for the next stage of reform in our education system have wrapped up with a huge response. Since the Premier and I launched the green paper *A flying start for Queensland children* in February this year over 90 community forums have been held around the state. I attended quite a number of them.

Submissions closed on 30 June this year. I am pleased to report that more than 2,500 people have participated in the more than 90 forums. Certainly at the ones that I attended and participated in parents and educators were grateful for the opportunity to discuss these important issues. I thank all of my colleagues who have been part of the forums in their local areas.

The consultation process has allowed people to be fully informed and for impacts on local communities to be assessed. I have attended several forums myself, as I said, and have been very pleased with the interest and enthusiasm shown by attendees and impressed with the careful and considered feedback provided on the flying start proposals and programs.

The proposals include improving transition from primary to secondary school and supporting adolescent development by moving year 7 into secondary school in 2014. Already we have some clear messages coming through from the consultation process, including a preference for the extension of middle schooling approaches if we move year 7 into secondary school. Other supportive practices, such as transition planning programs to help schools and families manage the transition and pastoral care for secondary students, have been suggested.

Another issue is the impact that moving year 7 to secondary school would have on our smaller primary schools in rural settings. The department is investigating what these impacts would mean for families and communities. I appreciated the opportunity through the Mount Isa School of the Air to discuss these important issues with parents in very remote communities.

Forum attendees and responses to the online survey have been very supportive of the Queensland Ready Readers program which is recruiting volunteers to assist our primary school children with their reading. We also intend to boost performance by setting the bar higher for teaching, learning and discipline standards in Queensland state schools.

In addition to the forums, we are progressing work to review teacher training and induction programs as one way of boosting the performance of Queensland schools. I am pleased to announce that I have appointed Professor Brian Caldwell and Mr David Sutton to lead the review of teacher training and induction programs. Professor Caldwell is renowned nationwide and internationally for his vast experience in teacher education and Mr Sutton is a respected education practitioner.

Ms JARRATT: Staying with the flying start discussion paper and the same page of the SDS, I ask the minister: what work has been done by Education Queensland to identify the likely impact on staffing if year 7 is moved to high school?

Mr WILSON: I thank the honourable member for the question. The Bligh government is currently considering the public's response to proposals for the future of education in Queensland. This document has started a discussion with the people of Queensland about the future of education in this state. These are big ideas with plenty of heft and they are significant in the shaping of the future of education in this state. They are, at this point, just proposals that have been consulted upon.

Any decision will likely have implications for Queensland schools, including on staffing. The department is committed to communicating any changes well in advance to those affected if they occur. Further consultation will be undertaken, including engagement with representatives of all relevant union

and school based employees. The department has already begun a detailed workforce planning process that will be critical in determining the implications of a proposed transition of year 7 to secondary school. This process is focusing on the workforce at individual schools as school contexts will vary according to enrolment patterns, current teacher aide hours and administrative officer allocations.

To ensure the supply of suitably qualified teachers for year 7 as part of secondary schooling the department's human resources branch will develop and implement targeted professional development programs for existing primary teachers to build their capacity to teach in secondary school, offer scholarships to attract preservice teachers in specialist areas in both middle and senior phases of schooling and work collaboratively with the universities on teacher supply issues and conduct targeted recruitment campaigns. This is an important part of planning.

The proposed move of year 7 to secondary school would occur in 2014. This time frame would allow everyone involved sufficient time to plan for whatever changes take place. This is good management.

Ms JARRATT: I refer to page 3-72 of the SDS and the Indigenous Education Support Structures pilot. What resources does the department provide to ensure that Indigenous students have all the educational support that they need?

Mr WILSON: I thank the honourable member for the question. The Bligh government is committed to closing the gap in educational outcomes for Indigenous students. That is why we are investing in Indigenous students with extra support and resources. The department is piloting the Indigenous Education Support Structures, which is funded through a 2007-08 state budget commitment of \$10 million over four years. With regard to the IESS initiative, the pilot focuses on improving educational outcomes for Indigenous students in the areas of attendance, achievement, school completion, increasing workforce capacity and leadership in Indigenous education. The non-state sector has also been provided with funding to support this initiative.

Some 22 schools in five state school clusters located at Mount Isa, Cunnamulla-Charleville, Cairns, Rockhampton and Ipswich have participated in the pilot since early 2008. In these schools a case manager and learning support teacher are working with Indigenous students and their families to improve learning outcomes. Two professional support teachers are also working with teachers to build their capacity to respond to the learning needs of Indigenous students. A professional development program with a focus on English as a second language and embedding Aboriginal and Torres Strait Islander perspectives has been provided to all participating schools.

An internal evaluation of the pilot is in progress. Currently, feedback from clusters shows improved outcomes for individual Indigenous students in some schools, increased teacher capacity and increased school engagement of Indigenous parents and community. Success stories from the pilot that highlight good practice in a local context are available on the department's website. One example is the improvement in student confidence, leadership and community engagement at Spinifex State College, and I was pleased to visit Spinifex State College some months ago and was impressed by the fine work that they are doing there. The final report for the evaluation is due in March 2011.

Mrs ATTWOOD: Good afternoon, Minister. Still on Indigenous issues, I refer you to the SDS at page 3-68. I understand the minister recently visited the cape and specifically Aurukun. Please inform the committee of the positive impact the Cape York Aboriginal Academy is having on Indigenous education.

Mr WILSON: I thank the honourable member for the question. Indeed, it was a great privilege to visit Aurukun State School and to talk with Noel Pearson and Geoff Higham, the school principal, and the young teachers. They are doing wonderful work. The primary aim of the Cape York Aboriginal Academy is to improve the educational outcomes of Indigenous students in Cape York. The academy commenced in term 1 2010 and is being piloted in Aurukun and in Coen. It is a unique partnership between the Department of Education and Training and Cape York Partnerships to deliver a coordinated and comprehensive educational approach for students incorporating three distinct learning domains—class, club and culture. The class domain is dedicated to teaching the mainstream Queensland curriculum in English, maths and science. The club domain provides enriching extracurricular artistic, musical and sports programs similar to those that are available in mainstream centres. The culture domain is a comprehensive Indigenous culture and language program delivered independently of class and club.

During a recent visit that I spoke of earlier I observed firsthand the progress and student enthusiasm towards the academy experience. A major innovation of the academy is the implementation of what is called direct instruction, an evidence based explicit instruction method proven to be highly effective in teaching literacy and numeracy to children in Australia and internationally. This method provides teachers with a clear class plan to explicitly teach the curriculum to achieve improved results in literacy and numeracy. Highly experienced executive principal Don Anderson, with more than 30 years experience in the cape and Torres Strait—he set up the Torres Strait academy as well—has been appointed to lead the Western Cape College academy, that is, the Tagai State College.

CHAIR: The next period of questioning is allocated to non-government members.

Mrs CUNNINGHAM: Good afternoon, Minister. TAFE funding for the Gladstone TAFE did not increase between 2008-09 or 2009-10; it remained at \$9 million. Skills shortages have been identified as a critical issue for the LNG industry. As I said, I cannot find in the budget documents specific funding allocations to the Gladstone TAFE. How will those skilling needs be addressed and how will they be funded? What level of funding is in this budget specifically for the Gladstone Institute of TAFE?

Mr WILSON: I thank the honourable member for the question. This is indeed a very important area—that is, training and the delivery of training in multiple regions across the state and especially in the centres where we know they are going to be very important to the future economic and industrial development of Queensland, and that includes Gladstone. I am pleased to inform the member that there is tremendous work being done around the CSG/LNG industry and for the skills needed for the future, and this is going to have a direct positive impact on the Gladstone area and on the Surat Basin where the coal seam gas is.

This is work being undertaken by Energy Skills Queensland because it is a far wider centre of excellence for advising government about training needs involving government, industry and unions. It has a CSG/LNG task force with the four major gas producers—Arrow, BG, Santos and Queensland Gas. They are developing a workforce development strategy not only for the Surat Basin and the operators that will be needed there in a range of different skills but also, combining with Construction Skills Queensland, to identify the workforce development strategies that those companies, in association with the major construction contractors that will be involved in building up to seven LNG plants, need so that industry and government can start targeting funding for the skilling up in those critical areas that will be needed in Gladstone as well as in the Surat Basin. This is going to support longer term the TAFE in Gladstone. It will become a hub, I believe—the TAFE in Gladstone—for the delivery of some of these skills.

We have created a \$10 million skills investment fund—that is, \$5 million public funding and \$5 million industry funding. That has been able to be done because we have the consensus and support of the four major gas producers, because they recognise that by working collaboratively in strong partnership with government we can target public and private funding at those important skill areas that will be needed for the development of this industry. In fact, I spoke only a day or so ago with Glen Porter, the CEO of Energy Skills Queensland. I am having a second meeting with Arrow and the other gas producers, I think, later this week to get an update on the work that they are doing and I am happy to take up further information on that question you have asked.

Mrs CUNNINGHAM: Thank you. Minister, just following on from that, you have talked about strategies and programs being developed. Following my conversations with the industry, with training only cranking up now, the qualified people will not come out the other end of the training until well after their demand is high. Is there additional funding also for training organisations such as GAGAL and the school based training programs and other training organisations and, if so, what sort of quantum?

Mr WILSON: I thank the honourable member for the question, and I recognise your keen interest in the training sector and the development of skills for the workers in the Gladstone area. What we are doing within the training sector is making more funds available for what is called contestable provision of training. So the short answer to your question is that, in terms of the registered training organisations, together with TAFE in the Gladstone area—of course training is not confined to TAFE; TAFE is the central public provider of training across the state and in Gladstone, but there are private RTOs as well—the User Choice Program has been changed to enable those funds—and I will ask my deputy director-general to check the figure, but I think it is around \$250 million in the User Choice Program—to be more responsive to the demand by employers for where training should take place.

I explained a moment ago how the \$10 million fund works, and it, too, is responsive to where the employer wants the training to take place. So the employers in the Gladstone area, likewise in the Surat Basin, will be able to identify the areas where they want public funding to be provided and they will be able to then choose the private RTO that they want to deliver their training. So what we are doing now is making a connection that was not there before, a connection between the funding and the provider—namely, the public—and the employer. The employer then gets to choose the private registered training organisation. In the past the funds were provided to the training organisation and employers did not have the freer choice that they have now. Now the funding is going to be available to respond to the demand of employers in your area and in Gladstone.

In fact, the loosening up of User Choice commenced on 1 July. But it is a very important area. You might have noticed that I have also, through the department, commissioned a review of the on-the-ground delivery of training here in Queensland, across not just the universities but also the TAFE sector and private RTOs. That review is intended to be concluded by the end of the year. The objective of that review is to ensure that the training system, including the TAFEs and the private RTOs, are really being responsive to industry demand, that they are being flexible about how they are providing that training and that it is entirely demand led so that you actually get the best outcome in Gladstone for employers and for workers.

Mrs CUNNINGHAM: Thank you. Minister, in relation to educational needs in Gladstone more generally, I recently visited Bintulu in Malaysia where there is an eight-train LNG plant established. The population impact was so high and the region sufficiently short of infrastructure that their schools had to incorporate two school shifts a day. I think it was something like seven to 12 and 12.30 to 7.30. What funding has been allocated to Gladstone—I was going to specify early childhood, but I will ask the early childhood part later this afternoon—to recognise the projected growth in population?

Mr WILSON: Thank you very much for that question. I will ask my director-general to provide some detail about that.

Ms Grantham: When student populations are increasing, we are informed of that predicted increase through a number of planning units across government as well as using any data sets that may be available, for example through the Australian Bureau of Statistics, to try to predict and plan for the expansion of education provision. As we do that planning—and we do that locally by people who are aware of the local government developments, the council approvals et cetera—we actually then either turn that into a facility solution or work with the community if it is a new school potentially. Our facilities division also looks at how we could acquire land in those areas of population growth. Of course, the human resource development and the plan that needs to go with that is the same no matter where we are across the state, so human resources and their allocation are part of just our annual process.

In terms of preparing for population growth, our people are working with a forward estimate to try to predict—and, as you know, that is a very difficult thing—and capture what will happen in industries. For example, in other parts of Queensland where we have had a large increase in certain industries the population has not necessarily moved with it. For example, in Moranbah or Emerald a lot of the people who work in the industry actually fly in and fly out. So at this stage we are working as best we can with the information that we have available and we will work with industry, with local communities and with local representatives to make sure that we get that right.

Mrs CUNNINGHAM: Thank you very much. Can I ask—this is a change of direction a bit—in relation to the schools which are currently being reviewed for potential mothballing, and there are a lot of ifs, buts and maybes in that sentence. In the 2010-11 period, are these schools fully funded operationally for that full financial year? If not, which schools are only partially funded?

Mr WILSON: I thank the honourable member for the question. I will ask my director-general to address the detail of that funding aspect. What is important to recognise here is that the first priority of the department in any activity it engages in, especially when it is looking forward for planning purposes, is to ensure that children are getting the best possible educational experience wherever they may be. So that is a question that they ask themselves from time to time no matter what the school. In the case of smaller schools with small enrolments and maybe trending, declining enrolments, what the department does—and has been doing each year for the past 10 years—is go out to the community and consult widely with the community about what opportunities there are to build long-term sustainability for that school. As minister, and as a parent myself, I understand how important an individual school can be to a family and a child—and indeed the broader local community. That is a very important consideration in the consultation process that the department undertakes.

There is a full range of issues that they look at, but what they are examining is the opportunity of how to build that long-term sustainability of that school so that that breadth of educational opportunity that is obviously of enormous benefit to the student is able to be provided in successive years. I will ask the director-general to address the specific question about half yearly or annual funding.

Ms Grantham: The department does not pre-empt the decision and the outcome of the community consultation. So the department continues to fund the school as it would if their future sustainability was not being reviewed. So there is no cut in funding. It is fully funded, because the decision is not made and, potentially in many cases, the decision is to continue. So we do not pre-empt it and reduce any funding whatsoever.

Mrs CUNNINGHAM: Thank you. That is very encouraging, I am sure, for those schools, too. Can I take a second to recognise Dave Manttan. He is hiding up the back, but he is the district director of—whatever his title is now.

Mr WILSON: I told him to come in disguise.

Mrs CUNNINGHAM: He does a great job.

Mr WILSON: He does.

Mrs CUNNINGHAM: And we want him back. In relation to the 2010-11 budget, have any funds from Queensland Education been identified or required to be allocated to correct, finalise, or modify building design or finish buildings under the BER program?

Mr WILSON: I will ask my director-general to respond, but my understanding is that it is a federally funded program and that funding is there to provide the facilities that are permissible under the BER guidelines. It is quite separate from the state department of education and its State Schools of Tomorrow program, or what have you. The funding is provided and of itself does not require any

complementary funding from the state government. It may be, however, that school by school there are projects that can be undertaken that are back to back: one a federal one and one state funded. So you get the synergies and also the economies of scale and perhaps also price and cost by doing them together. I will ask my director-general—

Ms Grantham: That is correct, Minister. The Minister is correct in saying that any buildings under the Building the Education Revolution funding are within budget. We try to project manage. As you would imagine, on a school site we do not want a project to start now and then another one that is state funded later. So we try to accommodate as much activity on the school site at one site so that it does not continue to go on and on. So no, state funds do not go to support the national program.

In the BER program, many of the projects are coming in under budget. In that case we then allow the school to expand the scope of whatever it is they have done and they may be able to do additional work that previously was not able to be considered.

Mr WILSON: But again, all within the federal funds and scope. Indeed, this morning I was at Windsor State School at 8.30 and they took me on a tour of a new facility there which involves a hall and a resource centre. As I recollect, yes, there was \$2 million in state funding and there was \$3 million in federal funding. They put that together. They already had a master plan for the whole school site and had thought through some issues about what they would do with the new facilities. So when the BER funding came along, as often happened with schools, they have taken the opportunity to marry that funding together with whatever might be available from the state funding and have a combined project jointly funded. Indeed, that happens from school to school; it is not an unusual practice. But they are separate funding envelopes.

Ms Grantham: My deputy director-general has just passed me a note to say that they do, of course, use pre-existing infrastructure—water, power supply. That is just for clarification.

Mrs CUNNINGHAM: I am not intending to be controversial, but I have had a small number of people ask me, because it is a matter that has only just arisen but it may have been under discussion with you in the COAG discussions. There has been media recently about including in curriculum teaching about Islam and Muslims. The question that was put to me is: has there been expenditure or is there intended to be expenditure in the Queensland budget towards implementing this type of teaching?

Mr WILSON: There is a big process—I will come to the specifics of that in a moment, if I may, and I will ask my director-general or someone through curriculum to address the specifics of that—underway at the moment developing the national curriculum throughout Australia. Indeed, the draft of phase 1 has been consulted on and there is an opportunity that before the end of this year, hopefully, the final version of phase 1 of the national curriculum will be able to be decided upon by the ministerial council. This is English, maths, history and science. That is for years prep through to 10.

A draft has been put out by ACARA, which is the national curriculum authority, of a proposed national curriculum for years 11 and 12. Additionally, under development is phase 2 of the prep to year 10, which will have geography, language and art in it. That will be available shortly. So at national and state levels this is a major initiative being undertaken for the benefit of parents and students in every school and the three sectors—Catholic education, the independent school sector and state education—have met with the Queensland Studies Authority and have examined all of the options for implementing phase 1 of the national curriculum. Indeed, we consulted with four options and the sectors came back to me through the QSA with the fifth option, which is what the three sectors wanted as to the rollout and that is the one that has been announced. That will be that the teaching of English, maths and science will commence in 2012. The year 2011 will be a preparation year for that and the teaching of history will take place from the commencement of 2013. The year 2012 will be the preparation for that. I will just ask my director-general to address the specific issue of Islamic studies.

Ms Grantham: Until the final redrafting is provided to the states, we cannot say with certainty what will be included in those final documents. As the minister said, the national body is currently looking at the feedback and the consultation outcomes and incorporating that into the new documents. There have been no state funds—I can confirm, no state funds—that have been expended to develop any syllabus associated with the question that you asked.

CHAIR: Thank you. Back to government questions. I ask the member for Mount Ommaney to address her question.

Mrs ATTWOOD: Thank you, Mr Chairman. I refer to page 3-68 of the SDS and the Low Socio-Economic Status School Communities National Partnership. This national partnership has set strong targets for children's attendance at school. What is Education Queensland doing to ensure that these targets can be met?

Mr WILSON: I thank the honourable member for the question. The Bligh government is implementing a number of initiatives to improve school attendance, tackle truancy and remind parents and students of the consequences of missing too much school. Every Day Counts is a state-wide campaign to address the issue of student attendance at school. It is designed to change parent, community and student attitudes to school attendance. The Bligh government places a high priority on

all children attending school all day, every day. Over the past 12 months, schools across Queensland have been taking proactive steps to improve student attendance. Positive initiatives at Cairns West State School, Browns Plains State High School, Mirani State High School and Kowanyama State School are now highlighted on the Every Day Counts website and are just a few examples of the good work happening in state schools.

We are also working closely with the Australian government to improve student attendance in areas of disadvantage through the Smarter Schools national partnerships and the Improving School Enrolment and Attendance Through Welfare Reform Measure—SEAM—trials initiative. That is a mouthful so we need an acronym, SEAM—the SEAM initiative. A truancy working party is also being formed with officers from my department and the Queensland Police Service working together to review current practices, identify best practice innovations and develop resources to support front-line workers in responding to truancy. Data analysis of semester 1, 2009 attendance rates shows that 32 per cent of schools have increased their attendance rates between 2008 and 2009. In particular, Mornington Island State School and Victoria Point State High School have had significant increases of 8.9 per cent and 6.2 per cent respectively for this period. Attendance rate data from 1 September 2009 will be published in school annual reports and on the department's website.

All members of a community can play a role in ensuring that students go to school all day, every day. I will therefore be encouraging media outlets across Queensland to promote the importance of attending school every day through community service announcements on radio, television and in print media. With their support, I am confident that as a community we can work together to communicate positive messages about the importance of school attendance.

Mrs ATTWOOD: Very important. Thank you, Minister. I refer to page 3-72 of the SDS and disengaged students. What help does Education Queensland give to special assistance schools to support their good work in trying to re-engage with some of the most vulnerable students?

Mr WILSON: I thank the honourable member for the question. The Bligh government is committed to ensuring that all Queensland students receive a quality education no matter what their background. Of particular concern are our most vulnerable students—those young people who have slipped through the system and have become disengaged from school. I firmly believe that students right across this state, no matter their background and no matter their circumstances, deserve a flying start to learning and to life.

There are currently 12 non-state schools that have been established specifically to cater for these young people. These special assistance schools, as we call them, offer flexible education programs specifically designed to re-engage and maintain students in an accredited education pathway. The schools include a number of flexible learning centres operated by Edmund Rice Education Australia and are located throughout Queensland—from Brisbane and its surrounding areas to as far north as Mount Isa and Townsville. I was pleased to participate in the official opening of one such centre at Deception Bay some time ago.

Demand for these schools is high, with more than 840 students enrolled this year. As the schools do not charge fees, they rely heavily on assistance from the state and the Commonwealth governments. As part of the election commitments last year, the state government committed a one-off payment of \$50 million to be available this financial year for this particular group of non-state schools. The funds can be used for new schools or for the extension or upgrading of existing school facilities. I have been advised that there is already very strong interest in the program and I am very pleased that the Bligh government is able to assist these schools in this way.

This shows that education cannot be a one-size-fits-all policy and that we must work towards providing solutions for all students. Special assistance schools are just one way in which the Bligh government is providing a quality education for all students. I understand that the release of a report is imminent, a report prepared by Professor Mills from the University of Queensland in conjunction with other researchers at Griffith University on behalf of the youth advocacy network here in Queensland. I have asked my department to make inquiries of the authors of the report and also of the network because I am very interested to see what recommendations come out of this report.

The department in this area, like in many others, is really looking for every opportunity to identify additional insights into how we can make sure that children and adolescents stay fully engaged in their educational journey even when they may not, for whatever reasons, be fitting so nicely into the conventional classroom setting or scene for teaching and learning. There are many, many different approaches that we want to be able to be open to undertaking.

Ms STONE: I refer to the NAPLAN outcomes on pages 3-81 and 3-82 of the SDS. What has the state government done to improve schools' results and lift student performance?

Mr WILSON: I thank the honourable member for the question. In 2008 the National Assessment Program—Literacy and Numeracy commenced in Australian schools. Each year all students in years 3, 5, 7 and 9 are assessed on the same days using national tests in reading, writing, language conventions—that is spelling, grammar and punctuation—and numeracy. In Queensland NAPLAN tests

are administered by the Queensland Studies Authority and students took part in the tests in May this year. By mid-September student reports will be distributed to parents and a national summary report outlining achievement in reading, writing, language conventions and numeracy will be available. In December the *National report: achievement in reading, writing, language conventions and numeracy 2010* will be available which will provide a more detailed analysis of student achievement.

The 2008 results show that work was needed to bring Queensland results into line with those in the top-performing states. That is why the Bligh government engaged Professor Geoff Masters of the Australian Council for Educational Research to undertake a review of Queensland's curriculum and educational standards for state primary school students. Professor Masters' final report, *A shared challenge: improving literacy, numeracy and science learning in Queensland primary schools*, included clear goals and recommendations for action. These recommendations focus on supporting the teaching workforce and school leaders to improve student outcomes in literacy, numeracy and science.

The government responded to the report with the implementation of a number of new initiatives, including allocating coaches in selected schools to support teachers to improve their teaching of literacy and numeracy—that is recommendation 2; appointing regional curriculum leaders in mathematics and English—that is recommendation 3; and the deployment of turnaround teams to work with principals and teachers to provide quality teaching and learning—that is recommendation 5.

A number of other actions have been taken to ensure quality teaching and learning and the effective use of student achievement data, including development of the *Roadmap for curriculum, teaching, assessment and reporting in years 1-9* to promote quality teaching and learning; development of mandated teaching times for English, mathematics and science; continued implementation of *Literacy: the key to learning—framework for action* and *Numeracy: lifelong confidence with mathematics—framework for action*; implementation of biannual summer school programs to support students in years 5, 6, 7 who have been identified as needing additional literacy and numeracy support; and introduction of teaching and learning audits in all state schools.

I must say that the summer schools program is proving highly successful. I have visited a number of them and I have had members of the public make representations to me, strongly so, about how important they are.

Ms STONE: I refer to the SDS at page 5-63 and the provision of support for students with disabilities. There is no doubt that the parents and families of children with a disability are very interested in their child's education. In my own electorate I meet regularly with parents and family members to discuss the facilities and the resources that are given to their children. I want to know what the state government is doing to ensure that appropriate educational support and services are being addressed and delivered and that the needs of children with a disability are certainly being addressed.

Mr WILSON: I thank the honourable member for the question. The Department of Education and Training is trialling a new way of delivering extra support and resources to students facing academic or behavioural challenges. The Recognition and Response project will be implemented in five state schools across the metropolitan and south-east regions in addition to Mudgeeraba State School, which commenced a local pilot in 2008.

The RnR trial is designed to help schools allocate resources to these students based upon an assessment of what they need to help them learn effectively rather than on whether they fit into a certain category. RnR is a framework for schools to provide early assistance to students who may experience academic or behavioural challenges, as I have said. It is a continuum of school-wide support that uses a systematic approach to teaching, learning and behaviour support.

International research shows that whole-school based intervention models are effective in improving the educational achievement of all students, especially for those students with social, communication, emotional and behavioural difficulties. The intent of RnR is to improve academic achievement by systematically matching teaching strategies to student needs and documenting student progress. The RnR model to be developed will reflect the Queensland curriculum and include research driven screening and assessment tools and evidence based teaching practices.

Trial schools will be given the autonomy to use their current level of resourcing flexibly and responsively to enable early intervention. This will reduce the need to categorise students with disabilities for support purposes, especially students with autism spectrum disorder. The RnR model supports classroom teachers and school teams to identify and respond to a student's academic, communication, social or behavioural difficulties by focusing first on the student's learning needs and only secondarily on eligibility decisions.

During the trial, which will take place in 2010 and 2011 among students from prep to year 3, the schools will be supported by staff from Student Services and Teaching and Learning within the department to build on the current good practice in schools. An RnR reference group with broad representation from the department, principals associations, the Queensland Teachers Union and the Queensland Council of Parents and Citizens Associations will monitor and evaluate the trial. A structured evaluation process will assist in the development of recommendations for the future of any RnR model.

Ms STONE: I refer to the SDS page 3-68 and the government's alliance against violence. Technology is expanding every day. In this new technological age, when cyberbullying is an emerging issue, what is the state government doing to address cyberbullying as well as bullying in general?

Mr WILSON: I thank the honourable member for the question. Bullying and violence are not and will not be tolerated in any Queensland school, no matter what the sector. The department has taken a number of steps to strengthen discipline and tackle bullying in state schools in collaboration with the other two sectors. All state schools review their responsible behaviour plan for students to include strategies to address bullying, including cyberbullying and violence. These plans outline the expected standards of behaviour and consequences for unacceptable behaviour including bullying, use of mobile phones and other electronic devices and cyberbullying. In addition to the work undertaken to address bullying in state schools, the Bligh government engaged Dr Ken Rigby to provide expert advice on effective ways to address bullying in Queensland schools. Dr Rigby's report, *Enhancing responses to bullying in Queensland schools*, and a series of six vodcasts that schools can use for the professional development of their staff, have been released on the department's website.

In response to recommendation 10 from Dr Ken Rigby's report, the Premier and I announced the formation of the Queensland Schools Alliance Against Violence to provide independent advice on world's best practice strategies to improve responses to bullying and violence in schools in the three sectors, because we all recognise that it is a common issue not confined behind a school gate of any particular sector.

A key aspect of QSAAV is that it brings together stakeholders, as I say, across state, Catholic and independent school sectors as these issues can affect all schools. Since its first meeting in March, the alliance's members have been working hard to deliver real outcomes for Queensland schools. For example, I recently released Working Together, a tool kit for effective school based action against bullying. The tool kit provides school leaders, teachers and teacher aides with practical ideas in a working framework to strengthen their school's approach to bullying. I recognise that many Queensland schools already have well-defined and comprehensive approaches to bullying, but this new tool kit gives schools that are still developing their approaches an excellent foundation to build upon.

Another initiative of the alliance is the Action Against Bullying—Education Series being delivered by leading psychologist and expert on cyberbullying Dr Michael Carr-Gregg. I had the pleasure of attending three of those seminars and they are exceptional. Evaluations from the first six sessions indicate that the sessions have been very successful in increasing the understanding of school leaders, staff and parents in effectively preventing and responding to bullying.

With the support of the alliance I proposed a National Day of Action Against Bullying and Violence to my interstate colleagues and obtained unanimous support from the ministerial council of education ministers. I am pleased to advise that the national day of action will be the third Friday of March next year, 18 March 2011.

CHAIR: I refer to SDS page 3-73 and teacher housing. I understand that your department is conducting a review of teacher accommodation. How is this review progressing?

Mr WILSON: I thank the honourable member for the question. The department currently provides subsidised accommodation for teachers in 469 rural and remote locations. Provision of housing is part of the department's strategy to attract and retain teachers in these areas. The Bligh government wants to make sure students in every community in Queensland have access to quality teachers with the right skills. Providing safe and secure housing in remote regions, where finding houses to rent is often hard, is a crucial endeavour of the department which allows this to happen. Without this subsidisation of housing, many teachers would struggle to live and work in these remote communities.

A full review of the provision of employee accommodation, with the exception of TAFE institute staff, is currently underway. A detailed consultation process with all stakeholders has been completed and consisted of a series of face-to-face forums in rural and remote areas together with feedback from an online discussion paper. The review will make recommendations on the provision of employee accommodation to ensure that the department attracts and retains staff in rural and remote areas; the adequacy of current rental subsidy arrangements and the development of strategies to deal with rapid demographic changes in some centres, such as the impact of the mining boom on rental markets; the development of strategies to improve the quality of employee accommodation and the administration structure for the management of the department's housing portfolio; and the relevance of all existing policies and procedures in relation to the distribution, allocation and management of employee accommodation in rural and remote areas. A final report with recommendations is due for completion by the end of this month.

CHAIR: I refer to SDS page 3-72 and the State Schools of Tomorrow program. Can the minister provide information about what projects have been undertaken as part of this program and, in particular, the work at Toowoomba State High School?

Mr WILSON: I thank the honourable member for the question. The \$850 million State Schools of Tomorrow initiative is transforming our schools. Over \$390 million is being invested in school renewals in round 1 projects. The integration of the Innisfail State High School with the Tropical North Queensland

Institute of TAFE and the co-location of the Innisfail Inclusive Education Centre on the same site was completed and opened at the start of this year. Construction is complete on a mixture of new and refurbished buildings at—

CHAIR: You might be able to finish that answer when I ask my next question. In the meantime, it is the opportunity for non-government members to resume their questioning. The member for Moggill.

Dr FLEGG: Thank you, Mr Chairman. Minister, I understand that the product Asbestolux has been discovered in the walls of some schools. Can you tell the committee when this product was discovered in schools and in what schools?

Mr WILSON: I will ask my director-general, through her relevant officers, to address that operational issue. You would not truly expect me to be personally and directly familiar with that level of detail. I am certainly happy to provide advice to yourself and the committee.

Ms Grantham: We refer to the product as low density board. I will give you the background to that. The Department of Public Works advised that Workplace Health and Safety Queensland, through the Department of Justice and Attorney-General, had developed an information guide on LDB, low density board. It is the lightly compressed board that looks similar to asbestos cement sheeting or plaster board and is sometimes referred to as asbestos insulating board. It was typically used for walls and ceiling panels, often in high humidity applications. We have had QBuild assess in all our schools the LDB through their normal maintenance condition assessments. We have identified any of that work to ensure that it is included in the BEMIR, the maintenance register, so that anyone who is going to work in a school that has LDB can see that it is suspected or confirmed and, therefore, will have to take a certain approach to how it is worked.

We have information on the number of schools. During December 2009 to February 2010, 289 schools were inspected for LDB. Detailed information confirming the presence of LDB conditions and the BEMIR score has been updated in the DPW BEMIR. Recently, that was updated so the public record of BEMIR includes this information. Results of the LDB investigation at 289 schools was 60.8 per cent of the sample tests were positive for the presence of asbestos-containing material and 6.9 per cent of these were found to be asbestos-containing low density board. So 6.9 per cent is the answer. Of course, through the work that we have done recently in reviewing the guidelines for how asbestos is treated and handled in schools, we have included all methodologies of working with LDB in the updated guidelines for contractors and for school folk, in order that that can be managed correctly.

Mr WILSON: Member for Moggill, I should add that I did not recognise the product name or brand name you used, but 'low density board' certainly is an expression familiar to me. Low density board has been added to the BEMIR and was, indeed, published in the *Courier-Mail* and on the website in late November of last year, and recently updated I am advised by the director-general.

Dr FLEGG: Minister, how many programs for students at risk of disengagement are under threat of closure because of your government's funding cutback?

Mr WILSON: I reject the implication of the question that there are any at risk of closure. I will ask my director-general to address the detail of that.

Ms Grantham: In the next six months we will be actually looking at all the provision that we fund across a range of non-government organisations to determine the viability in terms of the outcomes they actually achieve for students. We are looking for the effective work that goes on in the various activities that are provided across regions so that we can determine that what is actually happening to support the young people is effective and, if it is not effective, then we are able to redirect our funding to programs that are effective. At the moment, all services have been notified that we are reviewing that in terms of effectiveness, so that we ensure that outcomes for students who have disengaged from formal learning are the best that they can be.

Dr FLEGG: Minister, in reference to the Flexible Learning Services funding for programs such as GAP, which is a wonderful program up on the Fraser Coast for students—

Mr WILSON: Excuse me, Mr Chairman. I have not commented in this regard so far, but it would be helpful—

Dr FLEGG: Can I finish my question, Mr Chairman?

CHAIR: Is this a point of order?

Mr WILSON: Yes, it is a point of order. I have not bothered raising this before, but it is a bit difficult and it would be helpful if the member referred to the SDS and the relevant part of the SDS, the document that is actually being examined by the committee.

CHAIR: I would ask all members of the committee to take note of the minister's request, which is in line with normal practice.

Dr FLEGG: Thank you. This is in relation to Flexible Learning Services funding. This program on the Fraser—

Mr WILSON: Point of order, Mr Chair. We have an estimates document and the portfolio statement in it. My understanding is that any question asked should be referenced to the document that is actually the subject of examination before this committee. I have not bothered to raise it before, but it is becoming more difficult to address the relevant part of the document, particularly for my department, if there is no reference given to it.

Dr FLEGG: It is SDS 3-68. The funding for this program has, in fact, ceased. It is a 10-year-old program with a dedicated teaching staff from Urangan State High School and it has been left to survive on donations from local service clubs. It takes up to 50 high-risk Fraser Coast youths who are at risk of disengagement from education. Your funding has already been ceased for this important project for youths who are in very serious risk of disengagement from education. You do little enough for disengaged youths. Do you have any understanding that, without any continuity of funding or any commitment from your government for continuity of funding, these organisations cannot maintain their teaching staff, which have been donated to them by state schools, or in fact have premises, operate leases or keep operating?

Mr WILSON: I thank the honourable member for the question. For Flexible Learning Services, \$2 million per annum was available in 2006 through to 2010. There are different vehicles by which support is given to disengaged children and students, such as Access to Pathways, \$5.25 million state-wide per financial year from 2006 to 2010; the Youth Support Coordinator initiative, \$9.6 million per annum provided in the 2010 through to 2012 financial years; more than 100 alternative education programs across the state, including 15 positive learning centres. The Queensland government has established more than 100 alternative education programs across the state, including 30 full-time equivalent teachers and the provision of nearly \$1 million of grants to 15 positive learning centres. PLCs are simply one provision in an array of regional services that provide alternative programs for students. We strongly support this area of initiative and activity.

You will recall that I mentioned my interest in Professor Mills's report and my desire for the department to engage closely with him. I will ask the director-general to add further detail, but I would be surprised if the honourable member was taking a position that opposed the department ensuring that public funds are being expended in the most efficient and effective way to achieve the service objectives and the program objectives to which those funds were allocated, to make sure that we get the maximum benefit for young people in disengaged circumstances.

Ms Grantham: Many of the flexible learning opportunities that are across our regions are funded from various sources. Some are from the Department of Communities, some are from the Department of Education and Training, and some are from the Commonwealth. I believe that the one that the member has referred to has been a Commonwealth funded program, which has discontinued, but I need to check that and come back to you on it. The state has been working with that program by supplementing some resources to enable it to keep going this year. We have asked for additional information to be provided to the member as soon as we can.

Dr FLEGG: Thank you. Again referring to page 3-68, Minister, recently your department released alarming figures on suspensions and expulsions, and the budget needed to support education for re-engagement of these students. Another Fraser Coast program—this is the one that is federally funded; the other was state funded—for suspended eight- to 13-year-olds faces closure when its federal funding of \$196,000 per annum ceases. There are 188 wonderful local volunteers and youth workers giving their time freely to support these eight- to 13-year-olds who have been suspended from schools on the Fraser Coast. I table a desperate appeal letter from the local services club, which is trying to keep this program open. Minister, the results of these volunteers are very impressive. Are you prepared to allow a program like this to be closed for lack of support?

Mr WILSON: Can I ask for clarification from the honourable member. Did I hear the member say that the program in respect of which he has just asked a question is a federally funded program?

Dr FLEGG: I am asking in relation to the problems of children who are suspended from state schools and the support that currently they receive from a federally funded program that faces closure because it is no longer being funded, but which is providing support to Fraser Coast students who are eight to 13 years old and who have been suspended from your state schools, Minister.

Mr WILSON: So the member is asking me for an explanation—

Dr FLEGG: Are you prepared to let it close or will you do something to save the program, is what I am asking.

Mr WILSON: The member is asking me for an explanation about the federal budget and the federal funding that is provided or not provided—

Dr FLEGG: That supports your suspended students.

CHAIR: Order! You have asked a question and the minister is entitled to answer it in whichever way he thinks appropriate.

Mr WILSON: The approach that the department takes is wanting to put the child front and centre, no matter what might be the challenges that they experience in getting the best education possible. I am not personally familiar and directly familiar with the circumstances of the particular case that you raise now. It would not be reasonable for you to expect me to be. Our approach is to make sure that, if we can work with programs such as that program, which I am happy to say—

Dr FLEGG: The letter I tabled was sent to the Premier. I would expect you to be familiar, actually.

Mr WILSON: I would appreciate the opportunity to have an extension of time should I need it, given the interruption. What I am indicating to you is that the department's approach is to work as effectively as it can with services such as this and other services, albeit that they are either fully or partially federally funded at the moment, to endeavour to have them all continue to operate and to be successful and effective, because we are concerned to ensure that we do what we can, not just for the students who are in a mainstream school setting but also for students who respond better in a different or alternative learning environment. Have no misapprehension at all that the department would bring a very positive attitude to understanding what is, in fact, happening on the ground and in detail to the particular program that you have raised.

I assume that the document that you have just now tabled has been in your hands longer than several minutes. You would understand that it would be unreasonable for you to expect me to read that document just tabled and to offer an opinion on it here and now. I will ask the department to consider the document and provide proper advice in due course on the basis of the principle that I have just outlined to you. I take it that you might have had the document at least for a day or two, so you have been in a position to consider the content of the document.

Dr FLEGG: The document is a letter to the Premier.

Mr WILSON: You have been in a position to consider it. We will consider it and I will be provided advice on the basis of it.

CHAIR: The time allocated for non-government members' questions has expired. We will resume government questions. Minister, I asked you a question earlier in relation to the State Schools of Tomorrow program and how it relates particularly to the Toowoomba State High School. I invite you to further address that question.

Mr WILSON: I partially responded to the question on a earlier occasion. I spoke about the integration of Innisfail State High School with Tropical North Queensland Institute of TAFE. Construction of that combined three-part facility is complete. As well, there is a mixture of new and refurbished buildings at 14 renewed schools and the flagship new Brisbane Bayside State College, which also opened for the start of the new school year. Renewal continues on the Darling Point Special School and the Wynnum State High School. Old Wynnum North State High School is undergoing complete redevelopment, combining innovative new facilities with the history and character of Lindum, Wynnum North and Wynnum Central state schools to form the new Wynnum State School.

SSoT has also delivered \$120 million in maintenance works, \$30 million over three years for employee housing and \$90 million over two years to schools to upgrade external finishes. We will see a further \$200 million spent on the classroom renewal program, focusing on the internal renewal of classrooms, libraries, computer rooms and science laboratories across 305 schools throughout the state. An additional \$14 million will also be spent on the upgrade of science facilities at 17 schools. More than 800 general classrooms, libraries and computer and science rooms in schools across Queensland will benefit.

The project at Toowoomba State High School is an upgrade of science facilities at the school. Some \$758,000 has been allocated in 2010-11. Actual details of learning areas to be upgraded will be verified upon an initial school visit. Upgrades to existing science facilities will typically involve redesigning the internal layout of old laboratories to better support innovative trends in teaching and learning. The upgrades are to take place before the end of this calendar year. We are meeting our commitment to creating and supporting jobs, with over 2,300 jobs created in this year alone. We are also providing modern education infrastructure to improve teaching and learning environments, with parents and teaches alike reporting an increased sense of pride and enthusiasm amongst the students.

CHAIR: Minister, with reference to page 3-77 of the SDS and school staffing, can you inform the committee how many extra teaches are in our schools this year compared to last year?

Mr WILSON: I thank the honourable member for the question. The departmental payroll has increased by 585 full-time equivalent personnel between June 2009 and July 2010, providing further employment opportunities for Queenslanders. Over 98 per cent of these staff provide front-line services. The increase is due mainly to enrolment growth in state schools which has resulted in increases in the numbers of teachers and teacher aides. The largest growth occurred in teacher numbers. In all, increased enrolments in primary, secondary and special schools and in schools of distance education resulted in 296 extra teacher positions, representing nearly one per cent of the total teacher numbers in 2010.

School teacher numbers in 2010 also grew as a result of the government's Science Spark initiative, where provision was made for 100 additional teacher numbers to promote science in primary schools. This is part of a \$43 million three-year program. The department also provided an extra teacher allocation of 0.5 full-time equivalent to one-teacher schools with more than 20 enrolments in 7 or 8 year levels. In 2010, an extra 10.5 teacher full-time equivalents were provided to 21 one-teacher schools that met the criteria. Teacher aide numbers also grew as a result of the government's initiative to provide additional time to primary schools over the next three years at a cost of \$43 million. That is different from the other \$43 million I mentioned. The first 5,000 hours per week of additional teacher aide time was rolled out to schools. The Bligh government is committed to making sure students in Queensland state schools are fully supported in their studies. Most of these staff increases are front-line staff and support roles.

Ms JARRATT: Minister, I refer to page 3-68 of the SDS, where it is apparent that bullying is a real issue in our schools. Minister, you spoke previously about cyberbullying. What is the department doing to ensure that schools can take tough action to stamp out bullying in all its forms?

Mr WILSON: I thank the honourable member for the question. The Bligh government is committed to ensuring state schools remain safe places for all students to learn and all teachers to teach. That is why this government is introducing a new power for principals to decide to exclude a student. The principal's right to make decisions about the discipline within their school, including the exclusion of students, is key to confirming their authority to the school community, driving improved school performance and increasing principal accountability.

Giving principals back the power to make these decisions makes for good management in our schools. Principals are on the ground making tough decisions every day about what is best for our students. These new powers send a strong message to students and the school community that poor student behaviour, in particular behaviour that puts other students at risk, is simply not acceptable. Zero tolerance is the approach. For example, it would be inappropriate for a principal to make the decision to exclude a student where the principal was involved in the incident which led to the exclusion. However, it is also important that students who are excluded from a state school are able to continue their education at another school or education and training facility as quickly as possible.

New case management guidelines have been developed between the department and the Department of Communities to address this potential for disengagement of students who experience a suspension or an expulsion. We are really tightening up on the monitoring processes for students. We do not want them or any student to be slipping between the cracks. This means that excluded students will be supported to continue their education through alternative learning programs or distance education.

These new principal powers, in combination with the Queensland Schools Alliance Against Violence and other existing departmental initiatives, are the key to maintaining safe school communities on the one hand and also ensuring that students of all backgrounds and behavioural circumstances have the opportunity to get the education that will make a big difference in their lives.

CHAIR: Minister, I just remind you that you are at liberty to refer any answers that you might wish to to your director-general, bearing in mind the distress you might be in with your voice at the moment.

Mr WILSON: I will soldier on. I will not be able to talk to anyone at the end of the day perhaps.

Ms JARRATT: Minister, you have my sympathy and my empathy at the moment. I would like to refer back to the Flying Start discussion paper and page 3-71 of the SDS. Can the minister provide information to the committee about the review of teacher education that was proposed in the Flying Start discussion paper? What does the review hope to achieve and who is involved?

Mr WILSON: I thank the honourable member for the question. A review of teacher education in school induction programs was one of the projects outlined in the state government's green paper on the future of education, *A flying start for Queensland children*. I have appointed two consultants whom I referred to earlier, Professor Brian Caldwell and Mr David Sutton, as joint leaders of the review. Professor Caldwell is renowned nation-wide and internationally for his vast experience in teacher education, and Mr Sutton is a respected education practitioner, having been principal of Brisbane State High for 10 years and, I understand, being a teacher in residence at the Queensland University of Technology. Both Professor Caldwell and Mr Sutton have an understanding of the tertiary and school environments and their appointment will provide a balance of perspectives and a breadth of expertise.

To provide advice, feedback and guidance to the review leaders, a reference group has been established, chaired by the Department of Education and Training director-general, Julia Grantham. The group consists of representatives of universities; the state, Catholic and independent school sectors; the Joint Parent Committee; the Queensland College of Teachers; the Office of the Chief Scientist; education unions; and education experts. I might say in passing that this is yet another illustration of the multiple ways in which the three sectors of education in Queensland work very closely together. The reviewers are to report to the government detailing their findings and including recommendations for future teacher education and induction provision within Queensland.

The government is determined that all Queensland children and young people get that flying start to learning that they deserve. Research shows that teacher quality is the greatest single school based influence on student engagement and achievement. Improving teacher quality and improving literacy and numeracy go hand in hand. The leaders of this review will go into the classrooms and lecture halls on the ground where teachers are trained and report back. The review of teacher preparation will help to ensure that we engage, develop and retain the best beginning teachers. It will create confidence that their preparation readies them for the ever more complex demands of Queensland schools and early childhood settings.

I must say the many, many teachers that we do have in the state education system and in the other two sectors do a top-class job in sometimes very, very difficult circumstances. This initiative is aimed to give not only better guidance to the universities' education facilities for not just the new teachers coming out but also guidance about how professional development can be an added support in these three sectors.

Ms JARRATT: Minister, I refer to page 3-69 of the SDS and Queensland TAFE institutes. TAFE has always been crucial to the delivery of training in Queensland. How is the Bligh government ensuring that Queensland industries are being listened to and are getting the training product that they need to meet their demand for skilled labour?

Mr WILSON: I thank the honourable member for the question. We know that TAFE's success hinges on its ability to deliver the skilled workers industry needs, not just now but over the next five to 10 years—and that addresses the observations the member for Gladstone was making earlier. The industry is best placed to help us create a responsive and effective system. That is why I recently met with industry leaders from the construction, energy, automotive and manufacturing industries in a round table forum. The objective of the forum was to seek the views of industry and establish their expectations of TAFE as a significant training provider.

I was interested to hear that TAFE is the preferred provider in many circumstances for training to industry. However, lack of flexibility in training delivery and unresponsiveness to industry needs were two significant issues that were raised, and these issues have also been raised in the Trade Training Task Force, which was set up by the Premier in late 2008 to deal with very different circumstances, when we were trying to keep apprentices in employment and in their apprenticeships. Now the challenge is shifting to the other curve.

Industry members were keen to work with TAFE Queensland to ensure that students received industry-current training and that the skills of teachers within the TAFE system were also up to date. Industry generously offered to help ensure that teachers were up to speed with the latest on-the-ground knowledge and techniques by providing placements. Industry has also made it clear that they are willing to work in partnership with the government to strengthen the future operational effectiveness of TAFE. However, there is a strong expectation that the institutes will keep pace with industry requirements and understand the competitive pressure that industry has experienced in the globalised marketplace. Further round tables will be convened across industry areas so I can hear firsthand industry's experience with TAFE and their expectations for the future delivery of training. These will be captured also in the review that I announced yesterday on the delivery of training across the three sectors here in Queensland.

TAFE Queensland is responding to these challenges in a number of ways. TAFE institutes are working closely together so that enterprises will be able to access multiple points of state-wide training delivery from a single point of contact with TAFE.

CHAIR: Thank you, Minister. The committee will now break for afternoon tea and we will resume at 3.30 pm.

Proceedings suspended from 3.15 pm to 3.30 pm

CHAIR: We will now resume. It is time again for questions from non-government members. I call the member for Moggill.

Mr WILSON: Before you do that, can I clarify an answer I provided earlier to the member for Gladstone in relation to User Choice. I think I mentioned a figure of \$250 million in the User Choice program. I transposed the number in my mind; it is actually \$205 million. We are heading in that direction.

CHAIR: Thank you. I call the member for Moggill.

Dr FLEGG: My question relates to the absurd situation involving \$75,000 of National School Pride funding administered by your department which was given to Glenore Grove State School for two plastic play forts. The P&C were not permitted to just go to the playground equipment company and buy them. The project was administered initially by John Joyce of your department and most recently by Ken Ogg, I understand. They put the project for the two plastic play forts out to a construction company, Fixed Constructions. They put the project out to a playground equipment company, Playsafe, by which stage only \$65,000 of the \$75,000 was still left. The children have had nothing to play with all year.

Finally, work has commenced but they have been told that they cannot have the soft-fall protective underlay and that they must chose between sand and bark because there is not enough money. Minister, do you agree this is a farce that is just wasting taxpayers' money?

Mr WILSON: Yet again, the member is adopting a position of attacking the BER program by imputing irregularity simply by running the statements he is just making. By the way, which SDS paragraph does this relate to? Could you assist the department so that they can give me advice on this?

Dr FLEGG: Minister, are you disputing that National School Pride funding is administered in the budget of your department? This is a joke. There is no requirement to put a paragraph to anything. We are meant to have a wide-ranging discussion of your budget. If you do not know that National School Pride is in your budget, something is horribly wrong.

CHAIR: Order! I thank the member for his advice. The position is that the minister is not required to answer a question if the subject matter is not properly identified, so the minister does not need to answer the question. The honourable member does not need to specify it, unless he really does want an answer to his question.

Mr WILSON: I am quite happy for the question to be answered. It would aid with the provision of the answer if the member could comply with the custom and practice of the House—

CHAIR: All members are encouraged to do so.

Dr FLEGG: I have identified the program that the money is spent under—National School Pride.

Mr WILSON: The member should identify the section of the SDS to which he is referring. I continue my observation that the member has had an extraordinary opportunity for this particular issue to be addressed, but he is using his time to continue to attack the BER program. I will ask the director-general to address the detail of this particular matter.

I think it is extraordinary that at every opportunity the member uses allegations of a single instance to denigrate and put at question the value for money and the other good things that are being achieved by this \$2.1 billion program. He is attacking the program, not just National School Pride but also the P21 program. At a state level, he attacks the BER program at every opportunity, whilst in his own backyard he has been happy to accept nearly \$22 million across 40 projects in nine schools in his own electorate. Not only that, he is very happy to write to me about this, as he did on 11 June 2009—it did not take the honourable member long to get out of the starting block after the announcement was made of the BER program—when he noted that the latest round of federal BER funding—

Dr FLEGG: Point of order, Mr Chair: I asked a question in relation to playground equipment at Glenore Grove State School. Not in their wildest dreams could anyone believe that this is relevant to the question that was asked.

CHAIR: The minister is entitled to answer the question in the manner he sees fit.

Mr WILSON: I think it is appropriate to illustrate the hypocrisy of the honourable member. He wrote to me acknowledging that Moggill State School was receiving funding for a hall and other services. He said that he was delighted for this to be received in his school and he then went on to say—

I am aware, however, that state funding has been offered to the school community to partially fund this program prior to the BER program. By the way, Minister, can you advise me whether the original funding offer from the state government towards this hall can still be made available on top of the BER funding?

I indeed was happy to write back and say that, yes, this school is going to get \$432,000 of state funding on top of the BER funding. The honourable member is happy to lobby for additional BER funding and state funding for schools in his own backyard, but on the other hand at a state level he uses every instance of alleged noncompliance with practice to attack the BER program. I will ask my director-general to address the specifics of this particular matter.

Ms Grantham: The tender for the \$75,000 was a competitive tender process. The person who won that tender then subsequently subcontracted that to an installer of playground equipment. There was a belief at the school that there was a discrepancy of \$10,000; however, that was not the case. The tender was won at \$75,000. The school signed off on what the scope of that tender was, and that subsequently went to the market. The fact that the playground equipment itself was delivered for \$65,000 is a matter for the person who won the competitive tender and who delivered it at a price less than what he had tendered for through various means.

Dr FLEGG: Minister, I note that your budget has increased from \$7.217 billion in 2009-10 to \$7.475 billion in 2010-11, an increase of approximately 3.6 per cent. The overall budget expenditure for Queensland is up by around six per cent. This shows that education is declining as a proportion of the overall budget and that the increase will do little more than cover already announced pay rises. Why is your government reducing the importance placed on education in this budget?

Mr WILSON: The member puts forward an extraordinary proposition—that there is somehow a decline in the contribution out of the state budget to Education and Training. The only other section to significantly increase beyond Education—there might have been two—is the health department. My

recollection is that the Health budget was six to eight per cent. The two departments—Health and Education and Training—consume 50 per cent of a \$40 billion plus budget. The member puts the proposition that, because Education and Training did not increase by the same percentage as Health or perhaps one or two others, somehow that is a relegation by the government of the importance of Education and Training.

Dr FLEGG: It is.

Mr WILSON: The member needs to understand that one-quarter of Queensland's state budget is being put into Education and Training—\$9.5 billion. That is \$10 million a day being spent on capital works projects in Queensland state schools. It is \$14 million a day being spent on the wages bill for Education and Training. It means a significant improvement in a lot of programs, including the provision of \$135 million for the building of two schools and the remodelling and refurbishment of another eight schools. There are three new schools under the PPP project. There is substantial funding and a budget commitment.

No-one can seriously suggest that a range of reform initiatives are not being undertaken across the five main sectors of this portfolio's responsibilities—early childhood, the schooling sector, the training sector, tertiary education and Indigenous education. Indeed, a quarter of the Queensland budget has been committed to this portfolio. We are putting parents and children front and centre. We are standing up for state education, unlike the honourable member, who seeks every opportunity to attack state schooling. I have never once heard him celebrate the success and achievements of the state schooling sector—never once. I hear him far too often attacking what parents, teachers and students are doing in the state school sector.

Dr FLEGG: Minister, in relation to the current payroll system for Education Queensland, can you tell the committee how long the current system will be supported and when a new system is planned?

Mr WILSON: I will ask my director-general to address that question.

Ms Grantham: In January 2010 we upgraded our existing payroll system—The Solution Series, which we refer to as TSS. The new payroll system was implemented and has been up and running. We have intentions to improve on TSS and we will continue to sustain it into the near future. We have no intention or need at this stage to look at a different model for our payroll.

Mr WILSON: You should know that it is not the SAP system.

Dr FLEGG: I am very concerned that you will be discontinuing performance measures for students with disabilities in your budget. The figures in the budget this year, the last time you are going to release them, show that we have four fewer special schools but more students in special schools, a dramatic increase in students with a disability in mainstream schools, a dramatic drop in spending per student and an alarming drop in parent satisfaction for disabled students in state schools from 84 per cent to 78 per cent. Isn't it true that the only reason you will discontinue these performance measures for students with disabilities is that they are highly embarrassing for your government and show a lack of commitment to supporting families with disabled students?

Mr WILSON: The member's question is totally misconceived. There are a number of new performance measures that are being adopted across the portfolio statement consistent with what is being introduced at a whole-of-government level. In some respects, there are measures being discontinued because they are being replaced by new measures. I will ask the assistant deputy director-general, Jeff Hunt, to address the specifics of the member's question, but be assured that this department and the government are committed to identifying the most relevant and informative performance measures across all our areas of service delivery because we want to make sure that the high expectations we set for the performance of the portfolio—and which the community expect us to pursue—are indeed being pursued and that we are making improvement year after year. That is why we are keen to ensure that we have the most relevant and appropriate performance measures, to disclose more effectively the quality of performance—the very opposite of the assertion by the honourable member.

Mr Hunt: As the minister points out, the move from the measures from the previous SDS to this is consistent with the whole-of-government initiative to move from what were outputs and performance measures to services and service standards. In that regard, we have taken a fresh look at what are the measures that are involved in the SDS and attempted to streamline the measures that we are using right across the department. In a recent report from the Queensland Audit Office it encouraged us to review—

Dr FLEGG: My question referred to measures for children with disabilities, I just point out.

Mr Hunt: I am getting to that. In terms of measures for students with disabilities, the data that was previously contained in the SDS are seen in terms of the whole-of-government approach in relation to a lot of activity based measures—measures that we will report elsewhere such as in the department annual report. They are involved in every school's annual report as well and published on their website by 30 June each year. The measures that are being used now are an attempt to better align right

through the organisation what are the essential elements we are wanting schools to pay attention to. Students with disabilities play an important role in our service delivery, and they will continue to be a strong focus of our portfolio.

In terms of the measures, the number of special schools have changed over recent years because of the classification of some schools. The hospital schools previously were treated as special schools. They are no longer treated in our counting methodology as special schools. The satisfaction measures will continue to be reported on the department's annual report and on the department's website.

Mr WILSON: If I could direct the honourable member to the annual report, that also contains a lot of information on performance measures including in this area. We are interested and committed to transparency in this department, and we are making more and more information available to the public, not less, as implied by the honourable member.

Dr FLEGG: We don't get to examine that at estimates committees, Minister.

Mr WILSON: That is why we have published six packages of additional information only about a month ago on top of the eight packages of information that were published last year. We are committed to transparency and we will continue to be.

Dr FLEGG: Minister, with reference to the Southbank Institute of Technology built at staggering cost to the taxpayers, what connection does the minister make between the performance in the last year, which saw a decrease in students, an increase albeit probably temporary in full fee-paying international students, a decrease in the cost paid per competency, a decrease in state funding and an increase in user charges with the massive decrease in student satisfaction?

Mr WILSON: The honourable member is moving to another favourite area of constant denigration and attack by the Liberal National Party. What is this favourite area? Training. The ghost of Santo Santoro walks in this place. He is the man who as the then minister sought to dismantle the TAFE system here in Queensland. The level of disinterest that the Liberal National Party takes in training and in TAFE is well illustrated by the fact that save for several questions asked in the estimates process—questions on notice—the honourable member has asked I think two, possibly three, questions in relation to training since the March election of last year—so disinterested is the honourable member and the Liberal National Party in TAFE, in training and in the Southbank Institute of Technology.

Dr FLEGG: I raise a point of order, Mr Chairman. I cannot let that go unchallenged. I raised many questions about training here in this estimates committee last year—

CHAIR: What is the point of order?

Dr FLEGG:—and that is misleading to this committee to make that assertion.

CHAIR: There is no point of order.

Mr WILSON: I want it to be well understood that we are very committed to the Southbank Institute of Technology and to TAFE generally. TAFE funding over the last four years has increased 43 per cent. This is based upon the Queensland Skills Plan. Students in Queensland TAFE pay one of the lowest amounts of TAFE courses—around about 6.7 per cent of course fees—across the country. TAFEs are moving to a demand driven model, and we want to make sure that TAFE, including Southbank Institute of Technology, is providing the skills and the training needed by industry and workers.

In addition to that, the number of registered training organisations which are more available and accessible under training arrangements here in Queensland over the last four years has increased by 34 per cent. Let no-one be in any doubt that we are committed to Southbank Institute of Technology, to TAFE generally and to the training sector. It is a Labor government that makes the positive difference in the training area—always has and always will. It is the Liberal National Party that looks to attack every element of the training arena.

Southbank Institute of Technology, like any other institute of TAFE, will experience fluctuations annually and on a five-year cycle between different client groups and different types of students looking for different training. What the honourable member needs to understand is that from year to year and from five-year to five-year periods there is a significant fluctuation in the number of apprentices and trainees that are sought in different industry sectors, reflecting the economic circumstances of the time.

CHAIR: The time for that period of non-government members' questions has expired.

Mrs ATTWOOD: Minister, I refer to SDS 3-84 and the total budget for vocational education and training, VET. How much has the VET budget increased this year compared to last year, and what is the VET budget being spent on this year?

Mr WILSON: I thank the honourable member for the question. Investment in vocational education and training helps support Queensland's economic prosperity. We want to ensure Queensland's workforce is geared up to meet the present and future requirements of our state's dynamic economy. In

2010-11 recurrent funding in VET will increase by \$22 million to a total of nearly \$1.4 billion—that is into VET as a whole. This includes a state contribution of \$733 million and other revenue sources of \$650 million.

The government will provide funding of over \$500 million for VET including apprenticeships and traineeships through the public provider network of TAFE institutes, statutory TAFE institutes like Southbank Institute of Technology and the Gold Coast Institute of TAFE, the Australian Agricultural College Corporation and private registered training organisations which overall do a great job as well. A contribution of \$9 million in 2010-11 will be made towards the government's Green Army initiative for training projects that have significant environmental and community benefit.

To support the training and education needs of Indigenous Queenslanders, the department will continue to work with the Australian government Indigenous adults in regional and remote communities program by providing state funding of \$2.7 million. The Bligh government's recurrent funding will leverage additional contributions from the Australian government and individuals and enterprises as part of the National Partnership Agreement on Productivity Places Program to provide combined funding of \$259 million over four years.

The Queensland government will provide nearly \$114 million to fund the Capital Works Program to provide better facilities for the training sector. This is in the TAFE area. That is an illustration of the government's commitment to TAFE being front and centre as a public provider of training in Queensland throughout the state. This includes funding of \$36 million to continue the development of SkillsTech, Australia's trade campus at Acacia Ridge, and \$24 million to continue development of the Cairns campus of Tropical North Queensland Institute of TAFE. \$13 million will be invested to complete the development of the Coomera education precinct of the Gold Coast Institute of TAFE. Funding of \$10 million will be provided to continue the development of a major trade and technical skills campus at Mackay and \$6 million to redevelop the Bundamba campus of the Bremer Institute of TAFE. In addition, \$3.4 million will be invested for IT infrastructure and major software development to enhance the training sector information technology capability.

Mrs ATTWOOD: Sounds good, Minister. I refer to SDS 3-69. TAFE Queensland is a big system and far too often the great things it is doing go unnoticed. What is the Bligh government doing to ensure TAFE continues to be a leader in the delivery of training into the future?

Mr WILSON: I thank the honourable member for the question. As I say, the Queensland government is committed to a strong and vibrant TAFE system. We want a TAFE system that delivers the skilled workers industry needs and maximises the employability of Queenslanders. As we emerge from the economic slowdown associated with the global financial crisis, it is vital that we have a skilled workforce to help support renewed growth in Queensland. With that in mind, I have asked the department to initiate a range of actions designed to position TAFE in the longer term as a system which can ensure Queensland's industry sectors have access to a range of skills from a well-trained workforce. These actions will build on the ethos of a partnership in skills development between government, industry and individuals.

To improve communication between TAFE and industry, the department will establish a TAFE single point of contact for large employers and industry associations so that opportunities can be better pursued. Strategies to encourage greater cooperation between TAFE institutes across the state are also being put in place. Some collaboration strategies already include a partnership between Central Queensland Institute of TAFE and Southern Queensland Institute of TAFE—the member for Gladstone might be particularly interested in this one—to provide training for the liquefied natural gas and coal seam gas industry; collaboration between the Sunshine Coast Institute of TAFE and the Wide Bay Institute of TAFE to deliver training to the water and utilities industry; a partnership between Brisbane North Institute of TAFE and approximately seven other TAFE Queensland institutes to deliver online or distance delivery from a single point of access; and collaborative staffing arrangements across a number of Queensland institutes to support and deliver training under the Australian-Pacific Technical College initiatives. What we see is 13 institutes across 93 campuses working more on a collaborative network basis.

Developing closer skills between TAFE and industry might also involve TAFE accessing the latest technologies through industry to ensure students have the most current and relevant training. Placing TAFE teaching staff in industry for extended periods to ensure their skills are current is another option being explored. Finally, it is also important that TAFE has appropriate governance arrangements to ensure both the long-term viability of the system and responsiveness to industry needs. These arrangements will build on the learnings identified through the transition of the Gold Coast Institute of TAFE and the Southbank Institute of Technology to statutory authorities. In order to succeed financially, TAFE institutes must have the right scale and ensure flexibility in the products and services they provide. With this in mind, plans for TAFE governance arrangements are being revised.

Mrs ATTWOOD: Minister, with reference to SDS 3-83, how does Queensland compare to the rest of the country when it comes to school based apprentices and trainees, and what is the importance of having training integrated into the senior phase of learning?

Mr WILSON: I thank the member for this question. This is a very important area. The success happening here would not be possible without the present Premier when she was education minister introducing Education and Training Reforms for the Future, which created the opportunity for vocational education to take place in a far bigger way in our secondary schools.

School based apprenticeships and traineeships are an important part of vocational education and training programs for Queensland secondary school students. They also form an important part of the Queensland economy and building and developing the skills needed for the future. As the economy strengthens we need to ensure we are training and keeping apprentices and trainees in key skill areas.

Queensland has one of the strongest track records in Australia. We consistently have—and this is the figure—more than 40 per cent of the nation's skill based apprenticeships and traineeships when we have about 21 per cent of the population. You will not hear the Liberal National Party celebrating that extraordinary result.

We know that school based apprenticeships and traineeships are not just effective in assisting young people into trade jobs when they leave school. Young people who take up school based apprenticeships or traineeships also become more motivated at school and develop workforce skills, knowledge and confidence. These skills and attributes are important whether they go on to further education, training or employment.

Commencements of school based apprenticeships and traineeships have remained steady in 2009 despite the effect of the global financial crisis on the labour market. While there was a slight decline in commencements of school based apprenticeships from the 2008 levels, a growth in traineeships helped to maintain the overall 2009 commencements of almost 9,000 students.

Indigenous students are one group of students who have benefited in particular from the opportunities that school based apprenticeships and traineeships provide. Indigenous young people's participation in school based apprenticeships and traineeships has grown from a base of 416 in 2006 to 771 commencements in 2009. This represents a growth in commencements of 85 per cent. That is also something to celebrate. The government remains committed to ensuring students in the senior phase of learning have the opportunity to pursue a diverse range of vocational and educational pathways, including school based apprenticeships and traineeships.

Ms STONE: I refer to the SDS at page 3-69. Will the minister please provide details of the proposed Queensland skills commission and the aim of the commission?

Mr WILSON: I thank the honourable member for the question. Ensuring Queensland has a well-trained workforce with the skills industry needs is critical to the economic prosperity of the state. In the coming year the Queensland vocational education and training system will enable some 60,000 students to complete qualifications at or above Australian Qualifications Framework certificate level 3. Over 35,000 will complete an apprenticeship or traineeship.

To ensure we have the workforce needed to meet economic growth and industry needs for tomorrow's Queensland, we need to do more. The government is determined to ensure that three out of four Queenslanders aged 25 to 64 will hold trade, training or tertiary qualifications at certificate level 3 or above by 2020. A critical element is that we skill Queenslanders for the future.

As announced by the Premier on 9 June, we will create a Queensland skills commission, to be known as Skills Queensland, to bring together key industry leaders to direct government investment in skills and employment programs and lead reform of the vocational education and training system. The model that will be closely examined for guidance in developing the skills commission is exactly what is happening under the Energy Skills Queensland centre of excellence for the CSG/LNG industry.

We need to ensure Queensland is able to keep pace with and anticipate the demands of a growing economy. No government can achieve this without a genuine partnership with industry that supports industry investment and aligns training programs to real skills and real jobs. The creation of Skills Queensland sends a clear signal to industry that they will have a greater say in the direction of skills development in our state. We want that to be the outcome.

We are already seeing the benefits, as I have just anticipated, of this type of partnership through the coal seam gas and liquefied natural gas industry training program—the \$10 million program. Industry will match the government's contribution towards training workers dollar for dollar. Skills Queensland will also develop vocational training and labour market programs, manage the apprenticeship and traineeship system and plan skilled migration.

The proposal for a skills commission was developed in collaboration with the Premier's Jobs Squad, which comprises representatives from major industry sectors, including the Australian Industry Group and the Housing Industry Association, as well as a number of other important stakeholders across both employer and employee organisations. Skills Queensland will be a strategic group of industry leaders and will include the directors-general of Employment, Economic Development and Innovation and my own department. We aim to have Skills Queensland up and running by the end of this year. In the meantime, a steering committee is being established to assist in that transition.

Ms STONE: I refer to page 3-70 of the SDS and the reform of funding arrangements for training. Can the minister please inform the committee about these reforms and how they will improve the alignment of training efforts with the demand for skills?

Mr WILSON: I thank the honourable member for the question. The Bligh government is indeed committed to ensuring Queensland's training system delivers quality training that is responsive to industry needs. We want to ensure Queenslanders can access training that gets them workforce ready and equips them with the skills industry requires. The User Choice program, which I have spoken of before in relation to another question, provides public funding for the delivery of accredited nationally recognised under the AQF—the Australian Qualifications Framework—entry level training to apprentices and trainees.

Although the 2006 to 2010 User Choice program was very successful, further reforms were timely to improve its ability to address the changing needs of industry and respond in a timely way to changing priorities. In September 2008 the department engaged PricewaterhouseCoopers to conduct an independent review into the existing User Choice framework. The department, through Skills Queensland, also conducted a consultation process with stakeholders which commenced in December 2009 and concluded in March 2010. This included 12 public seminars across the state plus one-on-one meetings with current User Choice providers and discussion with industry.

Based on the outcomes of the independent review and the consultation process with stakeholders, a new User Choice framework and model has been developed to address the most significant challenges. The 2010 to 2015 User Choice program, which commenced on 1 July 2010, will provide funding aligned to the skills needs of Queensland industries. A number of key principles underpinning the next five-year User Choice program include ensuring that the program is transparent, flexible, responsive, consistently applied and easily understood. The new User Choice arrangements will ensure real employer choice.

Ms STONE: I refer to the SDS at page 3-73 and in particular to the Pre-apprenticeship Skilling Pathway. What is the importance of the preapprenticeship model and what industries have chosen to participate in the new pathway arrangements?

Mr WILSON: I thank the honourable member for the question. This is another illustration of the innovation that the training industry, led by my department, is introducing into the training area. The Pre-apprenticeship Skilling Pathway was announced by the Premier in August last year as part of the government's jobs plan to create 100,000 jobs in Queensland. The pathway was introduced to assist young people looking for a career in the trades but finding it difficult to secure an apprenticeship during the economic decline.

The Premier set a target of 2,000 young people in training by June 2010. As of 30 June 2010 a total of 1,758 people have now either completed or are currently undertaking programs. This initiative has been a significant and positive step in training young people for jobs. I am advised that a more recent release of data, which will happen after today, will actually have a more up-to-date figure than the figure of 1,758 that I just gave. It is a time lag in the data collection and publication.

The Pre-apprenticeship Skilling Pathway has focused on skilling and preparing young people for jobs in key areas. Trade areas such as construction, manufacturing, engineering, automotive and electrotechnology will continue to be pivotal in providing the key infrastructure needed to fuel the state's economic recovery. For Queensland to have a sufficient supply of trade skills into the future that meets the demands of industry, particularly during periods of significant growth, we need to ensure we are increasing our skilling efforts now.

Industry has played a critical role in this initiative. Peak industry bodies, registered training organisations and union and government representatives have collaborated to develop customised industry preparatory programs that are providing the right mix of foundation and industry skills. I just interpolate here. Over 20 years, the highest level of cooperation that you will see across government, industry and unions is around the training area. They are equally committed to the outcomes that should be achieved at an individual worker level and at a industry level. It makes such a big difference to Queensland.

All programs under the pathway have received the approval of the Training and Employment Recognition Council so that the skills being developed will be recognised by employers and industry and will translate into real jobs for graduates. To date, 42 young people have already successfully transitioned into an apprenticeship in areas of construction and engineering. Over the next few months a steady stream of young people will emerge from customised industry specific training having undertaken intensive workforce opportunities.

CHAIR: I refer to page 3-83 of the SDS and apprenticeship and traineeship commencements and completions in 2009-10. By what percentage did commencements increase and how many apprentices and trainees have completed training since 1 July 2009? Minister, you have less than one minute to answer.

Mr WILSON: I thank the honourable member for the question. I am pleased to advise that for the 2009-10 financial year apprenticeship and traineeship new commencements have increased by approximately 11 per cent at 30 June 2010 compared to the corresponding period last year. Apprenticeship new commencements are up six per cent and traineeship commencements have increased by 12.8 per cent for this period.

School based apprenticeship and traineeship commencements are also up three per cent for the same period. Of particular interest is the January-June period this year, when apprenticeship new commencements have increased by the considerable margin of 28 per cent.

CHAIR: Thank you, Minister. The time for opposition questions has now arrived. I call the member for Moggill.

Dr FLEGG: In relation to non-government question on notice No. 1, I see that you are budgeting for yet another decline in apprenticeships in 2010-11. This is despite the economic recovery. Minister, do you not think people are sick of hearing about another skills plan, an apprenticeship task force—and I notice from your press release today that you are going to do another review—every year but only seeing apprenticeship opportunities for our young people going backwards?

Mr WILSON: I thank the honourable member for the question. The Liberal National Party seems to be in denial about the widespread impact of the global financial crisis and the fact that the return to the growth cycle will be patchy region to region and between industry sectors. There was an interesting letter to the editor in the *Courier-Mail* a couple of days ago. An electrical contractor was making the good point that at a high level the jobs growth in Queensland can look very positive but on the ground and region by region many workers, industries and employers are continuing to struggle.

The economic growth cycle has a direct impact on apprenticeship uptake. You cannot have an apprenticeship without a job. That is why we created the preapprenticeships training program that I spoke about a moment ago. It prepares in the classroom setting, the off-the-job setting, as much as possible a worker for the on-the-job training that could take place once they were able to obtain a job to which is connected their apprenticeship. I spoke only moments ago about 50-odd preapprenticeship individuals who have been able to transfer over into an apprenticeship.

The increase or decline in the take-up of apprenticeships is a direct proxy for the economic growth cycle that the economy is in. So to criticise the training sector or any one of the partners in the training sector and allege that those partners are somehow failing young people in the area of apprenticeships by talking about the decline or the fluctuation in apprenticeship numbers is totally to misconceive how the training sector works. The Liberal National Party has never understood training. It has always considered that there should be no public funding for training through TAFE. There is a 20-year history in Queensland—longer—about that. But workers know and even major industry associations understand that you must have a significant public provider called TAFE so that you can provide that flexibility that is necessary to cater for the fluctuations that take place through no fault of anyone as a result of the changing economic circumstances, jobs growth or jobs decline. Investment creates jobs. Employers, public or private, and government publicly funded training creates training places. They are two quite different things.

Dr FLEGG: Minister, I reference the relevant question on notice and the SDS at page 3-117 at note 26. Minister, why has your government sat idly by as the former federal education minister and now Prime Minister and the immigration minister, Chris Evans, have concocted this bizarre student visa scheme that makes students wait three to six months for issue of an education visa, a process that competitive countries like the US have actually accelerated down to just a few weeks; that dramatically increases the wealth students must show in their bank account, up to \$100,000 for some courses, before they can come here; and a bizarre country rating system that ranks a country such as Korea at different levels in different types of courses? This is in the process of hitting our universities, our TAFEs, our colleges and has crippled our international standing for education, one of the major industries and exports that this state produces.

Mr WILSON: The member has asked a federal government budget and policy question over which Queensland nor any other state has control. Indeed, the federal government has significantly reviewed the skilled migration strategy at a national level. Why? Because it is putting Australians first. What it is endeavouring to do by changing the guidelines for skilled migration is to ensure that overseas persons who wish to come to Australia under a visa to obtain training and then ultimately perhaps to stay in Australia need to be able to access training for skills that the Queensland and the Australian economy needs. That is the first priority. If the Australian economy does not need an extraordinary number of cooks being trained but we need a lot of carpenters being trained, how sensible is it to ensure through the migration plan that overseas persons wanting to access the training system in Australia and in Queensland are targeted at that skills shortage area as opposed to some other area where there is not a skills shortage either across the state or in a particular region?

I will ask my director-general to add further detail if she is wishing to do so on this point, but I just emphasise that the Queensland training system and the change in the migration arrangements by the federal government are all designed to ensure that people who are training in our system are training for the jobs that are needed in the Queensland economy.

Ms Grantham: The most significant change to the international education sector was the removal of hairdressing and hospitality from the skilled occupation list. Students who had intended to apply for the general skilled migration on the completion of their course based on the previous migration occupation demand list are now no longer eligible to apply for permanent or provisional GSM—general skilled migration. So they can no longer apply. As the minister has said, this is something the state has no control over. However, it does impact on our training provision, and for those people who are using this skilled occupation list to gain entry and remain in Australia their pathway has now ceased.

Dr FLEGG: Minister, I am concerned about your government's policy that will have the effect of making small schools in Queensland an endangered species. Schools such as Goovigen have increased enrolments and have been praised for their academic performance. In fact, I table a letter on the Premier's letterhead signed by yourself and the Premier to Goovigen. It has recently had a brand-new library and resource centre which is yet to even have its opening ceremony. It has spent money on shaded play areas and solar panels for the whole school. Why on earth would you be considering closing this school that has sufficient students to support a teacher and whose enrolments are not declining? Minister, is your policy so unclear that you would be unaware this school would be considered for closure prior to spending \$300,000 even though subsequent movements of enrolments at the school have been an increase in enrolments?

Mr WILSON: I thank the honourable member for the question. I addressed this issue in part earlier and I emphasise that the focus of the department is to ensure that, wherever children are being taught, whether it be any place in the state or whatever size school, they are maximising their educational opportunities. It is especially so in smaller schools, and the process that is happening this year is a process that has happened every year for the last 10 years. There is nothing new or surprising about the process. What is the process? The process is one whereby Education Queensland, in relation to a small number of schools where there is a low and trending decline in enrolments—where the enrolments may be lower than 15 or may be lower than 20—engages with the school community in a very extensive consultation process to explore with the community the question of how and what are the opportunities for building the long-term sustainability of enrolments at that school to ensure that the educational opportunities of students at that school continue to be supported.

One would readily understand that the breadth of curriculum and the other factors of educational provision at a school can be relatively constrained in a small school setting. However, we are putting the interests of the parents and children first by asking the question of the community of what are the strategies that can be adopted to ensure long-term sustainability. It would be negligent of the department to stand idly by and not from time to time discuss with the community what might be happening with the trend in enrolments. I well understand that parents and children and teachers associated with these small schools would find it an anxious process. I recognise that and that is why the department is very sensitive in the way in which it opens up and explores this question. There are several consultation processes and periods. The department will conclude its consultations at an appropriate time and then provide a report to me and then we can examine what are the paths forward for those schools, bearing in mind that the children's interests come first.

Dr FLEGG: Minister, I am concerned about your government's policy to make small schools an endangered species in Queensland, schools such as Gogango. Why on earth, Minister, would you consider closing this one-teacher school with growing enrolments, that is a 30-kilometre round trip to the next school and has recently completed but still yet to open a \$300,000 library resource centre? Can you understand the anguish of small communities like Gogango that are under threat of closure despite achieving enrolment increases and having seen money wasted on new buildings that would have kept the school open for years to come?

Mr WILSON: I reiterate my thanks for the question previously asked for this question repeated.

Dr FLEGG: It is a different school, Minister.

Mr WILSON: Yes, but the issue is the same. I have expressed the views that we have about the way in which we go about consulting with the school community. We want to make sure that we address whatever the school's needs may be to support the sustainability into the longer term. You raise questions about the expenditure of BER funding. We want to make sure that whatever we do we do not pre-empt the outcome of those consultations. If it were the case that the department held back from expenditure of allocated BER funds, then in effect the department would be saying that it had already reached a conclusion about the future of the school despite the fact that it was engaged in consultation with the parent body, and the department is not about to do that. The department wants to engage in genuine consultation and then consider what the options are. I will ask the director-general to add to that.

Ms Grantham: I will go through this just so the member can understand the sorts of things we look at through consultation and the feedback we want—that is, the local knowledge and intelligence around what the future of a community looks like. When we sit down with the community we actually look at the age cohort of all children who live in the community. We look at how many of them actually attend their school and in some cases—I am not referring particularly to the school you just mentioned—how many bypass that school and attend the next school, which may be six kilometres down the road. So we look at all of the factors that determine good asset management across Queensland, and our hope is that the school is sustainable and has a long-term future. Can I just say that numbers are not necessarily relevant. In the past if a school is a long way from the nearest school, has a dirt road and there are factors that we know, even though it is a small population we will sustain the school knowing that there is not another opportunity for education provision in that area. So we look at factors of distance, the type of road children would have to travel on as well as the number of children in the community and the future sustainability options that the community can identify.

Mr WILSON: I should add here for the benefit of the committee that all manner of representations are quite appropriately made in support of schools and their continued viability. Bartle Frere is a school in the Mulgrave electorate in respect of which last year there was very extensive consultation with the local member and representations made to the department and it is now a continuing school.

Dr FLEGG: Minister, I refer to the SDS at page 3-69 and 3-86 and refer to this publication of your department, *Education supplies catalogue: delivering best value for Queensland schools*, that offers to sell products like chairs and desks and the like to school P&Cs. Minister, in terms of this catalogue that you offer to schools to purchase their supplies from that says it is delivering best value for Queensland schools, would you say this offers the product at the best price, at value for money and uses the benefit that the government would have as a large purchaser?

Mr WILSON: I am advised that the document that the honourable member has referred to is a document of the Department of Public Works, not the Department of Education and Training.

Dr FLEGG: In relation to it, these products are being offered to your schools for purchase for the P&Cs. One of the products here is a Rotero plastic stacking chair, the type that will see an awful lot sold with the additional halls and libraries. It has a listed price here of \$113 per plastic chair plus \$13.30 GST.

I have obtained this through school sources, not Department of Public Works sources. I rang the supplier today and said I was a private person and I wanted to buy between one and 20 chairs. I was offered them for substantially cheaper than what they are being offered to school P&Cs. Other people inquired about the same chair and were able to source it at half the price it is being offered to school P&Cs. Why are we ripping off schools for such a simple product as a plastic stacking chair?

Mr WILSON: I thank the honourable member for the question. It is astonishing that such an allegation can be made simply on what you are saying here at this table. To be talking about ripping off—this is a question that perhaps the honourable member should have asked of the minister for the Department of Public Works. This is the Department of Education and Training. This is the estimates committee for the SDS for Education and Training. That is what is being—

Dr FLEGG: It is all right to hit schools for 126 bucks for a plastic chair?

CHAIR: Order! The member has asked his question; the minister is entitled to answer it in the way he sees fit.

Mr WILSON: This is the Education and Training portfolio. Of course, it is of paramount concern and of interest to the Department of Education and Training that the best value for money be available across a whole range of facilities, services and equipment through schools and training organisations. The department will stand by that principle and especially wanting to make sure that the department can support the role of P&Cs that are just so vital and important to a successful school.

If the honourable member is serious about a concern about relative pricing, the member has waited an extraordinary period of time until today's estimates hearing when that issue could have been taken up directly with the minister for the Department of Public Works, who has portfolio responsibility for the agency that generates that document, and pursued the allegation that you make at this table when the relevant minister is not at this table and ventilate and give oxygen to a claim that is yet to be substantiated. If you were serious about ensuring that P&Cs, students, parents and taxpayers generally are getting value for money, there are certainly far more effective ways for you to ensure that that takes place.

CHAIR: Thank you, Minister. The time for opposition questions has expired. We will revert to government questions and, as foreshadowed earlier, the questions will now relate to early childhood over the next period of one hour. Minister, I refer to page 3-74 of the SDS and funding for kindergartens. Given that the government's universal access to kindergartens plans are a major reform for early childhood education in Queensland, can the minister advise what work has been done to help transition the sector into the new arrangements?

Mr WILSON: I thank the honourable member for the question. The Bligh government is working to ensure a collaborative and joint planning approach to progressing significant early years reforms in Queensland. The reforms include the Toward Q2 initiative to provide all children with access to a quality kindergarten program and the implementation of the Council of Australian Governments national reform agenda.

I am pleased to advise the committee that, following close consultation with stakeholders, the government has confirmed arrangements for 2011 that will support DECKAS funded kindergarten services to make a smooth transition to the new scheme by 2012. Significantly, a real funding guarantee is being provided for all existing kindergarten services, with funding preserved at 2010 DECKAS levels plus indexation from July 2011. Services eligible for more funding under the new funding scheme will receive a higher level of funding from 2011.

In addition, in 2011 services will be required to deliver a program for at least 13 hours 45 minutes per week, transitioning to the full 15-hour program in 2012. Further consideration has also been given to program duration requirements for small part-time kindergarten services operating in regional and remote communities. In 2011 services in these locations are required to offer a program for at least 11 hours per week, 40 weeks a year. The age cohort of children able to attend a kindergarten program has also been relaxed for 2011, with services now able to enrol younger children where vacancies exist without receiving any less funding provided they prioritise and maximise four-year-old enrolments.

In addition, services will be able to deliver learning programs based upon their current curriculum program, Building Waterfalls, or the Queensland kindergarten learning guideline. The government is also providing funding to C&K, a key Q2 partner, to support the transition of the community kindergarten sector. In addition, information will soon be provided to each service regarding the 2011 transition arrangements and a dedicated kindergarten hotline will be established along with an online forum to provide information and advice to services on an ongoing basis. The Bligh government is committed to supporting the community kindergarten sector through this period of important change.

CHAIR: Thank you. I refer to the same page of the SDS and to the Child Care Act 2002 amendments to improve the safety and wellbeing of children in early childhood services. Will the minister provide the committee with more information about these amendments and whether or not early childhood services are compliant?

Mr WILSON: I thank the honourable member for the question. The Queensland government takes the issue of the safety and wellbeing of children in early childhood services very seriously. Authorised officers of the Queensland government conduct visits to services to monitor compliance with the legislation. I am pleased to advise that the majority of services comply with child care legislation, or take the steps necessary to comply within the required time frames to meet the minimum standards required under the act.

In February this year, I launched the compliance publication scheme as part of a series of reforms to provide parents with access to information about services that seriously or repeatedly contravene the child care legislation. I am pleased to advise that, to date, no service's compliance details have needed to be published on the department's website. From 1 July this year, licensed services other than school-aged care will also be required to keep a compliance history logbook. The logbook will allow parents to access a service's compliance history at a local level in order to make informed decisions about the care and education service they choose for their children. A service's logbook will contain information about formal notices issued to a service and must be available for inspection on request. In order to protect the privacy, dignity and safety of an individual person, a logbook will not contain identifying information about a child or an individual other than the licensee.

The right of review is an important step in the natural justice process. A licensee may apply for the review of a decision to give them a notice before the information needs to be entered in a logbook. The logbooks of each service will provide information to parents that the community reasonably expects to be made available.

CHAIR: Member for Springwood.

Ms STONE: Thank you. I refer to one of the government's most important reforms of recent years and that is the introduction of universal early childhood education. I want to acknowledge the planning that is being done for a kindy to be built on the grounds of Rochedale South State School, which is in my electorate. It is a decision that the community really welcomed. I just wanted to make sure that that was on the record here today. I refer to page 3-71 of the SDS. Can the minister inform the committee how the government is working with key stakeholders to provide children with access to quality early childhood education?

Mr WILSON: I thank the honourable member for the question. I acknowledge your hard work in lobbying for infrastructure development in your local community. The kindergarten at Rochedale South State School is one of 16 kindergartens scheduled to open in 2011. This kindergarten will provide an important service for young families in the area.

The state government has committed \$321 million over five years for up to 240 additional kindergarten services by 2014. While the Department of Education and Training is building the new kindergarten services on state school sites, the Queensland Catholic Education Commission and Independent Schools Queensland are receiving capital grants from the state government as a contribution towards new services on non-state school sites. The Catholic education sector and the independent education sector are extremely valued stakeholders in the Queensland education industry and the office for early childhood works closely with these organisations and with its Toward Q2 partner, Childcare Queensland, in crafting a methodology for site selection of the new services. This close relationship will continue throughout the rollout of new services. The Creche and Kindergarten Association of Queensland, our other Q2 partner, is the preferred operator for kindergarten services on state school sites and C&K waiting lists are growing for each site announced.

The Office for Early Childhood Education and Care has been working closely with C&K in order to achieve the government's target of universal access to kindergarten. In addition, regular stakeholder reference group meetings are held in order to maintain a close partnership with the sector. In these forums, members are able to discuss the progress of the reform agenda. These reference groups include the legislative and national implementation reform committee, the early childhood development forum and the Kindergarten Implementation Reference Group. These groups comprise members from a variety of early childhood providers, employer groups and unions. The state government is committed to working with the early childhood education and care sector as it undergoes this very important and very significant reform.

CHAIR: The member for Springwood?

Ms STONE: Thank you. I refer to page 3-74 of the SDS and in particular early childhood education and care. What is the government doing to make sure young children are prepared and ready for school?

Mr WILSON: The government is committed to giving all Queensland children a flying start to learning. We now know that children are born ready to learn. We also know that parents play the key role in this learning process as the child's first teachers. What happens before school builds the platform for future learning success. A child's early development is led by parents and families and supported by community and government services—services like child and family health services, parenting programs and playgroups—and kindergartens support families to optimise the development of their young children.

In 2009, the first national survey of children at school entry, the Australian Early Development Index—or AEDI—was funded by the Australian government. All Queensland school sectors supported the AEDI, with over 99 per cent of our prep-aged children surveyed by Queensland teachers. The index measures child development in five areas: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, and communication skills and general knowledge. It enables us to see how our children are tracking compared to children in other communities across Australia. It is not an individual child report card.

The results highlight key challenges for our state, with Queensland ranking seventh out of all states and territories on all five indices. The government is responding to the important need to invest in the development of our young people. That is why the Bligh government is investing up to \$321 million to provide universal access to kindergarten services for all children in the year before prep. Up to 240 extra kindergarten services will be available by 2014. At the same time, kindergarten is being rolled out in long day care centres to enable parents to find a service to meet their needs.

The *A flying start for Queensland children* consultation paper also recognised the importance of nurturing early literacy and numeracy skills. The consultation sought Queenslanders' views on how we can better prepare our children for school. The index means that for the first time we are able to identify areas of child development at the community level that need additional support and to plan accordingly. This means that local services can be more responsive to local needs and support children's development as they make the transition to school. Through our early childhood reforms, the Bligh government will continue to support Queensland families in their challenging, important and rewarding role to give their children a flying start in life.

Ms JARRATT: I refer to SDS page 3-74 and early childhood education and care. Sorry, I beg your pardon, that is the wrong one. SDS 3-71, funding for children and family learning centres. How are these centres funded and how are they helping to support Indigenous parents and their children?

Mr WILSON: I thank the honourable member for the question. The Bligh government is committed to closing the gap on Indigenous disadvantage. That is why this government is working together with the Australian government under the National Partnership Agreement for Indigenous Early Childhood Development to support Indigenous parents and their children. The government is establishing 10 children and family centres with \$75 million of federal funding to ensure Indigenous families receive support in areas where services are needed most.

The centres will provide access to integrated early childhood education, parenting and family support as well as child and maternal health services. These services are vital for Indigenous communities across the state. Four centres will be located in the urban areas of Cairns, Ipswich, Mackay and Marsden. Six regional and remote centres will be located in Mount Isa, Mareeba/Herberton, Palm Island, Mornington Island, Doomadgee and Rockhampton.

Community consultation commenced towards the very end of last year and is continuing in each of the four locations of Mount Isa, Cairns, Mareeba and Ipswich. Local advisory committees have been established in these areas to support implementation of the centres. The committees will provide advice, identify local issues for consideration and help engage the community to ensure the centre best meets the needs of Indigenous families in especially the location of the centres.

Community consultation in the remaining locations will commence this year. Consultation with communities and committees will help determine the services to be provided at the centre, the ways in which they are delivered and the location and design of the main centre. The children and family centres will provide services from a main centre with satellite locations in surrounding communities or suburbs ensuring a wide reach for service delivery.

Outreach and mobile programs will also be delivered through local community venues that have established links with Indigenous families. Services will be provided by non-government service providers. Staffing strategies at each centre will build on Queensland's broader Indigenous employment initiatives and ensure services are culturally appropriate.

Ms JARRATT: This time I want to talk about early learning and care centres and ask where these centres are located and how much federal funding was allocated for these centres in Queensland?

Mr WILSON: I thank the honourable member for the question. The government has been working with the Australian government to establish four early learning and care centres in Amberley, Cairns, Townsville and Gladstone. These centres will provide extra child care places and quality early childhood education for children from birth to school age. The locations were selected by the Australian government in recognition of the need for long-day-care places in these areas.

The Australian government has allocated \$7 million towards the construction of the four centres. The Amberley Early Learning and Care Centre opened in March 2010 at the Amberley District State School. This centre, operated by C&K, has 75 long-day-care places and is offering a quality kindergarten program. The amount of \$1.8 million has been provided for a new centre to open in Gladstone. C&K has been selected to build and operate the new centre which will provide up to 66 long-day-care places. The centre will be built next to the Clinton State School and open in 2011. A 75-place long-day centre will be established in Townsville at the Good Shepherd Catholic Community School at Rasmussen. The amount of \$1.8 million will be provided to the Queensland Catholic Education Commission to build the centre which will open in 2011. The early learning and care centres in both Gladstone and Townsville will offer a quality kindergarten program. An early learning and care centre will also be constructed in Cairns at the St Andrew's Catholic College. This centre is expected to be operational in 2011 providing up to 75-long day-care places with a dedicated kindergarten room. The kindergarten room will cater for up to 48 children in two part-time sessions. Together the Queensland government and the Australian government are contributing \$2.25 million to the Cairns early learning and care centre.

Mrs ATTWOOD: I refer to SDS 3-71 and ask how many early years centres have been established in Queensland and what has been the Bligh government's investment in the establishment of early years centres?

Mr WILSON: I thank the honourable member for the question. The government is committed to giving all Queensland children a flying start. That is why the government is investing in a positive future for young children and their families by supporting parents in their parenting role and helping communities to be both child and family friendly. As part of this investment the Bligh government is establishing four early years centres across the state with \$32 million committed over four years. Early years centres have already been established at North Gold Coast, Caboolture and Browns Plains, with the final centre to be established in Cairns this financial year.

Early years centres are one-stop shops providing benefits to children and parents alike. They provide early childhood education and care, family support and health services to families expecting a child or with children aged up to eight years. Services are provided by experienced staff such as early childhood educators, family support workers and child health nurses who work with and provide support to children and families. Each early years centre also provides services from at least two satellite services in neighbouring communities to families who are unable to access the main centre or who prefer to go to a site closer to their home. Home visiting services and outreach programs and activities are also delivered from local community venues. Non-government organisations are funded to operate the centres and to work with local providers to build strong and integrated networks to improve service delivery for each local community. The Benevolent Society operates the North Gold Coast and Browns Plains early years centres and The Gowrie operates the Caboolture centre.

In line with the Bligh government's strategy for providing universal access to kindergarten, the Cairns early years centre and satellite services at the Browns Plains early years centre will also offer kindergarten programs. All centres will also implement programs that support vulnerable children and families to access and participate in local kindergarten services.

Mrs ATTWOOD: With reference to SDS 3-70 and the national quality reforms for early childhood education and care—

CHAIR: Sorry, time has elapsed so it is time for non-government members' questions. Member for Gladstone?

Mrs CUNNINGHAM: Minister, earlier you touched on teacher housing and the need for it. You gave us some information about 469 rural and remote locations. Gladstone is one of only a small number of centres on the eastern seaboard that still has teacher housing and it is critical that it remain because the availability and cost of housing during peak boom seasons is significant. The cost is significant, the availability is zero. Referring to SDS 3-69, I wonder if you could clarify whether in the budget paper there has been any additional funding allocated for teacher housing acquisitions?

Mr WILSON: At 3-69, are you saying?

Mrs CUNNINGHAM: Yes, 3-69.

Mr WILSON: I will ask my Director-General to respond to that.

Ms Grantham: Just while we are getting that information, part of the review that the minister referred to with teacher accommodation is exactly what you are saying. In certain areas such as Gladstone where we have also had trouble with accommodation, one of the things the review we hope will say is we need to acquire more in certain places and divest the assets in other places because where there is a rental market there is not a necessity for accommodation in some places. It may also look at the subsidies that we pay and look at in some areas, particularly where there is very high rental markets, the impact that has on the recruitment and retention of our teachers in those areas. So the review, we hope, will give us a lot of information to actually make better decisions about where we need accommodation and how long people can stay in accommodation, et cetera.

It is a very wide-ranging review and hopefully we will get some good information back so that we can make some better decisions. In terms of the acquisition directly, I have not got that figure in front of me but we will come back to you.

Mrs CUNNINGHAM: It is encouraging that it is recognised that Gladstone is an area of high demand for teacher accommodation. We also touched on the issue of disconnected children and teenagers who find themselves disconnected from their learning journey and often have to be redirected to alternative learning programs.

In my electorate we have a very small alternate learning centre on the grounds of the Rosella Park School and I am wondering whether there is any funding allocated in the 2010-11 budget to expand these services. I assume it will be on SDS 68.

Mr WILSON: I thank the honourable member for the question. It is absolutely right that we need to closely monitor and support, by a case management approach and other methods that are suitable, children and adolescent students who are at risk and who do become disengaged from learning. This is a very significant area of interest personally to me and I know also to the Director-General. I will ask the Director-General or one of the officers here if they can identify the specifics in response to your question.

But I just do want to underline that we are undertaking major initiatives across many, many fronts within the education schooling sector. This is an area of really great importance and I believe that we can actually do a lot better in this area. The real risk is that if we are not doing the absolute best we can with these children that we create a generation of students who are disengaged from learning, disengaged from training and disengaged from employment. We all know the impact of such a cycle. It is damaging to young people, it is potentially damaging and harmful to broader families and it is not good for local communities. The whole Queensland economy and society misses out on the contribution that these young people could make to the community and to the economy. It is very important. It is a challenging area. But I believe that we need to leave no stone unturned. There are many, many different facets of it, which is one part of what makes it challenging. I am keen to see us make some better progress in this area. I will ask the director-general to identify, if she is able to at this point, the specifics in terms of the financials.

Ms Grantham: The minister referred already on record this afternoon to a number of funding sources that we have used to fund flexible learning centres and behaviour management centres. In particular, you would be aware that we have a very large investment to support behaviour management more generally with approximately 300 teachers and teacher aides who support this program across our schools. In addition, we have a number of positive learning centres that are already operational. We also have the non-government sector community funded, state funded and Catholic school funded places. So, there is a whole range of sources for investment in this area. That is why when we are reviewing this you would understand we need to make sure that we are getting very good outcomes.

Mrs CUNNINGHAM: Just one final clarification, and I seek this and I will make up a page number, if you would like.

Mr WILSON: Sorry, I cannot hear you.

Mrs CUNNINGHAM: I will not repeat it. One of the managers or directors talked earlier about special schools and them not being listed as special schools. In my electorate, if I can just give a better background, we had the Gladstone Special School and in the mid nineties that was changed, with the then principal's cooperation and Dave Manttan and others, to the Rosella Park School. I would really encourage the changes across the state to those special schools.

Mr WILSON: The co-location?

Mrs CUNNINGHAM: No, it is not a co-location. We just changed the name. Because it gives the students great dignity to be able to say, 'I go to Rosella Park School' not the Gladstone Special School. Having lost that categorisation, will they be adequately funded?

Mr WILSON: I believe they are and will continue to be adequately funded. As I think has been indicated in an answer given earlier, over \$511 million has been allocated to children with disabilities and a significant portion of that contributes towards support for students and their education in special schools. Only recently I spoke with two senior staff members at the Mitchelton Special School, which is near my own electorate. It is breathtaking to listen to staff speak about the range of challenges that they have. Teachers have a wonderful commitment anyway, but in special schools it is wonderful how they go the extra mile in very challenging circumstances. I take my hat off to them. They are very challenging students individually and then, when you look at the whole range of behaviours and the different ranges of disabilities and behavioural challenges that they face, the teachers are absolutely dedicated and have some difficult things that they need to manage day by day. My director-general has some detail on this issue.

Ms Grantham: You are correct about Rosella school. It is still funded as a special school, which has a very different funding arrangement in terms of the allocations of teachers, teacher aides and physiotherapists, which a special school needs, compared to a mainstream school, if I can describe them that way. During that time a number of schools did work with their communities to change their names. Kumbari Avenue School on the Gold Coast did exactly what Rosella did. They talked with the community and it is a community decision. They can make a recommendation that their community has worked together to make a change of name and the minister can consider that. If that is the wish of the community, that can happen. Special schools are funded on a very different methodology to other schools. It is one that recognises the significance and the significant need of the children who attend those schools.

Mr WILSON: Could I provide supplementary information in response to the earlier question from the member for Moggill about the Department of Public Works product document. I have since been advised by the department that schools can use any external supplier. There is no tied arrangement, which might have been your understanding underpinning the question that you were asking. It is my understanding—and I will stand to be corrected—that schools and school P&Cs are able to make the choice they wish in relation to product purchase, such as you have indicated.

Dr FLEGG: Minister, your system of paying \$2,100 per eligible child to community kindergartens, which as far as I can see amounts to a voucher system, means that community kindergartens no longer have the certainty of funding for their payroll that they previously had under the system that guaranteed 80 per cent of their payroll. On your own admission many kindergartens—and most kindergartens, in the view of the opposition—will have significant cuts to their government funding. Minister, is it your intention to force community kindergartens out of the industry or do you simply not understand how the finances of a community kindergarten operate?

Mr WILSON: I thank the honourable member for the question. The rollout of the universal access program is one of the most significant reforms to early childhood education and care in Queensland. It becomes the second major plank, joining the first major plank called the prep year, that underpins the educational opportunities for children throughout the education system here in Queensland. All the international and national research tells us that an investment made in the early years of schooling and in the period immediately before schooling brings the biggest reward and opportunity to a child's development and progress along their educational journey.

The new funding model for kindergartens has been developed in close collaboration with the long day care sector and the C&K sector. Both the representative organisations in those two sectors are Q2 partners with the government and are absolutely committed to rolling out this new program. What is the long-term objective of this program? It is to lift the participation rate of 3½ to 4½- year-olds in kindergarten from approximately 32 per cent to around 90 to 95 per cent, which will be up there with New South Wales and Victoria. The rates are different for long-term historical reasons. However, with the federal government's assistance of funding and ours, that is what we want to do. The objective is to increase the accessibility to kindergarten; not to decrease it. That includes increasing accessibility to kindergarten programs in C&K centres, both branches and affiliates.

The funding model ensures that the funding in 2010 is guaranteed for 2011. Going forward into 2012, the funding model is designed to facilitate a growth in kindergarten access and not a decline. What C&K and the Office for Early Childhood Education and Care are committed to doing is working with each kindergarten service on a service-by-service basis, providing a business advisory service whereby advice can be given about what changes may need to take place for the business model of that C&K service to operate successfully and viably in 2012 and beyond.

Dr FLEGG: Minister, I am glad that you raised the issue of universal access in relation to your funding model, because I find it completely incongruous. C&K has already advised its kindies that, as a result of the new funding model, they should sharply increase their fees. Most of them will go up to \$25 or \$28 a day, which is a big increase. How are you proposing to make universal access while, at the same time, introducing a funding model that sharply increases what people must pay to send their children to kindergarten?

Mr WILSON: This program is putting additional money into creche and kindergarten services and into long day care services to assist the provision of qualified kindergarten programs for children in the 3½ to 4½-year age bracket. In addition to what I have described in response to the earlier question, central governing bodies are being established. There will be four or five of those. One of them will be the Creche and Kindergarten Association of Queensland. It will be the preferred provider of kindergarten services in the large portion of the 240 additional kindergarten services that will be put into state schools. That central governing body will work with the Office for Early Childhood Education and Care, on a case-by-case basis, to assist each kindergarten service to lay down or establish a business plan that will address the changed circumstances, including the age bracket and age grouping that is being targeted and the new additional funding from 2012 on. That work will happen this year as well as into next year. Why? Because both the C&K association and the Office for Early Childhood Education and Care are absolutely committed to extending accessibility, not the very opposite. Indeed, there will be some revised business plans for some C&Ks. There is a period of transition where we have guaranteed minimum funding for 2011, being the 2010 funding, so that there are opportunities for the centres to continue providing the service that makes them so important.

It is interesting that you raise concern about kindergartens in the way you have expressed it. People need to remember that this is a kindergarten program that the Liberal National Party opposed vigorously before the last state election. They said they would scrap it, because they did not support this program, which we were going to roll out across the three sectors: the schooling sector, the long day care sector and the C&K sector.

Dr FLEGG: Minister, further in relation to the pressure that your new system is putting on community kindergartens, which will inevitably lead to many of them closing, I quote to you from a letter that was written—

Mr WILSON: I reject that claim.

Dr FLEGG:—to you by the Yeppoon and District Kindergarten. It states—

As one of the three teachers at the Yeppoon and District Kindergarten, I want to be able to assure the staff of their job security. Recently I have been unable to do that due to the fact that we cannot fill our kindergarten places, let alone when the new 44-place kindergarten arrives.

The Yeppoon and District Kindergarten can now cater for 132 students. Under this new voucher system, where you are creating additional places by building kindergartens in competition to existing ones, what effect is that going to have and are the kindergartens on state school—

Mr WILSON: Sorry, I just missed the part of your question before you said 'what'. What was the sentence before that?

Dr FLEGG: I am asking about the impact on existing kindergartens and whether the competing kindergartens that you are building on state school sites will be required to pay site rental for their location, as do their competition in the community sector?

Mr WILSON: My director-general will answer this question.

Ms Grantham: If I can take you to the Yeppoon example in particular, the community kindergarten providers did raise concern. In fact, they met with the minister at the Rockhampton community cabinet. They raised concern about their future viability with Taranganba State School due to open in 2012. Part of the planning around where we place these new services looks at service areas and actually mapping the existing provision that is already there. We do not want to invest in places where there is already an adequate supply of either long day care that can potentially—

CHAIR: Thank you. The time has expired.

Mrs ATTWOOD: With reference to SDS 3-70 and the national quality reforms for early childhood education and care, can the minister please inform the committee how these national reforms will impact on early childhood education and care in Queensland?

Mr WILSON: I thank the honourable member for the question. The Bligh government committed to the National Partnership Agreement on the National Quality Agenda for Early Childhood Education and Care through the Council of Australian Governments late in 2009. This is a landmark agreement to

establish a new nationally consistent early childhood education and care quality system, resulting from substantial national consultation undertaken from July to September 2009. Under this system, for the first time the Queensland government will be responsible for assessing the quality of early childhood education and care services through the implementation of a five-point rating scale to provide parents and the community with information about the quality of services. This approach will consolidate the current regulatory compliance activities undertaken by the Queensland government and the current quality accreditation practices of the National Childcare Accreditation Council. Careful consideration was given to the views expressed by Queensland stakeholders in the development of these national reforms, including the issues of affordability, access, workforce and regulation. The new system includes a national quality standard in all ECEC services. Under the standard, improved staff-to-child ratios and qualification requirements will be gradually implemented nationally from 1 January 2012. In the Queensland setting, the earliest changes will take place several years after that date.

Field testing and trialling of the assessment process will occur during 2010. However, the new regulatory system will not be operational until 2012 and services will continue to operate under existing state licensing laws until this time. Queensland negotiated significant flexibility to the reforms to ease implementation, including special provision for some services to use a mixed staff to child ratio of one to five for children aged 15 to 36 months until the end of 2017. The system will be enacted through nationally applied laws which are anticipated to be considered by the Victorian government later this year and by other states next year. Queensland will progress legislation during next year.

The Bligh government continues to engage in consultation with the ECEC sector as the finer details of the national quality system are being determined. Similarly, consultation is occurring at the national level through a reference group which includes national peak representatives from the sector. Feedback and comments are encouraged from Queensland stakeholders which Queensland uses to make strong representations to the federal government on behalf of the Queensland sector.

CHAIR: Minister, I refer to page 3-70 of the SDS and the early childhood teaching scholarships. Who is eligible to apply for these scholarships and what are the benefits of the scholarships for both the recipients and for kindy-age children around the state?

Mr WILSON: I thank the honourable member for the question. Our youngest Queenslanders deserve the best start in life. One way we can give them that is by providing access to kindergarten programs delivered by quality early childhood teachers.

The Bligh government is committed to giving all Queensland children access to a kindergarten program by 2014. To achieve this, we need to ensure there are suitably qualified teachers available to deliver the kindergarten program. That is why in April this year I was pleased to announce for the first time funding for early childhood teaching scholarships. These scholarships help staff currently working in early childhood services upgrade their qualification, allowing them to teach a kindergarten program. Interest from the sector was very strong and, due to the high quality of the applicants received, 53 scholarships were awarded. Each scholarship is valued at upwards of \$12,000 and enables recipients to upgrade their qualifications at university with little or no financial cost to themselves. The scholarship is designed to meet the costs of course fees and provide a study allowance each semester to cover the added costs of study, such as text books, internet access and resource materials.

If the chosen course of study requires professional experience or practicum placement, the scholarship will also provide services with funding at 50 per cent of the staff member's gross salary costs to support their time away from work. These scholarships will deliver significant benefits to our early childhood education workforce and kindy-age children around the state. The Bligh government is committed to partnering with early childhood workers and supporting them during this exciting period of reform in the sector.

We know there are around 800 or so existing early childhood education and care staff who currently hold a three-year university qualification but who are not registered with the Queensland College of Teachers. This scholarship program aims to encourage them to upgrade their qualifications to allow them to deliver kindergarten programs to Queensland children. The Bligh government remains committed to building the best early childhood education and care sector in the country. We want to ensure all young Queenslanders get the flying start they deserve. Supporting our early childhood teachers to upgrade their qualifications will help us achieve that.

CHAIR: Minister, with reference to page 3-71 of the SDS and the kindergarten rollout, can the minister advise the committee about the rollout of additional kindergartens, specifically the new kindergarten at Fairview Heights State School?

Mr WILSON: I thank the honourable member for the question. The Bligh government is committed to giving all Queensland children what? A flying start. That is why we are investing in universal access to kindergarten, as I have said, by 2014 so that every kindergarten-age child can access a quality early childhood program the year before they go to prep. As part of this investment, the government is investing \$321 million to establish up to 240 extra kindergarten services around the state by 2014. These new and extended services will cater for approximately 1,400 kindergarten-age children who do not attend any centre based early education or child-care sector service in 2009.

The Queensland government is working with its Toward Q2 partners, Childcare Queensland and C&K, and other early childhood education and care stakeholders to implement this important plan. I am pleased to inform the estimates committee that we are making significant progress towards establishing these extra services. Five have now been opened and, with the accelerated delivery of 40 services originally scheduled for 2013-14 to now open in 2012, a total of 108 extra kindergarten services will open by 2012. The new kindergarten at Fairview Heights State School in the member's electorate is on track to be completed by the start of school in 2011. The locations of the first 68 have been confirmed, with planning underway to determine the locations of the extra 40. That planning is done in consultation with the industry stakeholders.

For the first time in Queensland's history, long day care centres are now receiving government funding to deliver kindergarten. This approach gives options to working families about how they can access a quality early education program for their children. As a result of this government's funding, more than 3,900 children will participate in a kindergarten program at a long day care service this year. I have recently opened a second round of funding to assist additional long day care centres to deliver kindergarten programs. Around 29,000 kindy-age children currently attend long day care centres in Queensland, but only about seven per cent of these have access to an education program delivered by a qualified teacher. Both of these important initiatives will help give Queensland children the flying start they deserve to life.

Mr Chairman, I would also like to assure members that the government remains committed to supporting community kindergartens around the state, as I have just spoken about. I understand that kindergartens need time and support to plan their transition under the new scheme. That is why we will be working very closely with them. We want them to succeed in this transition.

Ms JARRATT: As the session draws to a close and the minister's voice is only just holding out, I want to give over to self-interest for a moment and ask the minister to advise the committee of the progress of work being undertaken in my electorate of Whitsunday to cater for the growing number of kindergarten-age children.

Mr WILSON: I thank the honourable member for the question. The state government has committed a figure of \$321 million over five years for up to 240 additional kindergarten services by 2014. I am pleased to advise that next year and the year after three additional kindergarten services will be constructed in the Whitsunday electorate. These services will be located at Seaforth State School, scheduled to open next year; Eimeo Road State School; and Emmanuel Catholic Primary School, scheduled to open in 2012. Eimeo Road State School is a great school. I recall us visiting there some time ago. The services at Seaforth and Emmanuel Catholic Primary School will cater for 44 children each and the service at Eimeo Road, which is a double unit, will cater for 88 children.

I can also advise that two services in the Whitsunday electorate were included in round 1 of the state government's funding program for long day care centres to provide a kindergarten program. This funding, which assists long day care centres to provide kindergarten programs, is a key component of the government's plan to deliver universal access. I am delighted that, through your hard work on behalf of your local community, the state government is able to deliver these important initiatives for the benefit of our young people.

Ms JARRATT: Thank you, Minister. We certainly look forward to those kindergartens coming online. I don't think I am finished with you yet, though! For my final question today can I ask you, with reference to the national reforms for early childhood, to please provide information about the Early Years Learning Framework, its implementation plan and the benefits it will have for Queensland children?

Mr WILSON: I thank the honourable member for the question. The Early Years Learning Framework is Australia's first national framework for early childhood education and care services. It is a key component of the COAG national early childhood reform agenda, the aim of which is to boost the quality of every state's early childhood services. These, as we know, are vital services. They are very necessary services, and they are services that this government is committed to developing and delivering.

Wherever I turn in the portfolio, it is very clear that no good education system can improve if there is not enough attention focused on the early years. If you reach children before they enter school, you can teach them for life, and this is the key criteria driving our early years framework. The framework focuses on play based learning, the important role of teachers and educators, learning outcomes for children and ensuring a successful transition to formal schooling. The government has delivered 45 public framework information sessions around the state, with more than 2,500 participants. It is our strong commitment to the early years that will ensure Queensland children receive positive, long-term learning outcomes and a flying start to their education.

Mrs ATTWOOD: Minister, I would like to say thank you, too, for providing some funding for two of my local kindergartens in the last budget at Yuingi and Middle Park. I would like to refer to page 3-74 of the SDS and early childhood education and care. Can the minister provide information about the development of Queensland's early years strategy?

Mr WILSON: I thank the honourable member for the question. The government is currently implementing a comprehensive strategy for the early years which focuses on enhancing health, development, learning, safety and wellbeing of young children in Queensland aged up to eight years. The early years of any child's life, as we all know and researchers confirm, are fundamentally important to later development.

The early years strategy, to be fully implemented by 2013, will provide clarity to parents and families about the types of early years services they can access to support their child's development. It will be a point of reference about the many services being developed that focus on the earliest years of a child's life before they enter school. This strategy will build on and complement the existing state and national reforms being pursued through the Bligh government's Toward Q2 and the range of national partnership agreements and national strategies. This strategy is just one of the many ways this government is ensuring our youngest citizens are getting that flying start to life and to learning.

The government is committed to moving forward with this significant early years strategy and will continue consultation with key stakeholders and key state government agencies to ensure our children do have that flying start that I have spoken of and that they deserve.

Mrs ATTWOOD: Finally, Minister, I refer to page 3-66 of the SDS and the Q2 targets. Can the minister please advise of the progress of the state government's Q2 targets in relation to universal access to kindergartens?

Mr WILSON: I thank the honourable member for the question. The \$321 million commitment, delivering up to 240 kindergarten services by 2014, as I have said earlier, is well underway. Last month, the Premier and I announced the locations for a further 34 services. We are fast-tracking 40 services so they can come online by 2012 and not 2013 or 2014 as originally planned. That will mean a total of 108 new services into operation around the state by 2012, leaving us well and truly ahead of schedule.

The scholarships program that I mentioned earlier supports existing early childhood staff to upgrade qualifications to become kindergarten teachers. Fifty-three scholarships were recently awarded for studies commencing later this month. These scholarships will assist the sector in ensuring that we have qualified teachers to provide quality kindergarten programs.

Now more than 70 per cent of Indigenous children living in remote areas across Queensland can access quality early education. This is largely due to the Bound For Success initiative which provides pre-prep in 35 discrete Indigenous communities. In addition to these initiatives, the Bligh government's 2010 Pilot Kindergarten Program is underway, with 138 long day care services currently providing an approved kindergarten program. This means more than 3,900 children across the state now have the opportunity to participate in a kindergarten program at a long day care centre this year. A second funding round for long day care services was announced on 9 June 2010 to double the number of services approved to provide kindergarten programs. I am pleased to advise that 243 applications have been received.

Community kindergarten services need time and support to transition to the new funding scheme. That is why the government has committed that no existing funded community kindergarten will receive less funding in 2011 than they did in 2010 and why additional adjustments to reinforce that funding guarantee for next year have been discussed and agreed upon between the government and the industry stakeholders. This is a very important initiative and we are committed to its success. Its success will be achieved through close collaboration with C&K, the affiliates and the branches, as well as the long day care sector.

CHAIR: Thank you, Minister. It being just after half past five, the time allocated for the consideration of the estimates for the organisational units within the portfolio of the Minister for Education and Training has expired. I thank you, Minister, and your departmental officers for your attendance. The transcript of this part of the hearing will be available on the parliament's website within two hours from now. I remind the minister that the committee has decided that answers to questions taken on notice at the hearing and additional information about an answer given at the hearing should be provided by 10 am on Friday, 16 July 2010.

Mr WILSON: Chair, we do have some additional information which we could add now, if that is possible.

CHAIR: I am happy for that to happen, if it is brief.

Mr WILSON: That will help to complete the record.

Ms Grantham: The member for Gladstone asked for the amount that had been set aside for the acquisition of housing. It is \$4 million. In answer to the member for Moggill, the GAP program is a state funded program. We have now confirmed that. It is a program that is being reviewed, along with every other funded program, to determine its outcomes and whether it will be re-funded. It depends on its outcomes and everyone has been made aware of that. There was one correction. The minister did say that John Gaskin was president of the QMBA twice. It was once, so I will correct that part of the record.

In terms of the air conditioning at Glenmore Grove, the school is not in the cooler school zone and the replacement, therefore, was like for like, so the split system air conditioning that was previously in their building was replaced in the next building as well. That was a part of that tender.

CHAIR: It is Glenore Grove, I think.

Mr WILSON: It is my understanding that there are no other outstanding matters that, by default, have been taken on notice so we have completed the record. Could I add my thanks on the record to the committee for the deliberations today. I especially want to extend my thanks and gratitude to the director-general and all of the hardworking departmental staff—all of them, except for the handful who are with us today, are back in the office continuing to work hard for Queenslanders and for Queensland children. I greatly appreciate—and I know the committee appreciates this also—the hard work they have put in to providing the support to this committee process. I thank the committee, the chair and also my personal staff.

CHAIR: Thank you, Minister. I certainly concur with your remarks on behalf of the committee. That completes the committee's hearings into the matters referred to it by the parliament. Before I conclude, on behalf of the committee, I thank the Hansard staff, the timekeepers and attendants for their assistance. I especially thank Erin Pasley, the research director, for all that she has done in preparation for today and during today. I now declare this public hearing closed.

Committee adjourned at 5.34 pm