

WEDNESDAY, 24 JULY 2013

ESTIMATES—HEALTH AND COMMUNITY SERVICES COMMITTEE—HEALTH

Estimates Committee Members

Mr TJ Ruthenberg (Chair)

Mrs JR Miller

Mr SW Davies

Dr AR Douglas

Mr JD Hathaway

Ms RM Bates

Mr DE Shuttleworth

In Attendance

Hon. LJ Springborg, Minister for Health

Mr A Bibb, Senior Policy Adviser

Department of Health

Dr T O'Connell, Director-General

Dr M Cleary, Deputy Director-General, Health Service and Clinical Innovation Division

Health Quality and Complaints Commission

Mrs C Herbert, Chief Executive Officer

Queensland Institute of Medical Research

Prof. F Gannon, Chief Executive Officer

Queensland Mental Health Commission

Dr L van Schoubroeck, Commissioner

Hospital and Health Services

Ms J Hartley-Jones, Chief Executive, Cairns and Hinterland Hospital and Health Service

Ms S Turner, Chief Executive, Cape York Hospital and Health Service

Mr M Stamp, Chief Executive, Metro North Hospital and Health Service

Ms S Kolaric, Chief Executive, Torres Strait-Northern Peninsula Hospital and Health Service

Committee met at 9.00 am



CHAIR: I declare this hearing of estimates for the Health and Community Services Committee open. I am Trevor Ruthenberg, the member for Kallangur and chair of the committee; Mrs Jo-Ann Miller MP, member for Bundamba, is the deputy chair. The other committee members are Ms Ros Bates, member for Mudgeeraba; Mr Steve Davies MP, member for Capalaba; Dr Alex Douglas, member for Gaven. Is Dr Douglas with us at this point? Dr Douglas will be joining us shortly. We have just been informed that he has been in a minor accident and will be here as soon as he can. Mr John Hathaway MP, member for Townsville; and Mr Dale Shuttleworth MP, member for Ferny Grove.

The committee has resolved that the whole of the proceedings of the committee may be broadcast in line with the conditions for full broadcast and guidelines for camera operation which are available from one of the parliamentary attendants in this room. I ask that mobile phones or pagers be

either switched off or to silent. I should also remind you that food and drink is not permitted in the chamber. The committee has resolved that non-committee members be given leave to attend and ask questions during the hearing.

The committee will examine the portfolio areas of Health first, followed by Communities, Child Safety and Disability Services at 2.50 pm, Aboriginal and Torres Strait Islander and Multicultural Affairs at 7.30 pm and National Parks, Recreation, Sports and Racing at 8.35 pm this evening.

The committee will now examine the proposed expenditure contained in Appropriation Bill 2013 for the portfolio area of the Minister for Health. The committee will examine the Minister for Health's portfolio until 2.40 pm. The committee will suspend proceedings during this time for the following breaks: morning tea from 10.45 am to 11 am; and lunch from 1 pm to 1.45 pm. The visiting member present is the member for Inala Annastacia Palaszczuk MP. Welcome.

I remind those present today that these proceedings are similar to parliament and are subject to the standing rules and orders of the parliament. I remind members of the public that under the standing orders the public may be admitted or excluded from the hearings at the discretion of the committee. It is important that questions and answers remain relevant and succinct. The same rules for questions that apply in parliament apply here—I refer to standing orders 112 and 115—and therefore, questions should be brief and relate to one issue and should not contain lengthy or subjective preambles, arguments or opinion.

I intend to guide proceedings today so that relevant issues can be explored without imposing artificial time limits and to ensure that there is adequate opportunity to address questions from government and non-government members of the committee. When necessary, I will remind ministers, directors-general, CEOs and their advisors that their answer to the question should be finalised so that other issues can be examined.

On behalf of the committee I welcome the Minister for Health, the director-general, officials and members of the public to the hearing. For the benefit of Hansard I ask officials to identify themselves the first time they answer a question referred to them by the minister or the director-general. The hearing schedule for today shows examination of three statutory authorities and 17 health and hospital services between 10.45 am and 11 am, with questions on the remainder of the Health portfolio open during the current session until 10.40 am and after lunch from 1.45 pm to 2 pm. We will keep to this schedule for the Queensland Institute of Medical Research and the Queensland Mental Health Commission. The Health Quality and Complaints Commission questions to those bodies will commence at 11 am. Questions to the CEOs of hospital health services are scheduled for the time between 11 am and 1 pm. If the relevant Health hospital board's CEO is present, questions may be asked of them at any time, but I would appreciate that questions to the HHS CEOs not be asked when we are questioning the three statutory bodies at 11 am. I ask the CEO of Health hospital services to be ready to come to the table if members have a question for you.

I now declare the proposed expenditure for the portfolio area of Health open for examination. The question before the committee is that the proposed expenditure be agreed to. Minister, would you care to make a brief opening statement? The committee has resolved that the minister may make an opening statement of up to five minutes.

Mr SPRINGBORG: Thank you very much, Mr Chairman, and to the members of your committee. Thank you for the opportunity to present to your committee for the second year and to outline in detail the many positive aspects of what is a record annual budget for Queensland Health.

For the 2013-14 financial year our total Health allocation is \$12.326 billion. That is an increase of \$464 million over the published budget figure for 2012-13, which was \$11.862 billion. It is also \$1.28 billion more than that budgeted for in 2011-12, the last year of the previous Labor government. In framing this record budget, the Newman LNP government has continued to develop its tradition of openness and accountability in planning and providing for better services in the area of health.

For a start, we laid our policy cards on the table in February when we launched our *Blueprint for better health care in Queensland*. The Blueprint described our intention to transition from our initial task of making urgent repairs to correct the serious damage to the state health system caused by decades of the previous Labor government's mismanagement. Labor and its union preferred policies of centralism gave Queensland a health system groaning under a top-heavy bureaucracy. The former premier, Anna Bligh, vowed to abolish the department. She said it had a sick administrative performance, but it is clear now that the sickness was in the Labor Party, not among our clinicians and health workers.

In this budget under the guidance of our Health Blueprint, Queensland Health is transitioning to long-term policies that will consolidate its lasting recovery and establish a new and robust state-wide health system in partnership with private and not-for-profit health providers. We have already seen devolved decision making, delivering significant improvements in the performance of hospital emergency departments and the banning of ambulance bypass, as recommended by the authority of the MEDAI report. In this financial year \$10.319 billion, or 83.7 per cent, of the Health budget will be spent on the purchase of health services from our 17 hospital and health boards and from other organisations, including Mater Hospitals and Health Services. In 2013-14 new funding initiatives include: \$5.8 million to clear the current waiting list for cochlear implants; \$28.3 million over four years for an expanded range of Hospital in The Home services to be delivered by the private and not-for-profit sector; \$30.9 million over four years to build on rural telehealth services, beginning with six trial sites across the state; \$51.9 million over four years will also help revitalise rural and remote facilities left to crumble by the former administration; \$384.3 million over four years to operate and gradually improve the function of the \$1.2 billion burden that is Labor's Health payroll system; \$147 million over four years as part of a \$327 million program to deal with an unaddressed backlog of maintenance work; and funding for mental health workshops in rural areas affected by drought.

This year the government will invest \$1.752 billion in health infrastructure. We are funding the first year of our independent Mental Health Commission and processing legislation to establish a Health ombudsman and to clean up the dysfunction in the handling of Health complaints as revealed by the Forrester and Hunter reports. All in all, this government inherited a health system fragmented and demoralised after years of political mismanagement. In 12 months we have shown that better management can transform Queensland Health for the betterment of all Queenslanders, and the data is actually showing and proving it. This year that improvement in performance will continue, thanks to the good work of our hospital and health services, their clinical staff and the Health workforce in general.

I want to end this introduction by thanking all who have worked so hard in the past year and who will contribute so much in the year that lies ahead of us.

CHAIR: Thank you, Minister. Dr Douglas, welcome. I am sorry that your morning did not start as positively as it could have. We will now commence questioning. I call the member for Bundamba.

Mrs MILLER: My first question is to the director-general, Dr Tony O'Connell. I refer to table 1 in question on notice 1 and ask: has total federal funding for health related purposes in Queensland increased every year since 2009-10?

Dr O'Connell: I thank the member from Bundamba for the question. Yes, the total funding from the Commonwealth has increased; however, there was a midyear adjustment which occurred in November last calendar year—

Mrs MILLER: So the answer is yes. I have a follow-up question to the director-general. Can you confirm that the total federal funding for Health in Queensland in 2011-12 was \$3.007 billion, in 2012-13 it was \$3.098 billion and the anticipated allocation in 2013-14 is \$3.255 billion? Director-General, this is an increase every year: yes or no?

Dr O'Connell: Yes, it is. However—

Mrs MILLER: Thank you. That is all I wanted to ask.

CHAIR: Dr O'Connell, if you want to expand a little bit, I will allow it.

Ms PALASZCZUK: He does not have to.

Mrs MILLER: He does not have to. I am happy with the answer. He said yes.

CHAIR: Dr O'Connell, if you want to expand a little bit, please go ahead.

Dr O'Connell: Thank you. It is an increase; however, it is less of an increase than was previously budgeted for by the Commonwealth, which is a significant imposition on the Queensland health system. Given that the midyear reduction had a retrospective component, we have been forced to find funding and to change our activity to address something which was not planned for. This makes it incredibly challenging for the hospital and health services to plan to balance their budgets and to deliver activity in a planned way across the months of the financial year, particularly—

Mrs MILLER: But it has increased; you have said that.

Dr O'Connell: It has increased, but the hospital and health services planned their activity and their spend to allow for a higher amount—

Mrs MILLER: It has increased.

Dr O'Connell:—as predicted by the Commonwealth earlier in the financial year. So it is very challenging for the hospital and health services, midway through the financial year, to then be told that they have an imposition of a total of \$103 million which they then have to find and change their activity, and as I was saying—

Mrs MILLER: But it has increased.

Dr O'Connell: As I was saying, the particular problem is that almost half of that was a retrospective calculation, which meant that money which was already spent in the previous financial year had to be found in the current financial year, which is incredibly problematic for hospital and health services.

CHAIR: Thank you, Dr O'Connell. Member for Bundamba, you are finished?

Mrs MILLER: I can keep going.

CHAIR: Only as a follow up, a supplementary to this.

Mrs MILLER: Yes, I have a supplementary question to this.

CHAIR: Please go ahead.

Mrs MILLER: My question is to the director-general. Director-General, this is in relation to SDS page 1. Can you confirm that the 2012-13 state budget anticipated reducing Health expenditure over the next four years by \$3 billion through reduced staffing, increased efficiency and front-line services and other cost reductions?

Dr O'Connell: The budget for the Queensland Health portfolio has increased this financial year by 4.5 per cent, so the—

Mrs MILLER: But you are also sacking staff—reducing staff.

Dr O'Connell: We are attempting to turn the financial state of the Queensland Health system, which is the largest consumer of state government funds, into a system which is more sustainable. To do that and to contribute to the debt which the government has, it is necessary for the largest agency—namely, Queensland Health—to contribute to the government's fiscal repair strategy which does involve—

Mrs MILLER: And that includes sacking staff?

CHAIR: Member for Bundamba, please allow him to answer.

Dr O'Connell:—which does involve making the number of staff that we need to run our system at an appropriate, sustainable level. What has been particularly pleasing that we have seen in the last 12 months is that even with a reduction of staff we have now got the best financial performance that the Queensland Health system has ever had, the best emergency department performance that it has ever had and the lowest state-wide in-hospital mortality rate that the system has ever had and we are continuing to improve our elective surgery performance as well. So the number of staff that are required are the staff that are required to deliver efficient health services, not just an absolute number plucked out of the air.

CHAIR: I call Ms Bates.

Ms BATES: Good morning, Minister. I refer to page 10 of the SDS which outlines Commonwealth revenue. Minister, is it true that the Commonwealth government actually pays compensation to Queensland for health services provided to Papua New Guinea nationals simply because the Commonwealth government has been unable to secure the border between Queensland and New Guinea? If so, Minister, what is the total compensation given to Queensland?

Mr SPRINGBORG: I thank the honourable member. Yes, basically it is true that the Commonwealth government does provide compensation to Queensland for its abject failure to be able to secure the border between Queensland or indeed the Australian mainland and Papua New Guinea—there is no doubt about that—and there has been a concern around this over a significant period of time between the previous Labor government and also the current federal Labor government in that they sought to get some real recognition and compensation for the cost of this. To give you an indication in rough terms, in 2010-11 the Commonwealth gave the state of Queensland in the vicinity of around about \$4 million to do this. The state disputed that and indicated that they were \$10 million out of pocket. The state then undertook a significant investigation into that, including analysing the patients that attended and the scope of the service which had been provided to them, and was able to verify that the cost of the provision of those services was around \$14 million, so they were \$10 million out of pocket. In the subsequent year, 2011-12, we also have a situation where it is

estimated that we are between \$8 million and \$10 million out of pocket. We had just short of 1,100 PNG nationals that came across the border who sought health services in our clinics, principally in the Torres Strait. Amongst them I think there were 997 outpatients and around about 197-odd in-patients—a number of those for tuberculosis, I think around about 15 of those—and the calculation in that year was around about \$10 million out of pocket as well in that the Commonwealth gave around about \$4 million.

We do not have the final figures this year on the number of presentations. We will not have that for a couple of months. There is some encouragement around the issue of outpatients because we have had to take the robust and very necessary step to close our TB treatment clinics based on World Health advice, which was available to the previous government, because, frankly, we were not treating people appropriately because of the free flow. Basically, it is a few days canoe ride from Papua New Guinea across the border into Saibai Island. Then of course if people are given medication, they return home and do not take it properly or give it to their friends and family, and then you have the emergence of virulent strains of tuberculosis.

The real cost, of course, is in-patient treatment. Indeed, in the last financial year—you may have seen reports—we treated one lady in Cairns with multi-drug-resistant tuberculosis. She unfortunately passed away. The cost of that was over \$1 million, and this is the real thing. So they cannot secure the border. Indeed, in the last couple of months we have been wrangling with the Commonwealth health minister, Tanya Plibersek, over this. They have basically offered us just over \$5 million to treat these patients, about \$18 million over four years. We have disputed that. I actually crossed out that part of the arrangement and sent that back. That created some conniptions and cartwheeling around in Canberra. No-one had actually done that before. They said that I had to sign this or we will not get any money. I have actually written back and said that this will be the last time we go through this process.

We have also been raising this in previous correspondence with the Commonwealth. Not only that, I have been raising it publicly, particularly in the media in North Queensland. It is of significant concern to the department—has been for years, is at the moment—with our current officers who have been there all the way through and have transitioned. But our real concern of course is that it is such a porous border we just do not know what is going on. We know that we have great risks with regard to multi-drug-resistant tuberculosis. Former Premier Beattie—and to give him credit—raised this concern with John Howard in the late 1990s when an illegal boat plonked its way on the islands up there. John Howard acted with regard to that in that the boats were actually dealt with for a while, as we know, and then the floodgates were opened by the current Prime Minister. But we do have a serious issue and we really do not know what has happened. It is as porous as a spaghetti colander; it really is. At least in Mexico they have a fence, but they still get in. Here, basically it is a hop, skip and a jump.

Our real concern is that what they are doing now is depositing a problem on the doorstep of Australia and once these people are actually there they can go anywhere, because we already have thousands of PNG citizens who make their way all the way down to Cairns and possibly beyond. Once you canoe to Saibai Island, then basically the world is your oyster beyond that and it costs us, and it costs us big time and it puts citizens at risk. Today Mayor Gela, the Mayor of the Torres Strait Island Regional Council, is raising serious concerns about the border and the openness of the border. He actually asked me about this when I was up there previously because he and his council want to close the border. I said that we do not have the constitutional authority; that is a matter for you and the Commonwealth government. They cannot act unilaterally, but they are concerned and their citizens are concerned. As a part of that, we are about to embark as well on a major TB screening program from a public health initiative side to try to find out what is happening on those islands, because we only get the ones who turn up and test. We do not know what the latent issue is in the community. So, yes, it is a serious risk and a serious problem.

Ms BATES: I have a follow-up question. If I could just build on the previous question by referring you to page 194 of the SDS which mentions staff accommodation on Queensland's closest inhabited island to PNG, Saibai Island. Minister, is there any evidence that asylum seekers are already using the PNG-Queensland border as a gateway to Australia? Would the Commonwealth government have been aware of this before Kevin Rudd signed his so-called PNG boat solution?

Mr SPRINGBORG: Really, we do not have the figures of how many people may have been illegally traversing into Australia across that very lax border. This border is only a border by name and it is a stepping stone to Australia because it is one of the most lax border arrangements in the world. You can get in a canoe and you go across. In terms of what we are aware of or not aware of, I

suppose it is a matter for the Commonwealth. But certainly our staff are very concerned about this because they regularly treat people who pour in from Papua New Guinea, and we understand citizens generally. But I understand in recent times there has been at least one presentation to one of our health clinics from an illegal who actually found their way all the way from the Middle East through into Indonesia and then into Papua New Guinea and then down the Torres Strait and was actually treated in our facility, and there may have actually been others as well. I might ask the CE from the Torres Strait—Northern Peninsula Hospital and Health Service, Simone, if she has more information around that.

Ms Kolaric: I have some information in order to expand upon the minister's words. We understand as at approximately a couple of months ago that we had a Syrian man who had come down through Papua New Guinea present. The Immigration Department brought him to the hospital because we were concerned about him having tuberculosis, so he was admitted to the hospital and treated. As you may know, to decide whether somebody has TB you have a series of tests over a few days, so he was kept in the hospital for a period of time and then released back to the department of immigration officials. I do not have the actual numbers because we do have some concern about when people do present and they are not from the Torres. Obviously you can tell when there is someone from outside, but we think there are up to six other possible asylum seekers who have come through the hospital in the last six months. I am still trying to confirm that but we are not sure, and in some cases it is people appearing with names that certainly are not usual names that we hear in the Torres Strait or from our Papua New Guinea neighbours. Also, they often come with no papers so we work with officials—if we are particularly concerned, the police or the department of immigration in that case.

Ms BATES: I have another follow-up question. Minister, is it right to say that we have had at least six people come to Queensland from Papua New Guinea who have active TB? Are they just the ones that you know of?

Mr SPRINGBORG: So you are talking about the people referred to by Simone a moment ago?

Ms BATES: Yes.

Mr SPRINGBORG: There is no doubt that we have people who come into our hospitals on not an irregular basis who we treat for TB from Papua New Guinea and Papua New Guinean citizens. As I understand it, out of the 190-odd admissions in the 2011-12 period, some 15 of those actually had TB. They are admissions and they are obviously people that we have treated on an outpatient basis. Once you are an in-patient, it is very serious. As I understand it with the gentleman in question—the Syrian—he may not have necessarily tested positive for TB but was suspected of having TB. In terms of the others I do not really know what the concern was with regard to their health, but I did actually read protestations from Minister Burke in today's press saying that there are very serious health risks from these people and indeed indicated that they should only be taken to Papua New Guinea after they have received appropriate health checks and immunisation.

We do know that there is a significant cohort of people who actually do come on these boats as so-called asylum seekers who do have quite serious infectious diseases and TB, so we are actually treating them. Of course, in Papua New Guinea we have a real microcosm now of strains of TB which give us concern. We have multi-drug-resistant, extreme-drug-resistant and totally-drug-resistant strains of tuberculosis, and a lot of that is because of misedication, so it is of significant concern. But the real issue for us here is that we really do not know what is happening in the Torres Strait. The only way that we get to find out if there are these so-called asylum seekers or illegal immigrants coming through is when they turn up in our health facility and they need treatment.

Again, we know, as Simone indicated a moment ago, that at least six of these from their figures are non-PNG citizens and they do not have any paperwork. But we treat them and alert the police. We would never have known about this Syrian who had made his way from Syria into Indonesia into Papua New Guinea and likely then a canoe ride down through the islands if he had not been detected and brought to our facility. How many of these people have actually been caught and taken elsewhere that we do not know about? That is the bigger question that we have. Quite clearly, these people have already worked this out prior to the new arrangement to deposit thousands of asylum seekers on our doorstep in that once they are processed and released, possibly as citizens or on a transition basis into New Guinea, if they want to go to Australia they are deposited beyond their wildest dreams because it is then a canoe ride across to Saibai Island. I also understand that the definition of people smuggling does not even pick you up in this regard, because if it is less than five people then you are not designated as a people smuggler. So you can put less than five in a tinnie and not be a people smuggler.

If you are a people smuggler you are eligible for up to 20 years in jail. Once you come into the country you then might be trafficking in human beings which is half the penalty and then, of course, that is basically assessed on the situation of whether it is for sexual slavery or those sorts of things. If you are just commuting someone around, how do you actually know? This will be a lucrative little business potentially for some people getting them across. This is the real concern. I think that it behoves the likes of Minister Burke to actually say how many people have actually been apprehended across the Torres Strait that have actually come into Australia previously using the porous non-existent border between Papua New Guinea and Australia and that is what we need to know. The Commonwealth government might be creating a bigger issue here than what we currently have because there is no border control. That is why Mayor Gela today is saying the thing should be closed and that needs to be sorted out.

But it is our health system that is at risk and our citizens at risk because once you come across there, it is a canoe ride and then it is two air tickets and a taxi ride to western Sydney or wherever you want to go. Once you are there, if you are not detected that is it. Who knows.

Ms BATES: If the Department of Immigration knew, shouldn't our Prime Minister know about it and what do you believe should be done in that regard?

Mr SPRINGBORG: I really don't know what the department knows about this, but obviously if we actually are aware that people are being treated in our facility who have actually come through Papua New Guinea from the Middle East illegally then the Commonwealth government should be aware of this and Minister Burke should be aware of this, and one would have thought that they should have thought of how they are exposing Queensland and Australia. If they want to be hairy chested on immigration policy then be hairy chested, but don't appear strong when in actual fact you are giving a weaker solution. That is the point. They have not really thought this through. Because this has been a manifest problem for a long time. The fact the current Commonwealth government has given us \$18 million over four years, which is probably \$40 million short, to deal with illegals, who knows where we go in the future with regard to this.

Let us look at what Peter Beattie said to John Howard going back to 1999. He said, 'These undetected landings are evidence of the existence of organised smuggling rings that may not only smuggle people into this country but also drugs. In addition, there is a danger that those undetected arrivals could inadvertently introduce flora and fauna that threaten our important primary industries.' That was following a boat landing and they actually dealt with the boat landing. Now we actually have got these people who have been deposited or are going to be deposited en masse—possibly tens of thousands—into New Guinea, released into the community who then can basically find their way down to their border and then across to Saibai island. If they have already had enough initiative to do this, which they have had prior to this arrangement to get from the Middle East through Indonesia into New Guinea, then imagine what they will do when basically they have been delivered there in the future. I think Mr Burke should explain, for comfort, what they are planning to do about this and how many of these people have actually been apprehended. Maybe this committee should seek that information. But he should at least explain it, to be quite frank.

Ms BATES: Thank you, Mr Chair. I so move.

Mr DAVIES: I second that.

CHAIR: I will adjourn proceedings and we will come together as a committee in private just to consider it. I need to understand that a little bit better. We will adjourn now and we will be back shortly.

Proceedings suspended from 9.34 am to 9.39 am

CHAIR: I will call the hearing back to order and ask the Leader of the Opposition if she would like to continue.

Mrs MILLER: Mr Chair, could you please inform us of the outcome of the meeting considering there was no quorum at the meeting?

CHAIR: I would be happy to. The outcome is that obviously no decision could be made without a quorum.

Mrs MILLER: That's right.

CHAIR: Therefore—

Mrs MILLER: The stunt failed.

CHAIR: Therefore this issue will be picked up at our next private meeting.

Ms PALASZCZUK: Thank you, Chair. I would like to move on, Minister, from federal immigration matters to the Health budget, which is what we are here today to examine. I refer you to page 139 of the SDS, the Metro North Hospital and Health Service. Minister, I refer to a letter that was sent on 15 July to nurses in Metro North which discusses the number and category of employees likely to be dismissed and the time when or the period over which the dismissals are likely to occur. Minister, why was this cold, heartless letter sent to the hardworking nurses in our Metro North region?

Mr HATHAWAY: Point of order. I rule that question is out of order given the preamble is subjective and doesn't actually talk to appropriations.

Ms PALASZCZUK: Yes, it does, Chair, with all due respect. It refers to the SDS. The minister is well aware of this issue. We discussed it last Friday. Minister, I would like you to explain why this letter was sent to the hardworking nurses.

CHAIR: Leader of the Opposition, could you just explain how it ties in to the SDS, please?

Ms PALASZCZUK: It is page 139 of the SDS. It is about the Metro North Hospital and Health Service and this letter was sent out.

Mr SPRINGBORG: I am happy to answer it, Mr Chairman.

Ms PALASZCZUK: Thank you.

Mr SPRINGBORG: Very, very, very, very, very happy to answer it, and I also note, by way of preamble, that the opposition has no interest in finding out what is going on with health in the Torres Strait and really is not interested in the Commonwealth government explaining their actions which are actually putting the health and welfare of Queenslanders at risk by opening up our borders to potential illegal immigrants and I think that is very unfortunate.

Mrs MILLER: Sooking. The minister is just sooking at the moment.

CHAIR: Member for Bundamba, that is quite unparliamentary.

Mrs MILLER: He needs to answer the question then.

CHAIR: He is getting to the question. Member for Bundamba, that is quite unparliamentary.

Mr SPRINGBORG: I said I was happy—just settle down. I said I was happy to answer the question and I'll answer the question. Okay? Very, very happy to. Mr Chairman, as I indicated last week after I found this letter went out, I said that it was an inappropriate form of communication and actually instructed that the letter should be withdrawn and re-issued to actually embody what the real intention of the hospital and health service was about. It is not my intention to actually micromanage the very excellent hospital and health services that we have around Queensland that are providing great results for their patients and are actually getting some amazing achievements, and Metro North is one of those in actual fact as well. Nowhere last year or this year in the protestations of the opposition or their union branches of the Labor Party have we actually heard any of them express concern over the Labor Party's \$22 million reduction in funding to Metro North which led to actual people losing their jobs who may not have actually wanted to go. So nowhere did we see any protestation. We didn't see any Nurses Union leadership cartwheeling in front of Kevin Rudd or Wayne Swan's office. In actual fact, they were cheering and clapping him for doing that, for imposing misery upon them and their system.

I have already indicated that the form of communication was not an appropriate form of communication and, indeed, I didn't hear any such protestations from the Leader of the Opposition going back to 2011 on 23 August when this letter was actually sent to 3,976 hardworking Queensland Health staff where they said, 'Dear employee, our records indicate you are a surplus or unattached officer and this being consistent with your understanding, Queensland Health is seeking your interest.' But they go on there to actually indicate that they have to verify that their understanding of their surplus attachment is consistent with the department's. So I wouldn't have thought that that is something which is very valuing of staff. Nowhere did we see the Nurses Union, or Together, or United Voice, or the AWU, or the Labor Party or the minister going out there and actually saying that this was wrong or inappropriate to actually communicate it in such a way.

What is actually happening in Metro North, and what we are seeing around the rest of Queensland, honourable Leader of the Opposition, is a large number of staff have actually been approaching management and expressing their interest in voluntary redundancies because they are coming to the end of their working career, they are wanting to actually exit the workforce, some people are just getting tired and burnt out, as happens to everyone. At the moment they are ineligible, they are crucial staff and they are not being considered for that. Also we have a significant number of

graduates who want to enter the workforce. Metro North were planning to actually communicate with their staff and actually ask people to express interest who are interested in going and to open the way for graduate nurses, which I actually support absolutely—absolutely. Therefore, that is what should have been communicated in such a way. But the letter didn't communicate that. It has been withdrawn and subsequently there has been a better form of communication that respects the staff issued to them, unlike this letter on 23 August 2011 by the previous Labor government.

As I also understand it, subsequent to that letter going out, even in its initial form before the new letter hit the decks, over 100 of the nurses actually sought interest in that and about 160 now as well. I think that we should never be denying people the opportunity to actually exit the workforce who want to in order to bring in other people who may actually want to start their career. So, therefore, I think it is an excellent idea not very well communicated and I have actually said that publicly.

Also we have got the QNU that was calling in their February publication this year for an increase in nurse graduate numbers as well. They said they were actually calling for an increase in nursing graduate numbers for several years. Well, 15 months in government is not several years and so it must have been under the previous government. So they are opening the way for 140 graduate nurses and I think it is a great idea and they should be commended for what they are doing, but not necessarily for the way they communicated it. I am prepared to say that is a pity. The previous mob weren't prepared to say a similar thing.

That is on top of the 50 midwifery nursing graduate traineeship positions that I announced only recently, on top of the 103 or 110—in that vicinity—nursing graduates to go into rural and regional areas in a range of disciplines as well. Well done to them for the idea; not so very well done on the execution. Let us get on to the facts of the matter: we need to recalibrate our workforce. No-one argues about that, not even the Nurses Union, as shown by the EBA I successfully signed with them within a couple of weeks of coming to government. We need to look at the balance between ENs and RNs. We have to put new graduates into that equation and we are doing that.

Ms PALASZCZUK: I have a supplementary question. Can I please call the CEO of the Metro North Hospital and Health Service, Mr Malcolm Stamp. Good morning.

Mr Stamp: Good morning.

CHAIR: Welcome, Mr Stamp.

Ms PALASZCZUK: Just following on from the minister's answer there, could you please advise how many nurses received the letter that was sent on 15 July and that I referred to?

Mr Stamp: I think it was several hundred. I am unclear as to how many actual nurses received the letter. I am sorry I do not have that figure.

Ms PALASZCZUK: Minister, are you happy to take that on notice, for the CEO to provide that information?

Mr SPRINGBORG: I have no problem with that. There was an initial indication to me that it may have been the entire nursing cohort.

Ms PALASZCZUK: I thought it was around 3,000.

Mr SPRINGBORG: That was the initial indication to me.

Mr Stamp: Yes, I think it was around 3,000.

Mr SPRINGBORG: That was the initial indication to me. They can clarify that. I have no problem with that. I thought it was about 3,500.

Ms PALASZCZUK: Mr Stamp, can you please explain to the committee in relation to this letter how many nurses the Metro North region was planning to dismiss?

Mr Stamp: We had a strategy around the graduate intake, which saw 140 to go and 140 to come in on the graduate scheme. That was out of a pool of nurses of around about 2,826 registered nurses full-time equivalents and 1,090 clinical nurses; so overall 3,916, but no dismissals. These were voluntary redundancies of which, last evening, we had 224 nurses in these grades that I have mentioned of that 3,916—

Ms PALASZCZUK: I am a bit unclear about how many your target was.

Mr Stamp: It was 140 graduate intakes and we were seeking 140 voluntary redundancies. We knew that we had a cohort of nurses interested from the MOHRI targets from the previous year. As I say, as at last evening we had 224 out of that 3,916 who are actively seeking voluntary redundancy. That number, as we speak today at this moment, is likely to be higher, but we are only seeking 140 voluntary redundancies out of that 224. There are no planned dismissals of nurses.

Ms PALASZCZUK: Minister, finally, what steps have you taken to ensure that letters like these do not go out again?

Mr SPRINGBORG: Far more steps than was taken by your previous administration—

Ms PALASZCZUK: It is a question to you. It is your budget estimates.

Mr SPRINGBORG: Absolutely. There is a difference between myself and your previous administration. When I see something that I think is inappropriate, I act immediately. As soon as I got a copy of the letter, I indicated that this was not a letter that valued staff or clearly enunciated the intention. I indicated that. I instructed that that should be reworded with the intent an issue. That is a matter of public record. I do not intend to micromanage my hospital and health services. They are very capable people, but if they act in such a way when I think they could act differently I will act. I have indicated that there should be a very clear understanding across hospital and health services that if you are seeking expressions of interest there needs to be a form, which is around the more recently written and disseminated letter, and the same sort of indication needs to exist within the department as well, within the central agencies. Honourable member, if it comes to the issue of deployees where there is no position, obviously you have a different form of correspondence when you are dealing with those than when dealing with expressions of interest. Therefore, I made my point very clear quickly. I acted on it. I relayed that to the Queensland Nurses Union at a regular meeting that I had with them on Friday of last week. Therefore, as far as I am concerned, we acted and we acted very quickly on that. I have been very happy with the operation of Metro North and our other hospital and health services in their policy conduct and their planning. I think their planning and intent around this was good, but the execution of it I think left a little to be desired. They know that. It has been corrected. Therefore, I think people can be comfortable with regards to that.

Also, I think it is important to understand that on 1 July 2011 to 25 March 2012, the previous Labor government in Queensland separated 4,570.39, I think they are, FTE equivalent staff. There was not any cartwheeling around and bellyaching with regards to that from the Nurses Union or the leadership in the opposition. If I think things are being done appropriately, you will get my support; if not, I will ask you to do it differently. That is what I have done in this case. It puts a real lie to this nonsense about the reluctance of people to take up VRs. These are VRs; no-one has been made a redeployee where you have been told your position is abolished, you go in the system and those sorts of things. These are people who we are asking if they would like to take the opportunity of a VR and already we have been overwhelmed by applications. The thing that the Metro North Hospital and Health Service will have to do as a part of that is to make sure that they adjust their experience and their staffing model around that and that valuable employees with more to contribute be the ones who actually be considered for retention over and above others who may be able to go for other reasons. I think we all understand that.

We do have a significant challenge and everyone knows that. We have a workforce that has been putting off retirement. We have had a large number of nurses re-enter the workforce during the GFC who had retired. We know there is a potentiality for a large number to leave over the next couple of years. We do not know that, but that is the potential that has been talked about for years. We have graduates who need jobs. About 2,000 graduated in Queensland last year. The public system, I think, picked up around 900. We employ less than half the nurses in Queensland. The private, not-for-profit and community sectors employ more than half. We will do our bit, but we have to ensure that we have real vacancies and real openings for them and that we have jobs that add to our sustainability of health requirement under the national health reform and the national efficient price. It was a good idea and well done on that, Metro North; but communication improvement needed. That has been addressed and others will be following suit. If they do not, I will intervene.

Ms PALASZCZUK: Thank you, Chair.

Mrs MILLER: My question is to the director-general in relation to page 36 of the SDS. Director-General, are you aware that nurses are being photographed by human resources staff? They are being photographed on mobile phones—

CHAIR: Member for Bundamba, how does this relate to the voluntary redundancy issue?

Mrs MILLER: It does relate. I am getting to that. You are not allowing me, Chair, with respect, to ask my question. You are not even allowing me to get the question out.

CHAIR: Get to the question, please.

Mrs MILLER: Thank you, Chair. I will repeat it now. Director-General, in relation to page 36 of the SDS, are you aware that nurses are being photographed with phones by your human resources staff as they enter union meetings to discuss privatisation, outsourcing and contestability issues? Will you order that this desist? Human resources staff are not the special branch of this government.

Ms BATES: Chair, I raise a point of order on standing order 115. My understanding from the question is that that is hypothetical. Unless the member for Bundamba has proof of that, it is a hypothetical question and should be ruled out of order.

Mrs MILLER: No, it is factual that human resources staff are, in fact, photographing nurses with their mobile phones. Director-General?

Dr O'Connell: I have not been given any evidence that this has occurred.

Mrs MILLER: I have a follow-up: if you are given evidence that this has occurred, will you direct that this behaviour desist?

CHAIR: That is out of order.

Mrs MILLER: No, it is page 36 of the SDS.

CHAIR: It is out of order. The director-general has just said he has no evidence of that. This is a hypothetical.

Mrs MILLER: Immigration matters, you have ruled, are a matter for this Health estimates. However, photographing nurses is not a matter for this Health estimates?

Mr SPRINGBORG: Give us the evidence and we will have a look at it. We cannot answer hypotheticals.

Mrs MILLER: I am asking the chair for a ruling on this. Chair, are you saying that for every question that we have to bring in evidence? Is that now the ruling of this estimates committee? It has never happened before.

CHAIR: Member for Bundamba, I asked you first if this had anything to do with—

Mrs MILLER: Yes, it does; page 36 of the SDS.

CHAIR: Now it is about time you let me speak. I asked you—

Mrs MILLER: I said that.

CHAIR:—if this had anything to do initially with the question that was asked in relation to voluntary redundancies.

Mrs MILLER: Yes, it does.

CHAIR: This has nothing to do with voluntary redundancies.

Mrs MILLER: They were photographed as they went in.

CHAIR: I gave you some latitude with your question—

Mrs MILLER: They were photographed.

CHAIR: You have asked the director-general a question. The director-general has directly answered. He has no knowledge of that occurring.

Mrs MILLER: They were photographed. And I asked a follow-up question—

Ms PALASZCZUK: The minister said he will look into it.

Mr SPRINGBORG: Mr Chairman, give us the evidence. It is a bit of a role reversal. It is usually the unions that photograph people and stand over them. It is a bit of a role reversal.

Mrs MILLER: That is disgraceful.

Mr SPRINGBORG: If you have any evidence of it, give it to us and we will actually have a look at it. We will take it seriously, okay.

CHAIR: Member for Bundamba, if you can produce the evidence please provide that to the minister. We have a question from the member for Mudgeeraba.

Ms BATES: Minister, this is a follow-up question on the obviously disgusting problem that we are facing with rampant TB coming into Australia from across our borders when we have done everything, over many years, to eradicate TB in this country. Minister, the Labor Party is claiming that there are no health issues related to the open and unprotected border between Queensland and New Guinea. Did former Labor Premier Peter Beattie raise any health issues about illegal entries through the Queensland/PNG border in the past?

Mrs MILLER: Mr Chair, I ask for your ruling in relation to this matter. Where is this in the SDS? Where is immigration a part of the Health portfolio estimates? I ask for your ruling. I seek that this question be ruled out of order.

CHAIR: The member has previously provided information with regard to the cost of providing health services to illegal aliens who have TB who are coming in at the northern border. This is a—

Mrs MILLER: So they are aliens now.

CHAIR: This is the follow-up to that question and I am going to allow the minister to answer the question.

Mrs MILLER: So they are aliens now, great!

Mr SPRINGBORG: I understand that is the terminology that is used around the world to describe people who come into a place illegally. I do not think it has necessarily been manufactured here this morning. I also understand that page 10 of the SDS clearly indicates the issue of Commonwealth revenue to the state around this particular issue.

This is very important. Over many years it has been a concern of Queensland governments. This is where it is relevant today. Our real issue today is as it was in the 2013-14 financial year, in the 2012 financial year, in the 2011 financial year, in the 2010 financial year and in the 1999 financial year when Peter Beattie first wrote to John Howard expressing real concerns about the issue of illegal people coming by boat into Queensland to isolated islands and not being detected. That was largely addressed at that time. Full credit goes to Peter Beattie and full credit goes to John Howard for addressing that.

The problem we have now is that there has been no consultation with Queensland. There has been no engagement with Queensland around this issue. There has been no consideration of Queensland's concerns which has been ongoing not just for the 15 or 16 months that this government has been in office but under Geoff Wilson, Paul Lucas and their predecessors as they and their governments tried to address this particular issue. Whether they wanted to be mute and raise it privately, I do not know. It has certainly been raised. I do not know why, other than Peter Beattie, they did not raise it more publicly. I would like to quote Peter Beattie who said—

Torres Strait presents unique difficulties in controlling illegal entry, because of the multitude of islands (over 40), the frequency of shipping and the rights of traditional inhabitants to move freely in the Torres Strait Protected Zone.

That is what he said at that time. He went on to say—

The potential for the spread of disease across human, animal and plant species is very high and could pose an enormous social and economic cost to Australia. Australia is free of many diseases carried by humans and animals in the Asian bloc of countries, such as Japanese encephalitis, malaria and rabies. It is highly likely that these diseases could be carried into Australia, especially by ships which enter illegally.

The ship issue had been largely addressed. But since we have this growing issue of tuberculosis, particularly multidrug-resistant strains, extreme-drug-resistant strains and totally-drug-resistant strains, that is our real problem. It has been raised. The real challenge for us is that it has never been answered and it has never been addressed.

This year I actually said to the federal Minister for Health in my letter in March that we are not happy with this arrangement—we are out of pocket. The previous government said the same thing. I crossed out a section of the agreement—I think it was section 4 or 7—and sent it back. That created enormous conniptions in Canberra. No-one had done that before. I had a voice mail message from the federal minister saying, 'Please do not do this. It is not the way it is done. If you do not sign up you will not get the money.' I reluctantly signed and sent a covering letter saying that we will not be doing this again because we do not want to be out of pocket.

Now we potentially have a bigger issue. We have the treaty villages arrangement where people can come and go freely. That actually does not stop other people using that as well. Anyone can get on the boat and anyone can go across. That is the real problem there. It has been raised. It has not been addressed to date, but it is a serious issue.

The previous government was prepared to acknowledge it was a problem, tried to do something about it in their behind-the-scenes way, but nothing ever properly and clearly happened. Now we have an even more clear and present danger because of this issue where we are now potentially going to have more in PNG who are going to seek to use this conduit, this open border, to come down into Queensland then go from there. There is a serious disease risk. Those disease risks that Peter Beattie pointed out in 1999 have not terminated. In actual fact, they have been exacerbated, particularly the more virulent strains of TB. It has never been resolved.

CHAIR: I call the member for Rockhampton.

Mr BYRNE: I refer to page 75 of the SDS. I note your immediate and very thorough effort to acknowledge the royal birth yesterday. Why have you refused to acknowledge the tragedy of Emma Green, who lost her full-term baby after being turned away from Rockhampton Hospital on four occasions over five days, without so much as a single phone call?

Mr SPRINGBORG: Thank you very much, honourable member for Rockhampton. I obviously note your very genuine interest in this issue. Anyone should be concerned about this. I am actually very concerned about it, and so we should be concerned about it.

Very sadly, each and every year in Queensland we have on average 7.4 stillbirths per thousand births and we have around 300 overall. All stillbirths are very tragic, there is no doubt about that. With some of those stillbirths there is little that we can do because of the individual circumstances.

My real concern in this case is was there an action taken or was there inaction by Queensland Health that may not have been as helpful to the Green family as it should have been. We are getting to bottom of that. Yes, there has been a root cause analysis done. We have engaged an interstate expert in the field—a Dr Pesce—to undertake a further investigation of this because we want to make sure that we do everything as openly as we can. I have also indicated in correspondence with the shadow minister—and one bit of correspondence from the shadow ministry was a bit confused by subsequent correspondence—that as far as—

Mrs Miller interjected.

Mr SPRINGBORG: It actually was and I am happy to have a discussion around that. I need to get it out of you. Certainly one thing that was asked with regard to disclosure was a bit different. I am very happy to ultimately disclose that, but I am not going to disclose people's private details. I have not seen the Pesce report. I understand that it has been finalised. I have asked that before I see it that it actually be made available to Ms Green and her family so that they can see it as well. That is an important thing. Then I will actually have a look at it. We do need to be respectful to the family.

Sometimes when we are dealing with these issues they are highly emotionally charged. Sometimes circumstances as initially presented may not necessarily be what is subsequently found. I do not know that for a fact yet. It really concerns me that there is a possibility for failure in the way we actually deal with people sometimes. I do not think that happens very much. That is why we go through this process.

I can assure the honourable member that we have dealt with this family as compassionately as we possibly can and that there has been ongoing discussions and a relationship between our Queensland Health people and the Green family. I think that is appropriately where it should be. I respect their concerns enough to say that they should be furnished with the report before I am furnished with it. They will be at liberty to release whatever they wish of that. I would be very concerned about releasing any private details.

With regard to the overall findings with regard to the actions of Queensland Health employees, if something needs to be corrected—and I say if—then of course we will deal with that. There is no doubt about that, honourable member. I do not dismiss these things. We have a proper process in place. I have put in an additional layer of process on top of the root cause analysis—that is to get someone from interstate to actually see what happened.

I express my personal empathy to the family because these circumstances are very difficult for them, as they are for the many hundreds of Queensland families who go through the challenges of stillbirth. I would hate to think that anything that we have done exacerbated the situation. It may have been established, but I have not seen the report. I have asked for it to go to the family first.

CHAIR: I call the member for Bundamba

Mrs MILLER: I have a follow-up question in relation to the matter of Emma Green and it relates to page 75 of the SDS. Minister, before asking this question I note that you can make yourself available for the media yesterday to talk about medallions, but you cannot even pick up a phone to contact Emma Green.

CHAIR: Get to your question.

Mrs MILLER: Why were investigating officers for the root cause analysis from Rockhampton Hospital instructed at the last moment not to hold a scheduled telephone conference with Ms Green to discuss the finding of the investigation, which has concluded? Why has Ms Green not received a

written copy of the independent review by Dr Pesce that you are saying you commissioned? Minister, you are here giving your condolences to this family, you can run around with medallions, but you cannot pick up the phone. It is a disgraceful effort from a Health minister, is it not?

Mr SPRINGBORG: I am not sure if that was not a dissertation—

Mrs MILLER: It is a question. There was a root cause analysis. She has not got the written copy of the report.

Mr SPRINGBORG: Honourable member—

Mrs MILLER: You are hiding it.

Mr SPRINGBORG:—you can draw all the conclusions that you want, as you do on a whole range of things. I just explained to your colleague sitting to your left-hand side that the report, as I understand, has been concluded in draft—has now been virtually finalised. I have been made aware—

Mrs MILLER: It is finalised.

Mr SPRINGBORG: I have been made aware of that. I have indicated clearly that my intention is for Ms Green to receive a copy of that before I receive it. If there is an inference from the honourable member from Bundamba, who I think is really bringing a low-grade approach to this issue, that in some way I have sought to not be fulsome with the investigation or interfere with it, then that is completely offensive and completely—

Mrs MILLER: The reports were finalised weeks ago.

Mr SPRINGBORG: No, that is not true, honourable member. It is pretty amazing that you are able to know everything that has gone on with regard to the Green report but you knew nothing about the payroll system going kaput. You absolutely knew nothing—

Mrs MILLER: Nice try, Minister.

Mr SPRINGBORG:—about the right of private practice—

Mrs MILLER: Ms Green is a patient.

Mr SPRINGBORG:—going kaput which you actually helped construct when you were the assistant minister—

Mrs MILLER: No, I did not.

Mr SPRINGBORG:—or a range of other things. Yes, you did. Now you know everything about this.

Mrs MILLER: Because I am in contact the family. I am in touch with them, unlike you, Minister.

Mr SPRINGBORG: Maybe you should be the judge, jury and executioner on all of these matters. That seems to be the inference from you.

Mrs MILLER: You only have to pick up the phone.

Mr SPRINGBORG: What I have actually said—and if you listen you would know—is that my concern for the Green family is not about base politics that you are wanting to play. I actually want to get to the bottom of this with an appropriate investigation. If you have evidence that in some way somebody attempted to interfere with the investigation—

Mrs MILLER: I did not say that. I said that you have not spoken to Ms Green or the family and that these reports have available.

Ms BATES: Point of order, Mr Chair.

CHAIR: What is your point of order?

Ms BATES: The member for Bundamba is not only making inferences, she is also arguing whilst the minister is trying to put his point forward. I think it is very base that the member for Bundamba would be making a political issue out of a personal tragedy.

CHAIR: Under standing order 115, I uphold that point of order. I ask you to please make your questions. Minister, have you completed answering that question?

Mr SPRINGBORG: I am happy. Has there been a root cause analysis which I understand is not necessarily required in all such cases of stillbirth? Yes, there has been. I do not actually get involved in the conduct of those root cause analyses, and nor should I. As the honourable member knows, these root cause analyses are processes that flowed out of the Bundaberg commission of inquiry. They are an appropriate way to go. You get oversight and an investigation of what happened.

Additional to the root cause analysis, we have the ability to instruct that there be a further investigation, which I have done. That is why I bought in a person from interstate, whom I do not know, and nor should I know. I asked the department to find somebody from interstate who is well respected. We often do this in consultation with the AMA and the colleges. We did that. Has that person gone around and done their investigation? Yes. Has the inquiry report been concluded in draft form? Yes, it has. Is it close to being finalised? I understand that it is very close, if it has not been finalised in the last couple of days. Have I asked that family be contacted first? Yes, I have. After I have the confirmation that this is what has been prepared at the moment then I will sit down and have a look at it. I want them to be informed as well. That is what I have asked the department to put in place. I have actually had no involvement beyond that and, frankly, nor should I because these are tragic circumstances and appropriately qualified people should investigate it.

Mrs MILLER: I have a follow-up question in relation to page 75 of the SDS. Minister, are you aware that the Green family was told that the scheduled telephone conference was cancelled? So the root cause analysis was to be discussed with Ms Green and her family and they were advised that the telephone conference was to be cancelled. They also know that Dr Pesce's report has been concluded.

Mr HATHAWAY: I raise a point of order, Chair.

Mrs MILLER: They have not been advised what the results of the analysis are or the report.

CHAIR: There is a point of order. What is your point of order?

Mr HATHAWAY: Under standing order 115, the question first of all is lengthy with subjective preamble. It is argumentative. The minister has already answered the question. There are inferences. So I suggest you rule the question out of order.

Mr SPRINGBORG: I am happy to clarify for the honourable member.

CHAIR: I will allow the minister to answer the question.

Mr SPRINGBORG: The root cause analysis process is a process that is laid down under the act and should actually happen in circumstances where there is concern over the way a particular event may have been handled which leads to tragic circumstances. That does not apply to all cases, but it was deemed to have applied in this case because of the nature of it and the tragic circumstances which have been inferred. That happens internally. It happens with the hospital and health service working with their clinicians. I have no role in that. So I have not been informed of that and, frankly, nor should I. Maybe there are reasons if indeed that happened where there had been a cancellation, but I do not know about that. And if you think I am going to sit there and micromanage every root cause analysis, honourable member, I am not going to do that.

Where I do have a direct involvement is a further process where I have asked an investigator to be appointed to go in there, and that is Dr Pesce. I understand that there had been contact with the Green family around this on the 22nd, as I understand it. A person contacted Ms Green on the 22nd and indicated that Dr Pesce would be setting up such a meeting with Ms Green. That is what should happen.

With regard to the root cause analysis, I am not aware of the circumstances of the root cause analysis. That is an internal review process that seeks to get to the bottom of circumstances and make recommendations. That should be left to the clinicians to deal with and the investigators to deal with, and I do not want to get involved in that and nor would I.

If the honourable member has evidence that someone has contravened or deliberately sought to obstruct something, that needs to be provided so it can be properly dealt with. It is one thing to make claims; it is another thing to verify them. And how that actually has anything to do with me when that is a process of internal investigation really beats me.

But Dr Pesce will be contacting them, I understand. That was put in place on the 22nd, which was the day before yesterday, to start that process rolling. If there is any other evidence or proof, please table it because we want to deal with this and we want to get closure on this as well. I am not going to play politics with it and make all sorts of outlandish claims, and nor am I going to respond to them unless there is evidence that someone sought to contravene something, and if that is the case then we will deal with it.

Mrs MILLER: I have a follow-up question in relation to—

CHAIR: Is this continuing with this issue?

Mrs MILLER: Yes. I have a follow-up question in relation to page 75 of the SDS in relation to the Green family. Minister, I am not asking you to intervene. You are supposed to be the Minister for Health. You are saying now that you are not interested in patients or what happens in the Health portfolio.

Mr DAVIES: He did not say that.

CHAIR: Member for Bundamba, please get to your question.

Mrs MILLER: You have not contacted the Green family. I am asking whether or not you will give your personal guarantee here today as the Health minister that this family, who have not been given grief counselling, who are going through a terrible time at the moment, will be given the root cause analysis and the Pesce report as soon as possible.

Mr SPRINGBORG: Honourable member, I really encourage you to adjust your questions after you have been given an answer. I indicated earlier on that on the 22nd there had been an email—

Mrs MILLER: I heard that.

Mr SPRINGBORG: There had been contact—an email sent to Ms Green—indicating that Dr Pesce intends to present the report to me but I have actually asked that the report and recommendations be firstly presented to her. That is what it actually says. This is in an email on 22 July at 3.54 pm. Maybe through some electronic challenges it may not have gone through. I thought we had overcome some of the previous government's privations of failing electronic systems within the Queensland Department of Health, but I imagine that it has actually gone through. So that is where it basically is.

As far as your other assertions, honourable member, about the issues of counselling are concerned, I understand that a number of our Queensland Health people have been in touch with Ms Green offering whatever support we can. There was appropriate financial support to assist the family after the tragic circumstances of the stillbirth and to deal with some closure around that, and I would be exceptionally surprised if as a part of that they were not offered grief counselling in some way. So that would actually surprise me if they had not been offered a range of assistance in that particular area. You can arrange assistance but whether people take it up, I do not know. But, once again, if you have any indication that they have not been offered the support they should have been, then of course we are happy to look at it. Again, I do not deal with every single day-to-day issue. If there is some evidence that people have been requested to provide information or that they have not provided support or whatever, please let me know.

Mrs MILLER: Okay.

Mr SPRINGBORG: I also understand that, following on from that communication, the officials are planning a meeting with Ms Green at this stage, I think, on 1 August. So I understand that things are being put in place around that. That is all the information that I really have, honourable member. That is the information that I have.

I understand that Mr Pesce has already met Ms Green on two occasions. I understand that that would be part of the investigation as well, but also the report will be made available to her. I am happy if you want to table that email—whatever the case may be. They have contacted Ms Green and said the minister has asked that the report be presented to her first, that the discussions happen with her and we will go from there. If there are recommendations, we will properly deal with them.

CHAIR: Thank you, Minister. I call the member for Capalaba.

Mr DAVIES: Minister, you briefly alluded to my question in your opening statement, but I would like to delve a little bit deeper. I refer to page 4 of the Service Delivery Statements and the third paragraph, which states that the total funding for Queensland Health in 2013-14 will be \$12.326 billion. Does this figure represent record funding for Queensland Health and is it true that it also represents over \$1 billion more than the last budget of the previous government?

Mr SPRINGBORG: I thank the honourable member for the question. The answer to the question, in short order, is, yes, it does. It is record funding, and it is basically \$1.28 billion more than what was budgeted for by the previous Labor government in their last budget. So I think that really puts a lie to the fact that there has been a budget cut in Queensland. Once we allocate money in our budget we do not cut it like the Commonwealth government has. Last year, as I understand it, when we had a 7.4 per cent increase in the Queensland Health budget, the Australian Institute of Health and Welfare indicated that that was the largest single increase of any government around Australia, including the Commonwealth government. So we did have an increase.

I also said for the benefit of all members, including members of the opposition and indeed the public who may have wanted to listen and others, that we had budgeting at an unsustainable level in Queensland across the health system. Everyone is dealing with that across the country. But what you have to have is certainty in budgeting and certainty in planning, and that is the difference between us and our predecessors and also with Mr Swan and Ms Gillard's reduction of \$103 million from the Queensland Health budget in 2012-13 after it had been paid to us—\$40-odd million retrospectively, as the director-general said a moment ago.

It is very interesting that we have here the executive minute from Wayne Swan which indicates that there was what he called a 'residual adjustment' which he took out in November last year. I do not know what a residual adjustment is but I can tell you that it hurt. If that is what a residual adjustment is, I do not want too many of these, where Mr Swan basically took \$40 million out of the Queensland Health budget in November last year for 2011-12. That is what a residual adjustment is and it hurts a lot, particularly after you have delivered the babies, done the hip operations, done the knee operations—all of those sorts of things. That had a significant impact in places. There was \$63 million which was then taken out on top of that midyear. Half of that had already been spent, and that is the impact of it.

When it comes to budget certainty, we have budget certainty. Indeed, the impact of what Mr Swan did was: Cairns, \$6,516,000; Metro North, \$22,465,000; Metro South, similarly—and it goes on. They made amazing adjustments. Those hospital and health services delivered record performance as well in the areas of national emergency access targets, where now we are just one per cent below where we need to be. It has jumped from 66 per cent in four hours towards the end of last year to 76 or 77 per cent—a remarkable improvement. Also, in the latest indicators of NEST we have had dramatic improvements. We still have a long way to go, and also with outpatients.

To give you some idea of what \$103 million will actually buy, it is 4,623 knee replacements, 4,691 hip replacements, 2,411 cochlear implants, 34,170 tonsillectomies, 15,683 appendectomies and 25,614 normal births. That is the impact, but our hospital and health services have done a remarkable job. Yes, we had budget growth in the previous financial year of 7.4 per cent; this year it is 4.5 per cent. We think that is sustainable. The other thing that we are seeking to do is to make sure that our increase in budget is met by an increase in activity. Under the previous government, in about six years expenditure went up by 50 per cent and activity went up by 17 per cent. We need to make sure that activity is correlated with expenditure; otherwise your system is unsustainable. That is where we are up to.

I think we have proven in the last year that NEAT is the best it has ever been; NEST is improving; outpatient targets are improving as well; in term of adverse events, mortality is the lowest it has ever been. So we are getting the results, and this is about local empowerment as well. So it is a record.

Wayne Swan said on the Steve Austin program when he was pressured only a little while ago that he had to agree that the state of Queensland had actually increased its funding by over \$600 million. When he was actually put on toast, rather than running around the place saying there had been a reduction, he had to actually admit that there was a significant increase.

The other thing of course is that the Labor Party is running around the place talking about some fictitious umpteen billion dollar figure. We do not know where that has come from. If it is to do with their previous projections into the long term, well Wayne Swan had predicted a budget surplus for seven years and he did not land one. So I would not believe one single thing that they talk about when it comes to the airy-fairy stuff about what could happen in the future.

CHAIR: I call the member for Bundamba.

Mrs MILLER: I have a follow-up question for the minister in relation to what he just said. Minister, you just quoted a letter from Wayne Swan in November. Would you table that letter for us?

Mr SPRINGBORG: Sure. I am not sure if we did not actually make the parliament the beneficiary of this at some particular stage. I am more than happy. I have no particular issue. I think that is an executive minute that we sought under FOI and received.

CHAIR: Minister, we need to get leave of the committee for that to be tabled. I am going to ask the committee if they are happy for that to be tabled. There being no objection, leave is granted.

Mrs MILLER: Minister, I refer to page 4 of the SDS, and I do note your dedication to cutting and axing services and jobs. In fact some people now describe it as Newman's Work Choices.

CHAIR: Member for Bundamba, I have asked you before, in accordance with standing order 115, to please stop inferences like that. Please ask your question.

Mrs MILLER: Minister, can you explain to the Health committee how charging taxpayers \$308 for lunch at the Bushfire restaurant in Cairns—a third of which was for booze—attended by yourself, two of your staff and a radio journalist and about which on this particular document you describe it as ‘policy discussions’, is in keeping with your dedication to financial responsibility? And I table this for the benefit of the committee.

Mr SPRINGBORG: I acknowledge the architect of Labor’s payroll system as well. Do they describe it as Bundamba’s failed payroll system? As I get around and see the human misery in the Queensland health system that was inflicted by her and her predecessors, there are a lot of people who are far less than fulsome in their praise of her administration and her concern.

Mrs MILLER: A third on booze, Minister. Do radio shock jocks now determine the policy?

Mr SPRINGBORG: The honourable member and her coterie of friends who sit on that side love to go trawling through information. That information is freely available. From time to time we entertain journalists and others. That is not unusual. If you are going to do that, you need to do it in context. It has been done by your side of politics. It is done by our side of politics. It is completely and absolutely in accordance with the guidelines.

If we want to talk about frugal administration, I would be very happy to put myself up against the honourable member and those who inflicted such extraordinary privations on the taxpayers of Queensland and misery on patients by bouncing them around in the back of ambulances for hours with ambulance bypass, record ambulance ramping and the extraordinarily long waiting lists. We will deal with things on results.

Mr Chairman, to give you an indication of how you can do more with less, when I became the minister we set the real task of making sure that we practised what we preached. In the ministerial office we have 11.5 FT equivalent staff. Minister Wilson had 19 including who knows how many media people, a mob of policy advisers and a mob of assistant media people. They needed a firefighter as well because they had enough political fires. Minister Lucas had 18.

Mrs MILLER: He was also the Deputy Premier.

Mr SPRINGBORG: Yes, but he did not do anything in Health.

Mrs MILLER: No, he was the Deputy Premier.

Mr SPRINGBORG: He ran away from the payroll system and said it was all good when it was actually blowing up around him. He hid in his office with the Nurses Union and said absolutely nothing, and the human misery needed to be dealt with. He was the Deputy Premier with 18 staff and Geoff Wilson was not the Deputy Premier with 19 staff, so I do not really follow your argument but a lot of people probably struggle—

Mrs MILLER: Minister, you cannot justify \$308 being spent when you are sacking people around Queensland.

Mr SPRINGBORG: No, honourable member, we are actually getting far better results and we will continue to entertain and take people out. That is what we always do. If you were concerned about that, then you would have changed that in government and not have done that in government. To give an indication, the budget in the Health minister’s office for 2012-13 was \$1.2 million.

Mrs MILLER: How much do you pay your chief of staff?

CHAIR: Excuse me, member for Bundamba!

Mr SPRINGBORG: The budget in the previous minister’s office was \$1.5 million. That is \$300,000 less than the previous Health minister’s budget in his office. I do not know how many nights he had out on the town and what he did in regard to his entertainment expenditure. He certainly did not do anything to bring about a successful health system. He did not do anything to get rid of ambulance bypass. He did not do anything to reduce ambulance ramping. He did not do anything to meet our commitment with the national emergency access targets. He did not do anything to address the long waits in surgery. He did not do anything to meet the NEST. He did not do anything to cut hospital infection rates. He did not do anything to ensure efficiencies in hospitals. He certainly did not do anything to ensure efficiency in his office. I do not know why they spent \$1.5 million on him because the place was falling apart and there was nothing under control, and I think we now have an enormous contrast. Those figures say it all.

Mrs MILLER: I have a follow-up question. Minister, how much do you pay your chief of staff?

CHAIR: That has nothing to do with a night out in Cairns and I rule that out of order.

Mrs MILLER: Yes, it does. Well, he is here. He can come over and tell you.

CHAIR: Minister, are you going to answer that?

Mr SPRINGBORG: I have no problem in providing the pay lists for anyone in my office.

Mrs MILLER: Good. So will you take that on notice and table it?

Mr SPRINGBORG: Can I say that that is an extraordinary contrast with the previous government in Queensland. The honourable member for Bundamba actively stood up in parliament and opposed the release of the legal advice around the Health payroll. She opposed openness and accountability on all occasions—

Mrs MILLER: No, I didn't. Mr Chair, can I ask if the minister is prepared—

Mr SPRINGBORG: She was the apprentice of Gordon Nuttall when all sorts of nefarious things were happening under her nose.

CHAIR: Just a second, Minister.

Mrs MILLER: The minister said that he is prepared to make this available. I am just wondering if the minister will table all the salaries of everyone in his office including the chief of staff.

CHAIR: That is a discretion of the minister.

Mr SPRINGBORG: Yes, I will. I have no issue with that. I have proven myself far more accountable than my predecessor. The only time accountability and openness were ever on the same track was when she was crossing the track. They were never accountable for one single moment. I have no issue with that and am more than happy to do those things.

Mrs MILLER: So you will table them?

Mr SPRINGBORG: Absolutely. My challenge also is the release of the opposition's diaries, the previous government's diaries—all of those sorts of things.

Mrs MILLER: No, you are the minister.

Mr SPRINGBORG: What we have here is a complete juxtaposition between the openness and transparency of our government and the belligerent intransigence of our predecessors who on each and every occasion sought to hide information from the public. They hid the waiting lists. They hid the legal advice on Health payroll. They sat around. The honourable member for Bundamba was the architect of the failed right of practice process in Queensland. A report was given to them by KPMG in 2008, one year after she had been the architect with, firstly, Gordon Nuttall and then Stephen Robertson when the system went kaput. They did nothing to respond to any of those things. They do not table anything. I am more than happy to table whatever. I have no problem with that, but everyone should take it in the context of this new-found commitment to openness. It must have really taken the last 15 months and an enormous amount of education to get the honourable member to understand the word and then to even start talking about it. I have no issue, but I just say to people: look at the value they are getting out of the Health minister's office today vis-à-vis what we saw before, which is an immediate \$300,000 saving.

Mrs MILLER: For the sake of fullness, what I am asking for the minister to table is the salary and salary packages which includes phones, cars et cetera. I am after the whole salary packages for everyone in your staff.

Mr SPRINGBORG: In actual fact, we have the rates here. I am happy for you to have that. We also table in parliament regularly the full employee expenses which includes communication, so I am more than happy to do that. As I understand it, I think the previous minister's office had five cars; we have one. They must have been doing a lot of driving—

Mrs MILLER: So you must be using departmental cars?

Mr SPRINGBORG: No, they are not, believe it or not, because that is another example of how frugal we are vis-à-vis the previous Labor government. For them it was about the trappings of office, the opulence of office, whizzing around the place and going around in circles, but they certainly were not administering the department of health.

Mrs MILLER: Minister, you are now misleading this committee.

CHAIR: Member for Bundamba, you have asked a question and the minister is answering the question.

Mrs MILLER: And he is misleading the parliament.

CHAIR: Give him the courtesy of answering the question.

Mr SPRINGBORG: Well, what else would you have five cars for? Driving around in circles—

CHAIR: Will you take that on notice, Minister?

Mr SPRINGBORG: Absolutely. I have indicated already that I am happy to do that. It is all published. What I am referring to they can have.

CHAIR: Do you want to table that now or take it on notice?

Mr SPRINGBORG: We will put it all together and give you copies.

CHAIR: Thank you. We are going to move to the next question.

Ms BATES: I am glad we are off that topic, Minister, but I am sure you like everyone else on our side of politics would love to have known what the travel, accommodation and grog bill was for Schwarto. Schwarto went on his jaunt to Germany and brought us back a \$1.25 billion Health payroll.

Mrs MILLER: I raise a point of order.

CHAIR: What is your point of order?

Mrs MILLER: Mr Chair, you have ruled that I should not have a preamble to any questions and you have just allowed the member for Mudgeeraba to do that.

CHAIR: With the same latitude that I have allowed you, and the member was just getting to her question. Member, would you please ask your question?

Ms BATES: I refer to the first dot point at the bottom of page 5 of the SDS which makes mention of enterprise bargaining agreements. Minister, is it correct that this year's budget ensures that nurses and midwives are today paid six per cent more than they were under the Labor government? Does the minister have any evidence that the previous government was only going to offer a 2.5 per cent annual increase to nurses and midwives and not the three per cent fully funded and provided by the LNP?

Mr SPRINGBORG: There is no doubt about it: we do value our nurses. Not only do we pay them six-odd per cent more than our predecessors; we actually pay them and we actually pay more of them on time. That is an enormous contrast with the previous government that paid them less, could not properly pay them at all, completely devalued them and was planning to pay them less. The previous Labor government was planning to pay nurses in Queensland less than what the Newman LNP government paid the nurses in the state.

Indeed, the very first meeting that I had when I became the Minister for Health, probably much to the chagrin of my director-general, whom I did not know at this particular stage other than a cursory catch-up at the swearing-in, was with the Nurses Union executive about how we could resolve this particular issue and the importance that we place on it. So the very first meeting was with the Nurses Union about this. Indeed, within a week or two something which had been hanging around the neck of the previous government was resolved. As part of that agreement we paid our nurses in Queensland 3.16 per cent more over three years. That first increase of 3.16 per cent was paid and backdated from April last year. Then in April this year the second pay increase occurred. It is a significant quantum. I think the total cost of that is \$482.258 million over three years. I think the recurrent cost is about \$253.573 million. Contrast this with a political party that has as its very genesis—or so it claims—the interests of workers at heart yet its industrial arm, the union movement, adjoined hip to hip, shoulder to shoulder and hand to hand, devalues their members far more than our side of politics can ever be accused of.

The previous Labor government's budget action plan of April 2011 is a very interesting read. I would like to quote from page 5, which states—

In addition, the major enterprise bargaining agreements are due to be renegotiated in 2011-12. The projections for 2012-13 and 2013-14 provide for enterprise bargaining outcomes of 2.5 per cent per annum. Considering the state's Health staff are now paid at least equal of their interstate counterparts, enterprise bargaining outcomes consistent with 2.5 per cent projections should be achievable. Control of wages growth is essential in managing the underlying growth in Health expenditure.

Labor knew it had a problem but, like a frog in slowly heating water, it had absolutely no idea what to do. It just sat there and swam around. That is what it did with regard to this. It knew it had a problem with health expenditure and the sustainability of it. The LNP has addressed it, but very importantly Labor was planning to pay its nurses 2.5 per cent. That was it. The LNP came into power under Campbell Newman and we value our nurses so much that we have agreed on 3.16 per cent, which is the highest increase of any cohort of public sector employees since this government has

come to power. It is 0.66 per cent more than Anna Bligh and the Labor Party were planning to pay the nurses. So when you look at valuing nurses, it is not only paying the nurses more but also paying them on time. We have managed to tick all of those boxes.

CHAIR: Thank you, Minister. We are about to take a break. I would ask that the Health Quality and Complaints Commission, Queensland Institute of Medical Research and Queensland Mental Health Commission officials be ready when we return. We will reconvene at 11 o'clock.

Proceedings suspended from 10.45 am to 11.02 am

CHAIR: Welcome back, Minister and officials. The committee will now examine estimates for three statutory authorities in the Health portfolio. We will do that for approximately 40 minutes. The statutory authorities are the Health Quality and Complaints Commission, the Queensland Institute of Medical Research and the Queensland Mental Health Commission. We will move on to questions about the 17 health and hospital services after members have examined the estimates for the HQCC, the QIMR and the QMHC. I welcome Mrs Cheryl Herbert, Chief Executive Officer of the HQCC; Professor Frank Gannon, Chief Executive Officer of the Queensland Institute of Medical Research and Dr Lesley van Schoubroeck, the Queensland Mental Health Commissioner. I ask the CEOs of hospital and health services to be ready to come forward to the table after the committee has examined the estimates for these bodies. I call the member for Bundamba.

Mrs MILLER: My question is to Dr van Schoubroeck. My question is in relation to SDS page 255. Has the CEO of West Moreton Hospital and Health Service provided you a copy of the expert clinical reference group report on the Barrett Adolescent Centre?

Dr van Schoubroeck: Not to me directly, no. That is still with the department of health, as I understand it.

Mrs MILLER: So you know of it but you do not know what is in it?

Dr van Schoubroeck: I am aware of what has been reported in the press. It is a service delivery matter at this stage.

Mrs MILLER: Has the minister, the director-general or anyone else discussed with you the outcome of his meeting with the director-general of Education regarding the future of the Barrett centre?

Dr van Schoubroeck: No, not yet.

Mrs MILLER: My question is to the minister. Minister, would you guarantee that the Barrett Adolescent Centre will not be closed, downsized or privatised in any way?

Mr SPRINGBORG: I can guarantee that we will not be doing to the Barrett Adolescent Centre what the previous government planned, because the previous government did plan to close the Barrett Adolescent Centre and to actually relocate it—

Mrs MILLER: No, we planned to move it to Redlands.

Mr SPRINGBORG: You really cannot play around with words. I do not know if that is a closure or whatever, then. On the one hand, you were going to close the Barrett Adolescent Centre from—

Mrs MILLER: No, never.

Mr SPRINGBORG: You intended to close the Barrett Adolescent Centre from where it is currently located, so that is a closure of the Barrett Adolescent Centre. The proposition was to establish a new facility, I understand, located in the Redlands. So it is true that you intended to close the Barrett Adolescent Centre.

Mrs MILLER: Moving it to Redlands, not closing it—not closing the service.

Mr SPRINGBORG: It would have closed the Barrett Adolescent Centre where it is. This is the whole issue. When I became minister I actually put that on hold because I was somewhat concerned about that policy decision, particularly with regard to the whole issue of mental health, the establishment of a Mental Health Commission in Queensland and the further need to get a more holistic approach to dealing with mental health issues, particularly amongst adolescents. If you look at all of our research you see that that is the cohort of people who are at very real risk and have a disproportionately high level of mental health issues. So we have to make sure we get the right mix of inpatient facility or supported facility, as has been available at the Barrett for a long period of time. Then we need to look at whether we should be working more with the private sector and not-for-profit sector on how we can provide more community options—as we do with tens of millions of dollars of

public money each and every year, engaging on community options. I am very keen on that because I think that is where we need to move to with regard to our treatment, rehabilitation and support options in the future.

Having said that, it is also important to understand, as the honourable member does, that there is the need for some capacity that exists in a facility such as Barrett. There is no doubt about it. She is also very aware—this probably led to Labor's decision in government to close it and move it elsewhere—that Barrett is an ageing facility. There are some very serious issues with regard to maintenance there. It is not a very appropriate facility for the need.

There are some overall, state-wide discussions going on at the moment about the most appropriate way to actually support people in a community that is closer to where they live, notwithstanding the fact that we do need to have a high level of intervention on occasion. For example, there are concerns in Cairns. Adolescents are actually being moved down from Cairns to take up residence for a short period of time in Barrett. It would be very advantageous if we could actually do that in Cairns—to make sure that we have more collaboration, that we have a knitting together of our mental health services and facilities. That is not happening at the moment. That is why I have actually made it a priority, right across the service providers—making sure the Commonwealth is in the tent, the not-for-profit providers are in the tent and our HHSs are in the tent in terms of dealing with this. We have a disparate and fragmented system. That is a matter I have discussed with the commissioner. I have said to her that I would like to have her policy direction about how we can better knit together the state's \$1 billion effort in the area of mental health policy to provide us with holistic guidance around the place.

It is true that the Barrett centre is under review. It has been for a significant period of time. We will have a different model of actually delivering those services in the future, keeping at the front of our minds the need to ensure there is an appropriate mix of supported services that are in places such as Barrett delivered closer to home with more community options around it.

Mr HATHAWAY: I have a question in relation to that.

CHAIR: Member for Townsville, I will let the member for Bundamba ask her question and then I will go to you.

Mrs MILLER: Minister, you spoke about community based mental health services. I understand that you are working on that. In relation to page 255 of the SDS, do you agree with the views of the member for Cairns—you talked about Cairns—that your government is not responsible for the provision of community based mental health services, mental health promotion and mental health carer support? The member for Cairns, Gavin King, said—

I reiterate that the state government is focused on delivering acute and subacute mental health services and is reluctant to fund services which are the responsibility of the federal government.

What you are saying is obviously different from what the member for Cairns is saying. I table that quote for the benefit of the minister and the committee.

Mr SPRINGBORG: I think the honourable member, by design or lack of information, is misrepresenting the situation in Cairns with the mental health carers support hub. We as a government have a very strong focus on supporting community mental health. Indeed, at the moment we are going through the process with regard to requests for information and basic offers going out for a range of organisations that provide services in those areas. So we will keep doing that.

The big difference between us and our predecessors is that we will ensure we knit real performance criteria into those particular agreements. As the concerns are around our HHSs at the moment and elsewhere, we have a disparate system that does not coordinate and, really, we do not understand the outcomes we are actually getting in many cases. I think that is the big problem with the contracts and the service agreements. So we are going through addressing that. That will be one of our very strong focuses—a very strong community based focus, not excluding the need for inpatient acute and subacute services as well.

I mention the mental health carers support hub in Cairns so we can actually set the record straight. This is a service which actually grew out of Cyclone Yasi. Money was made available under the national disaster relief assistance scheme to put in place a process to support the carers of people who have mental illness or who are subject to an episode or concern. That particular program was finite funded. It was funded to 30 June this year, with no identified source of funding for the future. That is the fact. It was finite, and that was the agreement with the Commonwealth government. It was funded by the state and Commonwealth on a 25-75 arrangement under NDRRA. That is the

simple reality. If the previous government were concerned about that, it should have funded that one-off program into the future. It did not. The honourable member for Cairns—I have not seen his comments, but I think he should not be misrepresented—has indicated that those particular types of programs are finite and there was no identified source of funding.

The good news is: despite the protestations of the member for Mulgrave and others, I have indicated that I am very happy to put \$230,000 on the table to keep the mental health carers support hub going in the future, despite the fact it was actually funded for a finite life, to 30 June this year—the end of the financial year. There was no ongoing source of funding. Indeed, the Commonwealth has not indicated such. I have also said that that funding is predicated on the same finance arrangements that existed for the previous agreement—25 per cent and 75 per cent. So the state's money is on the table; the Commonwealth's money is not on the table.

The very best thing that the honourable member for Bundamba and her party can do is to actually get on the phone to Tanya Plibersek and say, 'Come on, Tanya, let's keep this going. The state has put \$230,000 on the table. Where is your money? We need it and you have not done that.' So the proof of the pudding is in the eating, but with regards to this our money is on the table; theirs is not, despite the fact it is in contravention of what the original agreement was with the Commonwealth.

Mr HATHAWAY: I refer to the honourable member for Bundamba's previous question two questions ago. In your answer you were alluding to the privatisation of services—I refer to page 5 of the SDS—and I also note that our state's opposition and unions have claimed that we have an agenda of privatising health services. For the record, what was the total dollar amount of services contracted out to the private and non-government sector over the last four years, and what was this as a respective proportion of the Health budget?

Mr SPRINGBORG: Whilst those figures are being provided to me, I can give a bit of an indication to the honourable member. The figure was just short of \$1 billion in the previous government's last budget. I think there is no doubt that there has been an ongoing trend with regards to this over a period of time. The important thing is to actually understand that when it comes to the provision of health services by the private and not-for-profit sector in Queensland, there have been ongoing, cross-generational arrangements between political parties of all sides for the delivery of those services. For example, we contract almost half a billion dollars of public services to Mater Health Services each and every year. Indeed, I think just over 5,000 babies are publicly funded and born in Mater Health Services. We fund the Royal Flying Doctor Service well over \$100 million for its contracts, CareFlight, those sorts of things—they are rough figures—and also palliative care arrangements with St Vincent de Paul, formerly known as Mount Olivet, the previous government's Surgery Connect program, and a whole range of community helicopter providers. It is actually a good thing. I did not hear many protestations from the industrial arm of the Labor Party, the union movement or the Labor Party when in their 2011-12 budget they spent some \$986 million on outsourced services; in 2010-11 I think it was \$979 million; 2009-10, \$800 million; and 2008-09 around about \$792 million. We have continued that particular trend, and in our 2012-13 budget it has been \$1.13 billion. In this budget we are talking about \$1.20 billion.

From our perspective delivering effective health services is a very, very important partnership. It is about a partnership; we do not back away from that. I have enormous confidence in other providers to actually work in partnership with us as well, and we will continue to investigate other opportunities in the future. I have already announced Hospital in The Home and those sorts of things into the future, and that is what we should be doing.

I know this will be met with disappointment by the honourable members of the opposition, but we will not be privatising public hospitals. All of the hospitals in Queensland, whether they be current hospitals or new hospitals, will remain publicly owned and deliver free public hospital services, but there may be an opportunity with new constructions in Queensland to actually look at providing services through a different model of service delivery.

CHAIR: Members, I remind you that we are trying to direct questions right now to the three statutory bodies, and I would ask you to keep your questions directed to that focus.

Dr DOUGLAS: I would just like to pick up on that last point. Are you aware of any comparative efficiency studies between private and public hospitals for equivalent services for equivalent patients in Queensland?

Mr SPRINGBORG: I might have to ask for specific—

Dr DOUGLAS: I would be happy if you did so.

Mr SPRINGBORG: That is not a problem. Certainly we have undertaken work in recent times to look at some of our options, and there is certainly very encouraging work that has been done around options for contestability and outsourcing. Indeed with the previous government in Queensland, particularly around the area of radiation oncology service delivery, I think there is a very significant indication that those sorts of services can be delivered quite efficiently and effectively by other providers who are contracted to treat public patients as well. Of course we are already seeing it with regards to the provision of palliative care, which we provide through a whole range of community organisations. Anecdotally, the cost of treating people can be much less in that community environment rather than actually having them admitted to hospitals on an inpatient basis. The reality is that we would not actually do that.

I can give the honourable member an indication around the area of community helicopter rescue services, which is a very, very good model. We are currently looking at the possibility of expanding some of those successes elsewhere across other parts of the network. The great thing about that particular model is that you have actually got 60 per cent funding from the state and 40 per cent from the donors or those who actually support them. There are a whole range of practical things that we do each and every day of the week based on relative efficiencies, not only in some of the hospital-type services, but also the support services.

With regards to Surgery Connect, when we do contract to address particular issues with our waiting list that provides significant benefit. I have a view that we can probably even do that a little bit better through a more planned way, but I will undertake to find any specific information that might be able to support that.

Dr DOUGLAS: You would be willing to table—

Mr SPRINGBORG: Absolutely. I have no issue—

Dr DOUGLAS:—those efficiencies and comparative studies?

Mr SPRINGBORG:—with regards to that, not at all.

Dr DOUGLAS: You talked about investigating, so you would list those ones that you are investigating?

Mr SPRINGBORG: I think it is no surprise that when it comes to current ones at the moment around the Queensland Children's Hospital and the Sunshine Coast and those sorts of things, we are developing those processes at the moment. I actually have no issue with regards to that sort of stuff, none whatsoever.

CHAIR: Minister, will you take that on notice?

Mr SPRINGBORG: Absolutely.

CHAIR: Members, again we need questions at this time going to our three statutory bodies. We have only got them for a short period.

Mr HATHAWAY: Minister—and perhaps the director of the QIMR—page 249 of the SDS outlines some of the activities of the Queensland Institute of Medical Research. Would you please provide us with an update on the plans for the QIMR into the future?

Mr SPRINGBORG: I thank the member very much with regards to his question around the QIMR. I might answer some of that and I might hand over to Professor Gannon and let him talk about it in some detail. Firstly, I would like to commend Professor Gannon and his team for the wonderful work that they are doing over there. Professor Gannon and his team are really kicking goals. Only recently they were announced as being par excellence with regards to medical research facilities in the country, so they are really, really outstanding. I was over there a month or so ago to be a participant in the signing of a new agreement between QIMR and Metro North—UQ was involved in that as well, and there may have been one other—with regards to establishing what will be the Southern Hemisphere's most outstanding imaging research facility. They will have the latest with regards to PET, MRI and also CT scanners, so that is really fantastic stuff. There are a lot of world leading things done there with regards to the area of skin cancer research and infectious diseases. It is quite extraordinary, and I would like to commend them.

The other great thing is that we are now seeing a greater degree of cooperation between our various research institutes and universities in Queensland. I think that is very, very important because we are not only nation leading, but world leading. I also pay tribute to our predecessors around this as well, because it has been an ongoing commitment of bipartisanship since the 1980s around

investment in these sorts of things. We have the Translational Research Institute across the river; we have QIMR; what is happening in UQ; the Institute for Molecular Bioscience, all of that sort of thing. It is fantastic.

From the budget point of view with regards to Queensland Health, the operational budget for 2012-13 was \$13,969,000. This year QH operational funding will be \$18.864 million. Our commitment to research in this outstanding facility will continue on. This facility is Queensland born and bred. It has been part of the landscape here for decades now, generations, and we are going to keep valuing it and investing in it because it is really getting results.

Prof. Gannon: Thank you for the question, because I think it is appropriate to know where we are going as well as where we have come from. QIMR has a long history of delivering in different areas of health of relevance to the community. We are focused on cancer, infectious diseases and mental health as our major areas. For example, last year in cancer research we had a breakthrough with the first Australian drug which has come from plants being grown to making it as a pharmaceutical product that has been licensed which is known as Picato. That was from 1997, and that came through last year. We are very pleased to have been part of supporting that, and there is now an industry in Southport making the product for the company.

We are also looking at the area of cancer. We are really leading in the area of immunotherapy, advanced immunotherapy and adoptive immunotherapy, where antibodies are stimulated in a body to try and cure itself. We have completed one clinical safety trial of that, and we are moving to expand on that in two different areas. One of those is about to be launched next week in Hong Kong, and the Treasurer will be there for that launch because it is relevant to the area of recruitment. The other will be in Queensland itself. It is related to graft versus host rejection in certain therapies. We will build on that strength because we are very strong in immunology and how the body and antibodies react to things, which is a growing and massive area of opportunity, and we are well placed to do that.

In infectious diseases, apart from a collaboration which the minister briefly referred to, we have a joint action with the UQ and the Australian Infectious Diseases Research Centre which covers all of the different areas. Of particular relevance and excitement is our work in malaria. We are now the go-to place, and Brisbane and QIMR are world recognised as the place where the Bill & Melinda Gates Foundation and their support organisations are sending their compounds for the test first demand to see whether there is a compound which is available in the pharmaceutical companies that is able to cure or stop malaria. That is very exciting and a great, sterling recognition of what QIMR is doing in this area in conjunction with our colleagues and Q-Pharm, which is a clinical trial company which we are again very proud to be part of. We are going to continue in that area.

Another example would be mental health research. The minister referred to the Herston Imaging Research Facility, and QUT was the fourth partner which he could not recall. The four of us are working together in this leading area, and one of the topics will be imaging in the brain for mental health, looking at correlations between changes in the brain and what is happening with individuals who are showing discomfort disorders and in fact illness.

Those are our major areas of growth. I think the example of Picato shows that it takes time for some of these things to come through. There are other things coming through very regularly. We publish over 500 papers a year, which is quite a number—10 per week—which means there is a lot being done. You get to hear about some of it because it is relatively newsworthy. We put out those notices and we have four or five press releases per week because there are so many things that are of direct relevance to the community, and we will continue to build and expand on that.

CHAIR: Thank you, Professor. We appreciate the work and the effort of the institute.

Mrs MILLER: My question is to Dr Van Schoubroeck. Did the CEO of Metro North HHS consult with you when he retrenched two experienced mental health nurses from the Redcliffe-Caboolture Mental Health Service consultation liaison service two weeks ago? Is it a part of your brief to monitor the quality and safety of mental health service delivery within the HHSs? I refer to page 255 of the SDS.

CHAIR: Dr van Schoubroeck, with regard to the first part of the question, you can only answer the question as it relates to you, and that is all you can do.

Dr van Schoubroeck: Absolutely. Two weeks ago I had been here for five days, so, no, he has not and nor would I expect him to do in terms of what is an operational matter. With respect to how you look at the quality of the system, a Mental Health Commission is not going to tick every box for every service delivery. What we need to do is make sure that a system is in place so that people

can be confident that they have got high-quality services, and that is the whole swag of national and state things. We are not going to reinvent systems which are not there. So it is at a system level and how that is done is not done yet and that will not be done until there is an advisory council in place, so a number of things have to go into place yet. There will need to be in that people expect some form of knowing whether or not the services work, be they public, private or nongovernment. So there will be some form of higher level thing in some places, but the commission certainly will not be going around ticking boxes in every service delivery.

Mrs MILLER: So you do not expect to be consulted at all about medical and surgical patients who have mental health needs in a very big hospital and health service?

Dr van Schoubroeck: Not about specific patients, no.

Mrs MILLER: Okay. Interesting response.

Mr SHUTTLEWORTH: Page 255 of the SDS gives an overview of the Mental Health Commission. Would the minister outline the achievements of the commission to date please?

Mr SPRINGBORG: Thank you very much for the question. The Mental Health Commission is a very important initiative of the Newman LNP government. Indeed, I also acknowledge that the previous government in Queensland had a policy to develop a Mental Health Commission in Queensland, so this is a bipartisan approach. I think the very important thing to consider when you are talking about the establishment of a Mental Health Commission is what you are actually trying to deal with when you establish a commission. There have been some slight variances in the commission model to what our predecessors had put forward. Ours is very strong policy and coordination focused to make sure that we get the best mental health policy that provides that guidance to government—the knitting together of the various networks that go to make up a good mental health system and also to make sure we get proper and good collaboration across the system, whether it be in health, housing, disability services, education, transport and those sorts of areas. One of the other tasks of course for the commission will be to provide guidance about how we knit those particular things together.

Ours is very much based on the New Zealand and New South Wales model which is a very tight, very lean, very policy and very outcomes focused organisation, and that is what the Mental Health Commissioner will be doing in providing that advice. The other thing to understand is that the commission has only been going now for about three weeks in Queensland. The commissioner is now going out and consulting with the various groups across the state putting her organisation together. She is also working to put her advisory group together, which is also going to be made up of an outstanding field in the area of mental health in the state. So that is the sort of thing that she is working on, but I am very encouraged by the movements of the commissioner in these very early stages. Maybe the commissioner might like to say something about where she is up to at this stage, other than expanding on her remit and basically growing it from there.

Dr van Schoubroeck: Yes; thanks, Minister. The next stage is to get the advisory council up and running. I expect ads in the paper within the coming month. That will get people from across Queensland involved in that. I am starting to formulate ideas based on everything that I have read, and I am not going to go around reinventing wheels. People have said a lot about what they want in a Mental Health Commission and what they want the future to look like, although I have to say more of it has been focused on what they want the machine to change things to look like as opposed to what they actually would like the services to look like at the end. So my current stage is reading and talking to people—I try to do no more than two or three meetings a day—but really working through that so I can actually then reflect back to people, ‘This is what I’m hearing. Am I hearing you right?’ From mid-September through to October, I would like to be out and about—get out of Brisbane; I have not done that yet—listening firstly to consumers, families and carers who have very strong voices and then to the service providers, be they public, private or nongovernment, and the clinicians who work in those. That will start to bring together a plan which is due in 341 days.

CHAIR: I call the member for Gaven.

Dr DOUGLAS: My question relates to the SDS at page 235 with regard to HQCC. In light of the movement of many HQCC staff which has occurred since the announcement of the new Ombudsman being placed, what attempts have been made to retain corporate knowledge in this critical area? I ask the minister in particular because he made many statements about how unhappy he has been with the behaviour of everyone, including everyone from the Medical Board down.

Mr SPRINGBORG: I think you were concerned about movement of staff within the Health Quality and Complaints Commission. With regard to the details as to whether there has been any particular movement of staff, that would be an internal matter for the Health Quality and Complaints Commission. From the government's perspective we are very supportive of the role of the Health Quality and Complaints Commission and we believe the commission has done some very good work. There is no arguing about that. One of the real challenges that the commission has faced is confusion over who is responsible for what under the new arrangements, particularly for notification apropos the transfer of responsibility of much to the Australian professional health regulation agency around about three years ago.

As the honourable member is aware, we have announced our policy intention to establish a Health Ombudsman in Queensland and I would imagine that the role of many of those people within the Health Quality and Complaints Commission will be a part of that. But the important thing to remember is that we have had a very dysfunctional system which has not been the fault of the Health Quality and Complaints Commission; it has been the fault of the fact that there has been no clear line of sight and responsibility. If you have a health related complaint, you may go to AHPRA. You may go to the Health Quality and Complaints Commission. You might write a letter to your local hospital and health service. You might send something off to the Ethical Standards Unit. You might do all of these sorts of things, and then of course a lot of these things find their way into AHPRA. The great frustration for the likes of the Health Quality and Complaints Commission is who is who in the zoo—who is actually responsible for this stuff.

I must admit that from my perspective this is a concern which has been raised around some of the confusion when Richard Chesterman looked at this following allegations in April last year. He said that we need to define that particular role because there is confusion between HQCC and AHPRA. These are concerns that had been raised by HQCC. Notwithstanding the great respect for the work that we have had from the HQCC, our role is to knit together a system which is a one-stop shop which will see people who have complaints know where they are going, have them properly and quickly assessed and properly dealt with against a schedule of requirements and to actually be dealt with internally, dispensed, handed back to the HHSs or escalated to a level of higher investigation, including the Ombudsman taking the matter straight to the tribunal and dealing with it from that particular perspective. So the overall shape of who is going to make up a part of the Ombudsman's office has not been decided, but there will be a transitional process when and if that legislation goes through the parliament which will look at the skill set that is available in HQCC and how that can be transitioned into the Ombudsman's office.

Dr DOUGLAS: With respect, Minister, are you going to be making a clear statement to HQCC staff and board as to what this transition might be and when that might be?

Mr SPRINGBORG: Honourable member, I have indicated to the chief executive that we cannot give anyone absolute guarantees. We are not in that position. I indicated clearly that she and others that I have spoken to within the commission can clearly indicate that we generally respect the work that has been done by staff within the HQCC and we will be considering that as a part of the transitional stage, because there is a skill set in there which is not easy to find around the place. However, that is not to say that everyone will come across. The worst thing I can do is give you an absolute guarantee today, because I do not make these decisions. I will put the legislation through parliament. We will then establish the Ombudsman. The Ombudsman will then have a significant period of time in which to look at how they want to transition to that new arrangement.

This is the first time this has been done in the country. The only thing that is equivalent is the New South Wales commissioner, because the New South Wales government refused to go to the national regime for notifications, and I think in hindsight they were right. We are seeking to bring back notifications and dealing with this and having issues of credentialing with the revamped Medical Board and registration will be with AHPRA. We have given as much assurance as we possibly can whilst respecting the positions that they have.

Dr DOUGLAS: Respecting that, what have you considered—are you able to say at this point—to retain essential, critical information which does occur in these areas? What are you considering to try to carry it across? Are we allowed to be informed as to what that might be?

Mr SPRINGBORG: Honourable member, as you are aware, the HQCC is an independent statutory agency. It would have in its possession and remit a whole range of information which it has acquired along the line—its own intellectual property, files, investigations. There is no doubt that

some of those will continue to be on foot and I would imagine that, with regard to its investigative role, that stuff should transfer across. I would be very concerned if there was any understanding amongst people that that information, which is crucial, should disappear in some way.

Dr DOUGLAS: So you are undertaking to ensure that process does occur in the transition?

Mr SPRINGBORG: Absolutely. I would think that information which is crucial to inform the Ombudsman's deliberations and also the intellectual property that goes with that and, in some cases, corporate knowledge has to transfer as much as it possibly can, so absolutely. I think that makes common sense, honourable member, and I think most people would understand that.

Dr DOUGLAS: Thanks.

CHAIR: I call the member for Bundamba with a follow-up question.

Mrs MILLER: I have a follow-up question in relation to this. Minister, you described before knitting together some sort of system. In relation to the continuity of employment of the 70 FTE staff at the Health Quality and Complaints Commission—who do a really good job; they are very hard working—is your knitting knit one, pearl two, drop 70 staff?

Mr SPRINGBORG: What I do know at the moment is there is a whole range of dropped stitches in the current system which the honourable member helped preside over and actually in a letter to me said that she was one of the architects of the current legislation. Therefore, I would imagine her concern about having something which—

Mrs MILLER: Very proud of the Health Quality and Complaints Commission.

Mr SPRINGBORG: Yes. Well, the honourable member—

Mrs MILLER: You are destroying it.

Mr SPRINGBORG: No. If the honourable member is happy with the fact that the Medical Board of Queensland that formerly existed in its—

Mrs MILLER: I will get to that later.

Mr SPRINGBORG: I am sure you will, because I note the honourable member is very happy for a Medical Board to actually take more than six years to deal with various cases. I know that the honourable member is very happy for 60 per cent of matters which actually went through to the Medical Board to not be done in a consistent or a timely manner or an appropriate manner, as was found to be the case by Dr Kim Forrester. I know that the honourable member for Bundamba is very happy that the Medical Board failed to properly investigate serious matters of potential criminal conduct against six medical practitioners that were referred to the police by Investigator Hunter SC. So if the honourable member is happy with that, then she should say so. If the honourable member is happy with the dysfunctionality that existed where AHPRA were not properly communicating with the HQCC because they had lost sight of their remit and we had matters that were not even informed to doctors in Queensland which we are going to do under the Ombudsman's bill, then the honourable member can be happy with that. But I am not happy with that, patients are not happy with that and medical practitioners are not happy with that. That is the reality and we will provide as much surety as we can to professional people who do their job, but do not think that we will continue to preside over a dysfunctional system. I am not saying that that is the situation with the HQCC, but the fact is that we have a system which is so disparate and so uncoordinated that no-one has clarity about who is responsible for what, and that is what we are seeking to do—a single portal. We have an Ombudsman front and centre with authority so that people know what is going on and someone who is going to be accountable for it.

Mrs MILLER: Minister, is there a properly constituted medical board in Queensland to process medical registrations, to discipline practitioners and monitor the health of impaired practitioners? I mean, you sacked the last medical board because you couldn't control them, so what's the situation? Is there a current medical board properly constituted here in Queensland?

Mr SPRINGBORG: Thanks, Mr Chairman. I don't accept the inference from the honourable member. The medical board—

Mrs MILLER: It's true though.

Mr SPRINGBORG: What's true?

Mrs MILLER: That you sacked them because you couldn't control them.

CHAIR: Member for Bundamba, you've asked a question. Please let the minister answer.

Mr SPRINGBORG: In which way couldn't I?

Mrs MILLER: You gave them show cause notices. You put them in a position where many of them resigned. The reality is you wanted to get rid of the medical board that currently existed because you couldn't direct the Medical Board of Queensland.

CHAIR: Minister, if you want to answer that you can, otherwise I am going to rule it out of order.

Mrs MILLER: It is SDS page 235.

CHAIR: Excuse me, member for Bundamba. It might be SDS page 235, but under standing order 115 you cannot make inferences in your question, which is clearly being done at this point.

Mrs MILLER: I am sure he will want to answer it.

CHAIR: Minister, if you want to take the question I will allow you to answer it.

Mr SPRINGBORG: Thanks, Mr Chairman. I issued show cause notices to the Medical Board of Queensland subsequent to investigations that had been set in train by Richard Chesterman QC, who made a number of recommendations to the government. There were recommendations to actually send in an investigator to look at whether matters of serious allegations of potential criminal conduct had been properly investigated and dealt with. On six occasions—at least six occasions, or six practitioners—that investigator said no. Hardly an indication of a system that had been properly functioning. Also Dr Kim Forrester, very well respected, and her panel—which were a recommendation by Richard Chesterman, we sent them in to investigate—found 60 per cent of matters had not been done in a timely or consistent way. That is not acceptable to me. Some going back six years.

Mrs MILLER: Is there a medical board now, currently? Is there one now? There isn't, is there?

Mr SPRINGBORG: I need to deal with what is quite an outrageous statement by the honourable member, who can only ever be heard by the more she emulates Henny Penny, and that is the simple reality. The catastrophisation that she has just asserted there is completely and absolutely wrong. It was around the failure of the board to actually do its role under the legislation. Has there been an alternative mechanism put in place? Yes, there has been. You know what? They have been working exceptionally well and they have got through a whole range of work which was legacy work and even in more quick time. So you would be quite amazed in the small number of people who were actually brought in to do that. Initially I think the Medical Board of Victoria took the responsibility of dealing with it, then we constituted a small panel of people to actually deal with that and they have done exceptionally well. Can I ask Dr Michael Cleary, who might have some more of the specifics about that, to come forward if he might. But the medical board alternative, until we constitute the new one, has operated exceptionally well and they are getting through their work in a cracking pace in the area of, of course, credentialing complaints and those sorts of things.

Mrs MILLER: You have just admitted there is no properly constituted medical board in Queensland at present.

Mr SPRINGBORG: There is.

Mrs MILLER: No, there isn't. You've just said it.

CHAIR: Member for Bundamba, please don't badger the minister. You have asked the question. Allow the minister the courtesy to answer the question.

Mr SPRINGBORG: We have an interim board of four people that have been operating in place for some considerable period of time and doing remarkable work and getting through the backlogs, Mr Chairman, amazingly. I know that this will be very difficult for the honourable member for Bundamba, who has actually wallowed around in a world of inefficiency and hysterics for years, that we are actually able to do these things, that you can actually remove a board—

Mrs MILLER: It's not properly constituted.

Mr SPRINGBORG: It is, actually.

Mrs MILLER: No, it isn't.

Mr SPRINGBORG: Now you are an expert on that. You were never an expert on imploding payroll systems, right of private practice and fake Tahitian princes.

Mrs MILLER: I'm getting to that.

Mr SPRINGBORG: But now we've someone who is an expert on the medical board and its function.

Mrs MILLER: Wait on. Patience.

Mr SPRINGBORG: The medical board is properly constituted on an interim basis with four people and doing an excellent job. Dr Cleary?

Dr Cleary: In terms of the committee that operates within Queensland, it is a subcommittee of the Medical Board of Australia and the Medical Board of Australia constitutes the relevant state committee. The Medical Board of Australia has constituted a committee in Queensland which is made up of four people as an interim arrangement pending a new board being constituted in Queensland. That group of four people—

Mrs MILLER: Just to follow up, there is no properly constituted medical board in Queensland at present?

CHAIR: Member for Bundamba, that question has been answered.

Mrs MILLER: Yes. He said no.

CHAIR: And I am going to rule that out of order.

Mrs MILLER: And you followed that up by saying no.

CHAIR: Please, Dr Cleary, continue.

Dr Cleary: The subcommittee of the national board is properly constituted and is operating in Queensland. It is made up of four people. I would only have to commend them for the work that they have done. They meet for two days a week and go through the complaints. They have certainly been tackling the backlog of complaints that have sat with the medical board and I think on average they deal with about 25 serious matters each week. They have certainly taken on as well the minister's intent in terms of the way the legislation operates. They have been referring matters to QCAT early on rather than having a process where they are assessed and investigated and finally come to the board, and I think that short circuited quite a number of the complaints so that anything serious is being dealt with very rapidly.

In terms of the other matters that have been on hold, if you like, or have been managed through the previous arrangements that have been rather drawn out, there has certainly been a very clear direction to resolve those. As the minister indicated earlier, one of those complaints had been under consideration for six and a half years and certainly the interim committee in Queensland is dealing with those progressively and looking at the longer waiting complaints.

In terms of the operations of the committee, I have met with AHPRA, which is the national authority, and also with the chair of the Medical Board of Australia on a regular basis, generally monthly, and we meet with the Queensland committee regularly to make sure that they are getting the full support of AHPRA and the national board. The national board has been extremely supportive and continues to be supportive in terms of the way those complaints are being managed.

CHAIR: Thank you, Dr Cleary. We are already a little bit over our intended time, but I am going to allow another question and I will ask the member for Mudgeeraba?

Ms BATES: Minister, page 239 of the SDS describes the role and function of the HQCC. Would the minister explain the benefits of the Health Ombudsman in comparison to what we currently have?

CHAIR: Minister, I just remind you that the bill is before the House and so please be cautious in your answer.

Mr SPRINGBORG: Sure. I understand. I think I probably indicated earlier on what we believe some of the enhancements will be. I think the Health Quality and Complaints Commission has done a very good job under what are somewhat confusing legislative circumstances, particularly fitting within a national regime where you have AHPRA that is often in receipt of information which doesn't freely flow through to the Health Quality and Complaints Commission, and that is something that has actually been admitted to me. Indeed, since we have announced our intention to reform the process of notifications handling and the one-stop shop in Queensland there has been now a desire and an energy around actually addressing a greater degree of cooperation than what had previously existed and I think that there had been some frustration within the HQCC. Notwithstanding that, there is need to look at the whole issue of the appropriateness of the legislative framework that we have around it and having a single point of responsibility, and that is where a Health Ombudsman comes in. I think that your committee has actually done some investigations and taken some evidence around the Ombudsman's bill so I would think members would probably be very informed with regard to that. This is about having a single line of responsibility, making sure that we have a system that works better for health consumers that have concerns that they need to raise, that they know it is going to be dealt

with in a timely, statutory limited or prescribed way and that matters that are going to be accepted can be accepted very quickly, dealt with, triaged in relation to severity of complaint and those sorts of things. But not only that, health practitioners as well are actually kept up to date with it and even informed that there are investigations against them. And, of course, that there will be a requirement for matters once resolved by the Queensland Civil and Administrative Tribunal to actually be posted for the public to see—not matters that are under investigation, but once matters have actually been finalised, which is publicly available but not necessarily posted all the time.

So, yes, it will be a simpler, we believe, better system that actually respects the role that the HQCC has done, but it is going to actually meet further expectations and deal with some real deficiencies that were inherent in the system prior to referral of powers to the national body some three years ago, but also some of the things that have manifested themselves since then which have been well ventilated by myself and others in recent times.

CHAIR: Thank you. We are going to allow one more question so if the executive officers would just hang around. We have one more question and that will come from Dr Douglas.

Dr DOUGLAS: My question is related to the QIMR and I would understand if Professor Gannon would have to assist you with this question. You made some statements today about issues with regard to what is going on in the Torres Strait and illness that is going on up there. In the tradition of how the QIMR was originally started—there is great history of Bancroft and a number of others—does the QIMR have an internal process whereby it focuses at least some of its areas of research on the unique problems affecting Queensland patients, what are they and how much is allocated to it?

Mr SPRINGBORG: Can I just go there first? I wasn't sure if the honourable member was asking me, but I am happy to make a general comment and throw to Professor Gannon. The issue of research in the area of tropical medicine and tropical disease is a very strong focus of this government and, indeed, it is a matter that was very dear to the heart of the honourable member for Mudgeeraba when she held the portfolio in the area of science with regard to the issue of the centre of research excellence in tropical disease and medicine. But the QIMR does have a part of its remit where it looks after tropical disease and I understand they have been actively recruiting researchers in areas of high strategic importance in Queensland, including tropical disease. Professor Gannon might want to build on that. But, of course, when we are talking about tuberculosis we have got a particular problem which is in a tropical area, but as the honourable member knows, being a medical practitioner himself for some time, the worst places where tuberculosis have manifested themselves, particularly in the Middle Ages and beyond, were actually in cold climes and European type climes. So it has actually been an issue right around the world. It is not strictly a tropical disease but very, very serious at the moment in some of our tropical areas. If the professor would like to expand on that.

Prof. Gannon: Thank you, Chairman. I will expand on the answer. It remains a very important area for us, infectious disease generally, and as was stated earlier on, the tropical diseases or diseases from those regions are of particular importance historically but also continuing. So, for example, we are a very active party in the Queensland Tropical Health Alliance, which is bringing together all of the interested parties, including ourselves. We were at the forefront of establishing that. Its centre of gravity is now in the James Cook University, which is appropriate and we are very supportive of that also. That is one example of our engagement. We are also for a long time involved in mosquito control generally as part of some of the diseases that are of relevance there. An extremely major figure in that area is retiring this week from QIMR after 51 years there, Professor Brian Kay. He has been replaced by another excellent mosquito control individual researcher who will continue that and continue his group and in doing so we benefit from the excellent, in fact unique facilities that have been provided in the new building because of the support that has been provided for containment facilities in QIMR which are unique and are available to all parties.

Going a little bit more specifically into the TB and related areas, in general infectious disease bacteriology streptococcus has been a bigger area for us—group A streptococcus—and that continues to be an area of interest, but we have recently made an appointment of an excellent clinician researcher in the area of drug resistance and we are also involved in a proposal, which may or may not get funded, to allow some clinical trials to be developed in that area. By that range I think that we are showing our continued major concern with the clinical and health problems in this particular sector of our research activities and geographically we are very aware of the word 'Queensland' Institute of Medical Research and we take that part seriously and we try to get our messages out all over Queensland and therefore we are appropriately engaged with the northern part of Queensland. And because it does spill over to the Aboriginal and Torres Strait Island research area

you should be aware that last year we appointed a new manager for that service. I wanted to restructure that to ensure that that was a cornerstone and a mainstream of our activities. That is spreading through the various research programs to make sure that all are engaged in that. We have a special event tomorrow as part of NAIDOC to ensure that all of the community internally are aware of it. These are building linkages, then, through the Lowitja foundation and getting research funding such that we are able to address those problems directly, which again I think are relevant to your question.

CHAIR: Professor Gannon, did you say someone was retiring after 51 years research and work?

Prof. Gannon: That is right, yes.

CHAIR: Holy smokes! Can you please pass on our thanks for their dedicated service. That is quite phenomenal.

Prof. Gannon: I would be delighted to do that and he will be chuffed to hear it.

CHAIR: Thank you. We need to recognise folks who have dedicated such a substantial part of their lives. I appreciate that. We are at that time. On behalf of the committee, I thank Mrs Herbert, Professor Gannon and Dr van Schoubroeck for your attendance. You are excused. We are continuing to look at the estimates in relation to the HHSs and Health generally, but focusing on the HHSs. Member for Bundamba, would you like to commence the questions?

Mrs MILLER: Thank you very much, Mr Chair. I refer to SDS page 129 in relation to the Deloitte report on HIV services in Metro North and it identifies, and I quote for the benefit of the minister, 'significant public health risks and costs associated with increasing prevalence and incidence rates for HIV and STIs'. I will table that for the benefit of the committee. Minister, do you consider it an effective risk-management strategy to sack 34 specialist staff and close the major public sexual health clinic for South-East Queensland?

Mr SPRINGBORG: I do not accept the premise of the honourable member's question and nor should I and nor should anyone else. Do I think that the Metro North Hospital and Health Service made the right policy decision? Absolutely. I have no problem with that. I was troubled a little by the inappropriate transition period and the Deloitte's report identified that there should be a longer transition period with regards to the handover of the non-HIV components to Medicare locals and also work with Metro South Hospital and Health Service, which I think makes a lot of sense. Indeed, there is a willingness on the part of Medicare locals to get involved and to take this process on board. I think that it will work very well. I have no problem with regards to that and I think it is a good report.

One thing that I will agree with the honourable member on is that there is a serious concern with regards to sexual diseases in our community and there is an issue with regards to HIV. That is why I moved some time ago to put a new process and structure in place to deal with that. The other thing is that HIV is largely untouched by the decision at Biala. Indeed, there will be an extra 0.5 FTE person to assist us with regards to the rollout of rapid testing in Queensland. Ours is the first Australian state or territory to roll out rapid testing for HIV. We have got ahead of the curve, because whilst the previous government was throwing money at the problem and the results were actually getting worse, we are getting results. On top of that, we have put in place the first electronic advertising campaign in the country in 10 years, which is about to be backed up by another one. We now have interstate jurisdictions contacting us to ask how we are doing it, because the latest results, I understand, are very encouraging around HIV in Queensland since we have made those particular changes. I am very excited about it. The ministerial advisory committee is doing fantastic work. They are quite comfortable with this.

The other thing that needs to be pointed out is that HIV rates doubled in Queensland whilst Biala was open. They doubled in Queensland whilst Biala was open. To anyone who says that if you close something or change it things are going to get worse, the point that I make is that it dramatically got worse and, indeed, we were the worst of all Australian states, maybe with the exception of Western Australia, whilst Biala was open. To me, that is not an indication that what we were doing was successful. This is not about impugning the reputation of individuals. This is about the model of service delivery that saw an unbelievable increase in the rate of HIV infection in Queensland; that was whilst the old model was in place.

We are going to have a new model, a different model, which is all about cooperation and coordination in the area of primary health care, as is the core remit of Medicare locals and as is the case under the National Health Reform Agreement, which will see us deliver better outcomes. We are

about being evidence based. If you are working on evidence, look at what has happened in Queensland with the doubling of the rate largely while Biala was open. People out there will continue to deal with HIV and be augmented by an additional half an FTE position. That is a high priority.

In the other area of sexual health, which is detection, we will work on and coordinate that through the HHSs with Medicare Local, where it should be. Doctors do this stuff all the time. We just need a bit more time to put those appropriate transition processes in place and they will be able to do that. Based on past performance, I can say to the honourable member that we are not going to keep a model in place that did not necessarily deliver the outcomes that she and others are claiming.

With regards to rapid testing, as at 11 July, 42 rapid tests have been known to have been conducted in Queensland. Indeed, I am also aware that one of those rapid tests actually led to the discovery of a person with HIV who would not have been discovered in as timely a manner under the old system in Queensland, because now we can go to where the people are. The great thing about that is that we can diagnose people and treat them much earlier and deal with the spread and the prevalence of HIV. That is a credit to the ministerial AIDS advisory committee in Queensland that is focused on its core remit of reducing HIV and educating around HIV, not running around in circles and wasting \$2 million as we saw with the organisation that was previously funded to do it.

CHAIR: We have a supplementary from the member for Capalaba.

Mr DAVIES: Minister, I have seen the TV ad for HIV. How is that being received and have you any feedback on it at the moment?

Mr SPRINGBORG: The original TV ad we did last year was developed in conjunction with the ministerial AIDS advisory committee. It was basically making people aware that HIV was still an issue in our community. We did that after consultation with people in the field. We did some focus testing, as you should do, to make sure of the effectiveness of that. I understand the same has happened with regards to the current HIV campaign, which is around 'End HIV'. It is more upbeat, that we can do something about this; now we know it is a problem, we have a new strategy to deal with it, which is rapid testing. I am moving towards putting this front and centre with regards to treatment as prevention. That has always been somewhat controversial, but it is something that we need to look at so we can treat people in a preventive way, even before their cell counts get high. There is a lot of merit in those sorts of things. We are getting some results.

We also expect that the rollout of rapid testing will lead to some people being discovered whom we would not have otherwise discovered. We expect that, through that process, we will find more. We are expecting a spike in results as a part of that, because we are taking it broader than we would otherwise with the traditional testing program. We have been very encouraged by the year-on-year results to date with regards to where we started off and where the new regime is and showing a downward trend.

CHAIR: Member for Bundamba, do you have a follow-up question to do with HIV?

Mrs MILLER: Yes. I would like to call Malcolm Stamp, the CEO of Metro North, please.

CHAIR: Welcome, Mr Stamp.

Mrs MILLER: Thank you, very much. You have heard the minister's response in relation to GPs taking up the 6,667 sexual health patients who may have things such as syphilis, gonorrhoea and chlamydia, and also cost-shifting to the general practitioners, particularly corporate general practices and Medicare. I ask: can you confirm that the chair of your board is working three days a week at the Morayfield and Burpengary corporate practice of Dr Bruce Flegg and that a high number of the current sexual health service patients reside in this business catchment area?

Ms BATES: I raise a point of order. Standing order 181(g): relevance to the SDS, the reference to Dr Bruce Flegg.

Mrs MILLER: It is SDS page 139.

CHAIR: The question is the relevance to 139. Can you explain the relevance to 139?

Ms BATES: it is not relevant to appropriation.

Mrs MILLER: I can explain the relevance. The relevance is that 6,667 sexual health patients, as the minister explained, will be going to GPs in the local area. In relation to SDS page 139 and in response to the minister's answer that GPs will be looking after many of those patients, funded by Medicare, I am asking Mr Stamp, the CEO of Metro North, to confirm that the chair of your board is working three days a week at the Morayfield and Burpengary corporate practice of Dr Bruce Flegg and that a high number of the current sexual health service patients reside in that business catchment area?

CHAIR: Just a second: member for Bundamba, there is a serious inference in your question.

Mrs MILLER: I am just asking whether he is aware.

CHAIR: Standing order 115 clearly rules out inferences in questions.

Mrs MILLER: It is not an inference: 'Are you aware?'.

CHAIR: Mr Stamp, the only question that I am going to allow you to answer is based on fact and that is whether the CEO operates as a GP in the Morayfield area.

Mrs MILLER: It is not the CEO; it is the chair.

CHAIR: The chair, excuse me.

Mr Stamp: Yes he does in that area. I am not sure which practice, I apologise.

Mrs MILLER: I have a follow-up question in relation to SDS page 139. Are you aware whether this matter is being referred to the Integrity Commissioner or is there a potential conflict of interest given that the board and your metropolitan north health service is now dealing with many of these issues?

Ms BATES: I raise a point of order. Under 115, the member for Bundamba is asking the chair of the metro board for an expression of opinion.

Mrs MILLER: No, I am not. It is a factual question. Has the matter been referred to the Integrity Commissioner? How do you handle potential conflicts of interest?

CHAIR: Mr Stamp, the only question you can answer here is that which you know. If you do not know, you can simply say you do not know. You cannot have an opinion here.

Mrs MILLER: Chair, I am not asking the CEO to make up an answer. I know that government members—

CHAIR: Member for Bundamba—

Mrs MILLER:—don't like the question.

CHAIR: Member for Bundamba, standing order 115 clearly identifies that you cannot create inferences in your question.

Mrs MILLER: I am not; I am asking him for an answer.

CHAIR: I have given you extreme latitude here. In the process I am asking the CEO to only answer as a matter of fact and not offer an opinion.

Mrs MILLER: And I am asking him to answer that.

Mr Stamp: I do not know.

Mrs MILLER: Will you take it on notice, please, CEO, and get back to us in relation to that matter, through the minister?

CHAIR: I am sorry: only the minister can take questions on notice.

Mrs MILLER: I am asking whether the minister will take that on notice, Chair. I am asking whether the minister will take the question that I have put to the CEO, whether the minister will agree that that matter be taken on notice.

CHAIR: I am actually unclear now what you are asking the minister to take on notice.

Mrs MILLER: I have asked the chair could he find out the information in relation to the Integrity Commissioner and potential conflicts of interest. He said he did not know. I am giving him the opportunity to take it on notice with the minister's agreement. You are open and accountable, aren't you, Minister?

Mr SPRINGBORG: I am absolutely open and accountable, something I am going to teach you along the way. Can I just say that this is a disgraceful and disgusting impugning of Dr Paul Alexander, a person who is the former surgeon general of the Australian Army. He is a person who has been trusted that much by the current Prime Minister of Australia that when he was surgeon general of the Australian Army, not only did he arrange the medical requirements for—

Mrs MILLER: Will you take it on notice, Minister? It is a simple question, yes or no.

CHAIR: Member for Bundamba, you have asked the question. Allow the answer.

Mr SPRINGBORG: We certainly do when you run around impugning people on a regular—

Mrs MILLER: No, no; we just want the facts.

Mr SPRINGBORG: We certainly do when you are running around impugning people on a regular—

Mrs MILLER: No, it is the facts.

CHAIR: Member for Bundamba!

Mr SPRINGBORG: I am giving all the facts. He was the former surgeon general of the Australian Army. He is somebody who not only flew on the aircraft with Kevin Rudd, actually went to some of his meetings around the world and personally organised the potential medical requirements for the Prime Minister and his entourage but also was responsible for the entire medical requirements of the Australian Army as surgeon general. I think it is a disgraceful attack on Dr Paul Alexander who is a person of exemplary character. Recently he has done work for the current Commonwealth government.

There was an exhaustive process before the hospital and health services boards were appointed. It maybe news to the honourable member for Bundamba, but with Dr Paul Alexander—and I normally do not go through these processes because I discuss the appointment of people to boards with a range of members of parliament, including the honourable member for Bundamba; I actually took on board two of her recommendations—

Mrs MILLER: And I thanked you for that, too.

Mr SPRINGBORG: Dr Paul Alexander was actually assessed by the previous government in Queensland as the successful of two candidates to be chairman of the local hospital and health network. When I became the minister I actually looked at that assessment and his qualifications. He had been previously assessed by the recruitment agency. He had provided a CV. They assessed for any conflict of interest. All of these people have appropriate probity and police checks as part of that process. So if the previous government had concerns about Dr Alexander then they should have ruled him out then because it was put forward to me, as part of the previous government process—which was generally quite good—that he be appointed as chairman of the local hospital and health network. I subsequently did that. I am very pleased that I did that.

It is also only a surprise and news to the honourable member for Bundamba that he has been in a practice arrangement with the member for Moggill. That was actually known by the previous government when they recommended through their process that he should be appointed. I do not know what is new with regard to that particular process.

If you have an issue you should raise it. I do not know whether the Integrity Commissioner deals with that. I can inform the member that Dr Flegg disclosed that when this went through the cabinet process. I do not know where all of this conspiracy is coming from. It does not exist. It was known as part of the due diligence process prior to Dr Alexander's appointment. He was a former surgeon general of the Australian Army whom we respect enough to organise the medical service requirements for all of our servicemen and women in the Australian Army.

Mrs MILLER: Minister—

CHAIR: Just a second.

Mrs MILLER: I just want an answer. Will he take it on notice?

CHAIR: I am going to rule your question out of order on the basis of standing order 115.

Mr SPRINGBORG: It has been through a probity process.

CHAIR: If you believe there is a lack of integrity with this particular person then I would ask you to take that up with the relevant authorities.

Mr SPRINGBORG: He is a statutory officer, as I understand it. They can refer it through all the agencies. They will refer it to wherever she wants and go harder.

CHAIR: Please take it up with the relevant agency. We are going to move on.

Mrs MILLER: So now you are not open and accountable?

CHAIR: We are going to move on.

Mr DOUGLAS: Can we ask about the same issue?

CHAIR: I will come back to you. I call the member for Townsville.

Mr HATHAWAY: I would like to correct the minister with regard to Major General Paul Alexander. He was not the surgeon general of the Army. As an Army officer of some 30 years, he was the surgeon general of the ADF and the commander of joint health command.

Mr SPRINGBORG: That is fair enough. I defer to the honourable member for Townsville, but I think you get the drift. He is very, very senior.

Mr HATHAWAY: I will ask two questions for my far northern colleagues who are not here and given that I am the most northern member on the committee. The first one is about Cairns. I refer to the reference to the child and maternal health services on page 53 of the SDS for the Cairns and Hinterland HHS. What improvements have been made to midwifery services under the control of the HHS?

Mr SPRINGBORG: I think that the HHS has done an absolutely fantastic job in meeting the requirements of their local community in a whole range of areas—child and maternal services—over a period of time. I might ask the CE, Julie Hartley-Jones, to give the good news in terms of what they have been dealing with in that particular area.

Ms Hartley-Jones: I am delighted to be able to talk about maternity services and child and youth services in the Far North. As colleagues will be aware, the Cairns and Hinterland Hospital and Health Service provides services not only to the communities within the Cairns and Hinterland Hospital and Health Service area but also to communities from the Torres Strait, the Northern Peninsula and Cape York.

As you will be aware, we have recently had a maternity summit in the Far North which the minister attended. We have been particularly looking at midwifery models of care. We have had in place for some time in Mareeba Hospital, on the Atherton Tableland, a midwifery led group practice which has been very successful and has been a leader in the nation as well as Queensland. I am delighted to announce that from 24 June in Innisfail, in the south of our patch, we established a midwifery group practice in consultation with the local community. We are one of the first five of these to be set up across Queensland.

We also agreed at the maternity summit that my colleagues Simone Kolaric and Susan Turner and I will work together to look at how we can further improve maternity services across the Far North, recognising that we need to work in collaboration given that we are the main referral centre at Cairns Base Hospital for the Far North. I am sure you are aware that local services in the cape are also increasing.

Mr HATHAWAY: I thank you for that answer. I have a follow-on question about Cape York. I am glad to hear about the collaboration as will my far northern colleagues. Minister, I refer to the key objectives of the Cape York HHS identified on page 65 of the SDS, including improving equity and access and health outcomes for Aboriginal and Torres Strait Islander people. Has the Cape York HHS made any progress in meeting any of the Closing the Gap targets?

Mr SPRINGBORG: I would like to very much commend, as Julie departs the table, what her HHS has been doing in the area of child and maternal healthcare. It has been absolutely fantastic. These sorts of achievements have actually been replicated right around the state as well. The Newman government has a very strong and deliberate focus on actually providing not only better but also enhanced health care for women, children and infants around Queensland. We have deliberately done that. That is why we have rolled out our Mums and Bubs policy, which is going to be an enormously successful program. It will see women receive two home visits at two and four weeks and be eligible and encouraged to attend further follow-ups at two, four, six or eight and 12 months. This builds on what was previously in place but rolls it out even more. It actually gets our child and maternal welfare people in Health out there actually engaging with mums and bubs.

This is a very interesting challenge, honourable member, because we have the tyranny of distance when it comes to many places around Queensland. This leads to some of our HHSs finding different ways of communicating with mums and bubs, possibly even using the likes of Skype and those sorts of thing. If someone is a long way away they may have to roll it out for several hundred kilometres.

As I understand it, the Cape York Hospital and Health Service has achieved above target results in many of its Closing the Gap indicators, which include Aboriginal and Torres Strait Islander women who attended five or more antenatal visits, the number of below average birth weight babies—that is below 2.5 kilograms—and the age standardised potentially preventable hospitalisation rate with regard to all conditions. They have been doing a remarkable job in actually working on those Closing the Gap targets. I think we are starting to see the results in that particular area, which is a great thing.

I might invite Susan Turner to come forward and express her particular views on this as well. Before I do that, I would also like to congratulate Susan and her board and HHS on taking up with such gusto the government's commitment to reopen birthing facilities throughout Queensland. As you are aware, we decided to do that. We set the deadline of 1 July 2014 for Beaudesert. The HHS in Cape York has really risen to the challenge. I indicated at the recent rural doctors conference that I would love to see Cooktown reopened and then we can work on Weipa. They are setting a cracking pace around Cooktown. It really goes to show that services that have been closed and lost previously are now going to reopen. From my perspective, it is fantastic that they have taken up that commitment. I commend them for that because it shows that we can re-establish services that have been lost. Susan, do you want to say something?

Ms Turner: Thank you, Minister. Just reiterating what the minister has conveyed about our progress in achieving the Closing the Gap targets. We have achieved some exemplary performance, particularly with babies who are less than 2,500 grams. We do more than just the one or two antenatal visits. We actually provide five or more visits to our mums who are pregnant. We have a coverage rate of Indigenous women of 98.6 per cent, which is outstanding.

The other area that is quite remarkable is the way that we have been able to reduce the avoidable hospital admissions in the cape. We have reduced the ratio from 5.5 to 3.6. These things have come about because of the way in which we deal with the very complex health issues that we face in these communities. We work exceptionally collaboratively locally with our service providers—the Apunipima Cape York Health Council and the Royal Flying Doctor Service.

We also work very closely with the communities themselves in terms of the health action teams that exist within all of our communities. We also work collaboratively not just with providers but across government, particularly in the welfare reforms communities where we focus on, I guess what we call, frequent fliers across government.

We also have put an enormous amount of effort into redesigning our model of care to become Indigenous sponsored and family centred. We will be starting to roll out that new initiative in this current financial year. It will be supported by an integrated information health system which we will be piloting within Aurukun, Mapoon, Napranum and Weipa. We will do that again collaboratively with our partners so that when our patients and their families come and visit us they will have a seamless experience. I am hoping by the time we come back next year we will be able to report substantial health gains because of the initiatives that we will be rolling out.

In terms of our birthing services, our cape communities are extremely excited that the minister and this government are supporting the return of the birthing services to Cooktown and Weipa. We have been extensively working on returning Cooktown birthing services for about two years. We will have that up and running at least by early next year. We have got a very clear plan for reducing the burden of disease in our communities. We are really keen to be able to keep people well at home and provide services closer to home for them.

Mr DAVIES: When were those services cut?

Ms Turner: Which ones?

Mr DAVIES: The birthing services that you were just talking about.

Ms Turner: No. We are re-establishing them. This is before my time, but I have been told that they were ceased in about 1997.

CHAIR: Thank you, Ms Turner. It is appreciated. I call the member for Gaven.

Dr DOUGLAS: Ms Turner, congratulations on those results. They are very good. There are a lot of problems in the cape and the Torres Strait. Arguably one of the greatest problems remains complex vascular disease, which is an ongoing problem and it affects people in many ways. Diabetes is just one component. Dietary reasons and genetics are significant problems. I would like to know what the impact has been since the services of at least one dietician, and I think there were more, were terminated last year in the area and what has been the outcome of that.

Ms Turner: When we did the organisational review of the Cape York Hospital and Health Service, what we had previously done was a mapping exercise of the range of services that are being provided. So, while we disestablished, I guess, the dietician type services, those services are already being provided by the Apunipima Cape York Health Council. So we were not removing the availability or the access to those services by the community to any great extent. What we did do though is focus on the patients that are coming into the hospital system that we have in Cape York at Cooktown and Weipa. So we have put dieticians in there to work with patients who are coming directly through into the hospital system.

Dr DOUGLAS: They are newly appointed dieticians, are they?

Ms Turner: Yes, within the hospital system.

Dr DOUGLAS: Are they outlined in any of the documents that we have seen? Is that something new?

Ms Turner: No. That has been clearly outlined in our structure. The information that I have seen does not contain specific positions in terms of what I understand the committee has.

Dr DOUGLAS: So there is no impact from what happened last year. Were the other people federally funded?

Ms Turner: No. That money was coming through the state. Apunipima are federally funded, yes. We were looking for ways of not overservicing or duplicating services. Apunipima are already providing those services in the community. So we felt, in consultation with our staff and our providers, that the money would be more effectively spent within the hospital system and that when patients come through the hospital they are supported to change their lifestyle and habits before they leave.

Dr DOUGLAS: After having moved to that model, do you have anything that could say it has improved under this new model? Is there any statistical evidence that it has changed? These are significant problems in the Cape.

Ms Turner: Absolutely, and I think that to address the types of issues that you are talking about, and they are whole-of-lifestyle issues, it takes more than just one particular clinical area. We have to look at the whole person which is what our approach is. In partnership with Apunipima and RFDS, our approach is to look at the whole person within their whole family and to work with them to generate the types of plans and interventions that work for them. You are talking about populations with extremely complex socioeconomic health issues. So that has been our approach in dealing with those types of health or clinical areas that you are talking about. It is too early to have any data at this stage to present to the committee to say if there has been any change in health and health status at all.

CHAIR: Thank you, Ms Turner. I call the member for Capalaba.

Mr DAVIES: I refer to page 75 of the Service Delivery Statements and the reference to the Moura Hospital in the Central Queensland HHS. What is the proposed model of care for this facility into the future?

Mr SPRINGBORG: I thank the honourable member for Capalaba for his question. Before I go there, we have the Nurses Union branch of the Labor Party meeting out the front at the moment and Wayne Swan is out there being interviewed. It would be very interesting if he came in here and gave account for his minute where he slashed \$103 million from the Queensland Health budget. If they do anything other than condemn him today, I think we will see it for the political stunt that it really is. I understand that probably about half the number of people present out there are those who have applied for voluntary redundancies in Metro North.

With regard to the Moura Community Hospital, this is a fantastic good news story. Once again I think it got off to a wobbly start earlier this year with regard to the proposed changes around the service delivery model. In Moura we have an ageing hospital that certainly did need to be rebuilt or refurbished in such a way. There were some plans around that, and there were some concerns around whether that would be sustainable. Following on from those issues earlier this year, the Central Queensland Hospital and Health Service, under the stewardship of Charles Ware, the board chair, engaged that community and actually sat down with the community groups. I would like to acknowledge and congratulate the community organisations up there for the wonderful work that they did. It was absolutely fantastic work. I recently went up there and had a morning tea and passed on my personal appreciation for them.

So, from about January this year, that group, sitting down collaboratively with our hospital and health service, has come up with a new model of care for a community hospital in that community. What we will see now is a new four-bed facility, which will be constructed and co-located with the primary care clinic there. It will also be expanding into other areas, particularly telehealth. So people who may have been triaged in the past and evacuated to other places might be able to be treated in that community in the future. That was one of the concerns that was raised with us, that this was nothing more than a glorified triage centre which had 10 beds, with the average occupancy around one bed, and there was too much transferring of people down the road or bringing in the rescue helicopter to transfer people to Rockhampton.

There is a degree of interest within the community to look at an additional two beds there. We have said to them that we have no problem whatsoever with regard to those additional two beds, if the community wants to partner with us around that. But we believe the four beds will be adequate. I think it needs to be understood in the context that when hospitals were built in many of our communities across Queensland they were built with a large number of beds and people were hospitalised for longer. You had tonsillectomies, you had births, you probably had appendectomies and a range of those sorts of things. When a woman gave birth they were confined to a hospital probably for seven or 10 days. So the bed utilisation now is totally different.

The great irony now is that we have hospitals in rural areas with bed occupancy rates down around 20 to 30 per cent and hospitals in the city with bed occupancy rates up around 90 or 100 per cent or even more. So we need to have more appropriate facilities. It is a great win for the community. Congratulations to the community. Well done to the Central Queensland Hospital and Health Service who took a difficult set of circumstances but sat around the table and were able to put something together in around four short months.

This has been such a successful example that we are now looking at expanding this community hospital model throughout the rest of Queensland and the way that people have been engaged in this process. So it will be one of our trial sites for telehealth and we will be looking at provisioning a range of services through that hospital where people routinely have to move elsewhere to gain access to those services now. I think it is great news and well done to the community. It is one of the greatest examples of collaboration. There was a lot of passion behind it and rightly so, and we have a great outcome I think.

CHAIR: I call the member for Gaven.

Dr DOUGLAS: Minister, I would like to take you back to those points about Biala. You were referring to the inadequacy of Biala, that it was failing to stem the rise of HIV in Queensland. My question is: why then are syphilis, gonorrhoea, chlamydia and NSU rising in incidence as well? I would also add: is the real answer not that Biala is the problem but that STDs are rising because the public have changed their behaviour? I have a supplementary question too.

Mr SPRINGBORG: I think, member for Gaven, you have raised an excellent question. The reason that I made that point earlier on with regard to Biala is that we should not necessarily judge the success of our campaigns based on a facility, and therefore we should not jump to the conclusion that, if we change that model, it is going to worsen the situation when the situation is worsening. That is the point I am trying to make.

I think you are absolutely right. I think that we do have a range of irresponsible sexual behaviours in our community where people are not taking appropriate precautions. I think there is little doubt about that. If we look at the snapshot that we have taken with regard to the increase in HIV and its prevalence among young gay men, we are finding that previously there had been a decreasing number of them practising safe sex.

Therefore, it is probably fair to say that across the state, and possibly even the country, with regard to the significant rise in sexually transmitted diseases—whether they be syphilis, gonorrhoea or a range of others—there has been a change in activity and people are not necessarily hearing the message. What we are doing is treating the symptoms of the problem rather than engaging in why we have a problem and putting the person front and centre as a part of the solution by encouraging them to engage in safe sexual practices. I think there is fair evidence that a decreasing number of people have been doing that. The HIV survey indicates that, and I suspect in the area that you have talked about that is the case.

So I think we need more engagement with primary care and more education, whether it is through schools or public health messaging, because if we keep treating the symptoms then the disease is going to keep getting out of control. That is the problem I think. We can treat it, but I do not think we have been stemming the tide.

Dr DOUGLAS: My understanding is that the demographic of these illnesses has also altered. I stand to be corrected. I am sure there would be an expert here who could fill us in. Why I am getting back to this issue of Biala is that, if you are seeking to change people's behaviour, you are going to have to change a lot more than your single target model. There is a group of other people—issues that have been raised in the past—who have a wider spectrum of activity and they need to be

contacted. I congratulate you on your advertising offensive; I think that is a good thing. I think the rapid testing was a good thing, and that was mentioned earlier. But do you honestly believe that opportunistic testing of people with HIV, as proposed, will make a significant difference to or have an effect on new infection data in HIV?

Mr SPRINGBORG: Honourable member, with regard to particularly HIV, over the 10 years to the middle of last year the infection rate per 100,000 in Queensland had roughly doubled. In a world-wide context, as you would understand—in a context of African countries—we are coming off a much lower base and our infection rates are still much lower per 100,000. But we should not take comfort from that because we should be comparing ourselves with our own situation. The Commonwealth has actually set a target of reductions by 2015-16 in new infection rates of around 80 per cent. I think the World Health Organisation is indicating around 50 per cent. The real challenge for us is that, when you are coming off a low base in comparison with the number of people per 100,000 infected, you have to work even harder to deal with that than if you have a cohort of people where you have an extraordinarily large number per 100,000 infected, because you can step in with education in the African countries and provide condoms and do a whole range of other things.

Am I confident that we will make a difference? Yes. Is it true that the target that has been set by the Commonwealth is extremely ambitious? Absolutely. I think it is challenging for everyone across the country and it will be challenging for us. But we were never going to reach that by continuing to do the same thing—the lack of public awareness, the lack of rapid testing, ruling out things such as treatment is prevention and a whole range of those sorts of things.

I also indicated that I expect to see a spike as we truth the data before the figures go down because, when we rolled out rapid testing, as I have indicated, in the 42 tests to date we actually detected a person who may not have been detected or may not have been detected for years. Yes, it is going to be a real challenge and we need to do it. But behavioural change is absolutely crucial with this. We can provide all the messaging, but people need to hear the messages and they need to respond. If they do not respond, then we are putting a lot of money into something which is not having an effect. We can then only treat them for the symptoms of the disease. If you look at Biala, I think it is an indication of people who have one-night stands and it is an indication of people in a subsection of society who are not practising behaviours that they should be. That is our big challenge.

Dr DOUGLAS: I will take all of that on board. Do not feel that I am in there defending Biala or the model proposed by Biala. My concern is that there is a wider demographic problem. There is a wider problem of sexually transmitted disease which includes HIV which has secondary complications and which has a great impact on the public who are not aware of it until they get a problem. My question is: where else in either the country or nearby has a successful community GP based program dealing with these types of illnesses been done in the manner that you are intending to roll out? What evidence is there that it will make any difference for us here in Queensland?

Mr SPRINGBORG: Again, Dr Douglas, the real evidence I have at the moment is what we are doing is not working. I also understand that in other places around Australia and in New South Wales—they have a lot more work to do; they have issues with regard to HIV transmission—they successfully engage the primary care sector to provide services—the types of services that we are providing routinely through Biala. So there are examples of that being done around the place.

Can we have graph 2, because it indicates the rates of STI and HIV infections in Queensland. We might have to wait for the machine to warm up. That is the indication of where we came from in 2003 with regard to notifications of STIs and HIVs per hundred thousand in the population. We have gone up from 250 and we are heading towards 550. Your point is absolutely right. It is not only how we treat people; it is how we encompass people in the treatment regime and how we change those behaviours. That is why places like Canada are adopting similar processes to ours around HIV and changing the marketing around it, and they are having some success. We are getting an indication of some success around HIV. The broader STI issue is something we are going to have to continue to work on because there are complex issues around that, as you have indicated, including secondary infections and a range of other things. We have to try to deal with that as a part of this. Unless we can make people aware of those sorts of things and until people change behaviours and adopt safe sex practices, we will continue to treat these particular diseases in our community.

Mr SHUTTLEWORTH: I understand that Queensland Health is one of the most, if not the most, decentralised departments that we have in government. I refer to the expansion of rural health or telehealth services as referred to on page 7 of the SDS. Minister, can you outline the benefits realised to residents of the Central West HHS and other remote regions through telehealth service delivery?

Mr SPRINGBORG: I think there is a wonderful opportunity here. With regard to telehealth in the central west, I understand patients and their families have embraced the increased accessibility of telehealth services in the central west. I know there is a growing interest in the central west to further expand it. The health service now provides wide access to specialists and general surgeons through telehealth, offering a threefold increase in consultations and significantly reducing the patient travel burden. It has had an enormous impact.

I want to take this opportunity to commend the previous government on its investment in basic telehealth infrastructure in Queensland. There had been a very significant investment in infrastructure—tens of millions of dollars. I think what was missing was real encouragement from the central agency and the government to drive it as the way to deliver health care in the future. As I go around hospitals in Queensland, I ask people about telehealth. The director of nursing might say, 'We have the telehealth facility going back to the emergency centre so we can get assistance if we need to resuscitate someone. But then we have our telehealth consult room somewhere in the bowels of the hospital.' They are basically gathering dust. In a lot of cases they are hardly ever used. That is the difference with what we are going to do. We are going to significantly invest in the take-up of telehealth. It has to become a habit. It has to become part of the day-to-day operations in the delivery of health care. We all know the situation in Queensland with the tyranny of distance. We are more decentralised than anywhere else. We have 17 HHSs around the state, one of which is specific to children's health services but which still has a role to play in this. We can reduce the burden on patients if we can not only do preadmission but also post-operative care and day-to-day consultations, whether it be in podiatry, child health, cardiology, gerontology or other areas.

I will give you an example. The other day I was in Emerald. That morning they had just done orthopaedic consultations with 22 patients, and they had been doing as little as three previously. These are people who would otherwise have had to travel to Rockhampton. It is an extraordinarily good story. Now we are being run over by people saying, 'Can we have one? Can we do this?' It is \$30.9 million over four years to encourage the uptake. If we do this, it will fundamentally change the way we deliver services. In paediatrics and even oncology we are looking at delivering a range of things. There are so many things that we can do. We can support renal. We are really excited about this.

Dr DOUGLAS: Minister, I have asked a number of questions, but in my last question I was very keen to know about other models that you might have looked at. Even if you have to take the question on notice, can you endeavour to table something that shows us where there is evidence that, if you transfer the model of care for these types of major STDs out of major clinics and the management of those people, we will either be better off or equivalent? Do you have anything on that?

Mr SPRINGBORG: Honourable member, we are not going to be worse off and I think I can say that with confidence. The difficulty is to do a laboratory controlled experiment on this. We can say that we are going to put this in here and this in here, isolate it to test tubes and then we are going to apply—

Dr DOUGLAS: It is not like that.

Mr SPRINGBORG: No, but what I am saying is that is the challenge once we get into speculating about where we may be. With regard to the Metro North Hospital and Health Service, it will continue to provide HIV services through the Royal Brisbane and Women's Hospital and the Prince Charles Hospital. We will also have people who will come into our hospital service with regard to the sexual health side of things. So they will be treated and triaged in that particular area. But the day-to-day operational side with regard to a lot of the sexual health service will be done by general practice but being worked with through the hospital and health service dealing with Medicare Locals. They have indicated to me that they are capable and confident that they will be able to do that.

I would just like to make this point to the honourable member: the day-to-day clinical operation of hospitals is a matter for the hospital and health services in Queensland. I respect that. The Deloitte's review said that there needed to be a longer transitional time and an integration with Metro South. That has happened or is in the process of happening. There are places around the country where they do engage external providers quite successfully. From my perspective, I would say to the honourable member if there is evidence that the actions taken within the broader health remit have exacerbated the situation—taking out all the other variables—then we will look at addressing it. I work on an evidence base. I have always done that. But to date the model has not worked. In the future we will be looking at different ways of dealing with them. That is what the HHS has done. I think their particular decision has been validated more than otherwise by Deloitte's, which has just pointed out a

more integrated approach across the two HHSs with a need for a greater transition time. If anyone can point to credible evidence that has exacerbated the situation, not the normal trend, then of course I am happy to move to address those things.

Dr DOUGLAS: As a general practitioner of 25 years standing, I can tell you it is great to see that the minister and the department share such faith in general practitioners. That said, it can be a very difficult challenge. Minister, you might need to get your adviser for the North Queensland section and Torres Strait in particular for this question, which is alluding to the same thing. The change in HIV coming to Queensland may be coming from PNG, because PNG at the moment has an epidemic. The problem that was not alluded to in discussions earlier here today is that the Torres Strait are a Melanesian people. They tend to freely mix with people largely from the western province in New Guinea. It is well known. Fifty per cent of the women from the western province marry people in the Torres Strait. The interchange has gone on for a very long time—I would think thousands of years—and will continue. The problem may be that the illness may be moving down from the north at the same time that we have this massive concern about HIV, yet we are not having the same concern about what is going on in the Torres Strait effectively. I really want to know what you propose to solve that problem which will be the emergent problem?

Mr SPRINGBORG: The Ministerial aids Advisory Committee will provide me with evidence based advice on whether we need to change our strategy in dealing with HIV. There is often a connection with other sexually transmitted diseases. I think you make that point and fair enough. I have been to each and every one of those meetings since I established that committee that I can recollect. We are presented with evidence on the profile of HIV in Queensland. I have raised similar concerns as you with regard to the vulnerability that we have, given the extent of it in Papua New Guinea and the possibility of our vulnerabilities through the Torres Strait and Indigenous communities. The rate in our Indigenous communities has been relatively low and even lower than that in the more general population. Having said that, there is this potential vulnerability and there has been a bit of a spike in recent times.

Dr DOUGLAS: Yes, there is.

Mr SPRINGBORG: But it is still much lower than the rate in the general community. It is also true that people emigrating to the country—it may very well be people who have come in as asylum seekers—do present as HIV positive. We do profiles. We do not disclose individual information but whether it is interstate, overseas and those sorts of things. We are aware of it, but we have not got evidence at the moment that indicates we are in the middle of that particular problem. But I think your point is right that if we are not careful, we could be. That is why it is one of the core things for the ministerial advisory aids council to monitor what is happening but also monitor across our particularly vulnerable groups in the community. One of our larger problems has been people not practising safe sex. A large number of young gay men are ignoring the safe sex message. But you are absolutely right: we have to keep an eye on it. The evidence is not there at this stage, but we are watching it and we are pouring over it on a regular basis because we are potentially quite threatened by it.

Dr DOUGLAS: You are aware that TI is Australian territory and if someone goes there they can be deported. These points did not seem to come out earlier today. It is not like Christmas Island. People who turn up there turn up with their papers. They turn up with passports. It is a very different situation. They are moving back and forth a lot of the time and they will continue to do so.

Mr SPRINGBORG: They don't. If you are in treaty villages and you are coming across in a canoe from the western province, you do not turn up with your papers. You get in the canoe and you go across there. I am talking about people who can come down through the Torres Strait. It is true that if you are found by immigration that they can take action against you. No-one is arguing that. What I was saying before is that, if you come through there and no-one has detected you, it is an open border. You can go anywhere in the country and then you have to rely upon someone to report you, someone to find you by accident, serendipity or whatever the case may be, and then action is taken. That is the challenge. They do not turn up with papers—

Dr DOUGLAS: The only ones who do not turn up with papers are those who are opening a new file. If they have an existing file, they do not turn up with papers.

CHAIR: Dr Douglas, we are going to have to pull you up. Minister, if you want to respond, you have about half a minute.

Mr SPRINGBORG: All I am saying is that we have people who come across and of course they identify themselves as PNG citizens. We understand that. That is the issue, as I indicated a moment ago. We can count them as returned people, but they can freely come across the border.

That is the whole point. We also have a number of presentations of people who do not have any paperwork. We do not know the identities of people. We can only rely upon them to present as people claiming to be who they are.

CHAIR: Thank you, Minister. It is now time to break for lunch. The hearing will resume at 1.45 pm to continue the examination of estimates for the health portfolio.

Proceedings suspended from 1 pm to 1.47 pm

CHAIR: Welcome back, Minister and officials. The committee will now examine estimates for the portfolio of Health. I call Dr Douglas, the member for Gaven.

Dr DOUGLAS: This question is either to the DG or the minister. I refer to page 117 of the SDS. Are you aware that in February of this year 44 senior doctors—44 signed the petition but 90 attended the meeting—petitioned a Gold Coast local area health board meeting regarding serious problems about the management of the Gold Coast Hospital by CEO Mr Ron Calvert and issues of patient safety?

Mr SPRINGBORG: I am aware that when you have any major transformational change, whether it be in the Gold Coast Hospital and Health Service or any others around the state, there will always be issues that arise. I also indicate a complete and absolute confidence in Ron Calvert in the job he has done as CE. He and the board have done an exceptionally good job. I think the honourable member is actually aware of that because, even in media reports from the Gold Coast, there has been significant reference to the transformational change which has been undertaken on the Gold Coast by the hospital and health board and the senior management. It is quite extraordinary.

Indeed, I have recently had the opportunity to visit the hospital on a couple of occasions. On one of those occasions I had the chance to visit the current Gold Coast Hospital, which will be decamped from sometime in September of this year in what will be a quite remarkable two-day move of people to the new Gold Coast University Hospital. The amazing thing on that day was that the Gold Coast Hospital had, for the first time ever, I think, exceeded the outstanding performance of Robina with its national emergency access target performance for that day. This has been through the system redesign put in place by Ron Calvert and his team of extremely engaged clinicians. That they could turn a facility like that, with all of its various difficulties and challenges, into something which was outperforming the national emergency access target on that day I think is quite extraordinary. That the medical assessment unit had a faster flow of patients out of the EDs, to be assessed for whether they should stay in longer or otherwise, I think needs due credit. I am very comfortable and very confident that under Ron Calvert's leadership, from a management perspective, along with Ian Langdon, we are seeing not only a growth in health services but also extra performance in health services on the Gold Coast.

I say to the honourable member that people are entitled to raise issues. In Queensland Health there are around 80,000 staff, including approximately 65,000 full-time equivalents. A large number of those people—indeed, the silent majority and an ever-growing not-so-silent majority of them—are expressing extraordinary confidence in the transformational change they are seeing along the way. That is evidenced on the Gold Coast by their NEAT performance, their NEST performance and the transformational change down there. I pick it up as well.

People are entitled to raise their views—I have no issue with regard to that—but let us look at the evidence when it comes to issues around adverse outcomes in our hospitals. There is no evidence whatsoever that there has been any increase in adverse outcomes that we should be concerned about in the change. I understand that is similar on the Gold Coast. We need to look at that. We need to keep an eye on that, of course, but let us look at the evidence. People can express their concerns, as they have done, but that is a small proportion of the cohort of people who work in the Gold Coast Hospital and Health Service.

Dr DOUGLAS: You mentioned the chair, Ian Langdon. Are you aware that the chairman of the local area health board, Mr Ian Langdon, met with 20 senior doctors in May of this year to hear in detail their concerns regarding the CEO, Mr Ron Calvert, and that no action was taken from that meeting? In fact, they were dismissed without investigation.

Mr SPRINGBORG: I say to the honourable member that people are entitled to raise their complaints and concerns. Indeed, prior to this government establishing local hospital and health boards and local hospital and health services they would not have had anyone to complain to locally. That is the really big difference.

When people raise concerns, those concerns need to be substantially validated and dealt with if there are issues. I am saying that people should have a right to be heard. That is not the issue. Just because people have raised things does not necessarily mean there are issues that require the intervention of the board chair or that are substantially of concern or even of valid concern that require ongoing attention. If there are, I am sure they will.

The other thing, of course, is that hospital and health services are required to have a clinician engagement strategy, which they are developing. Many of them now have that and they are published. I am hearing more and more a greater enthusiasm around that particular process. Having said that, there will be people who may be dissatisfied with certain things and certain directions. That has always been the case. I am in possession of dozens, if not hundreds, of letters from people saying, 'We are sick of the cot case that we used to live under before. This is a far more engaged, innovative and respectful process where clinicians are now being heard.'

With regard to the hospital and health service on the Gold Coast, there has been an 86 per cent reduction in long-wait patients from January-June 2013. You should look at the extraordinary performance around the national emergency access targets, the national elective surgery targets, outpatients and long waits. We are seeing it there all the time. I think we should judge that. There is also a significant positive trend with regard to hospital mortality—that is, adverse outcomes. It hit its lowest ever level in the previous quarter and it continues to go down in this environment of transformational change. That is the important thing.

People do work hard. People will have a difference of opinion. We respect that. If there are genuine issues I am sure the HHS is capable of dealing with them. If there are elevated grievances beyond that, there are processes people can go through.

Dr DOUGLAS: Minister, I take you up on the issue of patient safety. Doctors at the hospital are saying that there are significant issues with patient safety, and large numbers of them are making complaints to all sorts of people. You mentioned complaints. They are saying that there is a serious problem. What happened in Bundaberg should be a salient lesson for us all. It took one nurse there to make a complaint. How many doctors at the Gold Coast complaining about patient safety will it take for you to do something about this problem?

Mr SPRINGBORG: Again, it is easy to go for a cheap headline by making some quite outrageous comments. We have had people running around for years—not only under this government but under previous governments. Every single time you seek to make a change, some people will go out and make claims about certain things and people will make claims on a continuing basis. The thing I find most challenging is that, as I seek to investigate and uncover issues, in many cases there is very little validity with regard to those particular issues. If there are concerns around patient safety they can be taken to the Health Quality and Complaints Commission. The hospitals themselves are also now front and centre of their own internal quality and safety processes. We also now have national guidelines around health quality.

Earlier you referred to a certain issue of a number of years ago. That was a dark day in health administration in Queensland. There has since been the development of a whole range of processes which not only encourage but also facilitate people to come forward and to have those things investigated. There are ongoing quality and safety audits around the place.

Just because people make claims about things does not mean those claims are absolutely validated. I hear claims all the time around forensic scientific services and other things. When I seek evidence of things that are in my core remit I rarely, if ever, can find the evidence. If people have evidence with regard to those things they should escalate it to a higher level. They are at liberty to take those issues further up the line. I am sure they can do that, if they have real issues. There is a constant refrain of people who want to make complaints saying 'the patient could'. We have heard that for years. I actually take notice of the evidence. If there is evidence around this, that evidence should be brought forward. I mean, a lot of things could have happened. Prior to me banning ambulance bypass in Queensland, patients not only could have died but did die in the back of ambulances. That is the reality. I can point to the reality of what was happening.

Dr DOUGLAS: With respect, Minister, this is a question of patient safety. You talk about going up the line. The CEO concerned has removed all of the medical people in the executive team. There are no medical or allied health people. The last of them is just about to go. Who do they complain to if they do not come to you now? How many need to complain? Can you just give me a number?

Mr SPRINGBORG: No, because it is not only a matter of complaining; it is also a matter of the validity of complaints. When you were a member of another party in this place you actually voted—as did all members of parliament—to recognise hospital and health boards and to have clinicians as part

of those boards. Not only do most, if not all, of our boards across Queensland have medical representation, as in doctors; they will also have nurses. Not only that, they will have more clinicians than that. Safety quality audit committees actually work as part of an internal process within the HHS. I am very confident that they will be able to deal with it.

Of course, people can escalate things higher up the line to other authorities in Queensland if they have the evidence. People need to be able to substantiate things, rather than just say that they think there will be an issue or a problem. Where is the evidence? Earlier you mentioned a particular dark incident in medical administration in Queensland—in the Wide Bay area some years ago. Since then we have instituted root-cause analysis. We have a more strident process of investigation around health complaints. Those things are in place. They are still in place today. They will continue to be in place after the Health Ombudsman legislation passes the parliament, if it does, later this year. I am very confident that the process is there. If there is evidence of it failing, come forward and present it.

Dr DOUGLAS: We are starting the biggest major hospital outside Brisbane in under two months time—moving to a new hospital, reducing the number of beds—and you have no medical or paramedical staff on the executive team. You have doctors saying that there are problems with patient safety and you are saying, ‘Let’s just wait and see.’ It does not work like that in medicine. Minister, I need to know what you are going to do about this.

Mr SPRINGBORG: I will always respond to real and serious issues, but the whole problem is that we actually have members from the hospital board who are clinicians: doctors and nurses. As you have seen there by the 86 per cent reduction in long waiting lists on the Gold Coast, that did not happen due to the lack of clinical engagement. None of that happened through the lack of clinical engagement and innovative initiatives from clinicians. The fact that we now have the Gold Coast Hospital and Health Service doing extraordinarily well in the area of national emergency access targets in both of its hospitals, Robina and the Gold Coast, did not happen by accident. It did not happen by disempowering clinicians. It did not happen by not engaging clinicians. It has all actually happened.

If the honourable member has some evidence, then the honourable member should raise it appropriately rather than just working on supposition. We hear lots of things all the time. If there are real issues of people not conducting themselves appropriately, as a former chair of the CMC parliamentary committee you can raise a whole range of things in a range of areas. You have the Health Quality Complaints Commission and the local quality and safety committees that operate within the HHSs. I am very confident. I am not saying that the honourable member is not motivated by some concern here, but just be aware that not everyone that raises issues have issues which then have a very strong, valid base to them. That is all I am saying.

Dr DOUGLAS: Do you remember what the outcomes were out of the Patel inquiry and the issue of the compounding error? I am certainly raising the issue. Yes, I am a former chair of the PCMC, and I am very proud of that. I was appointed by your party of the day and the Labor Party.

CHAIR: Dr Douglas, please stop—

Dr DOUGLAS: I need to know an answer to that question.

Mr SPRINGBORG: This is not similar to the circumstances that you are talking about, because since that time we have got root cause analysis and a whole range of health quality and safety issues. Not only do we have the Health Quality Complaints Commission undertaking processes around quality and safety monitoring—which is now even arguably duplicating what is happening at a national and local level—but there are also a range of opportunities for people to raise those issues. We have statutory requirements around safety and auditing, and I am very, very comfortable with that. If somebody can actually give some finite examples of this, then of course—

Dr DOUGLAS: So you will immediately call a safety audit on this matter?

Mr SPRINGBORG: You need to indicate to us—and people need to indicate—where is the evidence of this? Monitoring goes on; reporting goes on. With regards to patient outcomes, we constantly monitor adverse outcomes and all those sorts of things, and nothing remarkable has actually been disclosed. For there to be something that is there that is not showing up, that would be an indication that people are colluding to cover something up with regards to the reported information. I have seen no evidence of that.

CHAIR: We are going to move on to the next question, and I call the member for Ferny Grove.

Mr SHUTTLEWORTH: I refer to page 94 of the SDS in paragraph 2, which makes mention of work in preparation for the operational commissioning of the new Queensland Children's Hospital. I understand the previous government had allowed the budget for construction of this facility to blow out by \$800 million; nonetheless, it is your job to make the most of this project. What are the government's plans for the operation of this facility?

Mr SPRINGBORG: I thank the honourable member for the question. There is no doubt that this is quite a remarkable facility in the context of child health services, and there was a significant and very protracted process to get to where we are today with all the emotions that were around that, particularly in relation to basically moving towards the closure of the Royal Children's Hospital—which was a much loved facility, there is no doubt about it. This facility, as I understand it, basically started life a number of years ago as a facility that was supposed to cost around about \$680 million in the previous Labor government's budget. It has now grown to \$1.5 billion, so it has blown out significantly. There is no doubt that it is a fantastic piece of architectural work. It has just recently been in receipt of an international award in that area, but that is not the issue. It is going to be a facility that we should be proud of, if not the financial operation that actually led to it.

It is a 359-bed facility, and the honourable member is aware that the government has a very firm interest in looking at where and how we can run new hospitals and health service facilities in Queensland in partnership with the private and not-for-profit sector. We indicated some time ago that we would actually be engaging KPMG, I think it was, to conduct an assessment of viability with regards to outsourcing part or all of the operation of that particular hospital, and we are now actually in receipt of that. I just want to make the point that any public hospital in Queensland is going to remain publicly owned and hospital services are going to be free to the public, unlike the previous federal Labor government. The only hospital in Queensland that has ever been privatised and sold was Greenslopes, and we did not see any of them cartwheeling around the place at the time. We are not going to be those sorts of things, but we are interested in how we can run that facility differently. KPMG have come back to us and recommended that we go towards a partially outsourced model for the Queensland Children's Hospital and that is basically up to, but not including, the clinical services. So not the doctors and nurses, but up to and not including full clinical services. We are talking about clinical support services, hotel services and those sorts of things. We will be going to the market for expressions of interest around those non-front-line clinical services, and we expect that we will have heard back on that by the end of the year.

I am also very, very happy to table the KPMG report. There are certain elements of it which are redacted on the basis of commercial in confidence, because you do not actually disclose your financial analysis when you are going to market because that actually sets the template for market, but it certainly contains the methodology and the logic that has underpinned the decision. This is an enormously different way of doing things to our predecessors. It will probably cause them to have heart palpitations, because they do not know about tabling this sort of stuff, particularly when they make decisions. But we are very, very happy to do that. So everyone can go their hardest, look over it and actually look at the logic behind the decision.

CHAIR: I just need to have permission from the committee. Yes, thank you.

Mr SPRINGBORG: I am more than happy for you to have that. As I indicated, the redactions in there, as the members will see, are clearly around the commercial in confidence aspects, because we have to be discreet about that until such time as the market has been sounded. So people can see the logic and the methodology, and no doubt the opposition will go their hardest in hysteria, but they can read it.

CHAIR: There is a supplementary question from the member.

Mr DAVIES: Minister, I congratulate you on the unprecedented openness you have just displayed by tabling the KPMG document. The report independently reviewed the best way for patients and taxpayers to commission the new Children's Hospital. Such reports, of course, would have been kept hidden by the previous government. Can you explain if there are any recommendations in the KPMG report that you will not be accepting?

Mr SPRINGBORG: Yes, there is one that may or may not be in the redacted section for commercial in confidence, but that was a recommendation around the outsourcing of radiology. KPMG felt that that could be appropriately managed through an outsourced model through consultation with the hospital and Health service. Because of the specialised nature of paediatric radiology, sometimes we have to sedate a child so that they can undertake those particular imaging processes. It was felt that that would best be kept in-house, so that is something that we will be doing.

Radiology will be kept in-house, but I think there were some things that were further added in there, including the outsourcing of poisons and those sorts of things. Basically radiology—which was a KPMG recommendation and a recommendation of the hospital and health service—has not been accepted by the government, but they are very enthusiastic and very encouraged by the open way that the process was undertaken. We will see now what expression of interest comes back. It may or may not lead to an appetite to do these sorts of things, but time will ultimately tell. We will have a fair idea by the end of the year, and it does allow us to address these issues prior to its opening in November or December of next year. Pathology is also part of a broader review around contestability and potential outsourcing.

Mrs MILLER: I refer to page 139 of the SDS. Minister, your charter letter states that you will undertake an independent review of options for the current Herston site of the Children's Hospital. Does the current Treasury Registration of Interest for Market Sounding include the potential for private residential development on the site 'after any preferred health related uses have been accommodated'? I table the document.

Mr SPRINGBORG: I have not pored over each and every part of it. I am looking at the best options for that Herston site, and Queensland Health, Projects Queensland and also the Metro North Hospital and Health Service are actually going through that particular process. It is also a matter of record that I said on 27 February this year that we would certainly be going out to market soundings around the redevelopment of that site with a particular focus on the Royal Children's Hospital site around a planned procedure centre. We do not have one of those in Queensland. The reason we should have one is because there is too much of a mix of elective surgery and emergency surgery. We have made it very clear that we are very keen to take that to market, because the private sector—or the not-for-profit sector, because there is interest in that area from private and not for profit to engage with government—should be involved with this process. It is in the early and formative stages. You have the planned procedure centre, but some of the redevelopment stuff is a brownfields site. It is a very difficult and complex site. You have historically listed buildings and a range of things there that create a real challenge for us. I am open to whatever suggestions may come forward to make sure that we can develop the site to give better health outcomes, but obviously those things will have to be dealt with through discussions between Health, Metro North, Projects Queensland and any such proponent. But I think—

Mrs MILLER: So it could include the asset sale for high-rise residential development there?

Mr SPRINGBORG: I do not know where you are getting the high-rise stuff—

Mrs MILLER: No, I am just asking. If it has gone out—

Mr SPRINGBORG: I think that is hypothetical, and I am not going there on a hypothetical. But can I say that as I understand it, in the health precinct there are medical students who are engaged there, and there is possibly an opportunity to use some of those buildings for the likelihood of more accommodation for them. We have got the old so-called Spanish Towers, Lady Lamington house—

Mrs MILLER: Lady Lamington Nurses' Home! I am sure Lord Lamington would be very interested in that.

Mr SPRINGBORG: The honourable member is right. You have got all those things, so it is a very, very complex site to deal with. From our perspective, we want to make it a precinct focused around supporting and growing the development of additional health care options in that particular area. I am sure we will keep the honourable member up to date as things develop. If the honourable member has any indication with regards to property developers that would be very interesting, because I must admit that I have not been following that right down to the nth degree.

Mr HATHAWAY: If I can refer you to page 183 of the SDS in relation to the Sunshine Coast University Hospital, which I think is due to come online in 2016. Can you provide to the committee with an update on the project?

Mr SPRINGBORG: This is a great project, and I also acknowledge the involvement of the previous government in Queensland which made a commitment to the Sunshine Coast University Hospital. As a consequence of the hard work and constant vociferous advocacy of our members of parliament in the LNP and the previous government, it was agreed that it should be constructed, principally financed and also, as I understand it, hard facility maintenance was part of the contract as well.

So I commend the previous government for doing that and also for the fact that when Peter Beattie circulated a letter in 2006 to the residents of the Sunshine Coast he said that they would be engaging with the private sector to deliver a significant part of that project through the private sector,

and we commend them for that. One thing we did do was look at that early stage of contract negotiations when we came into government and, because the LNP is better at contracts than our predecessors, we were able to carve around about \$200 million off the cost of that project and deliver exactly the same project. So it is a fantastic project and I congratulate Exemplar, the successful tenderers, and do acknowledge the previous government for committing to the private-public partnership. In that particular distribution from the then Premier, I think he mentioned the words new partnerships with the private hospital system, including new radiation therapy services for the Sunshine Coast. He was talking about partnerships at that time as well in other areas, so we are not against partnerships.

At the moment KPMG have come back at the same time as they did with the Queensland Children's Hospital and made a number of recommendations. Those recommendations were that there is an opportunity for us to test the market for a fully outsourced model of the Sunshine Coast University Hospital—and I make the point that this is a public hospital; it will remain in the ownership of the public and will have free public hospital services—and that we should look at that. It goes through a detailed synopsis about the benefits and the potential risks of that, but basically the benefits actually outweigh anything to the contrary. There has been an engagement process with that. The hospital and the health service and the board are happy with that particular process that is being followed.

The government's intention is that we will be going to market through expressions of interest starting very soon. They will come back and be analysed by the end of September this year to see if there is sufficient market interest around a fully outsourced model, and there may or may not be. Regardless of that, we will have a separate process around the outsourcing of clinical support services—everything up to clinical support services—and that will run in parallel but separate, because that in itself is likely to engage far more market interest and have the possibility of standing on its own. This will be an exciting opportunity for us, but we are going to go to market. It will be reported back to us by the end of September. If there is sufficient market interest around a fully outsourced model, then we will call for requests for binding interest after that. That will then see us undertake that process which will keep going then until around about March or April next year. If there is nothing that substantiates beyond the expression of interest, then the government can revert back to the advanced clinical services—that is, the doctors and nurses being fully provisioned by the state—but we are running the clinical support services as a separate part of that.

There are examples of this around Australia: Joondalup in Western Australia, where the opposition over there in the lead-up to the last state election were so enthusiastic that they really did want to extend it to a tertiary service; Midland, which they have engaged now with St John of God; and Fiona Stanley, where the current government in Western Australia have outsourced everything up to but not including the full clinical services. So we are testing the market, so we will see. There are safeguards all the way through, but the benefits outweigh anything else. There is a real opportunity for hundreds of millions of dollars of savings over the life of a 15-year contract, for example, which can go into provisioning more services. Again, contrary to what the opposition is used to in Queensland—certainly when they are in government—I am more than happy to seek leave of the committee to table the redacted version of that as well, Mr Chairman. As everyone would understand, with a similar caveat with the Queensland Children's Hospital, we cannot disclose commercial-in-confidence things at this stage because that is obviously the way that you operate, but the methodology and the logic behind it is contained in there. So it is now available to the committee, but we will have a clearer picture by the end of September.

CHAIR: Is leave granted for that document to be tabled? Leave is granted. Thank you, Minister.

Mrs MILLER: I have a follow-up question, Minister, in relation to your spirit of openness and accountability in talking about KPMG. Minister, will you table, please, the KPMG reports for the Sunshine Coast University Hospital and the Gold Coast University Hospital?

Mr SPRINGBORG: Actually, I just—

CHAIR: He just tabled them.

Mrs MILLER: No, no. I have not seen what you have tabled.

Mr SPRINGBORG: Well, I do not know. Maybe we are living in a parallel universe, and that is possible.

Mrs MILLER: No, no. I honestly have not seen it.

CHAIR: Member, both of those KPMG reports were just tabled—both the one for the Gold Coast and the Sunshine Coast.

Mrs MILLER: So they were—

Mr SPRINGBORG: No.

Mrs MILLER: No, I do not think so.

Mr SPRINGBORG: The Children's Hospital has been tabled, the Sunshine Coast and, honourable member, beyond your wildest dreams—

Mrs MILLER: What about the Gold Coast?

Mr SPRINGBORG:—here is the Gold Coast one. So can I just say—

Mrs MILLER: So they have both been tabled today?

CHAIR: All three.

Mr SPRINGBORG: All three.

Mrs MILLER: I am just asking.

Mr SPRINGBORG: And the Gold Coast one has no redaction because we have already been to market. Now, I know this is a remarkable new standard of accountability and the honourable member will have to probably pick herself—

Mrs MILLER: Just checking.

Mr DAVIES: That is why she is shocked!

Mrs MILLER: No, I am not shocked.

Mr SPRINGBORG: This has never, ever happened before and I have got some really interesting stuff that the honourable member's government has never tabled before and I would love the opportunity around that as well.

Mrs MILLER: Yes, well, we will have some really interesting stuff to table when you are out of government too.

Mr SPRINGBORG: Yes.

CHAIR: Just a second.

Mrs MILLER: I will not be long.

CHAIR: I am seeking leave from the committee for that document to be tabled. Leave is granted. Thank you.

Mrs MILLER: I have a question—

CHAIR: Just a second. Minister, are you finished with that question?

Mr SPRINGBORG: Yes, and that is all three, just to simplify it for the honourable member for Bundamba—that is, the redacted version of the Queensland Children's Hospital with regard to the KPMG report, and everyone understands redaction around commercial-in-confidence. Unlike the previous Labor government, their process of redaction actually applied to everything. With regard to redaction around the Sunshine Coast University Hospital and with the Gold Coast Hospital in terms of outsourcing or market opportunity around latent capacity, that is all there in its glory, so they can go their hardest.

CHAIR: Thank you, Minister. Do you have a new question, member for Bundamba?

Mrs MILLER: Yes, I do; thank you so much. I call the CEO of the West Moreton Hospital and Health Service, Ms Lesley Dwyer, and this is in relation to the SDS at page 213. Can you explain why a patient admitted to the Ipswich Hospital could not be provided with renal dialysis services and why her partner was asked to actually administer the procedure in the hospital—the Ipswich Hospital—and why he was asked to drive from Ipswich back to Goodna to get the consumables and then drive back? Can you explain why that happened? Also, on weekends, do you have clinically qualified staff rostered on that could administer renal dialysis?

Ms Dwyer: Without actually having the detail of that particular instance, I cannot answer that question. I apologise for that, but I am happy to provide more information.

Mrs MILLER: So you will take that on notice?

CHAIR: If the member could provide specific details, and obviously for the purposes of clarifying it we would need to provide as much detail as possible including dates and names, if that is possible, so that the CEO could have the opportunity to properly investigate that.

Mrs MILLER: I have it.

CHAIR: Minister, the decision is yours.

Mr SPRINGBORG: I have no problem. Can I just say that I have a very open process with MPs. I encourage MPs to raise individual issues in their electorates with our hospital executives. I know that if they know the MPs, then they will actually provide that information. The other thing that I encourage our hospital executives to do is sometimes MPs also represent their constituent that has to go to another hospital and health service. If an MP is acting as a person's agent, then they should be provided with reasonable information. That has always been my view, but we are happy to take that on notice. Similarly, the honourable member could write to Ms Dwyer as well—she does a fantastic job—and I am sure that information will be provided. But if you want to come through this process, we are more than happy to provide that information.

Mrs MILLER: Absolutely more than happy to ask the question; thank you, Ms Dwyer.

Ms Dwyer: Do you want me to answer your second part of that question which is about clinical services?

Mrs MILLER: I will wait for the answer, thanks. I have a question in relation to page 139 of the SDS that was brought to my attention whilst attending the Queensland Nurses Union rally outside at lunchtime today.

Mr SPRINGBORG: Another branch of the Labor Party.

Mrs MILLER: Minister, I note that the oncologists in here are getting a bit upset, but anyway.

CHAIR: Please, member, please.

Mrs MILLER: Minister, are you aware your government has abolished the position of social worker clinical specialist supporting burns patients in the intensive care unit of the Royal Brisbane Hospital? Are you also aware that this dedicated staff member was advised of their fate by email last Thursday?

Mr SPRINGBORG: Thank you very much, Mr Chairman, and I also acknowledge the enthusiasm of the member for Bundamba for attending the Nurses Union branch of the Labor Party gathering—

Mrs MILLER: Yes, well you were not out there.

Mr SPRINGBORG: Well—

Mrs MILLER: You did not go out. They asked you to go out.

Mr SPRINGBORG: I met with the Nurses Union branch of the Labor Party last Friday in my office. Another reason they cannot be believed is because we have the beatification of Wayne Swan, who has actually imposed more privations and dastardly acts on them than anyone else and yet they stand there and yell and cheer and wolf whistle him. That says a lot to me about the sincerity of the people—

Mrs MILLER: Newman's Work Choices. That is what they were on about—Newman's Work Choices and—

CHAIR: Member for Bundamba!

Mr SPRINGBORG: I am sure they are on about lots of things, but they were never on about it when their members were not being paid with your payroll debacle. They never raised a single word—never a single word—and as I move around—

Mrs MILLER: There are nurses in the gallery, Minister.

Mr SPRINGBORG: As I move around the wards in Queensland, nurses say to me all the time how disappointed they are with the political involvement of their union that did not stand up for them at the time they needed them and now we have got the politics—

Mrs MILLER: Minister, turn around and ask the nurses—

CHAIR: Member for Bundamba!

Mr SPRINGBORG: We know you are a past master at doing those things with people in galleries and whatever; you have been doing it for ages.

Mrs MILLER: They are there.

Mr SPRINGBORG: The simple reality is we actually pay our nurses—I think you were actually out at the time, but I am not sure; you were out at some stage—3.16 per cent more than you actually did. You planned, as I tabled this morning in this place, to pay the nurses in Queensland 2.5 per cent. That was your budget intention—2.5 per cent. That was all you were going to give them. We gave them 3.16, another 3.16—

Mrs MILLER: Minister, answer the question about the social worker at the burns unit.

Mr SPRINGBORG:—another 3.16—

CHAIR: Minister, just a minute. Member for Bundamba, if you keep interjecting I am going to warn you under 185.

Mrs MILLER: Okay; I understand that. This was a specific question about a social worker.

CHAIR: I am not going to debate this with you.

Mrs MILLER: Okay.

CHAIR: I now warn you—

Mrs MILLER: Good.

CHAIR:—under 185. Next time I will ask you to take a break. Please stop badgering the minister. You have asked him a question. He is now answering the question. Please stop badgering the minister. Minister, please proceed.

Mr SPRINGBORG: For the benefit of the nurses who are in the gallery, I am just going to remind them that this is the Queensland Health Budget Management Action Plan April 2011. When the Labor Party were in government, this is what they planned to pay you, if they planned to pay you at all because of their crumbling payroll system when the Nurses Union leadership did not once express concern about a system that was not paying and inflicting such misery on their members—did not say boo, they were not gathered out the front. Certainly, when Wayne Swan ripped \$103 million retrospectively out of the health system and \$22 million out of Metro North—

Mrs MILLER: Nonsense! Absolute nonsense!

Mr SPRINGBORG:—nowhere did the Nurses Union leadership gather anywhere to express any concern. But this is what the budget action plan from Health said—

In addition, the major enterprise bargaining agreements are due to be negotiated in 2011-12. The projections for 2012-13 and 2013-14 provide for enterprise bargaining outcomes of 2.5 per cent per annum. Considering the state's health staff are now paid at least the equal of their interstate counterparts, enterprise bargaining outcomes consistent with the 2.5 per cent projection should be achievable. Control of wages growth is essential to managing the underlying growth in health expenditure.

I bet that was not actually given to the Nurses Union. But notwithstanding that, we have basically given Queensland nurses 1.2 per cent more, at least compounding over the last couple of years, than Labor planned to. With regard to the specifics, I do not have information on specifics. If the Metro North HHS has those specifics today, if the honourable member would like to put them on notice, I am happy to take them. But we constantly go through the process of restructure in Queensland Health. There are about 65,000 full-time equivalent employees, 80,000 actual head count or thereabouts. There are constant changes throughout. There may be legitimate reasons for what has happened.

Mrs MILLER: She was there for 18 years, Minister.

Mr SPRINGBORG: If indeed what the honourable member actually claims is right today, and what I have found over the years is you have to be very careful between the claims and what actually the reality may be—

Mrs MILLER: If you were out there you'd know.

Mr SPRINGBORG:—and some of the reasons and the actual logic behind that.

CHAIR: Minister, you are saying you would be happy to take that on notice?

Mr SPRINGBORG: Very happy.

CHAIR: I call the member for Mudgeeraba.

Ms BATES: Minister, you have stolen my thunder with your proactive tabling of the Gold Coast University Hospital plan. I refer you to the capital funding amount of \$151.7 million in the 2013-14 budget paper for the Gold Coast University Hospital. Can the minister provide updates to the House on this project? I do recall meeting with yourself and clinicians, both nurses and doctors, on how the move will occur from the old Gold Coast site to the new university.

Mr SPRINGBORG: Thank you very much, Mr Chairman. I thank the honourable member for Mudgeeraba for her question. Obviously this is a really good project and I acknowledge the previous government for their involvement and their commitment around the construction of that particular hospital which, of course, is befitting of what is needed for such an expansive part of Queensland, one of the fastest growing parts of Australia indeed. Certainly it is a hospital that we can be very much proud of. It is an outstanding hospital. I had the opportunity only recently to go through that hospital, to have a conducted tour to see the state of the rooms, so many of those rooms being single rooms as well, and also the facilities that will be offered there in the future, including additional neonatal cots and all of those sorts of things.

That project I think is just over \$1.7 billion so it is a significantly large project all up. It is going to meet the needs of the people of the Gold Coast well and truly in the future. At this stage we are on track to decant from the existing Gold Coast Hospital at the last weekend I think it is in September, around about the 28th, 29th or thereabouts, and to move those people over. The planning process has been very, very well done around that and no doubt people are looking forward to bringing that to conclusion.

It would have been hoped that the hospital may have been open towards the earlier part of this year, but I think as honourable members know there were issues I think with the collapse of the group Hastie which actually compounded some of the issues and also some further stuff with regards to the rollout of IT. But it is on target for opening in late September this year. The Gold Coast Hospital and Health Service needs commendation for what they have been doing in recent times, going to market with regards to radiation oncology, and there are many examples around Queensland, under the previous government even, where radiation oncology has been provided as a fully outsourced model. I think they did that in Cairns as well. That is the intention around this. It is a 750-bed hospital and there is latent capacity. When you build a hospital, Mr Chairman, everyone knows that you build for the future. This hospital should be built for the future and I commend the Gold Coast Hospital and Health Service for looking at actually partnership opportunities for that latent capacity in the short-term and that is currently stuff that they are now considering.

I think the people of the Gold Coast can be justifiably proud. Those people who actually have to drive up to Brisbane at the moment regularly for the likes of their more advanced tertiary services, their radiation oncology, will be able to have that at home and it is great. Once again commendation to the board for the work that they are undertaking. I think people can be very proud of their work today.

CHAIR: Thank you, Minister. I call the member for Rockhampton.

Mr BYRNE: Thanks, Mr Chair. Minister, I refer to the SDS at page 4, and particularly aged-care and HACC services. Can the minister confirm that every one of the 1,500 federally funded aged-care beds managed by hospital and health services of Queensland Health and worth about \$55 million are to be outsourced to private providers?

Mr SPRINGBORG: Honourable member, we very much thank you for the Labor Party's bipartisan support to actually look at delivering these aged-care residential services in a different way. Probably unbeknownst to you, honourable member—your predecessor may not have disclosed this to you—one of the former Deputy Premier's core KPIs was to actually manage the transition of state run aged-care facilities to the private and not-for-profit sector. Indeed, I think they were initially looking at four and they increased that to a possible seven. You have probably been the beneficiary of this information, five to nine actually were the figures, because I have actually tabled that for your benefit in the House previously. But it was actually expected that the state transition out of aged care. Is it right to say that every single HHS will be transitioning out of aged care? No, it is not. Because we have said that there will always be a role for the state in aged care, particularly in complex care. Some of our HHSs actually have a desire to retain aged care. In rural and isolated areas there is no market opportunity. But I just want to make the point that if we are going to stay in aged care we need to stay in aged care for the right reasons and we need to provide the best quality aged care.

Indeed, and I am happy to provide this for the benefit of this committee, we have a range of letters and the whole stakeholder engagement plan for the previous minister for health.

Mrs MILLER: Which was never accepted, Minister. Be truthful.

Mr SPRINGBORG: It was actually never repudiated either.

Mrs MILLER: It was not accepted.

CHAIR: Please, member for Bundamba.

Mr SPRINGBORG: It was actually a part of the KPIs of Minister Lucas. The only thing that actually stopped them from implementing it was that they beset themselves with so many other disasters and bushfires they didn't know which one to fight first—fake Tahitian princes, payroll systems going kaput all over the place. That is the reality. The honourable member has mentioned a published KPI, a letter of engagement for myself for what I need to do—

Mrs MILLER: You just admitted it wasn't accepted.

Mr SPRINGBORG:—what I did before and that's right. So something which has been published as a KPI performance letter from Minister Lucas.

Mrs MILLER: And not accepted.

Mr SPRINGBORG: Where does it say it wasn't accepted? There are references where it was actually accepted in the cabinet. Just because you didn't get around to it. Can I also say, and it might be of great benefit to the honourable member for Bundamba, but I remember Bayhaven—a nursing home—in Hervey Bay that was actually sold off to the private sector a number of years ago, in the early the 2000s, when the Labor Party was in power. It had actually been backed by Mr McNamara, backed by the then health minister and backed by the Labor Party government of the day and the honourable member for Bundamba, and I didn't see her in Hervey Bay hanging from the trees or carrying on or whatever the case may be out there. So don't think that this is any real interest. If they had a real interest in the care and concern about people in nursing homes—

Mrs MILLER: You don't care about old people.

Mr SPRINGBORG:—they wouldn't have kept them in asbestos ridden, ageing fire traps.

Mrs MILLER: No, you don't care.

CHAIR: Member for Bundamba! Please!

Mr SPRINGBORG: I have got briefing notes here from the department saying the intention was to close this facility. That went to Paul Lucas when he was minister. That is all of the issues around the tens of millions of dollars of upgrade. If they were going to stay in it they would have spent the tens of millions of dollars upgrading the facilities around Queensland. There is a whole range of things, of course, Mr Chairman, where the previous government had intentions—not only had they had intentions but Paul Lucas expanded it from five to nine. They closed Bayhaven, they were moving out of aged residential care and, frankly, I think that is not a bad thing. I will tell you why it is not a bad thing. Whether it be MercyCare, RSL Care, there is a whole range of people out there that do this exceptionally well. Ninety-five per cent of residential aged-care patients in Queensland are in that particular facility. This is what it said in the briefing note to Minister Lucas that he received on 30 April 2009 of the last parliamentary term: 'On 16 February 2009 cabinet endorsed'—endorsed! Now, the honourable member for Bundamba may not have been in the cabinet—'a Queensland Health proposal to reorientate five of its owned and operated residential aged-care facilities subject to the provision of detailed implementation plans by October 2009. Moreton Bay Nursing Care Unit is one of the five facilities targeted for reorientation'. And not only that, they increased it to nine.

Mrs MILLER: What happened? Stop looking in the reverse mirror.

CHAIR: Minister, we have got about 30 seconds or so left so if you could wrap up.

Mr SPRINGBORG: Yes, there are moves; no, we won't be moving out of all of it. But it is no secret. I have said that. If you haven't read the newspapers or read the statement in parliament, if you haven't read Paul Lucas's statements of ministerial goals, objectives, what is in the briefing notes, then that is not my fault. But the reality is we should be moving out of it unless there is evidence of places where it cannot be provided by particularly the not-for-profit sector. We are giving better care. Some of those people who had actually exited are now coming back. Families are saying about Eventide in Moreton Bay and Kingaroy that they are in excellent places.

Mrs MILLER: And they were.

CHAIR: Thank you. The time allocated for consideration of the estimates of expenditure in the portfolio of Health has expired. On behalf of the committee, Minister, I thank you, the director-general and officials for your attendance. Transcripts of this session of the hearing will be available on the

Hansard page of parliament's website within two hours. I remind you, Minister, that the deadline for questions taken on notice and clarifying material is 2 pm on Friday, 26 July. The committee will take a break for 10 minutes. The hearing will resume at 2.50 pm with the Communities, Child Safety and Disability Services portfolio starting with the Commissioner for Children, Young People and Child Guardian.

Proceedings suspended from 2.40 pm to 2.52 pm

**ESTIMATES—HEALTH AND COMMUNITY SERVICES COMMITTEE—
COMMUNITY SERVICES, CHILD SAFETY AND DISABILITY SERVICES****In Attendance**

Hon. T Davis, Minister for Community Services, Child Safety and Disability Services

Ms T Smith, Assistant Minister for Child Safety

Mr R Turner, Chief of Staff

Department of Community Services, Child Safety and Disability Services

Ms M Allison, Director-General


Mr M Hogan, Deputy Director-General, Strategic Policy and Programs

Mr A O'Brien, Chief Financial Officer, Corporate and Executive Services

Commission for Children, Young People and Child Guardian

Mr B Salmon, Commissioner (Acting)

Mr B Van Kempen, Executive Director

 **CHAIR:** On behalf of the committee, I welcome the Minister for Communities, Child Safety and Disability Services, the director-general, the Acting Commissioner for Children and Young People and Child Guardian, officials and members of the public to the hearing. I am Trev Ruthenberg, the member for Kallangur and chair of the committee. The other committee members are Mrs Jo-Ann Miller, the member for Bundamba and deputy chair; Ms Ros Bates, the member for Mudgeeraba; Mr Steve Davies, the member for Capalaba; Dr Alex Douglas, the member for Gaven; Mr John Hathaway, the member for Townsville; and Mr Dale Shuttleworth, the member for Ferny Grove. At this session we also have Ms Annastacia Palaszczuk, the member for Inala and opposition leader; and Mrs Desley Scott, the member for Woodridge, who is replacing the member for Bundamba for this session up until 3.45.

I inform everybody that the hearing for the Department of Communities, Child Safety and Disability Services is being interpreted by Auslan interpreters. Unfortunately, we are not sure what has happened but the Auslan interpreters are not here and we do not think that they are close. We are going to continue and endeavour to get them here at least when we get into a block of questions around disabilities. The committee's conditions for broadcasts and guidelines for camera operations are available from one of the parliamentary attendants in this room. This session of the hearing was supposed to be interpreted by Auslan; when they arrive they will interpret.

The committee will examine the proposed expenditure contained in the Appropriation Bill 2013 for the portfolio area of the Minister for Communities, Child Safety and Disability Services. The committee will examine the estimates for the portfolio area of the Minister for Communities, Child Safety and Disability Services from 2.50 pm until 6.45 pm. The committee will suspend proceedings from 3.45 to 4 pm for a short break. I remind those present today that these proceedings are similar to parliament and are subject to the standing rules and orders of the parliament. 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. It is important that questions and answers remain relevant and succinct. The same rules for questions that apply in parliament apply here. I refer to standing orders 112 and 115. Therefore, questions should be brief and relate to one issue. They should not contain lengthy or subjective preambles, arguments or opinion. For the benefit of Hansard, I ask officials to identify themselves the first time they answer a question referred to them by the minister or the director-general.

I now declare the proposed expenditure for the portfolio areas of the Minister for Communities, Child Safety and Disability Services open for examination. The question before the committee is—

That the proposed expenditure be agreed to.

Minister, would you care to make a brief opening statement? The committee has resolved that the minister may make an opening statement of up to five minutes.

Ms DAVIS: Thank you, Chair. I start by acknowledging the members of the Health and Community Services Committee and visiting members. I acknowledge the Assistant Minister for Child Safety, Tarnya Smith MP; my department's Director-General, Margaret Allison; my Chief of Staff, Reese Turner; the Deputy Director-General, Michael Hogan; and the Acting Commissioner for Children and Young People and Child Guardian, Mr Barry Salmon. I would also like to welcome in advance the Auslan interpreters who will be present during this hearing.

The Department of Communities, Child Safety and Disability Services is focused on investing in Queenslanders so that we can make a real difference to their quality of life. In 2013-14, my portfolio has been allocated \$2.86 billion. This clearly reflects the Newman government's commitment to strong and sustainable social services. In this budget we are continuing to focus on front-line support and services for Queenslanders who are most in need.

In December last year the Premier announced the government's \$868 million commitment to the National Disability Insurance Scheme. It was followed in May by signing the historic agreement with the Australian government for the implementation of DisabilityCare in Queensland. I am really excited that in this budget we have been able to bring forward the first \$25 million from our \$868 million commitment to disability care, taking this year's investment in disability services to \$1.43 billion.

As part of this budget, we will continue to address a legacy of underinvestment and unmet need left by the former government. We are responding to demand pressures and, over the next four years, we will be allocating \$117.2 million to support young adults with a disability who are exiting state care, \$55 million to assist up to 1,200 young people with a disability who are leaving school, \$26.4 million to support people with spinal cord injuries to leave the Princess Alexandra Hospital and \$25.1 million for foster and kinship care allowances.

During the term of the former government there were some concerning forecasts regarding the increase in numbers of children entering care. To address this we commissioned an inquiry into the child protection system. The report and its 121 recommendations were delivered by Commissioner Carmody on 1 July. In terms of today's hearing, I will not be drawn into commenting on the recommendations of the inquiry as they are under government consideration at the moment. The inquiry's recommendations are comprehensive and the government response will involve multiple agencies, so it is important that this forum does not pre-empt the reforms.

This budget also supports Queensland communities that were devastated during the floods from ex-Tropical Cyclone Oswald in January this year. To build resilience, I was pleased to announce \$5 million over two years in Bundaberg late last month.

We are a government that delivers on our election commitments and the 2013-14 budget includes \$6.5 million in funding for extra respite for people with high-needs disabilities aged 16 to 25 years, as well as continuing to establish Parent Connect, ongoing funding for our Fostering Families initiative to provide intensive family support in addressing childhood neglect, enhanced counselling services for victims of child abuse and sexual assault, and the second round of Caring for Our Communities small grants program.

Through this budget, we can and will deliver effective and innovative services that make a real difference to the lives of Queenslanders who need them most. This is a great state with great opportunity and my department is concentrating on delivering essential front-line supports and services for Queenslanders most in need.

CHAIR: Thank you, Minister. The committee will consider the estimates for the Commission for Children and Young People and Child Guardian for approximately 20 minutes. I intend to broadly structure the time for the examination of the estimates of the portfolio as follows; while allowing that some questions may arise outside suggested times, if it is possible we would like to have questions around Disability Services from approximately 3.20, including the break in the middle, until 4.45; Child Services from approximately 4.45 through to 5.45; and Social Inclusion Services from approximately 5.45 to 6.45. That is simply to try to provide good order, so that we do not have people running backwards and forwards. I acknowledge that the opposition may not be able to follow that. I have just been informed that they did not get the schedule. I would ask if they could do as best as they can in that regard, but it may not necessarily be in that order. Members may ask questions about estimates that arise after those proposed times. However, I ask members to complete their questions about the Commission for Children and Young People and Child Guardian before we break at 3.45, so that the acting commissioner may be excused. I welcome Mr Barry Salmon, the acting commissioner and child guardian. We will commence questions now. I call the member for Woodridge.

Mrs SCOTT: Thank you, Mr Chair. I have a couple of questions to the minister, prior to Mr Salmon. I refer the minister to the staffing details on page 6 of the SDS. I note that all three service areas were expected to have fewer staff at the end of 2012-13. Will the minister provide details of exact numbers of job losses for each of the department's service areas—Child Safety Services, Disability Services and Social Inclusion Services—at the end of 2012-13?

Ms DAVIS: I thank the member for the question. I am happy to call the director-general to the table to give that breakdown to you if she is able to provide it.

Ms Allison: In response to the question, I can advise that the 2012-13 approved FTE figure was 6,045. I am sorry, can I just have the first part of that question repeated, if you do not mind, Mrs Scott?

Mrs SCOTT: We would like the exact number of job losses for each of the department's services—Child Safety, Disability Services and Social Inclusion Services—at the end of 2012-13?

Ms Allison: At the end 2012-13 the actual number for Child Safety Services was 2,258, for Social Inclusion Services it was 352 and for Disability Services it was 3,300, which is a total 5,910. The reduction in 2012-13 was 135.

Mrs SCOTT: How is the 135 broken down?

Ms Allison: I do not believe I have that information with me. I will see if it is available to be provided during the session.

Mrs SCOTT: Thank you very much.

Ms DAVIS: If that is not available during the session, I am happy to take that on notice.

Mrs SCOTT: I have just one more question to the minister. I refer to page 2 of the SDS and to comments made by the Queensland Council of Social Service in its budget commentary, and I quote—

This budget, however, does not put Queensland in a strong position to support vulnerable Queenslanders for the long-term, or lead the way in delivering high quality prevention and early intervention services to reduce demand on 'crisis' services—a key message in the *Queensland Commission of Audit Final Report*.

I table a copy of the comments of QCOSS. Minister, will you relook at your budget and discontinue your savage cuts to your front-line service portfolio in order to better equip your department to serve Queenslanders into the future?

Ms DAVIS: I thank the member for the question. The Newman government continues to seek to provide quality and efficient front-line service delivery to the people of Queensland. I am really pleased that I have had the opportunity to have numerous conversations with QCOSS, particularly Mark Henley, about the aspirations of his stakeholders whilst he has been very kind to understand the predicament that our government finds itself in having been left in the financial abyss that we were. I am very pleased that we are working very collegiately and having conversations and consulting to ensure that into the future we can provide the sorts of services that Queenslanders are seeking.

CHAIR: I call the member for Mudgeeraba.

Ms BATES: Minister, I refer to page 31 of the SDS, specifically in relation to the monitoring of the blue card system and ask the minister if she could outline the benefits of this system and how it reduces risks to Queensland children and young people?

Ms DAVIS: I thank the member for Mudgeeraba for her question. I know that she has a very great interest in child protection in this state and indeed nationally. I very much welcome the opportunity to outline how the blue card system enhances the safety of Queensland children.

As I have said on numerous occasions, the Newman government is committed to protecting Queensland's children, as evidenced by the establishment of the Child Protection Commission of Inquiry last year. The blue card system was introduced into Queensland in 2001 to address widespread community concerns about the number of children who had been exposed to significant levels of abuse in service environments intended to promote safety and wellbeing.

This system plays a critical part in the prevention of abuse and certain practices that may place children at the risk of harm when they are receiving services and participating in activities which the government deems to be essential to their development and their wellbeing. These include environments such as child care, education, sport and cultural activities and where children maybe particularly vulnerable such as in foster care, residential care, detention and mental health facilities.

Over the years Queensland's blue card system has become the most comprehensive system of its type in Australia. In its current form, it is the only system that incorporates the management of past, present and future risks of harm to children as part of its legislative mandate. It aims to provide a holistic approach to protecting the rights, interests and wellbeing of children in Queensland. It does this by determining the eligibility of individuals to work with children through a variety of means.

The assessment is taken up upon receiving an application form for a blue card. Part of this process is identifying any past police or disciplinary information. Commission staff also receive daily updates from the Queensland Police Service about changes in police information about holders of blue cards or any applicants, of course. This information allows for the immediate assessment of a person's eligibility to work with children if they are charged with a concerning offence.

Certain organisations are required to develop, implement and maintain child and youth focused risk management strategies. These strategies cover areas such as recruitment and selection, codes of conduct, practices and procedures for handling disclosures of harm and management of high-risk events, for example. Commission staff undertake audits of these organisations to ensure that they are complying with their obligations as well.

I understand that in 2012-13 the blue card system helped reduce risk to children by identifying 1,085 cases where individuals representing a high risk were consequently prohibited from working with children. In fact, the acting commissioner has advised me that, since its inception in 2001, nearly 7,000 individuals have been prohibited from working with children through the blue card process. Presently, there are over 623,000 blue card holders and applicants are monitored on a daily basis.

I would like to take this opportunity to discuss some recent actions taken by the Queensland government to streamline the blue card application process. As the committee would be aware, this was an action item under the Queensland government's January to June 2013 six-month action plan. My department has been working with the commission to develop advice to government in order to streamline the blue card application process.

The assistant minister has also taken a lead role in this process. I thank her for her efforts in this regard. I am happy to report that advice has been received for government to consider how the blue card application process can be automated, made more user friendly for applicants and how we can reduce the administrative burden for those organisations where staff require screening.

What the commission has done is progress a number of blue card initiatives to improve its efficiency. These include taking action to transition from the paper based files to electronic records for applications with no criminal history—that is around 85 per cent of applicants. The commission has also developed an organisational portal which will enable organisations to validate blue cards online, to obtain updates of any changes to their employees' blue card status online and to manage their blue card employee records online. There will no doubt be ways in which we can further streamline the blue card application process. However, full consideration of this will be taken together with the government's response to the Queensland Child Protection Commission of Inquiry report.

I would also like to take a moment to briefly talk about the blue card process as it relates to historical issues around Aboriginal and Torres Strait Islander people, particularly those living in discrete communities. Both my department and the commission have worked hard to ensure that Aboriginal and Torres Strait Islander communities gain a better understanding of what the blue card application process is all about. This is particularly relevant for child safety when assessing people as suitable for kinship care, for example. Because what we know is that historically some people believe that gaining a blue card is out of the question for them, particularly if they have had a criminal history in the past. It is important that Aboriginal and Torres Strait Islander people understand that this does not necessarily preclude them from obtaining a blue card, particularly when it comes to kinship care arrangements.

I might hand to the acting commissioner to outline some of the offences that either automatically preclude or require further assessment in the process of a person obtaining a blue card. Before he commences, I will point out that I understand that in 2012-13 the Children's Commission worked to strengthen external partnerships with Indigenous people around the blue card system by leading an interagency reference group with representatives from key federal government, state government and non-government organisations. It also conducted community education sessions in remote and Indigenous communities and developed formal processes for applicants to liaise with ATSILS in order to receive assistance with their blue card application. In addition, I understand that the commission has established a dedicated team to increase the capacity to respond to challenges faced by applicants living in rural, remote and Aboriginal and Torres Strait Islander communities when engaging in the submissions process.

I am not sure whether the committee have seen the process prior to the changes of what a person had to go through in order to obtain a blue card. I table it for the benefit of the committee. But it is a big spaghetti diagram. Yes, even the Leader of the Opposition has her eyes opened wide. It was particularly onerous. It took time. People were frustrated at the time that it took to in fact have an assessment done and receive a blue card. So it was really important to us to ensure that this process was streamlined, because we know how important the process is with regard to keeping children safe and particularly for those volunteer and non-government organisations that do volunteer work. When you have a group of individuals prepared to put their hand up to volunteer for the community, although we need a process that provides a safety net for children, it is also appropriate that we value their commitment to volunteering by making the process as streamlined as it should be.

CHAIR: The minister would like to table that. There being no objection, it is so ordered.

Ms DAVIS: I might hand over to the acting commissioner to continue.

Mr Salmon: Minister, I am very proud of the work that the commission does in relation to screening people to work with children. To add to the advice you have provided to the committee, one of the things that we do each year is to survey our stakeholders in terms of their views of the blue card system. Last year I am delighted to say that when we surveyed stakeholders' satisfaction with the blue card system and the contribution it makes to providing safer environments for children, 97 per cent of our stakeholders acknowledged that it did make a serious and significant contribution in that regard.

We also asked stakeholders about our performance in terms of how we are receiving applications and processing their applications. When we surveyed stakeholders last year we asked them to rate the commission's role in terms of helping to provide safe environments and did they believe that was important. Again I am delighted to say that 99 per cent of our stakeholders commended us on the work we are doing in that space.

The minister asked me to provide some advice to the committee in relation to when is a person disqualified from applying for a blue card. I would like to advise that it is an offence for a disqualified person to sign a blue card application. In actual fact penalties of up to five years imprisonment or a fine of up to \$55,000 may apply. A person is disqualified from applying for a blue card for a number of reasons: firstly, if they have ever been convicted of a disqualifying offence irrespective of the penalty imposed. That includes a child related sex or pornography offence, or the murder of a child. Also, if they are a reportable offender within the current reporting obligations under the Child Protection (Offender Reporting) Act 2004; or are subject to a child protection offender prohibition order; or are subject to a disqualification order prohibiting them from applying for or holding a blue card; or are subject to a sexual offender order under the Dangerous Prisoners (Sexual Offenders) Act 2003.

In relation to processing blue card applications, that Pandanus report was a significant report. Following the release of that report, the commission in actual fact has taken up a number of initiatives aimed at streamlining the process. I am pleased to report that what we have done in that space is undertake reviews of our workflow processes to identify where there are opportunities to reduce timeliness and to streamline the process. I would be happy to table for the committee what the current process looks like. It is a fairly simple process. If a person does not have a criminal history, essentially there are 10 steps involved from receiving the application. If there is a payment involved, we will process that payment. We will create a file. We will check with police in terms of whether there is police or disciplinary information. If there is no criminal history or disciplinary information, we will process that person's card and they would receive a positive notice.

The other part of the process I would like to briefly advise the committee on is if we do have the instance where the applicant has police or disciplinary information. The process is a little more complex. We receive the information from police. There are probably two options there that we have to consider. One is if it is a fairly simple assessment. If the person's criminal history is minor and it would not affect their ability to work with children and young people, we will have a close look at that and, as I said, if it is minor offending behaviour, the person would be issued with a blue card. If, however, information comes back from police that suggests or indicates this person has significant criminal history, there are a couple of things we may do there. If it is a significant history, one of the first things we do is obtain further information and ask the applicants to provide submissions, to give them an opportunity to have their say to explain their particular criminal history. We will take all of that information into account and then I will make up my mind and make a decision whether that person should be the holder of a blue card or not. If the committee would like me to table this document, I would be pleased to do that.

CHAIR: Is the committee happy for that document to be tabled? There being no objection, leave is granted. I call the member for Woodridge.

Mrs SCOTT: I refer to page 30 of the SDS. I understand that the government is considering the recommendation of Mr Carmody to close the commission for children and young people and replace it with a family and child council. Mr Salmon, have you been consulted on the functions and governance of this proposed council at all?

CHAIR: I simply ask under standing order 112 what is the relevance of that to estimates, given that that is a report that has been handed—

Ms PALASZCZUK: It is in the SDS.

CHAIR:—to government and there is no—

Mrs SCOTT: Page 30 of the SDS.

Ms PALASZCZUK: We just had a 20-minute answer to one question. Now you are stopping a question.

CHAIR: There is no time limit—

Ms PALASZCZUK: Yes, but 20 minutes for one question.

CHAIR: There is no time limit for answers and the answer was completely relevant to the question. I am not shutting down questioning of the commissioner at this time. I am simply asking the relevance of this question to estimates.

Ms PALASZCZUK: SDS, page 30.

CHAIR: Whereabouts on page 30, if you could please explain where that relates to.

Ms PALASZCZUK: So you don't want to have the opposition's questioning. Fine.

Dr DOUGLAS: I will read it out for you.

Ms PALASZCZUK: Commission for children and young people.

CHAIR: The reason I am asking—

Ms PALASZCZUK: You are stalling again—stalling tactics.

CHAIR: The reason I am asking is that the Carmody report has been handed to government and that is as far as it has gone.

Ms PALASZCZUK: Yes. We are asking a very simple question about a statutory body.

CHAIR: I do not see the relevance in relation to these estimates hearings.

Ms PALASZCZUK: Dot point 1.

Dr DOUGLAS: Dot point 1 states—

The Commission's work is directed towards the achievement of the following strategic objectives:

- all children and young people in Queensland have their rights, interests, safety—

CHAIR: Correct. It is to do with the commission. It is not to do with the Carmody report. Your question is directly related to the Carmody report and I see no relevance. I would ask you please to come to your next question.

Mrs SCOTT: Mr Salmon, what benefits do you see to children in care and to the people of Queensland from closing the commission?

CHAIR: Again—

Mrs SCOTT: I have six questions here. Are you going to rule them out of order?

CHAIR: Member, there is no announcement, intent or move whatsoever by the government at this point to close the commission. There is a report that was handed down. I am not aware of any policy decision or even public statement from the minister in relation to closing the commission. I think it is a hypothetical. I ask you to move on.

Mrs SCOTT: My next question is: has the commission conducted any preliminary planning for the transition if there is a new arrangement?

Mr DAVIES: I raise a point of order. Again, under standing order 115, it is a hypothetical.

CHAIR: I am sorry. I have to agree with that. I do not see how that is relevant to these hearings given there is no public policy announcement or anything to do with the closing of the commission at this point in time.

Dr DOUGLAS: I have a question. I refer to the SDS on page 31. Mr Salmon, thank you for your presentation. It was very long actually but comprehensive. In these questions that you asked stakeholders, did you ask them if the \$76 that they pay as the application fee and the reapplication fee—so first applicants and re-applicants—is an impediment to the process? These people are volunteers. So this is their volunteer suitability certificate. Did you ask that question? You said 97 per cent of people said that it was suitable, that they thought it was the right thing. Did you ask that question about the cost?

Mr Salmon: Thank you for the question. The short answer to the question is no.

Dr DOUGLAS: No. Why not?

Mr Salmon: The reason is that when the process was initiated—this goes back quite a while now—there was I guess a concern and serious consideration given to the fact that if there was a fee involved for people applying for a blue card would that deter people from applying for a blue card. The policy decision as it is at the moment is that for people who wish to volunteer their services in one of the regulated areas of employment there is no cost associated with their application. If, however, they are going into paid employment or if they are working in a self-employed context, there is an application fee that applies for them.

Dr DOUGLAS: They are volunteers. It is fairly widespread, isn't it? There are a lot of people. How many people would be outside paid employment who would be paying that fee themselves? What percentage?

Mr Salmon: That is a very good question and it varies from organisation to organisation. I am aware that some organisations do actually support their staff and make the payment of the application fee.

Dr DOUGLAS: Do you endeavour to find that out?

Mr Salmon: To date I have not found that out, no.

Dr DOUGLAS: When the fee increased—the fee has gone up—did you see whether that was an impediment to people taking it up? And, if so, how many people dropped out and what was the result of it? Because that is an important question too, isn't it?

Mr Salmon: It certainly is. In terms of the fees that we have been requesting of people in terms of applications for blue cards, I personally do not believe it has been an impediment for people working with children and young people. I think most of the community now accept the fact that it is very important that there are checks and balances on people working with children and young people.

The onus on them to apply and if you are in paid employment or if you are a self-employed person to make a contribution to that process I believe is fairly well accepted. I do not believe it is deterring people from working with children and young children. I am, however, delighted that when this process was first commenced government made a decision to say, 'If people are prepared to volunteer their services, we won't charge a fee. The fee will be waived and government will supplement and support those applications.' I think that is a good decision.

Dr DOUGLAS: I will use some evidence to say that your assumption may not be true. It is currently assumed that the failure of the Safety House Program both previously and currently is due to the cost of blue cards that people have to take out because multiple people in the one dwelling have to take it out. When you say your feeling is that it is not an impediment, can you expand on that? I need a more coherent answer than that. I need to know why you assume that. Explain it to me.

Mr Salmon: If you look at the numbers of applicants who do hold blue cards, as the minister indicated before, at the present time we have over 600,000 people who are holders of blue cards in Queensland. That is a significant number of people who are in that space of being prepared to work with children and young people. The vast majority of those people working in that space are volunteers. As I said before, there is no fee for people who want to volunteer their services.

In relation to your point about safe houses, my understanding of safe houses is that people do that in a voluntary way, in a voluntary capacity. If that is the case, then those people would have had their blue card applications processed for free.

Dr DOUGLAS: So you will check to make sure that is correct, because my understanding is that that is not correct.

Mr Salmon: I would be very happy to check that. If they are a volunteer, volunteering their services in that sort of environment—

CHAIR: The minister will have to agree to have that as a question on notice.

Ms DAVIS: Certainly, member for Gaven. Given what you are saying, it sounds like those individuals would be offering to volunteer.

Dr DOUGLAS: They would be volunteers.

Ms DAVIS: That is what it would appear at first blush. If the acting commissioner would have those details for you, I am quite happy to take it on notice for you.

Dr DOUGLAS: Thank you.

CHAIR: I call the member for Townsville.

Mr HATHAWAY: I refer to page 34 of the SDS with regard to the Commission for Children and Young People and Child Guardian. I note the commission's total funding has increased significantly from that budgeted last year—about \$693 million or 1.5 per cent. I will now use the member for Woodridge's parlance for orders of magnitude. There has been a savage increase of about three per cent, or \$1.386 million, from the estimated actual to a total budget of \$47.393 million this year. That is a savage increase. Would the minister be so kind as to outline what this allocation comprises and also the overview and the role of the commission?

CHAIR: For the purposes of the people attending and the people watching, the Auslan interpreters are here. You will see them behind me on my right. Leanne Beer, Ruth Sullivan and Pauline Tanzer are interpreting using Auslan. Welcome.

Ms DAVIS: I thank the member for Townsville for the question. If I could answer the second part of the question first, the Commission for Children and Young People and Child Guardian is a statutory body that, as the commissioner said, was established under the Commission for Children and Young People and Child Guardian Act 2000. Its mandate is to promote and protect the rights, interests and wellbeing of all Queenslanders under the age of 18, particularly those who are most vulnerable.

The commission seeks to achieve its mandate by regularly visiting and speaking with children and young people who are in care and detention to monitor their safety and wellbeing, and resolving or investigating their concerns by monitoring, auditing and reviewing systems, policies and practices relating to services provided to children and young people receiving child protection or youth offending services. The commission also promotes laws, policies and practices that uphold the rights, interests and wellbeing of children and young people, particularly those who are at risk. It conducts research into matters affecting the safety and wellbeing of children and young people, maintains the Queensland Child Death Register and supports the Child Death Case Review Committee process. As we have just spoken about, it also administers the blue card system.

The commission's total funding in 2013-14 will rise by \$1.386 million, which comprises increases offset by decreases. The increases are seen in blue card revenue, funding for rental increase and funding for enterprise bargaining. These increases amounted, as you said, to \$3.85 million. The decreases are seen in deferred funding from the 2011-12 financial year, interest and other decreases such as meeting room hire and jury allowance. Total decreases amounted to \$2.468 million. The difference between the increases less the decreases is \$1.386 million.

Mr HATHAWAY: Thank you, Minister.

Mrs SCOTT: Minister, we are moving on to our next topic of disability services. I draw your attention to page 15 of your SDS and I note an underspend of \$28.8 million for total capital purchases, which is more than half of the budget underspend. Minister, can you please detail the actual capital projects that were not delivered and why?

Ms DAVIS: I thank the member for the question. Before answering the question, can we reshuffle the table to add the director-general?

CHAIR: Please do so.

Ms DAVIS: Would you be so kind as to repeat the question?

Mrs SCOTT: Minister, I draw your attention to page 15 of your SDS and I note an underspend of \$28.8 million for total capital purchases, which is more than half of the budget underspend. Minister, can you please detail the actual capital projects that were not delivered and why?

Ms DAVIS: I thank the member for the question. I think it is answered reasonably well in question on notice No. 2, but for your benefit I will answer the question for you. In 2012-13 capital purchases for the department achieved an estimated actual expenditure of \$26.773 million against planned expenditures of \$55.569 million. Delays in achievement of capital milestones are largely due

to the late 2012-13 budget, subsequent wet season delays and project time frame impacts due to the late 2012 and early 2013 disaster events. Unspent funding from 2012-13 has been deferred into future years and provides a source of funds for the department's capital acquisition program. Remaining funds have been converted from capital to operating funding. That is a question on notice, too. But I might hand over to Mr Arthur O'Brien, the CFO, who can outline those particular projects for you.

CHAIR: Welcome, Mr O'Brien.

Mr O'Brien: I will go through the projects that commenced in 2012-13 which have been deferred to the out-years. Cherbourg Safe Haven was deferred to 2013-14 and 2014-15. Mornington Island Safe Haven Women's Shelter was deferred to 2013-14 and 2014-15. Coen Safe Haven non-government organisation staff accommodation was deferred to 2013-14 and 2014-15. Doomadgee Men's Space was deferred to 2014-15. Mornington Island non-government organisation staff accommodation under the Safe Haven Program was deferred to 2013-14 and 2014-15. Coen Safe Haven Services Club was deferred to 2014-15. Cooktown office accommodation has been deferred to 2013-14. On the Torres Strait, services for Indigenous communities' safe houses have been deferred to 2013-14 and will be completed in 2013-14. Atherton Residential Care Small Group Home is currently deferred to 2013-14 pending further consideration.

Mrs SCOTT: Mr O'Brien, would you like to table the rest of those?

Mr O'Brien: It has other information on there.

Mr WOODFORTH: Could you just redact what is not—

Mr O'Brien: Yes, through the minister.

CHAIR: Minister, it is your call.

Ms DAVIS: I am happy for Mr O'Brien to continue giving the answer to the committee if they are interested in hearing about the projects.

Mr O'Brien: Dinmore supported accommodation has been deferred to 2013-14 and 2014-15. Yengarie supported accommodation has been deferred to 2013-14. Woombye Positive Futures Accommodation has been deferred to 2013-14 and 2014-15. Mount Isa Neighbourhood Centre has been deferred to 2013-14 and 2014-15. Chinchilla Neighbourhood Centre has been deferred to 2013-14 and 2014-15. Banksia Positive Futures Accommodation has been deferred to 2013-14. All these projects will continue into those years and all funds have been deferred into those years.

Ms DAVIS: I am delighted that we have a number of projects that have been delivered in the capital program. As Mr O'Brien said, those projects that he just outlined will be delivered. There is a range of reasons they have been delayed—some because of wet weather events and for some we are just making final arrangements with the organisation. We are very pleased that we are able to continue with those even though they are deferred.

Mrs SCOTT: Minister, it seems extraordinary that there are so many Indigenous communities where we were going to be building safe havens for very vulnerable people. What time lines are you putting in place to ensure that these will be delivered in a very timely way?

Ms DAVIS: I thank the member for the question and I agree: programs going into Indigenous communities are important, but as I just outlined in the last answer there is a range of reasons some of these projects did not go ahead. As Mr O'Brien outlined, they are budgeted for and they will occur and hopefully in a very timely fashion because we do know they are important to be delivered into those communities.

Mr DAVIES: Minister, I refer to page 3 of the Service Delivery Statements and the Queensland government's commitment to provide \$2.3 billion for DisabilityCare Australia—the National Disability Insurance Scheme—and on page 17 of Budget Paper No. 4 the government's \$25 million commitment from this funding for this financial year. Minister, can you please advise what it is that your department is doing now and over the next five years to ensure Queensland can support the successful implementation of the national disability scheme?

Ms DAVIS: I thank the honourable member for the question. I know your very great interest in the National Disability Insurance Scheme and people with a disability not only in your own area. I know that you have a history of being very concerned for vulnerable people and of working with them in the community. Disability service is one of those areas that you have a great passion for, so thank you very much for your question and for your continued interest in this space. It is an area that I am

very passionate about, as committee members would well know. I was delighted on 8 May this year when the Premier signed that historic heads of agreement with the Australian government to establish DisabilityCare, the National Disability Insurance Scheme, here in Queensland.

Queensland will be transitioning to DisabilityCare Australia from 1 July 2016. This scheme is the single biggest social reform in Australia since the introduction of Medicare. It is such an important reform and it will make a real difference to the lives of Queenslanders with a disability. The Queensland government worked hard to secure the very best outcome for Queenslanders with a disability with the federal government so that DisabilityCare could be established to meet the needs of people in Queensland with a disability. In undertaking such a monumental shift in the way that disability services are delivered in Queensland, it was of vital importance to me as well as the Premier and the Treasurer that we did not underestimate the scale and the challenges of that transformation both financially and structurally. Queensland's disability services have historically been grossly underfunded, and we are working hard to restore the system following years of neglect by the former government. This includes increasing the funding for disability services, with record funding for specialist disability services in 2012-13 and 2012-14 including committed funding of \$868 million towards the NDIS.

As you noted in your question, by 2019-20 the Queensland government's financial commitment to DisabilityCare Australia will be \$2.03 billion. I am really excited that in 2013-14 we have been able to bring forward \$25 million of that \$868 million to start our structural change in moving towards an NDIS. This \$25 million is part of the state government's overall investment in disability services of \$1.3 billion across Queensland in 2013-14. Our investment of funding will focus on delivering services to the greatest number of Queenslanders with a disability that we possibly can. We know there are some particular areas in the disability sector that are experiencing increased pressures to meet critical needs right now. That is why within the \$1.43 billion budget we have allocated funding which responds directly to those needs. Some of those areas include \$117.2 million over four years to support young adults with a disability who are exiting state care; \$55 million over four years to provide assistance for up to 1,200 young people exiting school who have a disability; and \$26.4 million over four years to support people with spinal cord injuries at the Spinal Injuries Unit at the Princess Alexandra Hospital. These measures provide some certainty for these groups in the lead-up to the transition to DisabilityCare Australia.

In concert with this funding, the government is making substantial changes in Queensland in preparation for DisabilityCare. In September 2012 Queensland launched the Your Life Your Choice initiative, which is a self-directed funding model for disability support. Self-directed funding, as you would know, is a monumental shift in the way disability services are delivered in Queensland. It is also one of the hallmark features of disability care.

Our early transition to this type of funding model I think will help our transition to DisabilityCare to be much smoother. We are already working with key consumer, carer, provider and advocacy representatives to develop and deliver NDIS transition plans. I have established an NDIS planning and implementation group, which met for the first time in February this year and has already met three times to discuss issues around how Queensland will transition to DisabilityCare in 2019-20. By the end of the year we will have a plan for Queensland to support that transition.

Throughout 2014 we will be working with DisabilityCare and the Australian government to plan for our transition to the NDIS which, as I said, will commence from 1 July 2016.

CHAIR: We are scheduled to take a break now until four o'clock. I will allow you to complete your answer when we come back. We will adjourn now and be back at 4 pm.

Proceedings suspended from 3.46 pm to 4.02 pm

CHAIR: Welcome back, Minister and officials. The committee will now continue its examination of the estimates of the Department of Communities, Child Safety and Disability Services, continuing our focus on Disability Services. Minister, you were not quite finished the answer previously. If you could finish, please.

Ms DAVIS: Thank you, Mr Chair. Before I do that, the assistant commissioner has a response to an earlier question by the member for Gaven. Would you like him to give that now?

CHAIR: Sure.

Mr Salmon: I am pleased to provide a response. I took a question on notice earlier in relation to the Safety House Association. In response to the member for Gaven's question, the Safety House Association of Queensland website reports that the Safety House program is a community based

program run entirely by volunteers. My commission's records indicate that 95.53 per cent of safety house applicants are volunteers and therefore no application fee is payable. The reason the remaining 4.47 per cent of individuals may have paid an application fee is that they may be working in other regulated organisations in a paid capacity.

In relation to the cost of the blue card application for a paid employee, the cost of an application today is in fact less, on an annualised basis, than when the system moved from a two- to three-year renewal cycle. The fee charged represented a drop of approximately \$7 per year.

CHAIR: Thank you, Acting Commissioner. Minister, if you would continue, please.

Ms DAVIS: We as a government are already taking the opportunity to have ongoing in-depth conversations and discussions with David Bowen, the CEO of DisabilityCare Australia. We will again be meeting with Mr Bowen on 15 August. So those channels of communication are well and truly open.

In terms of our planning for the transition, rather than focusing on one small area of our state, Queensland is taking a whole-of-state approach to preparing for the NDIS. Queensland is unique in terms of its size and the fact that there are a large number of rural and remote communities in the state. This places very different pressures on Queensland that are not experienced in the other states and territories. We are taking a measured and considered approach to planning for the transition rather than rushing into a launch site.

The disability sector has openly agreed that the Queensland government has taken the right approach to the transition. Queensland now has a valuable opportunity to learn from the experience of the other NDIS launch sites. These learnings will inform our planning, particularly in areas such as the phasing-in of clients; consumer experiences in accessing the NDIS; the success of the NDIS planning and assessment tool, which is, as I understand it, just about ready; approaches to unpacking block funding arrangements; the pricing of services; and access to aids and equipment.

With the funding in Disability Services for 2013-14 and beyond and our considered planning, we are ensuring that Queensland is prepared for the transition to DisabilityCare in Queensland from 1 July 2016. I truly believe that we are creating a responsive disability service—a system that is a far cry from the system we inherited from the previous government.

Mr DAVIES: Is the minister aware of anything which may put the budget commitment to fund the National Disability Insurance Scheme in jeopardy or at risk going forward?

CHAIR: Minister, if you would be succinct in your answer.

Ms DAVIS: Thank you, Mr Chair. To support the state's contribution to the National Disability Insurance Scheme the government made a small increase to the rate of duty applicable to insurance premiums for general insurance product. It still makes the Queensland duty regime very competitive with the other states, and it will help fund the ongoing supports for the extra people that will access disability support services through an NDIS from July. Members would know that that increase was contained in the Revenue Amendment and Trade and Investment Queensland Bill. Sadly, the Labor opposition voted against that bill. It is very sad. Those in the Labor Party feel it is quite okay for the federal government to have an increase in the Medicare levy to support these very vulnerable people—people who have been underfunded for so long—and yet found that they could not support Queenslanders with a disability by supporting that amendment bill.

Mrs SCOTT: Minister, at page 20 of the SDS, 'Employee costs' shows a reduction of \$36.9 million for 2013-14. How many more staff in Disability Services will that reduction in funding mean will be made redundant?

Ms DAVIS: I thank the member for the question. As I said in my opening statement, we are about protecting front-line services—delivering an efficient and effective suite of services through our non-government organisations to assist those people who are most vulnerable, particularly those in disability. As I have stated in previous answers, this government is absolutely committed to supporting Queenslanders with a disability. That is why we have invested \$868 million. It is the biggest funding commitment that this government has made since being elected last year. That is our commitment to people with a disability and their families and carers. Signing a heads of agreement to participate in an NDIS is our commitment to people with a disability and their families and carers. In terms of actual numbers, the director-general might have to assist you with that.

Ms Allison: I can advise that the number is 87.

Mrs SCOTT: Minister, I refer to those 87 FTEs for Disability Services as found on page 6 of the SDS. What services will now not be provided because of that reduction?

Ms DAVIS: I thank the member for the question. As I said, we are about delivering front-line services to Queenslanders with a disability, as we are in other areas of my portfolio. Matters of what staffing allocations are made are matters for the director-general. She might like to take that question.

Ms Allison: I am happy to take that question. I can advise that front-line services will not be affected by that reduction of 87. I would expect that we will achieve those reductions largely through looking at central-office and back-office roles, through natural attrition, through further reductions of temporary staff that we have had on for particular short-term engagements, and through voluntary redundancies for permanent staff where appropriate, on a case-by-case basis.

Mrs SCOTT: So what levels will they be? Are they lower level staff that are doing admin type services?

Ms DAVIS: I am not sure that that information would be available. We are talking about a proposal. That would not be available at the moment. As the director-general said, we are looking at back-office staff, not front-line staff, in those figures.

CHAIR: I am sufficiently satisfied with that answer. Is there a supplementary to that?

Mrs MILLER: I have a separate question.

CHAIR: I will come back to you. If the member for Mudgeeraba would like to ask a question?

Ms BATES: Minister, I refer to page 7 of the SDS, which references disability programs, and your previous answer on the NDIS. I ask: can you please provide an update on the Your Life Your Choice initiative and specifically the current uptake of this new initiative?

Ms DAVIS: I thank the member for the question. She knows my very great passion about self-direction for people with a disability. It is for that reason, and after talking to many stakeholders, that government decided to move towards a model of self-direction for Queenslanders with a disability, so that they have choice and control over the services they purchase, which will be the case under an NDIS.

Your Life Your Choice was launched in September last year. As I said, it is a self-directed funding model which allows people with a disability more choice and control over the support they receive. Self-directed funding, as I mentioned in my previous answer, is a monumental shift in the way disability services are provided here in Queensland—or certainly the funding for it—and is, again, one of the hallmark features of the NDIS.

Queensland's early transition to this type of funding really puts us in a very good place in terms of transitioning clients to an NDIS when it fully rolls out in 2019-20. Under Your Life Your Choice, a person can choose to self-direct their funding either through a host provider, who acts a bit like a broker, or via direct payment arrangements, so they can arrange it themselves. As at the end of June there were 59 host providers across Queensland. We were really pleased with that number in the early stages of this trial. To be eligible to participate in Your Life Your Choice an individual must be in receipt of an individual recurrent funding package.

There are approximately 4,200 people in Queensland who meet the criteria for Your Life Your Choice, and as at the end of June 2013 there were over 230 people across Queensland who decided to self-direct their support through this trial, so we are really pleased about that. Members would know that I have spoken in the House about writing to around 1,300 families to invite them to participate in the first stages, and we had quite a good uptake. From that cohort the number that I have referred to are those who are in receipt of recurrent packages.

In terms of those numbers compared to the other jurisdictions it rates very, very favourably; for example, in Victoria it has taken around 10 years to reach the current self-directed support level that they have got, which is about 14 per cent of people being managed by a broker. In other jurisdictions who have recently moved to commence initiatives to support self-direction the numbers have been quite limited; for example, in South Australia around 70 people are self-directing after commencing their trial which started in 2011. We are pretty happy with our uptake based on those numbers. Committee members may or may not know that Western Australia have been doing self-direction for some time, that is, since the mid-1990s, so they are very well established in terms of the client base and self-direction.

Regional employees actively work with people who are interested in self-directing their supports. My department is also providing training and support to help people understand how they can self-direct, because it really is a very great change for these people and their families. There is also training and support available to the service providers to help them transition to a self-directed

support environment, because it is a really big change for the service providers as well who historically have had block funding. People went to them because that is where the money was and that is where the services were available.

On Saturday last I was out at Multicap's annual fair, and they are one of the host providers of which I spoke. It was wonderful to speak to a dad of a young woman with a disability who has opted to participate in the Your Life Your Choice trial and to hear from him how much easier the process was than he thought it was going to be and how he felt empowered by selecting the specialist disability service supports on behalf of his daughter that best met her needs. I think that says we have done the right thing in getting Queensland started to transition people to that type of funding.

Our government did what no other government had done by changing the DSA last year. We are very happy that we now have a ruling from the Australian Tax Office that puts us rocking and rolling and ready to go. Choices that you and I take for granted were not afforded to people with disabilities and their families, and I am really delighted that this government has paved the way for them so to do.

Dr DOUGLAS: This question is directed to either yourself or the DG, but I think the DG might be able to give you a hand on this. How many employees are on stress leave or sick leave due to the sacking and retrenchment of public servants in your department?

Ms DAVIS: That would not be a question that I could answer. I am not sure that the DG would have that information at hand. It might be something that we would need to take on notice.

Dr DOUGLAS: That would be fine.

Ms DAVIS: Could you again just repeat what it is that you want to ensure that we can provide you with that information?

Dr DOUGLAS: I would like to know how many staff are on stress leave or sick leave—sometimes the definition can be unclear—due to the sacking and retrenchment of public servants; in other words, relating it to that as a reason.

Ms BATES: I have a point of order to the phrasing of the question and the inference that staff were sacked rather than made redundant. I ask that the member rephrase the question.

CHAIR: I think the question could be given as a question on notice in regard to how many people are on sick leave or—

Ms DAVIS: It would be very difficult at any given time to say who was on sick leave—

Mrs MILLER: The minister can answer the question in any way she sees fit in accordance with the standing orders, even if it offends someone.

CHAIR: They can in accordance with the standing orders.

Mrs MILLER: That is right.

CHAIR: Minister, if you could table whatever information is available around that question as a question on notice, I think that would satisfy the member.

Ms DAVIS: It will be difficult, member for Gaven, unless there has been a specific reason cited, and I am not sure whether that will be at hand. But if there is information available, then we can provide that to you.

Dr DOUGLAS: If we could break it down into stress leave, sick leave and then reasons—

Ms DAVIS: I think that is just going to be too hard, because we have temporary staff, we have a highly feminised workforce, some people take leave for different reasons and—

Mrs MILLER: Point of order. The minister is here to answer questions in relation to budgetary issues—

Ms DAVIS: I think I will just take it on notice and—

Mrs MILLER:—and it is part of the budgetary process, stress leave and sick leave.

CHAIR: Member for Bundamba, the minister is trying to clarify what it is the member is looking for. The minister has given an undertaking—

Mrs MILLER: She said it was too hard.

CHAIR: The minister has given an undertaking to provide the information on notice where it is available. I think that is a sufficient response.

Ms DAVIS: We will take that on notice and try and provide the material as requested.

Mr HATHAWAY: Minister, I refer to page 3 of your SDS specifically concerning the Parent Connect initiative. Can the minister please outline what her department is currently doing to deliver this important commitment? I know what you were doing up in Townsville when you came up on 19 June at Cootharinga, but could you tell the rest of the chamber, please.

Ms DAVIS: I thank the member for the question. It was wonderful to come up to Cootharinga and meet the team from there and those who will be delivering the Parent Connect program. They are very committed. Many of the people there who are going to be delivering the services are in fact family members of people with disabilities or who have had children with a disability. Had this service been available to them, certainly the feedback I am getting is that that would have been much more helpful in terms of making the appropriate connections that they needed at what for them is a very, very stressful time. Discovering that a child has a disability is very emotional and very confronting for families. On top of that, they can encounter considerable difficulty in trying to navigate the maze of support services that are available to them at that time. In fact, for some of them it is so hard that they stop, and that is not what we want.

Our government has a firm commitment to providing early intervention and transitional support to parents of children who have been newly diagnosed with a disability or developmental delay. We know that strong and targeted early intervention services can greatly improve the quality of life for children with a disability, along with the lives of their families and their carers. That is why we committed that \$4 million in 2012 over four years towards the Parent Connect program. For the first time in Queensland, parents of a child with a newly diagnosed disability will have someone that they can talk to who understands their circumstances and advise about what to do next. Through Parent Connect parents will be provided with information on available services and planning supports, and they will be assisted to connect with their local community and to access specialist services if that is required.

Parent Connect will also link in with the Mums and Bubs program. Mums and Bubs, as you know, is a maternal and child health service which is staffed by nurses who run free community health clinics and visit parents with newborns. It gives an extra layer of opportunity to help parents who might be struggling with the extra challenges that having a newborn with a disability brings. In November 2012 I announced four non-government organisations who will deliver Parent Connect across eight locations throughout Queensland, and I am pleased to say that the non-government organisations that are delivering these are: the Benevolent Society that are operating out of Cairns and the Gold Coast areas; Cootharinga in North Queensland operating out of Townsville and partnering with the umbrella network in Rockhampton; the Sunshine Coast Therapy Centre—I had a yarn to them a number of weeks ago—and Mission Australia, which is operating in Brisbane North, Brisbane South and Ipswich. The feedback that I am getting already is really, really positive. To have somebody outside of a departmental officer having a conversation with a parent makes them feel much more at ease so that when those connections with government agencies are required, they know where to go and how to access the service. It is about trying to make that journey for parents as streamlined as possible when they start to deal with the challenges of a child with a disability.

Mrs SCOTT: Minister, can you advise the committee around issues associated with families whose young adults with disabilities are in independent shared living arrangements where funding has been cut, leading to reduced staffing and leaving both the staff and the clients at risk? Why are some of these services being cut?

Ms DAVIS: I thank the member for the question. Are talking about something specific?

Mrs SCOTT: I have had a number of parents contact me, particularly mothers with severely disabled children who are living in shared accommodation and who require a higher level of staffing than is now the case. They have had workers reduced, and they fear for the safety of their children; the staff is also at risk.

Ms DAVIS: I thank you for raising this. I would be very happy to talk to you about these particular cases offline. I am not aware of those particular instances. Young people with disabilities, their issues are some of the ones that keep me awake at night. We need to ensure that we can provide the right services to support them. That is why it was really important that we sign that heads of agreement with the federal government to ensure that Queensland was part of the NDIS. That is why we put that extra money into disability services in the lead-up to that, and I am pleased that we have been able to bring forward \$25 million of that \$868 million and start that change.

Mrs SCOTT: So are you unaware of any funding cuts to these families?

Ms DAVIS: The ones that you are speaking about, I am unaware of the particular instances. I cannot speak about individual cases; it is not appropriate. All I can say is that we are committed to providing the right supports and services to people with the resources that we have available. I would be very happy to talk to you about those particular cases that you mentioned offline.

Mrs SCOTT: I think we were made aware there would not be funding cuts to families with children with disabilities, yet if I have seen a few I am sure that there would be many, many others.

Ms DAVIS: I am not aware of the cases of which you speak, and I am happy to talk to you about them. We are committed to providing effective, efficient and appropriate services to the families of people with disabilities, and that is what we will continue to do. But if you have particular knowledge of where this has happened, I would be happy to speak to you about it offline. But it is not appropriate to talk about it in this forum.

Mr SHUTTLEWORTH: In reference to page 4 of the SDS and your expenditure on disability services, could you please outline what disability services are provided within my electorate and perhaps give a scattering of what may occur in other committee members' electorates?

Ms DAVIS: I thank the honourable member for the question. I very much enjoyed coming out to see you during Volunteer Week and speaking to a number of disability service organisations and their volunteers when I was out there.

To answer your question, funding for Ferny Grove of \$623,183 included allocations for accommodation and respite, resilience partnership and innovations and support for school leavers, but for information I can also provide a bit of an overview on what each of these programs actually does. In terms of accommodation support and respite, this funding is as it says—that is, to support workers to assist a person with a disability to remain in their own home or other accommodation such as a group home. Respite is where support workers care for a person, again, in their home or in a community setting at a centre to give family carers a bit of a break, and sometimes that is just what a family needs in order to regroup before the person with a disability comes back into the most desired environment—that is, back with the family.

Support for school leavers is one that I spoke to you about. It is a challenging time for young people with a disability and their families when they have had 12 years worth of support at school and they move from within education to disability, so it is really important that we look to provide supports to these young people as they transition into their adult life in the community. We put some funding behind that because it is really important that young people in Ferny Grove, as with other Queenslanders, know that when they leave school they are able to access programs that give them the support that they need to participate and be included in the community, which is where they need to be. So there are lots of things happening. We fund a great many services in disabilities because the range of disabilities that our clients have is varied in itself and they require different levels of support. I am very pleased that with the increased funding going into disabilities and with us signing up to an NDIS we are able to seek to support more people into the future.

CHAIR: Thank you, Minister. I call the member for Bundamba.

Mrs MILLER: I am just following up from the issue of family members and their decreased funding for disability services. Minister, I wrote to you a couple of months ago about a family in my electorate—in fact, they live in Redbank Plains—and officers were sent out obviously by the director-general because it went through the department. This particular family were visited by the officers concerned and they were given the view that they would get increased funding by the officers of the department. They have come back to me and said to me that they have since received a letter stating that there would be no increased funding at all and in fact they were shattered—absolutely shattered. So, Minister or Director-General, in one of the few instances when I write to an LNP government asking for any assistance for this family and they are given the undertaking by officers that they probably will get extra funding and yet they end up with nothing more, how do you respond to that when these expectations have been raised?

Ms DAVIS: I thank the member for the question and I will hand over to the director-general to answer that for you as to how that worked within her department. I am disappointed that the families were under the impression that there would be increased funding if that was not going to occur. It is difficult to really give a firm response on that. I am happy to talk to you offline about that—

Mrs MILLER: I am happy to talk on the record about this, because the situation—

Ms DAVIS: No. It is not appropriate for me to discuss—

Mrs MILLER: I have not given you names, Minister. All I am saying is that your officers gave them the impression that they would get more assistance and they did not.

Ms BATES: I raise a point of order on standing order 115. The member for Bundamba has argued with the minister while the minister has actually been trying to answer the question. I think it is very appropriate that confidentiality of certain high-risk individuals is kept that way.

Mrs MILLER: It is confidential. I have not given a name.

CHAIR: Minister, as best you can—or director-general—you can answer that. But with regard to specifics, obviously you cannot and it may be that this one will have to be taken offline given confidentiality.

Mrs MILLER: It is not specific.

Ms DAVIS: In answer to your question, I will pass to the director-general to answer that. But I would like to restate for the record—if we are about being on record—that the Labor Party in the House voted against the NDIS. They did not vote for the modest increase in insurance to ensure the ongoing and sustainable—

Mrs MILLER: I raise a point of order, Mr Chairman.

CHAIR: Just a second, Minister. What is your point of order?

Mrs MILLER: The Labor Party federally brought in the NDIS.

Mr DAVIES: But you voted against it—

Mrs MILLER: No, it is not one rule for one.

CHAIR: Just a second, member for Bundamba. You raised a point of order. I am now considering it. There is no point of order. Minister, please continue.

Ms DAVIS: This government is about supporting people with a disability and their families. I will pass to the director-general to respond to those issues that you have raised. But, again, this government signed a heads of agreement and has invested an extra \$868 million—the biggest single funding announcement that we have made since coming into government—because this is an area that needs to be addressed. Those in the Labor Party would not vote for a modest increase to ensure the ongoing sustainable funding—

Mrs MILLER: Except federally.

Ms DAVIS:—for an NDIS here in Queensland to support Queenslanders with a disability.

Mrs MILLER: You have got no idea.

Ms DAVIS: You can talk as much as you like, member for Bundamba—

Mrs MILLER: You have no idea.

Ms DAVIS:—but the on-record reality is that you did not vote for the ongoing sustainable—

Mrs MILLER: No idea.

Ms DAVIS:—funding for an NDIS—

Mrs MILLER: No idea.

Ms DAVIS:—to support 97,000 Queenslanders—

Mrs MILLER: No idea.

Ms DAVIS:—with a disability.

CHAIR: Just a minute please, Minister. Member for Bundamba, you asked the question. The answer is trying to be given and I would appreciate—

Mrs MILLER: And she is misleading.

CHAIR:—and I would appreciate it if you would please allow the minister—not badger the minister—to answer the question.

Mrs MILLER: When she tells the truth that is easy.

CHAIR: I have been very liberal with allowing you follow-up questions. If you have a follow-up question, then I will allow that.

Mrs MILLER: I have got plenty.

CHAIR: But I am please asking you from here on to let the minister answer the question. If you disagree with what the minister is saying, then please wait until it is your turn for a follow-up question.

Mrs MILLER: I will.

CHAIR: Minister, are you complete with that or would you like the director-general to continue?

Ms DAVIS: Yes, I think the director-general might be able to respond to those issues.

Ms Allison: Thank you, Minister. Yes, I can confirm that quite a number of families of course have a concern that the funding allocation for their son or daughter is made recurrent. This is not always possible in the first instance and many people first up are receiving services under a non-recurrent funding allocation. We do try to release capacity as soon as it is available because we are aware of the extent of unmet need and committed to using the resources in the disability sector in the most effective way possible. I am delighted to report that in the 2012-13 financial year over 500 families whose members have non-recurrent support were transitioned to recurrent funding. I can also confirm that no care arrangements of individuals have been reduced due to costs as any of the budget reductions related to fiscal repair were not applied to front-line disability service situations. I am aware of the matter raised by the member for Bundamba, and that would fall into the category of individuals who transitioned to recurrent funding.

Mrs MILLER: This particular family were on recurrent funding.

CHAIR: Are there any other follow-up questions?

Mrs SCOTT: Mr Chairman, I would just like to ask the director-general if there is a figure of those who had funding and it actually ceased and it did not become recurrent. Do you have those figures at all?

Ms Allison: If I could seek some clarification, can I just ask you to repeat the question again, if you would not mind.

Mrs SCOTT: We have just heard about a family who had recurrent funding but they have lost that funding and you have said that 500 were made recurrent, so I am just wondering how many were not made recurrent.

CHAIR: Can I just clarify: my understanding from the answer was that people on recurrent funding did not lose the recurrent funding.

Mrs SCOTT: Some have.

CHAIR: I would ask the director-general just to clarify her answer in that regard.

Mrs SCOTT: And if not lost, completely reduced.

Mrs MILLER: Chair, can I just interpret the way I see the way the director-general is answering the question.

CHAIR: For clarification?

Mrs MILLER: Yes, just for clarification. I think that you were referring to a family in my electorate that may not have been on recurrent funding but they were, so your answer is null and void.

CHAIR: Again, I am sorry, but we are talking about a specific case that—

Mrs MILLER: Yes, I know, and then the member for Woodridge followed up.

CHAIR: And it has already been explained that because of confidentiality it is very difficult for the director-general to reply to you in a public forum.

Mrs MILLER: Yes, but she answered wrongly.

CHAIR: I would be happy, member for Bundamba, for you to again ask the question where you feel the director-general answered wrongly.

Mrs MILLER: The director-general answered my question with, I think, the supposition that this family was not on recurrent funding, but they were—that is all I am saying—and then the member for Woodridge followed up with a question.

CHAIR: I am not sure we will get this sorted out here and I would ask that you would please—

Mrs MILLER: You can take it on notice, Director-General.

CHAIR: It is difficult to take something on notice where they cannot speak about it specifically, especially in a public forum and especially where the answers will come back to a public forum.

Mrs MILLER: Director-General, I will send you the details and then you can take it on notice and answer it.

CHAIR: No, the director-general cannot take it on notice with details because then we are getting into confidentiality. That is improper.

Mrs MILLER: I will be broad in the—

Ms DAVIS: Mr Chairman, as the member knows, we have an assessment tool that was developed in fact by the former government that is used to determine the level of funding. It is not appropriate—I agree with you—to discuss any matters that may breach confidentiality. I think perhaps it is appropriate if the member wishes to continue the conversation, but it should be done through the normal processes. I do not think it is appropriate at all to table—

Mrs MILLER: And I have done it through the normal processes.

CHAIR: Unless there is a supplementary, we are going to move to the next question.

Mr DAVIES: Minister, I refer to page 7 of the SDS. Minister, how many people with a disability are reliant on different aids and equipment? Can you please outline what your department is doing to provide aids and equipment to people with a disability?

Ms DAVIS: I thank the member for the question. Aids and equipment are essential to achieving independence and improving the quality of life for people with a disability. The everyday lives of thousands of Queenslanders with a disability are made easier through the use of special aids and equipment, and these aids and equipment boost their independence and allow them to complete everyday tasks that most of us take for granted. Aids and equipment range from mobility aids such as wheelchairs, aids for daily living like shower chairs and incontinence aids. In Queensland the main aids and equipment program for people with a disability are actually administered by Health's MASS program, the Medical Aids Subsidy Scheme. But my department also provides two schemes—the Community Aids Equipment and Assistive Technologies Initiative and the Vehicle Options Subsidy Scheme, better known as VOSS. These schemes together have funding of more than \$5 million in 2013-14. Health's MASS program provides aids and equipment to assist people to continue living in their home, and people with a disability can benefit from that scheme because it also provides items such as communication aids, as I said, incontinence aids, daily living aids and mobility aids. My department's Community Aids Equipment and Assistive Technologies Initiative provides aids and equipment subsidies for items that are not available through the department of health scheme that help people to participate in general life.

The initiative was commenced in March this year. Under this initiative a number of subsidies are provided, including subsidies to support people with their communication needs up to \$4,500; and mobility up to the same amount, \$4,500; a subsidy of up to \$1,000 for a modified tricycle to support a child with a disability to actively participate with other children out in the community; and subsidies to assist people with a disability to actively participate in sport, for example, subsidising the cost of a modified wheelchair so that someone can play basketball.

Since March 2013 the department has contacted all 2,037 people with an assessed need for aids and equipment and is supporting them to apply for funding through the Community Aids Equipment and Assistive Technologies Initiative. This initiative has actually received in excess of 800 applications, which are currently being processed, and as at 30 June, 87 clients had received 141 subsidies and this is expected to grow very steadily.

My department also provides support for people with a disability to improve vehicle access through the Vehicle Options Subsidy Scheme and this scheme commenced in April 2012. It provides people with a disability greater opportunities to participate in community life and become involved in activities outside their home. Subsidies are available from \$400 for driving lessons up to \$4,500 to assist in the purchase of a vehicle to actually be modified so that those people can get out and about in the community. In 2012-13 the scheme assisted 451 clients and provided 695 subsidies. That is fantastic.

Recently it has come to the attention of the Queensland government that the cost of aids and equipment is sometimes higher in Australia than other overseas locations like the UK and the USA. A quick look at the websites of overseas suppliers shows that prices for similar items are up to 70 per cent lower than they are here in Australia, even with the cost of delivery added onto that. The price disparity is quite significant. I am also concerned that people with a disability may be unable to access certain disability aids and equipment and we want to really tackle these issues, especially with the imminent commencement of the NDIS where the purchase of aids and equipment will be expected to significantly increase. The Attorney-General actually raised it recently at a national level, as has my

department, and we are really committed to providing a contemporary and quality disability service that responds to the needs of Queenslanders with a disability, their families and their carers. We are really committed to fixing a broken system we inherited from the former government.

CHAIR: Thank you, Minister. As I indicated at the start, I propose that we shift our focus to questions for Child Safety Services. I acknowledge that non-government members may not be able to. If you want to move in that direction with us it is your prerogative, but we are aiming at moving our question focus towards Child Safety Services. Member for Bundamba?

Mrs MILLER: Thank you very much, Mr Chair. My question is to the director-general. Director-General, have there been any directives or communication by you or the department's executive correspondence team to the department, its divisions, its sections, its branches, its units, as to how the minister prefers her briefing material to be produced?

Ms BATES: Point of order, Mr Chair.

Mrs MILLER: It is page 2 of the SDS.

Ms BATES: Point of order under 115. The question shall not ask for an expression or an opinion and that is what is being asked.

Mrs MILLER: No, it is have there been any directives given and, for the benefit of the member, page 2 of the SDS says—

Our organisation consists of the following divisions:

Corporate and Executive Services—provides strategic leadership for the department's corporate systems, policies and practices and supports the delivery of services to clients.

CHAIR: I am not sure—

Mrs MILLER: That is the SDS, and I have asked the director-general a question which says: Director-General, have there been any directives or communication by you or the department's executive correspondence team to the department, its divisions, its sections, its units, in relation to how the minister prefers her briefing material to be produced? It is simple. Have there? Yes or no?

CHAIR: Director-General, if you want to answer that go ahead.

Ms BATES: Assuming she can read the minister's mind, of course.

Ms Allison: Yes.

Mrs MILLER: Director-General, I have a follow-up question. In accordance with SDS page 2 that I have just read out for the benefit of other members of the committee, does the minister require her briefing material to be in simple language and easy to read? Yes or no?

Ms BATES: Point of order, Mr Chair.

Mrs MILLER: It is in relation to page 2 of the SDS.

CHAIR: I am truly struggling to understand what this has to do with estimates and budget expenditure.

Mrs MILLER: I understand that many people here do not understand the way the Public Service works. Many public servants, as the director-general knows, do drafts of material that are briefs that come up which cost money.

CHAIR: Member for Bundamba, I am going to allow a little bit of latitude but this better lead somewhere.

Mrs MILLER: It does. I have a third question.

Ms BATES: Point of order, Mr Chair.

CHAIR: Just a second, there is a point of order. What is your point of order?

Ms BATES: I find this question offensive to the minister given that it makes inferences about the minister's character.

Mrs MILLER: The Praetorian Guard again. No, it isn't. It's the director-general.

Ms BATES: Which has absolutely nothing to do with the SDS.

Mrs MILLER: It does.

Ms BATES: And it is typical of the types of questions that the member for Bundamba continues to ask and I ask that you rule under 115.

CHAIR: I am going to allow the question, but it better relate to something, member for Bundamba.

Mrs MILLER: It does.

CHAIR: Because otherwise you will find that the latitude I am giving you will quickly dry up.

Mrs MILLER: Are you threatening me, Mr Chair?

CHAIR: Director-General, if you would like to answer that as best you possibly can.

Mrs MILLER: I only need a yes or a no answer.

Mr DAVIES: She gave you an answer.

Mrs MILLER: No. This is a follow-up question. You weren't listening.

CHAIR: Member for Bundamba, please! We have asked the director-general for a response. I now expect you to give her the courtesy of answering.

Ms Allison: Thank you. In any organisation such as ours, which is primarily a service delivery organisation and which aims to be more customer focused, which is a key priority of this government, we think it is important that any material produced by our department, whether it is in the form of public brochures, of briefing notes, of correspondence to members of the public, publications that the department produces, that all of those are clear and straightforward. Certainly there has been some work that I have undertaken since I have gone to the department to make sure that the style of language used in correspondence is more simply expressed at times, is more straightforward and is more helpful and responsive to the needs of people who write to the minister or department seeking assistance.

CHAIR: Thank you. Is there a follow-up?

Mrs MILLER: Yes, there is just one final follow-up question. Minister, in relation to SDS on page 2, which I have read out before, I put it to you that a communique was sent right throughout the department for which you are responsible that required your briefing materials to be in simple language and drafted for someone who shops in Coles and not David Jones with a maxed-out credit card.

Ms BATES: Point of order, Mr Chair. The question does not relate to the portfolio responsibilities of the minister at all and it is just another cheap shot from the member for Bundamba.

CHAIR: I am going to uphold the point of order because the director-general answered your question in regard to why that directive was put out in that fashion. I find the inference in this to be quite blatant. I have given you a fair bit of latitude and I am asking you to re-word your question or withdraw it.

Mrs MILLER: I want to take a point of order, too, Mr Chair, just to be fair.

CHAIR: What is your point of order?

Mrs MILLER: The point of order is that there are many drafts of letters, briefing notes and correspondence within departments. I understand that this communique has been released right throughout the department which basically says—

Ms BATES: Point of order, Mr Chair.

CHAIR: Just a second. Member for Bundamba, what is your point of order?

Mrs MILLER: So it costs money. My point of order is that—

Ms BATES: Hypothetical. Produce it.

Ms DAVIS: Mr Chairman, if I could see a copy of this communique.

Mrs MILLER: The Praetorian Guard over there is getting quite upset.

CHAIR: Just a second, please. Member for Bundamba, what is your point of order?

Mrs MILLER: The point of order is that it does come within the SDS and the budgetary requirements of the department because it costs money to produce briefing notes and to produce letters.

CHAIR: Member for Bundamba, I find this to be a procedural issue that the director-general has already answered and I think you are asking the same question again.

Mrs MILLER: But my question was to the minister. I can ask the minister.

CHAIR: And I am going to rule the question out of order. Have you got another question?

Mrs MILLER: No, not at the moment. I'll have a few more later.

Ms DAVIS: Mr Chairman, I confess that simple language is something that I think is appropriate rather than the gobbledegook which the poor departmental officers were expected to write by the former government to confuse people who received letters. I am happy to receive briefing notes in simple language, but, of course, that would be helpful to the opposition when documents are leaked so they could understand it when they read it.

Mrs MILLER: We understand it when they are leaked, let me tell you.

CHAIR: I am going to move on. I call the member for Mudgeeraba, please.

Ms BATES: Minister, I refer to page 4 of the SDS and note the Child Safety budget has increased by 5.9 per cent from \$774,089,000 in 2012-13 to \$819,824,000 in 2013-14. Can the minister explain the reason for this increase?

Ms DAVIS: I thank the member for the question. As the member has noted, the Child Safety budget has increased by \$46 million from 2012-13 to around \$820 million in 2013-14. One of the reasons for the increase has been the transfer of the intensive family support program from social inclusion services to Child Safety Services. We did this because the program funding was better aligned to more intensive prevention and early intervention services in keeping children and families out of the statutory child protection system. So this shifted around about \$47 million across program areas. In addition to this, an additional \$7 million has been provided to address foster care demand pressures and to ensure funding is available for payment of foster and kinship allowances that keeps pace with the current rates of children entering the system. Funding of \$2 million was allocated for Fostering Families, a trial which is an intensive family intervention program, to target childhood neglect and we have allocated \$375,000 for counselling services for victims of child abuse and sexual assault and this includes a 24/7 hotline manned by professional telephone councillors for children from regional and remote areas of Queensland to report abuse and receive support.

Ms BATES: I have a supplementary. I reference page 12 of the SDS relating to performance measures of Child Safety. Minister, the figures indicate the disjointed nature of the system and I would appreciate it if you could outline the extent and the nature of the challenges that presents for you and your department in that regard?

Ms DAVIS: I thank the member for the supplementary question. Since becoming minister 16 months ago and before that as shadow minister I have met many hundreds of Child Safety staff, I have had many meetings with key stakeholders, including child protection peaks, and talked with lots of individuals about the state of the child protection system here in Queensland. I have listened and I have heard their concerns. What is clear from those conversations is that the child protection system that we inherited is under enormous pressure. Over recent years we have experienced more children coming into care than we have children going out of care. Regrettably this is no surprise given the former Labor government presided over the highest rate of removal of children and young people in Queensland, one that continued to increase at alarming rates following their 2004 CMC inquiry.

Their own internal analysis revealed that if the policy setting remained unchanged and the upward spiral continued as was projected, then the numbers of reports to Child Safety would increase to 108,000 by 2012. During their time in government it was also projected that the number of children in out-of-home care would also increase and reach 9,000 by 2012. Well, sadly, the reality is that we have surpassed the projected reports of harm, reaching almost 125,000 by 31 March this year, and the 9,000 children in out-of-home care is not too far off in fact being realised. As at 31 March we had 8,583 children in out-of-home care who could not live safely at home because of abuse and neglect.

There has been a slight downward trend, a move, in notifications being received from 25,210 at the end of last year to 24,785 for the first quarter of this year. Still they are very alarming figures to deal with. Substantiation of harm rates have remained pretty stable, increasing from 7,765 at the end of last year to 7,783 for the first quarter of this year. Of those substantiations, over 62 per cent were substantiated as child in need of protection, in other words, some form of statutory intervention was required to keep that child safe. Figures for the first quarter of the year show that we have over 11,000 Queensland children subject to some form of ongoing departmental intervention. It is an astonishing figure. It is an astonishing number of children and something that we should all be very concerned about. These are the statistics that challenge my department every day and this is the reason why we absolutely need to have reform.

On the flip side of this, I can report that since our government was elected we have seen fewer children absconding from their placements, a significant increase in children with a current case plan—it was very low for a very long time—fewer matters of concern being raised and more families

being assisted through intervention with parental agreement. We are also seeing more children being placed with kin, including more being cared for by grandparents, than ever before. This is really encouraging. We look forward to improving the system even further as we embark on our 10-year journey of reform. We are absolutely committed, as a government, to having a child protection system in Queensland that ensures the safety, the wellbeing and the best interests of children as well as it should.

CHAIR: Member for Woodridge?

Mrs SCOTT: My question is to the director-general. Ms Allison, did the department ensure in 2012-13 that every child in out-of-home care was given a comprehensive health and development assessment, that the assessment is completed within three months of placement and that children in care were provided with early access to specialist health services where required?

Ms Allison: I thank the honourable member for the question. Clearly, the health and wellbeing of young people who enter care is a priority and we are committed to improving health outcomes for children and young people in care. When a child enters care, they have a child health passport, which is the information so that, for the carer or licensed care service or any other entity that is required to meet the day-to-day needs of the child, all of the information is contained in the same place. Our first reporting of the proportion of children in care with a health passport commenced in June 2012. As at 31 March 2013, 96.4 per cent of children living away from home and subject to a child protection order had a child health passport commenced or recommenced. This is an improved response from the previous year when 94.2 per cent of eligible children had a child health passport commenced or recommenced; however, I do not have the more specific information the member is seeking about whether medical assessments were carried out in three months.

Mrs SCOTT: Do they all have Medicare cards when they arrive at a foster family?

Ms DAVIS: Could we take that particular question on notice?

CHAIR: I am happy for that to occur. Are there any supplementary questions? Member for Ferny Grove?

Mr SHUTTLEWORTH: Minister, I refer to page 3 of the SDS and the government's commitment to \$2 million for the Fostering Families trial targeting childhood neglect. Can you please outline how this trial has been implemented and whether there are any early indicators of its success?

Ms DAVIS: I thank the member for the question. As we know, the Queensland child protection system in itself is confronted with formidable challenges. It is a system that for far too long has been overburdened. It is a system that in its current shape is unsustainable with a grim longer-term outlook for children, young people and their families if nothing is actually done to change it. I do not think there would be anyone in this room today who could argue that the system is not functioning as it should. Before coming into government, we knew that too many children and families were coming back into the system time and time again. The statistics spoke for themselves. Over the past decade, the intake of children into the child protection system has tripled. The number of children in out-of-home care has more than doubled, with the rate of Aboriginal and Torres Strait Islander children having tripled. Despite record amounts of funding injected by the previous government to address these issues, there has been no positive change. This is clearly unsustainable and our most vulnerable children really deserve much better than that.

We wasted no time in addressing the single largest region where reports are made to Child Safety services and that is neglect of children in Queensland. We are very proud of our Fostering Families trial. It is the first time that Queensland has had such a program that targets childhood neglect. Through this trial, we are assisting families by getting to the root cause of neglect and giving them the tools to correct the issues that they have and keep their children safely at home. A sum of \$4 million has been allocated over two years to this trial and I am extremely pleased that this funding will reach out to around 600 families. We have three terrific service providers working with government to deliver this service. Mission Australia has been operating since January in the southern suburbs of Brisbane. Mercy Family Services has also been operating since January in Toowoomba and communities in the Southern Downs. ACT for Kids on the Fraser Coast became operational in late March. They experienced some delays due to the flooding in Maryborough earlier in the year. I can confidently say that this new program has been welcomed by all stakeholders as an important new component of the family support service system.

I think we would all agree that parents are responsible for their children as they are responsible for the choices that they as adults make. We believe that all mums and dads need to understand how important their parenting role is and the importance our communities across Queensland place on

what they do. There is no doubting that supportive parents make the right choices for their families and this is the strongest defence against children becoming abused and neglected. Over the past weeks, the Assistant Minister for Child Safety and I have been out visiting some of our Fostering Families trial sites. I very much look forward to going to Maryborough in the near future to speak to the staff there. I know that the member for Maryborough, Anne Maddern, is as excited as I am about the difference that Fostering Families will make to families needing help in her local community.

In terms of the early indicators of the benefits of the program, what we have seen so far is a program helping families to address issues of childhood neglect before a substantial risk of harm develops and their child or children end up in the statutory child protection system. The supports being offered to families include ensuring their children attend school daily, having sufficient food to eat, ensuring that their children are clean and that they are healthy, and that the family is living in appropriate accommodation. For some of those families it is really a matter of taking them back to basics and showing them better ways to care for their children.

At the start of this month, the assistant minister and I sat down with the Fostering Families crew at Mission Australia, which is operating out of Stones Corner and servicing south Brisbane. By all accounts, they are really doing some wonderful work with the families that they are there to assist. To date, over 60 families have been referred to their Fostering Families program. If I could share a little story of one of those families to help you understand how the program is working.

One family was a young mother who was found wandering the streets, visibly distressed, with two young children, both partially dressed, in cold wet weather. Sadly for this family, they were also escaping from a domestic and family violence situation. It was evident that the children had not been properly fed. Mum was behaving quite erratically and appeared to be under the influence of drugs or alcohol. What was found out was that the family was living in a car and mum had not been taking her mental health medication for some time. Given the circumstances that I have just outlined, those children would absolutely be at risk of entering the child protection system. However, with the intervention of Fostering Families, the family is now linked into housing support with temporary accommodation and plans are underway to secure some permanent housing for them. Mum has been linked with some drug and alcohol programs and is now on a prescription medicine program and accessing mental health services regularly. The kids are attending childcare and their extended family are reconnecting with them to provide additional support. They had become disconnected a number of years before. Mum has obtained some information to be referred to a domestic and family violence service that we fund. Mum has been coached by workers around her responsibilities as a parent, assisting her to prepare nutritious meals so that she can get on and do that herself, and getting the kids into a proper routine. I think that is a great outcome for this family. The family is still together and the children are not in the child protection system. The Fostering Families crew will monitor mum over the six months and keep referring her to the agencies that she needs so that she can continue living with her children in a safe environment.

I am very proud of the work that is happening. We are really about trying to keep families together wherever possible. What we are finding is that with a number of families where the primary issue is neglect some early supports to assist those families are really making a difference.

Mrs SCOTT: I have another question for the director-general. Referring to page 7 of the SDS, what is the waiting time in a general sense from when a couple might put in an application to become foster parents and going through the process with the department? What sort of time frame are we looking at, just in a general sense?

Ms Allison: The time frame varies and, indeed, our capacity to attract foster-carers varies across the state. It is a very challenging role, as you are aware. We have also started to work more intensively with kinship carers over the past number of years to try to keep children connected to their families. This assists us with our supply of foster-carers, but I think it is also an important outcome for children, particularly given the high number of Indigenous children and young people we have in care. In the case of kinship carers, there still needs to be a suitability assessment, but it tends to be able to be done more expeditiously than for foster carers.

I am afraid I do not have any information on the average waiting time. Generally, there might be, for example, an information evening or similar that interested people could come to. Often people respond to a campaign. We have a campaign at the moment for recruitment of foster carers, 'Is there room?', which is about is there room in people's homes. I am very pleased to see that in the government newsletter that has gone to every postbox in Queensland, as I understand it, the fostering initiative is a major component. Generally, then, after they have followed that initial interest, people would consider whether they want to go through the assessment process.

Mrs SCOTT: How many applications might be there waiting to be processed at the moment?

Ms DAVIS: Can we take that on notice. I would like to think that we could process those applications as soon as possible because it is important that those people who selflessly think about being a foster carer, put their hand up and make those connections find out very early whether it is really what they want to do and find out the information they need and if they want to continue down that path that there are few impediments to making that become a reality. It takes time matching children with the appropriate foster care family. There could be a number of reasons there is a time lag.

In the last two weeks—that is since we have been taking figures related to our new foster care campaign—we have had 78 inquiries, which is absolutely fantastic. We are very pleased about that. This is a grassroots campaign which we think is really going to encourage people to come into the system and protect those vulnerable kids.

Mrs SCOTT: So they receive a health passport for the child. How soon is a care plan actually put in place for a child? Does that vary depending on whether it is a short placement or a long placement?

Ms Allison: I thank the member for the question. I think in a sense you may have answered your own question. It does vary depending on the circumstances of the child. Where we have a child who has come into care under a temporary assessment order it could be as little as two or three days until it goes to court. Primarily, it is once we know the legal status of the child who is entering care we finalise the health passport. However, of course, it is a priority once children even enter the temporary custody of the department that we attend to their immediate health needs.

Mrs SCOTT: I am just thinking of a new foster-parent and how much information is given about the child and how much assistance is given in guiding them through that first few months with the child?

Ms DAVIS: The director-general can complete the answer. As you would know, not only does the government support foster carers but we have non-government partners that also support them. Part of their role is to assist foster carers through those early stages.

Mrs SCOTT: The contact—

Ms DAVIS: What there is is appropriate contact, as I understand it. We certainly would like to think that foster carers felt that they could contact the service provider or government if they felt they were not getting the information they needed. Foster carers do such a wonderful job, we certainly want to keep them in the system helping our kids.

Mrs SCOTT: What percentage of the 76, for example, would you normally see come through and actually become foster-parents? Is there a high dropout rate?

Ms DAVIS: As they come through the process?

Mrs SCOTT: Is there a high dropout rate?

Ms DAVIS: I do not know that we would have those figures for you today, but it is something we could find out. Some people come to learn about foster caring and might have a particular view of what that means. Children who come into care, particularly once they have reached the age of about five or six, generally understand that they may have come from a home that is dysfunctional, abusive or neglectful. A lot of these children who come in are damaged. Sometimes when families come and investigate the opportunities surrounding becoming a foster family they may find that it is right for them. It really depends on the person as they come through. We would certainly encourage people to continue that process. It does not end with becoming a foster carer. We certainly do try to encourage them.

CHAIR: There is a supplementary question from the member for Capalaba.

Mr DAVIES: As someone who is actually having the conversation with their wife at the moment about fostering, this is a pretty interesting conversation for me. For her the big problem is giving the baby or child up one day. That would be tough, but I digress. I refer to question on notice No. 19. Will the minister please elaborate further on how the Newman government is encouraging more people to become foster carers, which you have been doing, and what initiatives you have taken to ensure the current cohort of foster carers are well supported?

Ms DAVIS: I thank the member for the question. I am delighted that you and your wife are having that conversation at the moment. We certainly need more people to consider this really important role in our community. I hear many times from foster carers that it is a really rewarding experience. Sometimes it can be really challenging. It is really difficult for some people who become attached to a newborn.

People going in know that reunification is the aim. That is not always possible. If it is possible then children are reunified with their family. The one thing that I have learnt from talking with a range of people in the sector is that, irrespective of how awful the family circumstances are—whether there is neglect or whether there is abuse—children would prefer to stay with their families. Unfortunately, if it is not safe to do so we have to look at out-of-home care. But if the family can make the decision to make their home a better place in terms of being able to look after their children in a more appropriate way, then the children would prefer to be back with their family. I acknowledge that not all children will return to their family home.

Your question gives me an opportunity to highlight the wonderful work that carers do out in the community. They open their homes and their hearts to children and young people who cannot live with their parents. As I said, it is a really challenging role at times, but a very rewarding one. Foster carers often get a great sense of accomplishment when that reunification actually occurs.

We know that more carers are needed so we have created the fresh, new look recruitment campaign that the director-general alluded to. It is the 'Is there room' campaign. We are asking people: is there room in your life, is there room in your heart, is there room in your home to take a foster-child? As I said, in the last two weeks we have had 78 people make inquiries about being potential foster carers. We are really encouraged by that.

The recruitment effort is really about promoting the true face of foster care and showing that foster caring takes many forms—not just full-time foster care but also emergency foster care and short-break foster care. We need different levels of support when looking after children in out-of-home care. We also need to support the foster carers. It is nice to be able to give those who take children full time a bit of respite so having a cohort of foster carers who can do the short-break care is really important.

Aboriginal and Torres Strait Islander children are a real focus in this campaign because they are so heavily over-represented in the child protection system. Wherever possible, I think it is appropriate that we keep those children connected to their culture and to their community. It is a grassroots campaign and unlike what we have seen in the past. Previous governments invested millions upon millions of dollars in recruitment drives which yielded few results.

In the last recruitment drive—correct me if I am wrong, director-general—the number of carers increased by about 500 but about 500 carers left the system. It is a net result. It is about trying to keep people in the system and providing foster care or kinship care for our young people who cannot be at home.

I am really pleased that the funded NGOs are starting to use this material for potential foster carers. I invite all members of the committee to go to the department's website and see the fresh, new look campaign. We want to reach as many people as we can. I am pleased that some of our local members are actually out and about promoting foster caring in their electorates. I would like to think that members of the cross benches and the opposition might want to be part of this campaign in their local areas because all of our electorates have children who need support and all of our electorates need foster carers to support those children.

So I am very excited about this. I am really encouraged by the figures. We are seeing increased numbers of carer families across Queensland at the moment. At the end of June the number of carer families reached 4,707. It is the first quarter that we have seen an increase in foster and kinship carer numbers. That is really encouraging.

I commend the website to the committee. I ask members to encourage people in their local communities who might be interested in foster caring to pick up the phone and ring the hotline where our departmental staff will be very happy to have a conversation with them and outline what foster caring is all about, what the rewards are and how it helps young people at the risk who are not able to live at home with their families.

CHAIR: Dr Douglas has a supplementary to this question.

Dr DOUGLAS: I have a supplementary question and I would not mind taking you back to the original point. I congratulate you on raising the number of serious inquiries about fostering. It is recycling in some ways—new people coming in and some going out. I am not saying that that is a bad thing. You said in your last answer that you have approached government members to raise this issue in their electorates and you are encouraging, I presume, people such as me and probably members of the Labor opposition to do the same. What else have you done that has raised those inquiries? What is it that the department has been doing? Is it advertising? Can you open that up a bit more and tell me a bit more?

Ms DAVIS: As I understand it, there has not been—and director-general, please correct me if you have done advertising—any advertising campaign per se on it. This is really a grassroots campaign. This is where we have really started. In terms of getting our numbers up, it is about the way we do business in the department and encouraging people—

Dr DOUGLAS: When people say ‘grassroots’ they all assume everybody is on the same page. When you say ‘grassroots’ can you say to me what it is at the grassroots that is different and has raised the number of inquiries? What would be the comparison in the last couple of years? Are we looking at half the number, a third of the number? If there has been a significant change, what is it at the grassroots that has changed, straight off the top of your head?

Ms DAVIS: I think that certainly since we have come into government there have been a number of issues that had not been dealt with by the previous government that had discouraged people from becoming foster carers, and one of those was around matters of concern. I think, member for Gaven, you would be aware of matters of concern. Part of the issue there was that because the system had become so risk averse, foster carers were being asked to jump enormous hoops and wrap children in cotton wool and really not being given the opportunity to provide a normal environment in some cases for children to be raised. So some foster carers were leaving.

Of course word of mouth is, for those that are interested, that there were some difficulties in terms of the way there were interactions with the department and foster carers. I am really pleased that I have had some feedback from Foster Care Queensland that they are very happy with this. This is about talking to foster carers. Rather than just having a big glossy brochure, it is about actively having the regions out speaking to stakeholder groups who might have connections to people who might be interested in foster care arrangements. It is actually getting out on the ground and doing it and having the conversation and trying to raise awareness.

As you would know, nothing beats having somebody who has experienced the system or is in the system to talk about what being a foster carer is really about. So we are finding that Foster Care Queensland is very keen to get on board in that regard. In the past, as I understand it, it has really been about television campaigns and that sort of thing which has not been down on the ground talking to people. What we are attempting to do here is to work from the ground up by working with the agencies—

Dr DOUGLAS: A more positive image; is that what you are saying?

Ms DAVIS: A positive image but I think what is really important is that people are absolutely told the realities of being a foster carer. As I said earlier, some children come into the system severely traumatised and it takes a very special type of person to be able to deal long term with the issues that come with young people who have been in very, very unfortunate circumstances. I know we have had conversations in the past about young people. So this is about trying to change a system. It is about being open with potential carers about the really great benefits and the wonderful things that come with being a foster carer but about the realities as well, so they do not go in with a particular expectation.

Dr DOUGLAS: That is a good answer and I congratulate you for it. I encourage you to go forward with it. I think the only thing is the risk averse issue. I am a doctor and I can tell you that it has not changed. It is unchanged.

Ms DAVIS: I am sorry, member, I did not quite hear.

Dr DOUGLAS: You mentioned the risk averse issue. To be fair, on the ground—and we have a lot to do with it—that has not changed a lot. I want to get to the issue of the high needs foster carers. I have corresponded with you fairly recently—at least once and possibly more. Having said that, there are high needs foster carers and there is even a group that represent them, and I think there is more than one. They have raised some concerns—I know we have corresponded about it—where there are reassessments that are done on high needs foster carers and then they are downgraded after they have taken in high needs foster care children. These groups are expressing, or they have expressed to me, that the issue of the reassessments seems very poorly misunderstood by them, for want of a better word.

From their position there seems to be an inordinate number of high needs foster care children moving in with the carers in these groups. Those groups are being asked to take those children and then being reassessed, and then basically the funding is reduced as a result of that. What was indicated to me by the group that came to see me—I subsequently wrote a letter to you; I do not know whether I wrote two—was that we run the risk of not even exhausting them but actually losing them.

There is obviously a fairly high demand for these people. I would like to know roughly in percentage terms how many children are in this group and what the criteria are for the reassessments. Do the people have the ability to challenge those reassessments? That is the question I originally asked; I do not know whether I really got an answer. And are we running the risk of losing those people at a time when we actually need them?

Ms DAVIS: I thank the member for his question. I might just pass to the DG if that is okay because you have asked for some figures and they might be available. Do you have those figures, DG?

Ms Allison: I can answer some of the questions in relation to families who are paid the high support needs allowance and the complex support needs allowance depending on the needs of the children or young people who are placed with them. Where children with particularly high needs—and they are often related to behavioural issues—are placed with carers, in recognition of the extent of their needs they can be given an allowance which ranges between \$155.37 and \$603.54 per fortnight. At the moment—and I am sorry but I only have this in dollar figures; I do not have it in terms of number of children—we estimate that we will pay for intensive foster care services \$27.407 million in 2013-14. For families who receive the high support needs allowance the funding will be \$7.656 million and for families who receive the complex support needs allowance the funding will be \$9.857 million. I do not have the number of children.

With respect to your question about when those allowances change, sometimes happily because foster carers are very effective in the support they can provide a child, the child may not have high support needs anymore and those allowances can be reviewed. It can be a contentious issue for foster carers who may feel as though they have been penalised for doing a good job because the child no longer has those complex support needs. The department aims to be very flexible in dealing with those families and of course any decision to cease that allowance is reviewable.

Dr DOUGLAS: Within what time frame and by whom? That was the question that I think I wrote and asked you, Minister. With respect, you might not even remember it. Having said that, it was a very odd situation. I think I had representations made to me by at least two of the groups that take these people and they had quite a deal of expertise and knowledge of these people. I do not know what percentage of reviews are done of the high needs carers, but they said the reviews appeared to be arbitrary. I think the word was arbitrary. Can you tell me a bit more about the reviews than you have said? I just need a little bit more of an answer. Yes, you review them and, yes, they are challengeable but by whom and how. My understanding from the woman who made the representation to me was that it was non-negotiable.

Ms Allison: The process generally would be that for children in care each have a case plan and that case plan is the primary tool for managing ongoing statutory intervention and to provide a holistic response to a child and their family. Importantly, because that is the working document that we are all committed to, whether we are foster carers or departmental workers or other people providing particular services, it is important that that be a current document. So they are reviewed on a regular basis—certainly at least annually but, depending on other circumstances, for example, the length of the order and whether reconciliation is actively happening with the child's family, it could be a lot more often than that. And it would be through one of those reviews that the change in the child's need is identified. So certainly it can be a challenging time but, as all administrative decisions are reviewable, the foster carer is able to contact the manager or the team leader of the child safety service centre where that assessment was undertaken for reconsideration.

CHAIR: I call the member for Townsville.

Mr HATHAWAY: Minister, I have heard you before talking about the regional telephone counselling hotline, which is also outlined on page 3 of the SDS. Can you please outline how the funding for the additional telephone counselling is helping children in areas that I care about—that is, rural and regional and remote locations throughout Queensland?

Ms DAVIS: I thank the member for the question. The Queensland government has met its election commitment to ensure children living in regional and remote areas of Queensland have access to a professional telephone counselling line 24 hours a day, seven days a week. This is a \$500,000 investment over four years. Indicators are that it is a service that is really starting to make a difference which is wonderful. Kids Helpline is delivering the service and, as you know, they are a very well regarded and trusted service provider. So we are very pleased that they are working with government to get supports out to kids by just being a phone call away if they need some help.

What this funding has enabled is the employment of two additional counsellors who have been on board since January this year. Along with increasing the capacity to respond to the demands from regional and remote Queensland, the funding also assists Kids Helpline to promote the services available in those parts of Queensland. So that support includes raising awareness of the telephone hotline to Aboriginal and Torres Strait Islander children and young people in regional and remote communities. Kids Helpline is implementing a range of strategies to get the word out. For example, they are developing a 'Hot Topics' brief specific to Indigenous kids as well as other children living in regional and remote communities. They are also promoting the Kids Helpline through schools and media, and I understand that it is actually now being done through the School of the Air. So it is quite extensive.

The aim is to increase a child or a young person's ability to seek and get help when and where it may be required. Thanks to this initiative, kids can reach out for assistance with the knowledge that someone is going to be there on the other end of the phone to talk to. With the additional counselling positions, Kids Helpline recorded a total of 21,851 telephone calls in Queensland between 1 January to 30 June this year. The new data is telling us that the percentage of callers living in regional Queensland was almost 50 per cent of that total during that time. So this is a real indicator of just how needed this service really is. So I thank you very much for the question. It is a really important initiative and one that is ensuring children living in regional and remote areas in the state can benefit from access to counselling services.

Mr HATHAWAY: I have a follow-up question if I may. I note also that there was a commitment to boost sexual abuse counselling for children in care and their families. Could you please update our committee on that initiative, please?

Ms DAVIS: Again, I thank you for the supplementary question. Yes, we are certainly implementing some strategies and we have a commitment to enhancing counselling services for people in rural and remote areas. My department is investing \$250,000 this year and for the next two years to continue our new sexual abuse counselling services in Far North Queensland. This service commenced in 2012, and Family Planning Queensland is the provider of those services. They have been working very, very hard since then to make sure that those services get to where they need to be. They are getting out and delivering the valuable sexual abuse counselling services in Atherton, in Cairns, in Innisfail and in Yarrabah. So it is quite a nice spread. These areas have historically not had access to these types of services. It is terrific to be able to put new front-line services on the ground in these parts of Queensland.

What this funding provides is a specialised counselling program for children in the care of the state who have come into care due to experiencing sexual abuse as well as those who present with sexualised behaviour, which is an increasing issue. Our foster carers are also being supported by the service as are the non-offending family members. I was pleased to hear about one case where Family Planning Queensland has been working with a mother concerning protective behaviour, so the way she protects her children. As a result of their intervention, the child has returned home on a permanent basis almost one year ahead of time. That reunification is a great outcome. Family Planning Queensland will continue to provide support to mum during this transitional phase. It is great to see that areas that have not had this type of support in the past are finally getting what they need. In doing so, we are continuing to strengthen families and keeping children safe, because that is ultimately what it is all about.

Mrs SCOTT: Minister, I refer to pages 2 and 8 of the SDS and your response to a question without notice in the House on 16 April 2013, where in relation to the Regional Community Association Moreton Bay you stated—

The audit, which is being undertaken by PricewaterhouseCoopers, was engaged by the Minister for Health so the member might like to direct that question to him.

I seek leave to table a copy of *Hansard*. Minister, do you still stand by your comments—yes or no?

Ms DAVIS: Certainly Queensland Health—

CHAIR: Member for Woodridge, I am just going to caution the minister in her answer, because I am aware that the CMC has asked for papers. I am not aware of what papers, but I am just asking you to be aware that that has occurred. But, minister, answer it according to your discretion.

Mrs MILLER: It is not sub judice.

CHAIR: No, I am not suggesting it is sub judice. I am simply asking the minister to be cautious.

Ms DAVIS: Health was the principal contractor of the agreement with PWC and we agreed to participate in that.

CHAIR: Minister, I was not listening. Member, would you please ask your question again and, Minister, would you please answer the question again?

Ms DAVIS: I think that answers your question.

CHAIR: Are you satisfied?

Mrs SCOTT: You said that the health minister was the major—

Ms DAVIS: To clarify, Queensland Health was the principal contractor with PWC for this particular matter, and Communities came on board with that. They were the principal contractor in the arrangement.

Mrs SCOTT: So you are saying that the department of communities was involved in that?

Ms DAVIS: What I am saying is that Queensland Health was the principal contractor with PWC, and the department of communities came on board as part of that arrangement. The original involvement—

Mrs SCOTT: What was the involvement of your department at that stage?

Ms DAVIS: Can you be clearer with your question?

Mrs SCOTT: Maybe I will follow up, then. Minister, why does a letter signed by the Premier on 8 May 2013 released under RTI state—

On 25 March 2013 the Department of Communities, Child Safety and Disability Services and Queensland Health jointly appointed PricewaterhouseCoopers to undertake an independent financial and governance audit of the organisation.

Minister, could you please outline what your department's role was in appointing an auditor? Did you jointly appoint the auditor with the Minister for Health or not? I seek leave to table the Premier's letter.

Ms DAVIS: I think the member is splitting hairs.

Mrs SCOTT: Minister, I think we are going back to your answer in the House.

Ms DAVIS: No, but I think you are just splitting hairs—

CHAIR: Just a second, please. I need to seek leave from the committee to table the document. Is leave granted?

Mrs MILLER: No, you don't. She is a member of the committee.

Mrs SCOTT: I am a member.

CHAIR: I am sorry, the information I have right now is that you are visiting; you are not a substitute. As a consequence, you do need to seek leave. Leave has been granted. Minister, would you be willing to answer the question?

Ms DAVIS: I just think the member is splitting hairs. Queensland Health is the primary contractor and we are a party to it. At the end of the day I do not understand where the member is attempting to go with this. It is a matter of public record that PWC was doing this review. Queensland Health happened to do the negotiations and we have come on board. I just do not know where the member is going with this.

Mrs SCOTT: Minister, the main point of it is the discrepancy between your answer in the House where you referred—

Ms DAVIS: Well, I just think it is really splitting hairs—

Mrs SCOTT:—to the Minister for Health and led us to believe that you were not involved.

Ms DAVIS: I guess what I am saying is that I fail to understand. It is a matter of record that we, along with Queensland Health, were in an arrangement with PWC. At the end of the day there is an audit. We did not sweep this under the carpet. I just think the member is trying to split hairs on a matter that is pretty straightforward.

Mrs SCOTT: Go to the next question?

CHAIR: Please.

Mrs SCOTT: Minister, I refer you to your answer to estimates question on notice No. 5 where you were asked to provide a list of interactions or meetings regarding your involvement in the Regional Community Association Moreton Bay. However, you declined to answer the question and

responded by reference to the release of your ministerial diary. I seek leave to table your diary since February 2013 this year and note that there does not appear to be a reference to the Regional Community Association Moreton Bay issue. Minister, can you please point out to the committee where in these diaries you have met about this issue, or did you not meet with them at all?

CHAIR: Minister, before you answer that, the committee needs to accept the documents. The documents are a matter for public record so it means that these will be published as part of this. I am just asking members if they are okay for this to be tabled?

Mrs MILLER: Yes.

CHAIR: Leave is granted.

Mrs SCOTT: There is the question on notice.

Ms DAVIS: In answer to the question whether I met anybody from the regional council, you will see from my diary the answer is that I haven't. However, departmental officers had been dealing with RCAMB, as is appropriate, and they kept me apprised of what was happening as necessary.

Mrs SCOTT: I guess the point is that I would have thought this was a serious enough issue for the minister to be personally involved.

Ms DAVIS: If I can respond to that, the department was actively involved on my direction to ensure that services continued to be delivered once the organisation advised us that they were unable to continue delivering services. I thank the departmental staff who did that over the long weekend to ensure that the following week services continued to be delivered on the peninsula. I certainly wanted to ensure that services were still available to residents in Redcliffe and those nearby areas that were in the catchment for services delivered by RCAMB. I am delighted that the Pine Rivers Neighbourhood Centre agreed on an interim basis to deliver those services, because it was about ensuring that services continued to be delivered to the people on the peninsula. So I took a very great interest in ensuring that that happened.

Mrs SCOTT: Minister, I have another question regarding the Regional Community Association Moreton Bay. On 20 March 2013 you stated in the House—

... our department is working hard with the community centre to ensure its viability.

I seek leave to table a copy of *Hansard*.

CHAIR: Is leave granted? Leave is granted.

Mrs SCOTT: However, on 28 March in the *Courier-Mail* staff at the centre said they had no contact with anyone from your department and that no-one from your department had visited the centre or inspected its documents. I seek leave to table a copy of the *Courier-Mail* article.

CHAIR: Members, is leave granted for the *Courier-Mail* document? Leave is granted.

Mrs SCOTT: Can you clarify when you instructed staff to go to RCAMB and when they physically travelled to Redcliffe?

Ms DAVIS: I think that needs to be a question to the departmental officers who were doing that. They were liaising—

Mrs SCOTT: I would have thought that with the serious matter that it was—

Ms DAVIS: We have 8,000 organisations that are funded by the department, member for Woodridge. I do not get involved and I do not micromanage each one of them. My understanding—and I will hand to the director-general to speak to this question—was that the department was liaising with RCAMB, and that may have been with the committee, to discuss some issues. When I became aware that the organisation was unable to continue to deliver its services because it thought it was insolvent, we sought immediately to find another organisation to deliver those services to the community. When we were advised, that went into action straightaway.

I am advised that the following week senior regional officers were on the ground at Redcliffe. I think it is really important to note here that we are not the only organisation that funded RCAMB. There were other agencies including FaHCSIA which did not turn up, but we were there to talk to the staff about what we knew about the arrangements and offered assistance where we could. I reject the premise of the question that we were not doing anything to assist. We were doing everything that we could given the information that we had and the appropriateness of acting on that information.

I am really pleased that we have managed to have those services continue to be delivered on the peninsula. What was very pleasing for me to learn was that the staff who had been working at RCAMB and delivering the services that our department funded are now working and delivering those services with the Pine Rivers Neighbourhood Centre. That is what a representative of the Pine Rivers Neighbourhood Centre shared with me a couple of weeks ago.

Mrs SCOTT: How many staff were affected, Minister?

Ms DAVIS: There were a number of staff at RCAMB. We did not fund everybody at RCAMB. RCAMB had a service agreement with the department to deliver a range of services. They were acquitting and indicating that those services were being delivered. As I said, we do not micromanage. Staffing issues are matters between the staff and the committee. That is the way it works. The member knows that is the way it works. But when we found out that those services could not be delivered by RCAMB because they were possibly insolvent—that was the language that was used by the committee member in contacting our department—and could not deliver the services, we did what was appropriate to make sure that those services could continue to be delivered to the Redcliffe peninsula.

Mrs SCOTT: Do we know that the staff received their entitlements?

Ms DAVIS: That is not a matter for government. We have a service agreement with the organisation to deliver services. Matters of human resources are matters between the committee and the staff. That is not what our department does. It is not what the department did with the previous government. Our job is to ensure that services are being delivered and that happens by the acquittal that comes from the organisations and those acquittals were being received.

Mrs SCOTT: It left those loyal staff in a terrible predicament for weeks, really, didn't it, Minister?

Ms DAVIS: It was a terrible situation for those staff members, but our department did what it could to continue to deliver those services. As I said, those staff members that were delivering the services that we fund under RCAMB are now delivering those services with the Pine Rivers Neighbourhood Centre. I think your questions need to be directed perhaps to FaHCSIA, or maybe to Yvette D'Ath, who might be able to make a representation given that, of the three government agencies, FaHCSIA was providing the majority of the money.

For you to ask these questions, member for Woodridge, when we have done everything we can to ensure those services continue to be delivered is really disappointing. We have done what we can. It is disappointing for those people, but perhaps they need to contact FaHCSIA or their local federal member to see what can happen with the federal agency.

Mrs SCOTT: Is the Pine Rivers service delivering services within the same locality, or do people have to travel to the Pine Rivers centre?

Ms DAVIS: They are working out of the same premises—out of the RCAMB premises at Redcliffe.

CHAIR: We have about three-quarters of an hour before these particular estimates are over. I propose that we now focus on questions of social inclusion services. Notwithstanding that members on the committee can ask any question, I would like to see if we can focus on social inclusion services questions. I call the member for Capalaba.

Mr DAVIES: Minister, with reference to pages 9 and 10 of the Concessions Statement, can you please outline what your department is doing to ease the cost-of-living pressures on our most vulnerable Queenslanders?

Ms DAVIS: I thank the honourable member for the question. It is a priority for the government to ease cost-of-living pressures, not only on Queensland families but also on the most vulnerable people in our communities. My department, through Smart Service Queensland, administers a range of concessions and rebate schemes to assist our most vulnerable Queenslanders. These concession schemes assist thousands of pensioners, seniors and veterans to ease their cost-of-living expenses. My department will administer \$223.6 million of the government's \$5.2 billion spend on concessions as part of this year's budget for a range of schemes to assist with cost-of-living pressures. These include various concessions for electricity, gas, water and rates, which I would like to outline for the member.

Firstly, the Electricity Rebate scheme provides a rebate of up to \$282 per year. This reduces the cost of an eligible person's domestic electricity supply and assists approximately 530,000 households. There is also the Electricity Life Support Concession Scheme. This scheme provides a concession of \$144 per quarter for an oxygen concentrator and \$96 per quarter for a kidney dialysis machine. This assists more than 3½ thousand people. We also have the Medical Cooling and Heating Electricity Concession Scheme, which assists more than, 2,900 low-income individuals with specific medical conditions to meet their energy costs. This scheme provides assistance of \$282 a year to individuals whose medical condition requires the use of air conditioning.

There is also the Home Energy Emergency Assistance Scheme, which provides a one-off payment of up to \$720 each 12 months. This scheme is provided for up to two consecutive years to low-income households. It is targeted at those vulnerable Queenslanders who experience an unforeseen circumstance that means they cannot pay their electricity and/or reticulated gas account and are at risk of disconnection. This scheme supports nearly 9,000 people. I am pleased to say that as of July 2013 we increased this concession to \$10 million, to provide more assistance to these low-income families and individuals.

The Reticulated Natural Gas Rebate Scheme assists more than 35,000 households and provides a rebate of up to \$66 off the cost of an eligible person's reticulated natural gas supply. The South East Queensland Pensioner Water Subsidy Scheme provides eligible pensioners—that is, up to 160,000 households—in the South-East Queensland water grid with a rebate of up to \$120 per year. The Pensioner Rates Subsidy Scheme, which provides a subsidy equivalent to 20 per cent, up to a maximum of \$200 a year, of gross rates and charges for freehold properties, assists approximately 260,000 households.

These concessions are providing many benefits and helping ease the cost-of-living pressures on some of our most vulnerable Queenslanders.

Mrs SCOTT: Minister, following the Queensland apology to forced adoption mothers in November 2012, ALAS wrote to you requesting you address unfinished business for these women. Minister, can you tell the committee what issues ALAS raised with you? I seek leave to table a copy of the letter from ALAS which outlines the issues. That may assist in refreshing your memory. Minister, what progress, if any, has been made on addressing the issues outlined in the letter?

Ms DAVIS: Could I just ask for the reference to the SDS? Sorry, I missed that in the question.

Mrs SCOTT: SDS page 7, sorry.

CHAIR: I am seeking the leave of the committee for the letter to be tabled. Leave is granted.

Ms DAVIS: I thank the member for the question. It was a really historic day, the day the apology was delivered to those men and women who were challenged with those issues around forced adoption. I had the very great opportunity to meet many of those stakeholders, as I know you did, prior to the apology that was delivered by the Premier. It was a great privilege to be able to speak to that motion in the House.

Having understood from my conversations with these very brave women about the challenges that they had faced over a lifetime in not having had the opportunity to raise their child because they had not been provided with the options that are afforded to parents now if they are in fact considering adoption, I think I would ask that the member understand that I have had some private meetings, as have my staff, with ALAS. We are still working our way through those things. We know that there are a number of issues that they have raised that are of importance to them. We will continue to have dialogue with ALAS. They know that my office door is open for those conversations. We very much hope that we can work in a very collegial way to get some results that they are comfortable with.

Mrs SCOTT: So, Minister, you would foresee that you can actually bring some or all of these issues to finality for them?

Ms DAVIS: As I said, we are working through those. This is not an appropriate forum to identify those but, as I have said, the ladies particularly from ALAS know that the door is open. I know that there have been some conversations recently with my staff about some of those issues and what we might be able to achieve. So that is quite encouraging.

Recently I wrote to the Speaker about a permanent memorial. I know that is of very great interest to those affected by the practices of past forced adoptions. If I could just ask that those conversations continue. These are issues very close to the hearts of these ladies and it is appropriate that they are dealt with in a very compassionate manner.

Mr SHUTTLEWORTH: Minister, I begin by thanking you for the support of your department in my communities of Mount Nebo and Mount Glorious during the Australia Day storms. Page 18 of the SDS refers to the reduction of almost \$26 million in supplies and services funding for the department. How are these savings being achieved? In fact, what impact will that have on front-line service delivery?

Ms DAVIS: I thank the member for the question. I was very pleased that the department was able to assist the residents in those locations that you spoke of. I know that they felt quite isolated and were very pleased when the department was able to come and give them those connections that they needed. It was our very great pleasure to support your communities.

Like all government agencies, my department has committed to maximising efficiencies and achieving savings in operating costs as part of our contribution to the fiscal repair task. It is no secret that our government inherited a huge debt from the former Labor government and we are implementing strategies to address that.

The reduction in supply and services expenditure has been achieved without any impact to front-line services, which we are very pleased about. I will hand over to Arthur O'Brien, the CFO. He might be able to break that down for you.

Mr O'Brien: As outlined in the income statement on page 18 of the SDS, the department's funding for supplies and services in the 2012-13 published budget totalled some \$174.62 million as compared to estimated expenditure in 2013-14 of \$148.710 million, reflecting a reduction in expenditure against budget of some \$25.91 million.

The department in 2012-13 required that senior executives across the department achieve savings in supplies and services without impacting on front-line service delivery. Funding reductions are mainly due to the reallocation of disability growth funding to grants and subsidies during the 2012-13 financial year, which accounted for some \$17.2 million of the movement between those two budget years. The other major contributor was the full-year effect in 2013-14 of the department's contribution to the fiscal repair plan of the current government—some \$12.847 million.

In the 2012-13 financial year, the published budget population growth for Disability Services was published in supplies and services pending decisions about the application of this funding. Subsequently, this funding was moved to Disability Services grants and subsidies to reflect where that money would be ultimately expended from. The estimated actual expenditure for the 2012-13 financial year reflects a reduction in expenditure in comparison to 2011-12 and represents the efforts of the department's senior executives to contribute to the fiscal repair plan for Queensland.

I would be happy to share with the committee examples of some of these efficiencies achieved in this year-on-year cost reduction. In 2012-13 the department spent approximately \$57.9 million on accommodation leases, while the estimated budget for rent and building services for the 2013-14 financial year is approximately \$56.9 million. In addition to keeping accommodation costs low in 2013-14, we have reviewed our long-term accommodation requirements and commenced a program of reductions to the department's accommodation footprint. It is estimated that reductions in floor space of over 13,000 square metres will be achieved over four years, which could result in further savings to the department's budget of around \$5.3 million.

In 2012-13 the department incurred expenditure of approximately \$4.2 million relating to travel within Australia. This compares well to travel expenditure in 2011-12 of some \$8.9 million. To improve efficiencies in relation to travel, greater planning has been undertaken to ensure staff visit a range of clients and services when visiting locations. Where previously regional staff have travelled to visit one client per day, staff are now encouraged to visit multiple clients in multiple locations, reducing the total days of travel and associated costs.

Greater use of technology is also being made available to meet operational staff supervision needs. For example, the increased usage of high-definition videoconferencing facilities, which are now operational in Mackay and Mount Isa, also reduces the need for travel. The department has also reduced its expenditure on hospitality and entertainment expenses to approximately \$166,000 for the year, as compared to \$1.1 million spent in 2011-12. This represents a saving of about \$950,000 and reflects the fact that departmental staff are taking a more pragmatic approach to catering for internal activities. The department's regular motor vehicle fleet has also been reduced by approximately 9.7 per cent, or 91 vehicles, up to 31 May 2013. Finally, the department has reduced its use of contractors in 2012-13, spending an estimated \$4.6 million for the financial year. That is a significant reduction from 2011-12.

Dr DOUGLAS: That was an excellent presentation, Mr O'Brien. Following up on the previous point and actually building on your point, my question is to the minister. The issue of disasters is not new. We have had floods and all sorts of things in Queensland for a very, very long time. The government funded an extensive amount of research after the 1974 floods here in Brisbane and the results were published. John Weston, who was a professor at the university, extensively collected and published data regarding government funding. In relation to efficiency, I would like to know if your department has used the information gained from the hearings into those previous disasters for the programs which you have funded. Are you aware of it?

Ms DAVIS: I thank the member for the question. Just so I understand it, you are asking whether the findings or the learnings from that report—

Dr DOUGLAS: Yes.

Ms DAVIS: I would need to defer that question. The current system that we use has been built and developed from previous governments, so I am not sure how that came about. Certainly I think there is room to review the services from a community recovery perspective, but I could not answer that. We might have to go and find some information on that. I am not sure anyone would—

Dr DOUGLAS: These are extensive programs. There is an acknowledgment in the literature of what works and what does not work. So are we funding programs that are known to work or known not to work?

Ms DAVIS: All I can talk about are those programs in community recovery. The sorts of programs that we are funding are around building communities after disaster events, because that is what we do. We come in after emergency services come in, as you know, and as the disaster is unfolding. The sorts of services that we fund include counselling. We have just invested \$5 million into the Bundaberg and North Burnett regions around that. I was speaking to the two mayors up there, and they are very pleased that they will be able to put on some community development officers who will be able to be in those areas which suffered the greatest impact. Because they know the people in the area, they will know the people who need to be helped. One of the things about country people is that they do not often put up their hands for help, so having community development officers on the ground to see whether local communities need support is really important. That is the sort of thing that we do. After a disaster is called and disaster areas are declared, our role is to provide some immediate supports to families. But in terms of what the time line is or whether the department in the past has used those findings, I would need to ask the department whether they would know—

Dr DOUGLAS: So will you undertake to come back and give me a further response later on?

Ms DAVIS: I am certainly able to ask. I can confirm that as the minister I have not done any work that would specifically reference any findings from any report from the 1974 flood. I am not sure whether processes post that used that material in terms of formulating—

Dr DOUGLAS: There was extensive published literature in the four to five years following it which was notarised and spoken about in the House. I have spoken about it in the House extensively and other people have spoken about it. The idea is to sort of avoid ad hoc programs and ad hoc spending. Here we are making fairly significant statements. My question is: can you tell me whether we have an organised program for the spending of community recovery programs? Is it based on research which is known to work? This works; this does not work—that sort of stuff. That is what I want to know.

Ms DAVIS: What I can say is that we respond to what the local community is telling us that they need. In Bundaberg they were calling for counsellors and community development officers, so that is what we responded with under the NDRRA. I am not in a position to give you a correct or fulsome answer in relation to specific details. I can say that we want the system to be as good as it can possibly be. What we have sadly found from previous disasters is that there have been ineligible people who have accessed grants on multiple occasions. That is certainly something that might be worth looking at. But I would hope that that literature, if it was extensive, was considered by the previous government in relation to where we are today.

Dr DOUGLAS: My question originally was about adoption. I take on board what was said earlier on, and I know there has been a response in part to the Carmody report. I take all of that on board. I am a person who was formerly involved in the prisons and I know a fair bit about adoption. Can you tell me what the department is doing with regard to adoption? I take on board all of the things that you have said about the issues that have been raised so far, but it is still a significant issue. There are children still being adopted—not as many as there have been in the past—and there are people that support it. Can you tell me something of what the department's current response is with regard to adoption and what your position is? Can you tell me a little bit more?

Ms DAVIS: I do not know that this is a forum in which to be seeking my view—

Dr DOUGLAS: No, it is not your view. Maybe I should frame it this way: is the department going to give us some formal response with regard to adoption?

Ms DAVIS: Are you speaking in the context of Commissioner Carmody's report?

Dr DOUGLAS: Yes.

Ms DAVIS: There is work being done in adoption through the department. I acknowledge there were some references to adoption. We are still considering the recommendations. What we have tried to do in the department quite apart from that—because departments still have to keep on going and

service people, even while inquiries are going on—is streamline our services a lot better than they have been. You are correct; the number of adoptions is low. But there are a lot of people who still seek to be adoptive parents, so we need to provide the support and the mechanisms so that, if an adoption is to proceed, the family have been provided with the information, support and services that they need for that to continue.

Ms BATES: Minister, I refer to page 8 of your SDS and I ask: will you please advise what the government is doing to reduce red tape? Can you also please advise how these measures will continue to ensure that NGOs remain accountable and that ongoing services continue to provide value for money for Queensland taxpayers?

Ms DAVIS: I thank the honourable member for the question. My department makes a significant investment in front-line services through contracting with non-government organisations. I would like to correct a number that I gave earlier in the proceedings. When I said that we purchase services from around 8,000 organisations, it is 800 organisations. But of those 800 organisations, there is an allocation of about \$1.5 billion to support individuals, families and communities. As a government we want to ensure that this investment delivers measurable and sustainable improvements to the quality of life of those who are in most need and to get a greater return on taxpayers' investment for all Queenslanders.

A key way for us to ensure that public investment is directed to front-line services is by delivering redtape reduction strategies which reduce administrative and compliance costs for non-government organisations. The redtape reforms that we are introducing will make a real day-to-day difference to these organisations and to the clients that they service. We have already had some early success through the implementation of the new, simplified Human Services Quality Framework and by streamlining licensing steps for child safety services. From July 2012 we have reduced visits to low-risk services by departmental staff for purely administrative purposes. This is a reduction of over approximately 350 hours per month. To improve coordination the department has also started using an account management approach for large providers who otherwise must deal with many contract managers across the state, and that can be very time consuming for those organisations.

Another one of the department's redtape reduction initiatives is to streamline our service agreements with community organisations. Many organisations have multiple agreements with the department for the different services and programs that they are funded to deliver, so we will significantly reduce the number of agreements and associated red tape with which organisations have to deal. I expect that organisations will start transitioning to new streamlined agreements in 2013-14. What is important to note is that all of these changes are being made without reducing accountability. It is very, very important that these organisations are still accountable to government for the services that they provide. In fact, by targeting our measures in a smarter way we are increasing accountability for the government's investment. So by reducing red tape and increasing accountability, we are ensuring better value for money for the government's investment. The changes mean that community organisations can focus their resources on front-line services, not administration, and reporting to the government will be focused on accountability and not on paperwork.

A significant measure that we have taken has been to commence the process of review and recommissioning of our investment to priority groups, including young people and women. This is a two-year program of work that aims to deliver greater value for money by guiding investment in services which maximise the achievement of clear and measurable client outcomes. It aims to achieve this by targeting the right clients in the right locations with the right services. Recommissioning is not a new concept; rather, we are seeing it as a global trend as the demand for human services continues to grow in tightening fiscal environments such as this. It is a responsible measure, and it is a very good measure when communities and governments are faced with the responsibility of ensuring that the most effective and efficient solutions for addressing social need are actually implemented.

I want to take a moment to discuss the recent Commission of Audit report. This audit set a strong and clear agenda for reforming the way government makes and manages its investments. It stressed very strongly the need for greater contestability and productivity of services. It also called for government to create better ways of administering funding to get better value for money and outcomes for Queenslanders. The review and recommissioning of key social inclusion services is one

of the main ways that my department will deliver on these recommendations. We have commenced with a review and recommissioning of youth program funding, and to date this has focused on modelling current and future alignment between need and service investment and developed a suite of contemporary, evidence based service delivery models for that investment.

CHAIR: Thank you, Minister. I call the member for Woodridge.

Mrs SCOTT: Minister, I refer to pages 3 and 18 of the SDS. Could I just firstly say that euphemisms such as 'fiscal repair' and 'efficiencies' ignore two things—and that is people in need and essential services. But let me get on with my question. Minister, I note that you have provided funding for counselling services in your budget but have excluded and defunded the vital front-line financial counselling services which provided support for many Queenslanders during the recent floods. Minister, why are you defunding this vital service?

Ms DAVIS: I reject the premise of the question. We have not ceased funding of financial counselling services. As the member would know, the arrangements with financial counselling were borne of an NDRRA from the flood events in 2011 and in June this year that funding arrangement ceased. It was an arrangement under the NDRRA that came to a conclusion in June and the financial counselling bodies were aware of that. The fact that the former government, of which you were a member, did not have recurrent funding for financial counsellors is confusing to me given your question seeing that you believe that financial counsellors hold a very important role in the community, and they do with significant events. The Minister for Agriculture has just recently announced money to assist people in rural areas with support who are experiencing financial difficulties, so we are certainly responding as a government in that regard. As I said, I reject the premise of the question. The government continues to provide money to generalist counselling services across Queensland, and I am very pleased that we continue to do so. But the premise of the question that we have cut funding to financial counsellors is completely false.

Mrs SCOTT: Minister, if I may, I refer to a media release from Financial Counselling Australia, and I table that.

CHAIR: Is leave granted for this document to be tabled? Leave is granted.

Mrs SCOTT: Here they indicate their disgust at the Newman LNP government's decision to axe funding to financial counselling programs and making Queensland the only state or territory not to provide funding for financial counselling services. Minister, why are you stripping away these financial counselling support services when the rest of the country is funding these services? I do not think funding to rural industry will help the people in Woodridge, for example.

Ms DAVIS: I thank the member for the question and if I could just see that media release please.

CHAIR: It is on its way.

Ms DAVIS: I thank the member for the question and the manner in which she asked the question using inflammatory words like 'disgust' which I do not see here at all in the media statement. The member well knows that the funding for financial counselling that was referred to in this was under the NDRRA. What we know on coming into government was that funding for counselling services was a mess. We are looking at that now. I am very pleased that the member has once again pointed out one of those other black hole areas that the former government left our government to deal with, but that is unsurprising. If the member had really believed that this money should have been recurrent, perhaps lobbying her minister when in government might have been a good start. We will continue to deliver generalist counselling services across Queensland. I am disappointed that the member for Woodridge seems to think that providing funding to rural and regional people to assist with financial difficulties that they faced as a result of that is absolutely disgraceful—absolutely disgraceful.

Mrs SCOTT: I am just saying it will not help the people in Woodridge, that is all.

CHAIR: Order!

Ms DAVIS: I think it is disgraceful that—

Mrs MILLER: So you cannot answer the question?

Ms DAVIS: I have answered the question, and that is that the funding expired at the end of June last year under NDRRA arrangements. We continue to provide funding for generalist counselling services across Queensland, and we will continue to do so. I have met with representatives of

financial counsellors and we have had a discussion. It is not appropriate for me to disclose those discussions here but, as I said, we will continue to provide funding for generalist counselling across the state.

Mrs SCOTT: Minister, I have to say over the years I have written probably three or four times to ministers seeking additional funding for financial counsellors when people are stretching their dollars further and further and it has never once been refused. I have people coming into my office day after day requesting assistance for all manner of things, but the financial issues that people are faced with at the moment cause domestic violence. They are the root cause of so many, many issues and now we have nowhere to send them. We are just pleading that you reverse this decision and decide to reinstate financial counselling, because counselling is very different to financial counselling. It is a very specific type of counselling that is so much needed in a place like Woodridge.

Ms DAVIS: I thank the honourable member for the question and I appreciate your passion for the people in Woodridge. But, as you would know, the money for financial counselling under the NDRRA was for areas that were impacted by disaster events. It was not provided to all communities that may have had the need for financial counselling that were not affected as a result of a natural disaster. So the money that the previous government put into financial counselling through the NDRRA arrangements was for financial counselling—

Mrs SCOTT: I beg to differ.

Ms DAVIS: But, member for Woodridge, what I am explaining to you is the arrangements. If there were financial counsellors that were delivering services outside the remit of the NDRRA arrangements, that is disappointing because the guidelines are very clear. I appreciate very much that members of your community would like to seek particular types of counselling services, including financial counselling.

Mrs SCOTT: Minister, Lifeline have a huge financial counselling section which is very substantial in my area, as well as other areas.

Ms DAVIS: But the funding was for areas and people affected by the disaster events of 2011.

Mrs SCOTT: No. We have had it for years.

Ms DAVIS: All I am saying to you is that the amounts that you are speaking about—that you are referring to and this particular media release refers to—are NDRRA funding and I am explaining to you that that funding has come to an end. The fact that other organisations offer that support is a matter for them, but what you are referring to and what the question was based around is this media release and I am advising you that this money relating to this media release is NDRRA money which came to an end at the end of June. It is not recurrent funding. It had an end of life. That was 30 June. Mr Chairman, I think I have answered this question.

CHAIR: I agree. I call the member for Townsville. Minister, we only have about three minutes left, so if you would please be very succinct.

Mr HATHAWAY: Minister, I refer to page 8 of the SDS and ask what the state government is doing to ensure that Queensland's youth have ongoing access to contemporary, relevant and targeted programs and initiatives.

Ms DAVIS: I thank the member for the question. We very much want young people in Queensland to be supported and confident to lead healthy, resilient, responsible and safe lives and we all want to see young people maximise their potential and make the most of what we can offer them. I am very pleased that young Queenslanders will now have fresh ways to find out about learning opportunities, services and support links thanks to our recently released Queensland Youth Strategy, which I had the pleasure of launching at the Redlands PCYC, and the member for Capalaba was there on that day with me. It was a great day. The PCYC were very excited about this document, as were the young people that we had the opportunity to meet at the PCYC. The Queensland Youth Strategy is about connecting young people across the state and is a whole-of-government commitment, and I seek leave to table the document for the benefit of the committee.

CHAIR: Is leave granted? Leave is granted.

Ms DAVIS: With almost 590 young people aged 12 to 21 living in Queensland, we want to make sure that we are delivering the right services and information in the right locations at the right time to young people. We want our young people to have the support they need to reach their full potential and lead healthy and fulfilling lives. My department is currently undertaking recommissioning on youth program investment, and since late last year the department has been holding a series of

regional forums to engage with the youth sector around the recommissioning process. In fact, around 1,000 people representing their respective organisations as well as potential service providers and other key stakeholders have attended these forums. I have attended some of these forums and they have afforded me a really great opportunity to hear from our sector partners about what works for vulnerable young people and how we can improve our responses in the regions.

It is no secret that much of the funding for youth, particularly in the youth support program domain, has historically not been tailored to the changing needs of young people and the changing practice of effective service delivery to those young people. In a nutshell, funding has been a bit ad hoc and largely unstructured. What we have found during the recommissioning project are some glaring service gaps where some areas have received more than the lion's share of funding, with others seriously underfunded and struggling to keep up with demand. The north Brisbane corridor up to Caboolture is one example of this. Essentially, we are taking the best of what works and redesigning our youth service system based on the evidence that we are gathering from these forums.

CHAIR: Minister, we need to wrap up.

Ms DAVIS: We just want our responses to young people to be contemporary and support them to stay connected or to reconnect with their families and communities. In the meantime, the department continues to fund non-government organisations to deliver a range of services to young people.

CHAIR: Thank you, Minister. The time allocated for the consideration of estimates of expenditure in the portfolio of Communities, Child Safety and Disability Services has expired. On behalf of the committee, I thank the minister, the director-general, the acting commissioner and officials for your attendance. I also thank our Auslan interpreters—Leanne Beer, Ruth Sullivan and Pauline Tanzer—for their assistance today. The transcript of this session of the hearing will be available on the Hansard page of the parliamentary website within approximately two hours. Minister, I remind you that the deadline for questions taken on notice and clarifying material is 2 pm on Friday, 26 July. The committee will now break for dinner for 45 minutes. The hearing will resume at 7.30 pm with the Minister for Aboriginal and Torres Strait Islander and Multicultural Affairs and Minister Assisting the Premier.

Proceedings suspended from 6.46 pm to 7.31 pm

**ESTIMATES—HEALTH AND COMMUNITY SERVICES COMMITTEE—
ABORIGINAL AND TORRES STRAIT ISLAND AND MULTICULTURAL AFFAIRS****In Attendance**

Hon. GW Elmes, Minister for Aboriginal and Torres Strait Islander and Multicultural Affairs

Mr R Cavallucci, Assistant Minister

Department of Aboriginal and Torres Strait Islander and Multicultural Affairs

Ms D Best, Director-General

Mr R Weatherall, Deputy Director-General

Mr M Skoien, Executive Director, Corporate and Client Services

Family Responsibilities Commission

Mr D Glasgow, Commissioner

 **CHAIR:** On behalf of the committee I welcome the Minister for Aboriginal and Torres Strait Islander and Multicultural Affairs, the director-general, the Family Responsibilities Commissioner, officials and members of the public to the hearing. My name is Trev Ruthenberg. I am the member for Kallangur and chair of the committee. The other committee members are Mrs Jo-Ann Miller MP, member for Bundamba and deputy chair—the member is not here at this particular hearing at this time; Ms Ros Bates MP, member for Mudgeraba; Mr Steve Davies MP, member for Capalaba; Dr Alex Douglas MP, member for Gaven; Mr John Hathaway MP, member for Townsville; and Mr Dale Shuttleworth MP, member for Ferny Grove. The committee's conditions for broadcasts and guidelines for camera operators are available from one of the parliamentary attendants in the room. The visiting members at this particular hearing are the member for Mulgrave, Mr Curtis Pitt MP, replacing the member for Bundamba, Mrs Jo-Ann Miller MP. Also visiting members under standing order 181 will be the member for Inala, Ms Anastacia Palaszczuk MP, and the member for Mackay, Mr Tim Mulherin MP.

The committee will examine the proposed expenditure contained in the Appropriation Bill 2013 for the portfolio of the Minister for Aboriginal and Torres Strait Islander Affairs and Multicultural Affairs from 7.30 pm to 8.25 pm. I remind those present today that these proceedings are similar to parliament and are subject to the standing rules and orders of the parliament. 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. It is important that questions and answers remain relevant and succinct. The same rules for questions that apply in parliament apply here. I refer to standing orders 112 and 115. Questions should be brief and relate to one issue and should not contain lengthy or subjective preambles or arguments or opinion.

I will guide proceedings today so that the relevant issues can be explored without imposing artificial time limits and to ensure that there is adequate opportunity to address questions from government and non-government members of the committee. When necessary I will remind ministers and their departmental advisers that their answer to a question should be finalised so that other issues can be examined. For the benefit of Hansard I will ask officials to identify themselves the first time that they answer a question referred to them by the minister or the director-general.

In the time allocated I propose we begin with the examination of the estimates for the Aboriginal and Torres Strait Islander Affairs portfolio, starting with the Family Responsibilities Commissioner at approximately 7.40 pm—after your statement, Minister—until approximately 7.50 pm—so about 10 minutes. I would then like to move to examination of the remainder of the estimates for the Aboriginal and Torres Strait Islander area until approximately 8.10 pm. We will at that time focus on Multicultural Affairs until we break at 8.25 pm. Members are able to ask questions that arise at different times during the session. I now declare the proposed expenditure for the portfolio area for the Minister for Aboriginal and Torres Strait Islander and Multicultural Affairs open for examination. The question before the committee is—

That the proposed expenditure be agreed to.

Minister, would you care to make a brief opening statement? The committee has resolved that ministers may make an opening statement of up to five minutes.

Mr ELMES: Thank you very much, Mr Chairman, for the opportunity to outline how the Department of Aboriginal and Torres Strait Islander and Multicultural Affairs is providing the best possible services to Queensland in an environment of reduced revenue, geographic and demographic challenges. Could I just at the outset acknowledge the traditional owners of the land on which we meet today and pay my respects to elders both past and present. Could I also acknowledge my director-general, Debbie Best, on my left who unfortunately is retiring in a couple of days after a very distinguished career in the Public Service sector. Also present and available to answer questions is Mr David Glasgow, the Commissioner for the Family Responsibilities Commission which operates as part of the Cape York Welfare Reform Trial. Can I also acknowledge my Assistant Minister for Multicultural Affairs, Robert Cavallucci, who is with us today as well.

This year's budget has maintained a focus on better coordinated services for Aboriginal and Torres Strait Islander Queenslanders and on the provision of programs that cater for established and emerging cultural groups. The 2013-14 state budget includes \$5.7 million to extend the Cape York Welfare Reform Trial for another 12 months to the end of calendar year 2014; \$4.14 million to continue the Cape York Peninsula Tenure Resolution Program transferring state lands to Aboriginal ownership and/or management; a new funding program for multicultural events across the state; and a further \$815,000 to improve retailing facilities in six Indigenous communities. Of course, I expect to expand on these initiatives in responding to questions from the committee.

The Newman government's agenda is focused on lifting the aspirations of Indigenous people and on overcoming disadvantage by providing support and structures which promote better outcomes in health, housing, education, employment and, of course, in other areas as well. The Cape York Welfare Reform Trial is an example of the significant government funding which has gone into Indigenous communities in the past. This government wants to see successful components of the trial extended where possible across discrete Indigenous communities. As part of the 12-month extension we will be looking at further development of successful components, looking at introducing some new initiatives and winding back those that have not shown positive results. Whatever refinements we make for the trial in 2014 will be based on the premise that the ultimate purpose of the trial is to investigate more effective service provision which will ultimately benefit all Indigenous Queenslanders.

The Family Responsibilities Commission continues to be a crucial component of the Queensland government's involvement in the trial which operates in the communities of Hope Vale, Aurukun, Coen and Mossman Gorge. The Newman government is committed to alleviating the disadvantage experienced by Aboriginal and Torres Strait Islander Queenslanders across so many aspects of life. We are committed to doing that in conjunction with Indigenous people and their elected representatives through responsible programs, services and actions.

Queensland has a richly diverse ethnic composition and this government wants to make sure that diversity is recognised and celebrated in appropriate ways across the state. The budget included funding for a Valuing Diversity Grants Program for multicultural community events to be held in 2014. Funding will be available in two categories, signature events and culturally diverse events, providing grants of up to \$20,000 and \$10,000 respectively. The Newman government is committed to supporting the development of strong multicultural communities in all areas of Queensland. We are operating in a tight fiscal environment. We are determined to support events promoting positive community relations that help Queenslanders realise the long-term social and economic benefits of cultural diversity. The government is also cognisant of the changing multicultural profile within Queensland and the need to constantly adapt services we fund to accommodate the needs of emerging communities to help them settle into their new home.

My portfolio budget also includes \$4.14 million to continue the important work of the Cape York Peninsula Tenure Resolution Program which assists the transfer of state lands to Aboriginal ownership and/or management. The program works with traditional owners in the designation of new national parks over areas of high conservation significance under joint management arrangements with Aboriginal people.

A competent budget finds the balance between providing the services people need at a price they can afford to pay. A competent budget recognises that the limits of revenue must be reflected in the range and extent of services which can be provided. A competent budget makes the most of limited funds through more efficient and appropriate service delivery. This, Mr Chairman, is a competent budget for my department.

CHAIR: I propose we now examine the Family Responsibilities Commission and ask that Commissioner David Glasgow please come to the table. Welcome, Mr Glasgow.

Mr Glasgow: Good evening, sir.

CHAIR: I call on the member for Mulgrave.

Mr PITT: Thanks very much, Chair. Thank you, Minister, Commissioner and everyone who is here at today's hearing. My question is to the minister. I refer to page 3 of the SDS regarding the funding of the Cape York Welfare Reform Trial. Minister, I note your press release dated 27 March regarding your decision to end the welfare reform trial at the end of 2013. However, within 24 hours that position had been overturned. My question is: can you outline to the committee why you didn't see the value in seeking further funding for the trial and, rather, decided to defund the program?

Mr ELMES: I thank the member for Mulgrave for the question. You got it almost right. If you have a look at the press release that I put out on that particular day you would have noticed that I said that the trial in its present form could not continue. That was the wording in the press release. That is why in recommitting a further \$5.65 million to continue the trial in 2014 we are implementing key changes to the program. These changes respond to outcomes from the trial to date and deliver savings which contribute to fiscal repair. The Cape York Welfare Reform Trial evaluation report found that during the trial period from 2008 to 2012 more progress was made in some areas than others. Economic participation, homeownership and initiatives to support disengaged young people were identified as areas that required further attention.

The state government, as I said, has committed a further \$5.65 million to continue the trial in 2014, but it will not continue in the same form as it has been in previous years. We are planning to implement some key changes to the program based on discussions with our trial partners. The Cape York Welfare Reform Trial evaluation report found that during the trial period from 2008 to 2012 more progress was made in some areas than in others. Economic participation, homeownership and initiatives to support disengaged young people were identified as areas requiring further attention. That is supported by the federal government. In discussions with Noel Pearson from the Cape York Institute he also suggested that nutrition and family reunification should be looked at for incorporation into any trial extension.

As I mentioned previously, we are also planning efficiencies in the way the trial is delivered: a reduction in the annual program operation costs from \$2.5 million to \$800,000 and a reduction in the number of public servants supporting the trial, from 16 in early 2012 to six in the 2013-14 financial year. The trial will continue into 2014. It won't be the same as it was. And please remember that we are talking about calendar years here in terms of the way the trial operates rather than financial years. With your permission, Mr Chairman, I will table the press release that the member referred to. I seek leave to do that.

CHAIR: Do I have permission to table the document? Leave is granted, Minister.

Mr PITT: Can I continue in that line, Mr Chair?

CHAIR: You have a follow-up question?

Mr PITT: I do have a follow-up question. I firstly want to say I support the modifications or the changes to the welfare reform trial. I think some of those will add value to it and strengthen the learnings from it further. I just want to take you back to a point you have just mentioned though. You have talked about the fact that the announcement for the funding was there and that was in the subsequent press release which came out the day after that. It was a much shorter press release. Why wasn't the funding in the first press release? If this wasn't a backflip, why wasn't that funding there, because you could have cleared a lot of confusion up by just having all of that upfront. None of that was mentioned.

Mr ELMES: For the calendar year that we are talking about now, the 2014 calendar year that you are referring to, the funding from the Queensland government was \$5.65 million. If you look at the 2013 calendar year, the figure was \$5.65 million. The figures are exactly the same. In terms of the money that we fund towards the Families Responsibilities Commission, in the calendar year 2013 it was \$1.6 million; in the calendar year 2014, it was \$1.6 million. The figures are the same as you are rolling through the years. I take your point. I have now lost the media release, which is at the top table.

Mr PITT: That is fine. It clearly does not show any funding amount at all in the first press release. In the second one it does. It does not make reference to clarifications as to reasons why. For all intents and purposes, it seems to be a complete backflip. My question is: was the Premier involved in your decision making or was that something that your department decided on its own? Clearly it looks as though it has been a backflip, Minister.

Mr ELMES: This is the Queensland government. The Premier of the day, regardless of which political party and which government, is involved in most decisions that happen around the place. I take a great deal of notice, obviously, of what the boss tells me to do. Can I say for the benefit of Hansard that he is always right.

We have taken a decision in terms of the 2014 calendar year. Following those announcements, I have met with Noel Pearson now, I think, twice or three times. I think I am down to meet again with Noel in the next week to 10 days, as we come closer to finalising what we are going to be doing in that 2014 calendar year. Generally, when these figures appear in the budget documents that proves once and for all what is happening with a particular project. In this case, we have committed to the 2014 calendar year Cape York welfare reform.

I am not sure whether the member has any other follow-up questions. I am cognisant of the fact that we have only 10 minutes to look at welfare reform. I would like the commissioner to have an opportunity to advise the committee on some of the progress being made over the last 12 months.

Mr PITT: I have no more follow ups.

CHAIR: Thank you. Commissioner, I would invite that. I would ask you to briefly, toward the end of your response, provide some examples of how the work of the commission is contributing to better life outcomes for people in the four communities in which it operates?

Mr Glasgow: The Families Responsibilities Commissioner is a role that I was appointed to in 2008 when the act was passed. I should place on record that we have had the luxury of bipartisan support from governments of the day and oppositions throughout that time, which has helped us greatly. The evaluation of the commission that was prepared by the federal and state governments at some considerable cost, I think approximately \$1.7 million, came in earlier this year. It has given me the opportunity, for the first time really, to talk about it before you need the facts before us to do that.

Of those people in the communities, a considerable number were surveyed. Briefly, if I could just give you some facts about that. Of those people surveyed, 77 per cent felt that things were better because people were willing to put effort into making their community better; 54 per cent of the people felt that their lives were on the way up; 51 per cent felt the FRC had made leadership in the community stronger; 65 per cent of the community members surveyed felt people should go to the FRC if they were not sending their children to school; and 69 per cent of those surveyed felt that if people did not spend their money on reasonable household expenses, they should be given a BasicsCard.

Of the successes, and as the member for Mulgrave was my former minister he would know, of the commissioners their strength and growth have been phenomenal. I have to say that they really conduct the conferences. Of the commissioners in Aurukun, three have been elected to the council with more than 50 per cent of the vote and the partner of one is now the mayor. Of all of my other commissioners, three—and out of respect to the two women I will not mention their ages, but certainly they are over 65—are retired and receive benefits. The remainder of the commissioners are in full-time employment with the exception of the widow of the former mayor of Aurukun, Neville Pootchemunka. They show great strength within the communities. They have been put through great difficulties in the early days. They have been abused and spat upon. Now, to see how they are accepted within the community as groups of leaders within the community is certainly a great consolation to me, because in reality one of my roles has been to assist with the establishment and re-establishment of Indigenous authority within the communities.

School attendance has increased considerably during the period. I do remind the members that when you look at the school attendances for Aurukun, Hope Vale, Coen and Mossman Gorge, the attendance rules are much stricter than those of the state system. For instance, if a person turns up half an hour late in Aurukun, they are marked absent for half a day, whereas as I understand the rules applicable if you turn up by 11 o'clock in the state system you are marked present for the day. Our systems are quite rigidly enforced with the assistance of school case managers.

In relation to those matters to which the honourable minister referred and certainly the changes that are happening, there certainly has been considerable improvement in some areas and there needs to be a realignment, which the minister is taking on board, for some service providers in other areas, particularly those disaffected young people who have missed out on their secondary education into high school and those who have moved beyond that and really have no employment prospects. There are other challenges ahead, but overall I would think, having looked at the evaluation, the charge that we were given back in 2008 has been complied with.

CHAIR: Thank you, Commissioner. We are hard against the clock here and I thank you. You are excused at this time, but could you please remain available in case there are other questions for you during the rest of the proceedings. I propose we now move to questions about other areas of the Aboriginal and Torres Strait Islander portfolio. Could relevant officials please be ready. I ask the non-government members if they have a question to start; member for Mulgrave?

Mr PITT: Thank you, Mr Chair. I refer the minister to pages 3 and 4 of the service delivery statement. In the absence of any reference to the revised whole-of-government Queensland Aboriginal and Torres Strait Islander justice strategy promised on page 4 of last year's SDS, my question to the minister is: as there is an overrepresentation of Indigenous Queenslanders in our criminal justice system and the incarceration rate is 12 times higher than the non-Indigenous population, are not these compelling enough reasons for you to meet your own targets that you set? Last year you promised you were delivering a justice strategy after one had only been announced in December 2011 and it appears that you have not delivered on your commitment. Can you please explain?

Mr ELMES: I thank the member for Mulgrave for his question. According to the Australian Bureau of Statistics, at 30 June Queensland had the second lowest rate of adult Indigenous incarceration in Australia. The causes of high-offending rates are complex and interrelated and include poverty, homelessness, unemployment, low education levels, poor health which includes mental health, the impacts of the previous government's policy, alcohol and substance misuse. Evidence suggests that to address the underlying causes of offending, a whole-of-government approach is needed together with community leadership.

Mr PITT: With respect, Minister, I asked you a specific question about delivery of a strategy, not what the issues are around Indigenous overrepresentation. This was a specific point you made last year. I would like to have that answered. Why have you not delivered on that? The previous justice agreement, a decade-old agreement, was under the previous government, but a new one was put forward in December 2011, that is, Just Futures, which was delivered under the previous government and discarded by your government, because you said you were going to do a new one.

CHAIR: Minister, please continue?

Mr ELMES: Thank you, Mr Chair. The state government has committed to improving community safety and reducing Indigenous overrepresentation in the criminal justice system. We are continuing to focus on reducing levels of Indigenous offending by improving education and employment outcomes and addressing alcohol misuse. They are the issues that were focused on in Just Futures. Jobs are the key to reducing levels of Aboriginal and Torres Strait Islander offending and incarceration.

My department is developing a whole-of-government approach to increasing Indigenous economic independence and employment. I am proud of the progress we have made in partnering with Indigenous bodies and major employers to boost Indigenous employment in sectors such as mining, construction, tourism and agriculture. Alcohol misuse and alcohol related violence must also be addressed. The state government cannot improve community safety alone. It requires community leadership and ownership. The AMP review that we are currently doing asks communities to take responsibility for alcohol related harm and violence. This year I approved seed funding for Aboriginal and Torres Strait Islander communities to develop community safety plans. I also say to the member, through you, Mr Chair, that I am pleased that communities have taken a leadership role and developed plans that include practical on-the-ground actions.

The state government is also implementing a wide range of initiatives to reduce overrepresentation. They include initiatives to transition people from jails to jobs, such as the Advance to Work Program. One exciting example is the program run out of the Maryborough Correctional Centre where industry has trained Indigenous prisoners to fit tyres. It was an identified gap in the labour market and that will lead to real jobs once these prisoners are released back into the community. The Department of Community Safety also operates a return home scheme, which supports Indigenous people to return to their home community to reduce the risk of offending.

I am committed to addressing this very serious issue. I will continue to work with my colleagues to ensure effective services targeting the cause of overrepresentation and make sure that they are implemented.

Mr PITT: It is still no strategy. You had one there. Why didn't you just adopt the previous strategy? Everything that you have described essentially was in the previous strategy. Is it because it was a Labor strategy, Minister, and you wished to change the name? It seems like you are going in circles to reinvent the wheel after a long process was gone through with lots of consultation. I am yet to hear you say you have developed the strategy that you promised you would do this year.

Mr ELMES: I thank the member for Mulgrave for the question. We have some more detail that I might ask my director-general to address.

Ms Best: As the minister stated in his opening comments, we are leading work across government on an economic participation policy framework. The Department of Justice and Attorney-General will have key outcomes in there that will really reflect on justice initiatives. Rather than having a stand-alone policy document around Just Futures, as the minister has indicated and said publicly there will be a justice policy and that will be part of the broader economic participation policy framework.

CHAIR: I am going to call on the member for Ferny Grove to ask a question.

Mr SHUTTLEWORTH: Minister, I understand from page 2 of your department's SDS that it has a key role in providing whole-of-government leadership to improve outcomes for Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds. Can you please advise the committee what mechanisms and strategies are in place to support the effective realisation of that goal?

Mr ELMES: I thank the member for his question, through you, Mr Chair. One thing that became very clear to me as soon as I took up the position in the Aboriginal and Torres Strait Islander and Multicultural Affairs portfolio is that there was not necessarily a lack of funding or commitment going in to addressing historical disadvantage amongst Queensland's first peoples. The inhibiting factor was a lack of coordination in how the funding and commitment was applied through the services. For too long in Queensland, Aboriginal and Torres Strait Islander policy has been driven by intentions rather than outcomes. Despite the injection of increased funding from both state and federal governments, outcomes have barely improved for Indigenous people in areas such as housing, education, health and employment.

Queensland's Indigenous communities are not looking for charity. They want practical, meaningful assistance which will lead to better economic opportunities, and that is what they are getting from this government. I have been pleased to see, as I have moved around the discrete communities and met with the mayors in group situations, that there is a new breed of Indigenous leaders coming through. I am very proud of them. These are leaders who are prepared to accept responsibility on behalf of their communities. What they seek from us is more appropriate service delivery and greater involvement from them and their communities on the services which are provided and in what form.

The Newman government is committed to driving real and enduring change for Aboriginal and Torres Strait Islander Queenslanders and their communities through effective and efficient service delivery. At a whole-of-government level early on the government identified the need for a specific cross-portfolio arrangement to ensure the coordination of policy programs and services for Aboriginal and Torres Strait Islander Queenslanders. We need a single entity to drive and oversee the implementation of government priorities for Aboriginal and Torres Strait Islander affairs.

Consequently, I led the establishment of a cabinet committee on Aboriginal and Torres Strait Islander affairs to drive the implementation of the government's reform agenda in that particular area. It is the biggest cabinet subcommittee that we have. This brings together ministers with the ability to affect real change and address historically intractable issues in a range of policy areas. It also provides the necessary check to minimise duplication and identify service delivery gaps which can occur if government departments operate in isolation.

There is a core group on our cabinet committee of seven ministers and other ministers attend and are involved in the committee's work on an as-needed basis. The cabinet committee oversees the Queensland government's significant reform agenda to support Aboriginal and Torres Strait Islander Queenslanders living in discrete Indigenous communities with economic opportunities, opportunities to own their own homes and opportunities to improve life outcomes. The reform agenda includes removing barriers to homeownership, supporting economic development and opportunities, reviewing the alcohol management plan, identifying opportunities for freehold and resolving land tenure issues to support economic development and homeownership and building the capacity of Indigenous local councils. It might seem simplistic, but before we can begin to identify duplication and service shortfall, we need to know exactly what funding and services are being provided.

The cabinet committee has commenced a process of mapping state government services and expenditure for 2013-14 which will guide this work. Service and expenditure mapping enables the government to identify areas of unmet need, identify opportunities to collaborate on key government priorities, such as increasing employment, and redirect funds from services that are less effective to those which are more likely to result in positive outcomes. The mapping will also try to identify the amount and purpose of federal funding going into communities to minimise double-up and similar services being provided by two levels of government.

The work of the cabinet committee is greatly assisted by staff in my department's regional offices. These staff who are on the ground and in regular contact with the communities and their leaders act as an important liaison with the committee.

CHAIR: I call the member for Gaven.

Dr DOUGLAS: Minister, you might need some assistance from your DG or staffers for this. What is currently being done to secure fresh water supplies in Torres Strait island communities?

Mr ELMES: Thank you very much to the member for Gaven for the question. I appreciate the intent of the question because it is something that is of concern, but can I say to the member that the provision of water in the Torres Strait is not within my portfolio. It is Minister McArdle's portfolio. I am not sure whether he has been to estimates and had his time in the sun, so to speak.

Mr PITT: He has.

Mr ELMES: In that case, can I suggest to the member for Gaven that perhaps a question without notice or on notice to the minister when parliament resumes would be in order.

Dr DOUGLAS: Do you have no responsibility at all for fresh water in Torres Strait communities?

Mr ELMES: No, I do not.

Dr DOUGLAS: None at all?

Mr ELMES: No.

Dr DOUGLAS: My second question relates to freight costs and freight subsidies for food. The biggest cost for communities up there is the cost of food and freight. The freight costs went up several years ago. It is a fixed charge. Is the department doing anything about that at all? Food is a very expensive item. The lesser quality foods unfortunately seem to have a lower freight cost?

Mr ELMES: I thank the member for his question. That question is within my area of responsibility and I am delighted to answer it. My department runs six retail stores at Doomadgee, Kowanyama, Pormpuraaw, Lockhart River, Palm Island and Woorabinda. They do more than provide access to a quality range of food, drinks and a variety of other products, with fresh foods being available all year round. They are front-line community hubs giving local residents access to better food choices as well as promoting increased local employment, education, skills and training opportunities, support for cross-government agency programs and community nutrition and health initiatives. They are run as a government business with no operating support from the government's budget.

They trade on a not-for-profit basis, with all profits reinvested within the retail stores themselves. The recent streamlining and consolidation of processes, such as freight arrangements, has achieved greater efficiencies and increased product quality. We recognise the challenges that are involved in providing this essential retail service and the recommendations of the Commission of Audit about testing whether government should be in the business of transactional services like these. Therefore, we have recently engaged an independent expert to assess all feasible options for the future of our retail stores. The government's highest priority is ensuring that these communities continue to access reasonably priced, quality food and other products all year round.

There are a number of IBIS stores that operate in the Torres Strait. They are even further away so there are barging costs to get into there. We have a policy through our retail stores and the IBIS stores have a similar policy where fresh fruit, vegetables, meat product are sold on a non-profit basis. There is no add-on. Items like cigarettes, full strength soft drinks and those kinds of things attract an extra levy. One counters the other. We have been very careful with our freight arrangements. We reviewed the freight arrangements only very recently to do what we could in that area.

I will give the member some additional information. We went through a full, open tender process in 2012. The implementation of a new road freight contract and the centralisation of freight arrangements not only ensured greater value for money but also increased flexibility to respond to

varying weather conditions affecting road transportation to and from the stores, increasing the ability to deliver products to the stores and their customers. For the six communities this is of vital importance as the stores are their primary locally accessible supplier and they are significantly dependent on us in that regard.

During the dry season trucks go direct from Brisbane to the stores nonstop, replacing a journey from Brisbane to a regional location with an additional provider undertaking the final leg to the stores based on a weekly departure from a regional location. Streamlining these operations has enabled retail stores to purchase fruit and vegetables from the Brisbane Rocklea markets, supplying cheaper and better quality fresh fruit and vegetables to customers and their families. Under these new arrangements we are now getting fresh fruit and vegetables into those stores. I am speaking particularly about our six stores. There are other operators like Island & Cape that operate in the gulf. We are getting those products into the stores quicker than was the case before. We are supplying them on a non-profit basis.

Whenever I am in any of the discrete communities one of the places I visit is the local store, be it ours or one belonging to someone else, to make sure that the fresh produce is there. I have even had a conversation in the last couple of weeks with Coca-Cola Amatil. They are doing some good work in our stores in terms of the way things are displayed. Water, low calorie soft drinks and those kinds of things are at the front of the stores so they are there for people to see. The full strength coke and other soft drinks and so forth are at the rear of the store. Not only are the people who are running our six stores but also the board of IBIS I believe are doing as good a job as is possible to do.

The reason we are doing this review with our six stores is that I am very conscious of shopping habits particularly via the internet and so on that are marching on. We have to make sure that our stores are viable. They run very close to the wind, I have to tell you, as do the IBIS stores. We have to make sure that those stores in the cape, in the Torres Strait and in places like Cherbourg and Woorabinda have a good solid future for the provision of food supplies.

Dr DOUGLAS: We talked about the welfare reform trial and the issues being considered by the cabinet committee. As minister do you have whole-of-government responsibility for ATSI policy because fresh water, desal plants and mobile plants are an integral part of it? Is that somehow separated out?

Mr ELMES: In terms of water in communities, first and foremost the provision of fresh water in the community is the council's responsibility.

Dr DOUGLAS: It was, but then there was a problem, was there not? I do not want to go into that. Is fresh water excluded from the whole-of-government responsibility?

Mr ELMES: Water is the responsibility of Mark McArdle. He is the minister responsible.

Dr DOUGLAS: You are the chair of that committee.

Mr ELMES: Mark McArdle is not a permanent member of that committee. If we were to have a particular question or problem or concern Minister McArdle would be invited to present at that particular meeting. I know Minister McArdle is in the process of putting a 30-year water strategy together. I think perhaps the DG might have some more information. She might be able to give you some more information.

Dr DOUGLAS: Are we talking about fresh water? Are we talking about the same thing—apples with apples?

Ms Best: We are actively working with the Department of Energy and Water in terms of inputting into their 30-year water. That 30-year water strategy does cover the drinking water supply as well as other water supplies. We are also working with the Department of Local Government on water infrastructure in Indigenous communities and ensuring the capacity of the councils to provide fresh drinking water. So we are actively working with those departments that have those responsibilities to make sure the interests of the Aboriginal and Torres Strait Islander people are considered.

Dr DOUGLAS: So they have or you have the lead?

Ms Best: They have the lead, but we work actively with them to make sure the interests of those communities are actively considered.

CHAIR: I propose that we move to questions on the estimates for the Multicultural Affairs portfolio. If non-government members continue a line of questioning around ATSI then that is their prerogative. I call the member for Mudgeeraba to ask a question.

Ms BATES: The cultural mix of people living in Queensland has changed considerably over recent decades. Can you please outline to the committee how that mix has changed and what that change means for the way in which government programs and services are delivered to meet the needs of migrants?

Mr ELMES: I thank the member for Mudgeeraba for her question. Queensland is a culturally diverse state and it is becoming more so year by year. Our great state is home to more than 200 different cultures. They speak more than 220 different languages. They worship around 100 different religious or belief systems. In the 2011 census almost 890,000 Queenslanders identified as being born overseas. That represents 20.5 per cent of the population compared to just 17.9 per cent in the census prior.

A significant part of Queensland's culture derives from our long history of migration. Our culture and lifestyle are made all the richer by the contribution of migrants who have chosen to call Queensland home. This year Queenslanders will be able to take part in and celebrate our cultural diversity through a new funding program for multicultural events across the state. Grants of up to \$20,000 are available under the Valuing Diversity Grants Program for multicultural community events held during 2014.

Funding for events under the Valuing Diversity Grants Program will be available in two categories. The first one is signature events and then there are culturally diverse events, providing grants of up to \$20,000 and \$10,000 respectively. Signature events are typically those that are established major multicultural events held throughout the state. Culturally diverse events will be focused on events which promote broader acceptance and understanding of the culture and heritage of small and emerging cultural communities, and we have many of those in Queensland today. Nominations for the grants closed last week, and I am pleased to announce that we received 195 applications across the two categories.

While we are operating in a tight fiscal environment, we are determined to support events promoting positive community relations to help Queenslanders realise the long-term social and economic benefits of cultural diversity. The multicultural grants program ensures Queenslanders have the opportunity to celebrate the wealth of cultural diversity through a variety of great events. Queenslanders this year will celebrate their inaugural Queensland Multicultural Week from Saturday, 31 August to Sunday, 8 September 2013. In addition to 22 community events across the state, funded through the 2012-13 grants round, the program of events will also feature a regional concert series, the Queensland Multicultural Awards ceremony and the first citizenship ceremony that is to be held at the Queensland Multicultural Centre.

A highlight of Multicultural Week will be the presentation of the 2013 Queensland Multicultural Awards. The awards will recognise contributions and achievements of individuals and organisations which support strong, diverse communities across the state, and it is very important. One of the things we wanted to do with this was to make sure that it was not South-East Queensland centric. The overwhelming majority of awards have a winner from the south-east corner and they have a regional winner as well. In addition, the Australian South Sea Islander category this year acknowledges the 150th anniversary of the arrival of the first South Sea Islanders in Australia. This is a significant milestone for all Queenslanders.

As I have already mentioned, Queensland is a proudly diverse state and we are supporting that cultural diversity in many ways other than events and awards. Later this year I expect to release a new Queensland cultural diversity policy. The policy will reinforce the work being done to support established migrant communities and importantly will ensure that we have effective support in place for new migrants and refugees in Queensland. The new policy will align with a new funding model that will ensure that the Queensland government investment is targeted at achieving real outcomes for Queensland's culturally diverse communities.

The Queensland government has committed \$67,000 to help Surf Life Saving Queensland improve water safety outcomes for culturally diverse Queenslanders and overseas visitors. The program will promote the 'swim between the flags' message, which has been around for a while, and the multilingual version of Surf Life Saving Australia's 'beach smart' smart phone app, which will be launched in the spring. I am really excited. This is going to be something that will go down very, very well.

The Ethnic Communities Council of Queensland's core funding of more than \$132,000 was provided to the Ethnic Communities Council of Queensland as the peak ethnic organisation. The funding supports ECCQ to lead in responses to issues facing culturally and linguistically diverse

Queenslanders and promote inclusive government and non-government policies and services. Additional funding of \$30,000 was provided to ECCQ for the Multicultural Summit that was held at the State Library in October 2012.

The Queensland Settlement Committee was established in 2012 as a forum to identify, analyse and respond to high priority issues regarding the settlement of migrants and refugees in Queensland. Multicultural Affairs Queensland has been participating in a process led by the Commonwealth government to develop a national settlement framework which seeks to improve settlement outcomes for new arrivals across Australia. Immigration policy and the delivery of settlement services for new arrivals is the core responsibility of the Commonwealth government, but the Newman government is keen to do what it can to assist migrants settle in as quickly as possible into their new home.

CHAIR: Thank you, Minister. I call the member for Mulgrave.

Mr PITT: The chair has given me permission to ask questions back in the ATSI space while we are in this area, so I thank him for that. I refer to page 3 of the SDS in relation to alcohol management plans. I want to put on the record that the Queensland opposition supports the review into AMPs. We of course want to make sure that the binding decision comes down to ensuring that women and children and the elderly and other vulnerable community members are always paramount in that process. Minister, earlier on I think you said—and I do not want to quote you directly—that you wanted it recorded on *Hansard* that the Premier is always right or the boss is always right.

Mr ELMES: It is always a safe position to take.

Mr PITT: I table an article from the *Townsville Bulletin* on 6 February this year. It states in relation to AMPs—

Mr Newman said they had not worked to reduce alcohol-related violence.

Later in the article the minister was quoted as saying—

... Glen Elmes later said there were signs the plans had been effective in reducing crime and boosting school attendance.

Going from your earlier comments, who is right—you or the Premier?

Mr ELMES: I thank the member for Mulgrave for his question. I am not aware of the particular article that appeared in the *Townsville Bulletin*.

Mr PITT: I am happy for it to be provided to you.

Mr ELMES: But I take you back to everything that the Premier was saying during the course of the election campaign itself when he was talking about Indigenous people having the same rights as anyone else. I think the line went that they should be able to go to work during the course of the day and come home in the afternoon, sit on their front veranda and have a beer in the same way as any other Queenslanders.

Mr PITT: That is misleading in itself though given that there are some communities with a zero carriage limit and the rest are able to have a beer at the end of a hard day's work. Is he right there as well?

Mr ELMES: Which is precisely why we have started the review. We are going down this track with the review. One of the concerns—and you would be as aware of it as I am—is that even in the communities like Aurukun that have a complete prohibition on alcohol you have a sly-grog problem. Places like Mornington Island that have the same prohibition have a problem with people brewing their own home-brew. Can I say to you that the communities have responded differently to the AMPs, with some showing greater improvements than others. From 2002-03 to 2011-12 the communities of Kowanyama, Napranum and Pormpuraaw have shown decreasing trends in both the reported offences against the person and rates so far as hospital admissions are concerned.

Mr PITT: Minister, I have certainly seen the statistics and I am an advocate of alcohol management plans. My question is: are the Premier's comments correct or are you correct? Because they are at odds and this is a very important issue. This is an issue on which I would expect to have a greater responsibility taken by the leader of our state.

Mr ELMES: If this were a widespread disagreement between the Premier and me, it would have been reported a little more widely than the *Townsville Bulletin*.

Mr PITT: Doesn't it show that he shoots from the hip though?

Mr ELMES: What I can tell you is that it was the policy going into the election that we would review alcohol management plans. The review of alcohol management plans, if my memory serves me correct, is in my charter letter. My department has been working comprehensively on that review. I

understand that 13 of the communities have commenced their review on alcohol management plans. We do not have any in our hand at the moment, but there are a couple that have been getting very close.

CHAIR: Minister, if you can wrap up please. We have about 20 seconds.

Mr ELMES: The most important thing here is that the Premier and I are on exactly the same page. Nothing is going to change unless women and children are protected during the course of the process.

CHAIR: Thank you. The time allocated for considering the estimates in the portfolio area of Aboriginal and Torres Strait Islander and Multicultural Affairs has expired. On behalf of the committee, Minister, I thank you.

Mr ELMES: Can I just very briefly thank the committee members for their attendance this evening. I would also like to thank my ministerial and departmental staff for the effort and professionalism that has gone into preparing for tonight's hearing. I would like to thank Hansard for the painstaking work that they do to ensure that all of this evening's interaction is preserved. I look forward to the presentation of the committee's report to parliament.

I would just like to correct one thing. I think I said when we were talking about the six retail stores that Cherbourg has a store. It does not. So I just wanted to correct the record. But I would like to thank you for your indulgence.

CHAIR: On behalf of the committee, I thank you, Minister, the director-general, the commissioner and officials for your attendance. Transcripts of this session of the hearing will be available on the Hansard page of the parliament website within approximately two hours. The committee will now take a short break and the hearing will resume at 8.35 pm with the Minister for National Parks, Recreation, Sport and Racing.

Proceedings suspended from 8.26 pm to 8.33 pm

ESTIMATES—HEALTH AND COMMUNITY SERVICES COMMITTEE—NATIONAL PARKS, RECREATION, SPORTS AND RACING

In Attendance

Hon. SL Dickson, Minister for National Parks, Recreation, Sport and Racing

Ms J de Winter, Chief of Staff

Mr J van Groningen, Senior Police Adviser

Ms L Myers, Policy Adviser

Department of National Parks, Recreation, Sport and Racing

Dr J Glaister, Director-General

Mr B Klaassen, Deputy Director-General, Queensland Parks and Wildlife Service

Mr R Watson, Deputy Director-General, Sport and Recreation Services

Mr C Cook, Executive Director (Acting), Office of Racing


Ms J O'Neil, Officer

Stadiums Queensland

Mr K Yearbury, Chief Executive Officer

Racing Queensland

Mr A Carter, Chief Executive Officer (Acting)

 **CHAIR:** On behalf of the committee, I welcome the Minister for National Parks, Recreation, Sport and Racing. I also welcome the director-general, Mr Kevin Yearbury; is that correct?

Dr Glaister: John Glaister. I am the DG.

CHAIR: Please excuse me. My notes are incorrect. I welcome the director-general, Mr John Glaister; from Stadiums Queensland Mr Adam Carter—

Mr DICKSON: No. I will call them out if you like?

CHAIR: Minister, can you introduce your team when we get going?

Mr DICKSON: I would love to do that.

CHAIR: Welcome to all of you and your officials. My name is Trevor Ruthenberg, the member for Kallangur and chair of the committee. It has been a long day and we have a little bit more to go yet. Other members of the committee are Mrs Jo-Ann Miller MP, member for Bundamba, who is not present this evening; Mrs Ros Bates MP, member for Mudgeeraba; Mr Steve Davies MP, member for Capalaba; Dr Alex Douglas MP, member for Gaven; Mr John Hathaway MP, member for Townsville; and Mr Dale Shuttleworth MP, member for Ferny Grove.

The committee's conditions for broadcast and guidelines for camera operators are available from parliamentary attendants in this room. Visiting members present are the member for Rockhampton, Mr Bill Byrne MP, who will shortly join us at the table and who is replacing Mrs Jo-Ann Miller MP; the member for Inala, Annastacia Palaszczuk; the member for Mulgrave, Mr Curtis Pitt MP; and the member for Mackay, Mr Tim Mulherin MP.

The committee will examine the proposed expenditure contained in the Appropriation Bill 2013 for the portfolio areas of the Minister for National Parks, Recreation, Sport and Racing until 9.30 pm. I remind those present today that these proceedings are similar to the parliament and are subject to the standing rules and orders of the parliament. I remind members of the public that under the standing orders the public may be admitted to or excluded from the hearings at the discretion of the committee, although the gallery seems empty. It is important that questions and answers remain relevant and succinct. The same rules for questions that apply in parliament apply here, and I refer to standing orders 112 and 115. Questions should be brief and relate to one issue, and should not contain lengthy or subjective preambles or arguments or opinions. I will guide proceedings today so that relevant issues can be explored without imposing artificial time limits and to ensure there is adequate

opportunity to address questions from government and non-government members of the committee. Where necessary, I will remind ministers and their departmental advisers that their answers to a question should be finalised so other issues can be examined.

For the benefit of Hansard, I ask officials to identify themselves the first time they answer a question referred to them by the minister or the director-general. I now declare the proposed expenditure for the portfolio areas of the Minister for National Parks, Recreation, Sport and Racing open for examination. The question before the committee is—

That the proposed expenditure be agreed to.

Minister, would you care to introduce your team and then make a short opening statement?

Mr DICKSON: Thank you, Mr Chairman. I would like to introduce members of my staff and department present this evening to assist the committee's hearings. To my left is John Glaister, the Director-General of the Department of National Parks, Recreation, Sport and Racing; Ben Klaassen, the Deputy Director-General of the Queensland Parks and Wildlife Service; Clive Cook, the Acting Executive Director of the Office of Racing; and Genevieve O'Neill, an officer of the director-general. To my right is my chief of staff, Johanna de Winter; Jeff van Groningen, my senior policy adviser; Richard Watson, the Deputy Director-General of Sport and Recreation Services; Kevin Yearbury, the CEO of Stadiums Queensland; Adam Carter, the Acting CEO of Racing Queensland; and Lisa Myers, my policy adviser from my office.

Thank you, Mr Chairman, and committee members for the opportunity to provide some opening comments at tonight's estimates hearing and for the opportunity to brief members about this year's budget for my department. The Queensland government is committed to restoring accountability and integrity in the racing industry, which employs 30,000 people in the state of Queensland. In response to serious allegations regarding the integrity and conduct of those once entrusted to run racing in our state, the government has established a racing commission of inquiry that will investigate and report on a range of issues.

We have delivered on our election promises to build accountability and effective governance structures for Queensland Racing. Changes to the Racing Act established three code-specific control boards—thoroughbred, harness and greyhound racing. These boards are comprised of members who know their industry best, increasing representation and communication for all these three codes. The changes also established the All Codes Racing Industry Board to oversee the three code-specific boards.

The government has also delivered on its commitment to rejuvenate country racing by providing \$1 million to showcase country racing series that will enable an additional 20 country racing meetings to be held each year. In 2013-14, \$2.5 million will be provided to the Queensland Thoroughbred Investment Scheme. This will be the second instalment of a \$5 million election commitment to be provided over two years. Major racing industry infrastructure projects including the redevelopment of the Gold Coast Turf Club and a new racing surface at the Toowoomba Turf Club will also be progressed as part of the refocused \$110 million Racing Industry Capital Development Scheme.

Last year the Newman government increased its commitment to Get in the Game initiatives to \$47.8 million over three years. This initiative comprises three programs—Get Started, Get Playing and Get Going. Get Started directly cut the cost of living for Queensland families by assisting with the payments of club membership and other participation costs for children and young people throughout the state. Over 20 per cent of round 1 Get Started vouchers were issued to children who had never been involved in organised team sport before. Get Playing and Get Going fund better equipment and infrastructure for grassroots sport and recreation clubs. The overwhelming response to these programs will see the government provide \$23.1 million to this initiative during the 2013-14 financial year.

Almost \$3.9 million in funding was also provided to assist the flood recovery of 226 sporting and recreation clubs that were affected by Tropical Cyclone Oswald early this year. Clubs were provided with one-off grants of up to \$25,000 under the Sport and Recreation Disaster Recovery Program to replace much needed equipment and to repair clubhouses and grounds.

Queensland is blessed with over 12½ million hectares of national parks, marine parks and other reserves protecting a unique and diverse array of landscapes, species and ecotourism systems, our rich Indigenous culture and heritage, and five World Heritage listed areas—more than any other state or territory. For this reason, it is the vision of this government to make our state a world-leading

ecotourism destination by 2020. In June together with my colleague the Hon. Jann Stuckey, Minister for Tourism, I called for expressions of interest for a new and innovative ecotourism concept to showcase Queensland's national parks and grow a four-pillar economy. Red-tape reduction and increasing recreation and ecotourism in parks will remain a priority for my department during the 2012-13 and 2013-14 financial years. I thank the chairman for the opportunity to make these opening statements, and I look forward to taking questions from the committee.

CHAIR: While the times are not rigid, the committee will consider the estimates for racing including the All Codes Racing Industry Board first until approximately 8.55. We will then examine the estimates for recreation and sports including Stadiums Queensland. Then at 9.10 we will consider national parks until the close of hearings at 9.30. We will start with questions from the member for Mulgrave.

Mr PITT: I welcome the minister and all at the front table. Thanks for being here in front of the committee this evening. I have spoken to the chair and this is a question related to the Sport portfolio which I would like to ask first. Page 2 of the SDS deals with the increased participation of Queenslanders in sport. I refer to the Entertainment Centre at Boondall and the impact of a direction to turn the focus of the sports complex area into a corporate catering area rather than focusing on grassroots sport like basketball or netball. How does reducing the number of days that around 1,500 sports participants can use the Boondall facilities help increase participation in sport?

Mr DICKSON: I thank the member very much for that question. We are dead serious about assisting sport in the state of Queensland, be it at the Boondall Entertainment Centre, QSAC or any of our sports stadiums throughout the state of Queensland. We are making sure that they are run effectively and efficiently and that we deliver good value for every cent that Queensland spends on our sporting stadiums. Last year we spent \$37 million keeping our Queensland stadiums running. This year we are going to spend roughly \$32 million keeping our Queensland sports stadiums running. This is a way of making sure we deliver good product on the ground. I will pass over to Kevin Yearbury for clarification on that point to give you a more direct answer.

Mr Yearbury: The sports hall is a part of the Brisbane Entertainment Centre. For the most part it is used for community sports. It is actually used up to seven days a week and on some occasions 12 hours a day for community sports. Being an entertainment centre, there are occasions when, due to events that are in the main arena, there is a need to use the sports hall to support the events in the main arena. There are arrangements in place whereby the operator of the arena talks with those who use the sports hall and explains that there will be times when they cannot have access to that. That is done with as much notice as possible. So there are occasions when that sports hall is used to support the events in the main arena.

Mr PITT: Minister, when does the current contract at the entertainment centre expire? Has there been any consideration given to protecting families on the north side who are involved in sport by having a focus on catering by separating the management of the sports complex from the management of the concert business? They seem to be often competing. Is there a suggestion that that may happen with a revised contract?

Mr DICKSON: I thank you for the question. We are currently doing a review of all of our stadiums in Queensland to make sure, as I said earlier, we get good value for every cent that is spent here in Queensland, particularly relating to our stadiums—be that at the Brisbane Entertainment Centre or wherever. We will make sure that food is delivered at value for money to be given to those who are visiting those particular sports centres and that we get maximum use out of all of our facilities—very much like the Gabba is utilised by the Brisbane Lions and also by cricket. It is underused and we need to be using all of our sporting facilities a whole lot more than we are at this point in time. That is the future of Queensland. That is the path we are going down. I look forward to having our facilities used much more into the future.

Mr PITT: Will there be some ability for those grassroots sporting organisations to have a say or be more widely consulted on the future use of that? It seems that that has not been the case to date.

Mr DICKSON: To continue my answer to the member, we are looking to get the most use we can. If I can get 24/7 use out of all of our sporting facilities, that is the path we will go down. It is a process we are going through, and I will not second-guess the outcomes of the investigation we are doing at the moment, because we want to make the right decision the first time. I concur with your statement: we want to deliver as many potential users as we can to all of those sporting areas. In the Brisbane Entertainment Centre at the moment we have 27 users. If we could double that, that would be fantastic. I think all of us in this room believe in one thing—that is, getting more young people involved in sport and having a fitter, healthier Queensland.

CHAIR: I propose that we now consider the estimates for Racing, including the all-codes racing board. Could the relevant officials please be ready. I call the member for Capalaba.

Mr DAVIES: Minister, I want to commend you on the great work that is going on with racing. It is very exciting. I refer to the department's Service Delivery Statement. Can you please outline how providing \$1 million to fund country race meetings will rejuvenate the country race meeting scene?

Mr DICKSON: I also thank you very much for the question. This government is rejuvenating country racing by allocating \$4 million to country racing over the next four years, beginning in 2012-13. This year is the second year of that commitment. The success of these programs is already evident after the first year. I have been to a number of highly successful country racing days and have heard reports from many others that the reinvigoration of country racing has attracted numerous racegoers, the likes of which has not been seen for many years.

The funding has been allocated to support three highly successful country racing programs—the Showcase Country Series, the Celebrate Country Series and the Sustain Country Series. Funding for these country racing programs, in addition to that which is already guaranteed by the Racing Act 2002, represents the best deal country racing has received anywhere in Australia. In 2012-13, the Showcase Country Series featured 10 race meetings which were broadcast on Sky Racing and covered by TAB. Each meeting has a feature race branded The Showcase, worth a minimum of \$20,000.

The Celebrate Country Series featured seven extra race meetings which included the reinstatement of the Alpha Jockey Club to a non-TAB schedule. The series granted an additional race meeting to seven country race clubs and included an additional race worth \$10,000, named The Celebration.

The Sustain Country Series is the third program and in 2012-13 was made up of three additional country race meetings. These race meetings were conducted at the recommendation of the Country Racing Committee and were allocated based on community charity events or community achievements and took into account disrupted race schedules due to weather or other unpredictable reasons. Racing Queensland recently announced another country race series for the 2013-14 season, further strengthening racing in the regions and providing even more clubs with the opportunity in the Showcase racing series.

I went out west to a couple of races. I must admit, I enjoy going to them to see how racing has been invigorated and how much the people are coming from all the different towns. I will use St George as an example. There was a gentlemen there who had been going to the races for 75 years, and he said, 'This is the biggest race meeting I have been to in my life.' I think that is a great endorsement of what is going on in country Queensland.

Mr MULHERIN: My question is directed to the Acting CEO of Racing Queensland, Mr Adam Carter. I refer to page 2 of the SDS, 'Developing a competitive and sustainable racing industry.' Mr Carter, how much did TattsBet pay under the exclusive wagering agreement for 2011-12?

Mr Carter: In 2012 it was \$130 million they paid Racing Queensland through Queensland Race Product Co.

Mr MULHERIN: When does the exclusive wagering agreement expire?

Mr Carter: In June 2014.

Mr MULHERIN: I take it you would be negotiating at the moment around a new agreement. If the agreement negotiated is less, how will Racing Queensland manage the shortfall in revenue without reducing prize money or race meetings or closing race tracks?

CHAIR: Member for Mackay, that is a hypothetical question.

Mr DICKSON: I was about to say that myself. I am very happy to take the questions on board if you would like to ask me.

Mr MULHERIN: I think it is pretty relevant to racing. If there is a shortfall in revenue, who is going to make up the shortfall? Is it going to come out of consolidated revenue or will there be a reduction in prize money, a reduction in race meetings or the closure of race tracks? It is pretty simple maths.

Mr DICKSON: I think this is a great question that is being asked, because for so long the Queensland racing industry has suffered and for so long New South Wales and Victoria have been enjoying the fruits of racing in their great states. Under the previous government there was a really bad deal put into place, and we have not done that well through the programs that were put in place.

The point I make very clearly—we are yet to get to that point because we are talking about June 2014—is that we are looking to negotiate the best possible outcome. There should be no problem doing that, because we know that most of these betting agencies are dealing with New South Wales and Victoria, and they seem to have done quite well. I could never understand why the Queensland government did not do that well.

Mr MULHERIN: So, Minister, you guarantee it will be as good as or even better than the current arrangement around exclusivity of wagering?

Mr DICKSON: I am very pleased to commit that I will do the very best I can—

Mr MULHERIN: Do better or the same?

Mr DICKSON: I will do the very best I can in negotiating with those people, but I am not about to second-guess what the outcome will be. We on this side of politics do not do that. We make plans and we deliver outcomes. I am a very difficult negotiator, I can tell you that right now. And I do not like to lose.

Mr MULHERIN: So you are going to be personally engaged in the negotiations, Minister?

Mr DICKSON: The Queensland government, at the end of the day, will sign off on whatever is put forward. I do look forward to a robust discussion with all agencies. I am sure that the outcome will be good for Queensland, as it has been for New South Wales and Victoria.

Mr MULHERIN: So you will lead the negotiations?

Mr DICKSON: Mr Chairman, I think the word 'you' should not really be used. It is a parliamentary term.

Mr MULHERIN: Will the minister lead the negotiations?

Mr DICKSON: The point I am making—through you, Mr Chairman, to the member again—is: we will do the best we humanly can to deliver a great outcome for Queensland racing.

Mr MULHERIN: The royal 'we'. Who is 'we'?

Mr DICKSON: I am the Minister for Racing in Queensland—as you were the minister under the previous government.

CHAIR: Member for Mackay, I think the minister has pretty much given the answer he can give at this time, given that you are pursuing a hypothetical question. Unless you have another question, I will move on.

Mr MULHERIN: The question is—I know it is hypothetical, but it is a concern the whole of the racing industry has—if the negotiations around the agreement are less than—

Mr HATHAWAY: Point of order.

CHAIR: What is your point of order?

Mr HATHAWAY: Standing order 115 specifically says not to consider hypothetical matters. The member for Mackay has indicated that the question is hypothetical. Can we move on?

CHAIR: I am going to uphold the point of order. I am sorry, member for Mackay. You have had a pretty good shot at this and we are going to move on. I ask the member for Townsville to ask a question.

Mr HATHAWAY: I have a question for the minister, and it is not hypothetical. I refer you to your department's SDS, specifically the \$2.5 million to support thoroughbred racing. Could you please detail the benefits of these initiatives to the committee?

Mr DICKSON: I thank the member very much for the question. The \$2.5 million to support thoroughbred racing fulfils the Newman government's election commitment to providing \$5 million over two years towards the Queensland Thoroughbred Investment Scheme, QTIS. QTIS supports the Queensland racing and breeding industry and provides an incentive to all levels of racing by providing additional prize money to the Queensland bred horses it identified in QTIS races.

With the injection of \$2.5 million per year over two years into QTIS, Queensland racing has been able to free up its industry fund for priority spending across all three codes including prize money. On the back of this commitment, in June last year Racing Queensland announced an additional \$3.5 million in prize money across the three codes of racing. More recently, Queensland Racing also provided further prize money increases during this year's winter carnival, including an additional \$360,000 to make the winners cheque for the Stradbroke Handicap \$1 million. The better

prize money has direct flow-on benefits for the industry as a whole. Strappers, trainers, jockeys and owners will all benefit. The Queensland racing industry employs approximately 30,000 people in full-time, part-time or casual employment, and this government will continue its support of the industry to ensure it gets back on track and thrives into the future. This is a great state with great opportunities.

CHAIR: I propose that the committee move to consider the estimates for Recreation and Sport including Stadiums Queensland. Could the relevant officials be ready? I acknowledge that the non-government members may ask questions outside of that. I would ask the member for Gaven if he would ask a question.

Dr DOUGLAS: I would like to follow up on the earlier question about racing. Maybe it can be phrased differently. What proposals does the department have of an urgent nature that you are considering to prevent an even faster movement of bloodstock or trainers to the southern states? It is occurring at this time—right now.

Mr DICKSON: Member for Gaven, I think you have touched on a very important point, as the member for Mackay touched on earlier. Prize money is very important in Queensland. That is why we have lost so many trainers and breeders and they are moving their racehorses out of this state. These are great failures that occurred under the previous government. It has been a very sad time for racing in this great state. But we are looking to move forward. We are looking to march forward and deliver better outcomes, as I spoke about earlier. We are inspiring country racing so we get the trainers back on board. We are renewing the synthetic track in Toowoomba. We are relaying the turf and they are going to start to come back. We have lost 23 per cent in productivity—around that number—in Toowoomba itself.

You have actually hit the nail on the head. Racing has been devastated by the previous government. We are looking to march forward. We are looking for a positive future, and I would love nothing better than to see those trainers, breeders and owners come back here to this great state, because this is a great state with a great opportunity here for all people in the racing industry.

Dr DOUGLAS: Just to follow up, we actually have an immediate problem at the moment in racing because our major trainers are fielding across the border every Saturday, major trainers are setting up in Melbourne and the horses are moving there. We are spending \$7 million in Toowoomba and \$30 million at the coast. Minister, have you not considered slowing the spending and diverting it into payments to retaining that? You may not be able to save this; are you aware of that?

Mr DICKSON: I do thank you very much for the question. As the member is very, very well aware, we have an infrastructure program of \$110 million through which we are delivering good value for money right throughout the state. Every program that we are looking at is well costed, well executed and it will be well delivered. I think the people of Queensland would not have a great deal of respect for the Queensland government if we decided to go out there and say that we are going to put a whole lot into prize money.

Negotiations will be held before next June 2014 to deliver an outcome which I hope will be a whole lot better than the outcomes derived under the previous Labor government. We are in a situation where we are down roughly \$30 million every year. Those are funds that we should have, but we do not. As I said earlier, New South Wales and Victoria are doing extremely well, and it would beg the question: why is Queensland not in the same position? When the rivers of gold were running and the economy was on fire, Racing Queensland went backward under the previous minister. The world has moved on. We have a new government in place. We have committed to putting money where it should be spent: supporting the industry and getting the industry to grow. We make no apologies for doing that.

Dr DOUGLAS: Racing is a gambling activity that is conducted in real time. History is not really very significant in regards to it. We have an immediate problem: we have a \$30 million racing deficit. Are you saying that you will not put aside \$30 million to maintain payments for prize money?

CHAIR: Member for Gaven, I think the minister has answered the question. Unless you have another question, we will move on.

Dr DOUGLAS: No.

Ms BATES: Minister, I refer to your comments regarding getting women involved in sport. Can the minister explain what actions he is taking to increase the participation of girls and women in sport?

Mr DICKSON: I do thank you very much for the question, because this is something that really needed to be touched upon many years ago, and this is a path that we are going down. The Newman government has prioritised helping women and girls across Queensland to become more involved in physical activity and recreation. We are committed to ensuring that participation in these beneficial activities reaches the highest possible level. With these objectives in mind, I established the Ministerial Advisory Committee on Women and Girls in Sport and Recreation on 6 March 2013. The ministerial advisory committee is comprised of five experts with experience in elite competition, academia and sports administration. The committee is chaired by Professor Doune Macdonald, head of the University of Queensland's School of Human Movement. Professor Macdonald is supported by four other committee members: Natalie Cook, five times beach volleyball Olympian; Sue Nisbit, Softball Queensland's general manager; Dr Sue Hooper, Olympian and director of the Centre of Excellence for Applied Sport Science Research, Queensland Academy of Sport; and David Keating, former president of the Queensland Council for Health, Physical Education and Recreation.

The key focus of this advisory committee is to provide advice and recommendations on how the government can improve women's and girls' lifelong participation in sport and active recreation. The committee is due to provide its recommendations to me by the end of September 2013. The Ministerial Advisory Committee on Women and Girls in Sport and Recreation is another tangible example of the Newman government's commitment to lifting participation in sport and recreation. The enormous health and social benefits that will follow are great for Queenslanders—in this case, in particular for women and young girls—and I do look forward to the outcomes of those findings because we have to do something about it. I think everybody in this room knows about the disparity between the involvement of men and women in sport. We need young girls to become involved in sport for a long time so that they can stay healthy and so that they will not impact on our health system. This is a challenge for us all, and I think that we should all go away from here and do what we can to make a difference.

Mr BYRNE: I think it was Joan Sheldon who actually negotiated that agreement you were referring to earlier in terms of not-so-good outcomes, but I would be happy to take someone else with more knowledge who would be able to tell me otherwise.

Mr DICKSON: Is that the question?

Mr BYRNE: No, it is just a point of history to correct the record. I am referring to page 2 of the SDS and the strategic direction of the department, which includes providing integrity related services to the Queensland racing industry. After an inquiry from one of my constituents, the opposition office was advised that once GoPrint was sold, no-one was authorised to print greyhound or harness racing betting tickets in accordance with the rules. It was felt that we needed to pursue the matter to have it rectified. Why was your office responding to our inquiries by saying that thoroughbred racing rules apply to all codes of racing and that there was no issue? This is not correct, is it, Minister?

Mr DICKSON: If you could repeat that question again? I am sorry, I missed part of it.

Mr BYRNE: I will get to the point of the oversight of integrity. I had one of the racing identities in my community, a constituent, approach me about betting tickets and the problems involving them. I had the opposition office pursue the matter with your office. We were advised that once GoPrint was sold, no-one had been authorised to print greyhound or harness racing betting tickets in accordance with the rules. We felt that that was a matter that we needed to pursue, and we want to know why your office responded to those inquiries by saying that thoroughbred racing rules apply to all codes of racing and that there was no issue, when in fact we believe there is. There is an issue there; is that not the case?

Mr DICKSON: I do thank you very much for the question. I would love to say that I have knowledge of all things relating to the racing industry, but I will defer that question to the CEO of Racing Queensland, Mr Adam Carter.

Mr Carter: The rules are actually different across the three codes, as confirmed with our chief steward.

Mr BYRNE: So the issue of the tickets for—

Mr Carter: We are currently resolving that with the printers. They have contacted us directly.

Mr BYRNE: You are resolving it with which printers? Who is an appropriate printer?

Mr Carter: There is a—

Mr DICKSON: Point of order, Mr Chairman. I do not think the question of who printers are or who they may not be is relevant to the Racing Queensland CEO.

Mr BYRNE: It is because it has to do with the integrity of the process. There is a reason there is a secure form of printing for those tickets. It has to be a matter for racing pundits on either side of the integrity of the process.

Mr DICKSON: I think that the CEO has answered the matter very clearly. They are handling this matter and it is being looked after already, so we are progressing. We are moving forward. If that does not answer your question, I am happy to get that clarified.

Mr BYRNE: At least you are aware of the issue now. It is an issue and you are aware of it?

Mr Carter: We are addressing it.

Mr RUTHENBERG: That is enough on racing.

Mr SHUTTLEWORTH: Minister, can you please outline the performance of the Get in the Game program after its first year of operation and perhaps outline when the next round of funding will become available, who would be eligible for that funding and how it contributes to our state's growing four-pillar economy?

Mr DICKSON: I thank you very much for the question. Get in the Game is a three-year government initiative introduced by the Newman government which is designed to support active participation in grassroots sport and recreation clubs. The initiative consists of three programs: Get Started, Get Going and Get Playing. The program is focused on community participation and particularly on assisting families that are struggling with the cost of living and getting clubs the help they need to attract more members. In 2012-13, due to high demand for funding from the first round of the three programs, the government tripled the funding from \$16 million to \$47.8 million over the three years. There were 928 applications requesting over \$6.8 million from the Get Going program. Of these applications, 475 sporting and recreation organisations ranging from cricket and AFL through to tennis and dirt bike clubs were approved for funding of up to \$10,000 for equipment, training and activities to increase and sustain membership.

There were 243 applications requesting \$18.57 million for the Get Playing program. Of these applications, grants of up to \$100,000 were approved for 83 sporting and recreation organisations ranging from rugby league and hockey through to BMX and pony club to improve their facilities. The initial allocation of 6,000 vouchers under the Get Started program was exhausted in the first six days. This led to an increase in the budget for the first round of \$1.8 million so that an additional 6,000 children and young people could be supported by this program. Over 12,000 vouchers up to \$150 each were issued to help young people who could least afford—but would otherwise benefit from—getting involved in sport and recreation activities with the cost of membership and participation fees at registered clubs. Twenty-three per cent of these vouchers were issued to children and young people who reported that they had never participated in organised sport before. I do look forward to seeing the great work that the Get in the Game program has achieved so far in continuing to get more children and young people involved in sport and recreation.

It has just come to my attention that there have been 6,244 vouchers in the first 10 days since the opening on 15 July this year, so I think that is a ringing endorsement of success that I am hearing relating to Get in the Game, and I will use this as an advertising tool. I would like everybody in this room to go away and let all of the sporting clubs know to get involved in Get in the Game. It is a great opportunity to keep kids healthy and fit and keep them out of our health system.

CHAIR: I propose that the committee move to questions about the estimates for national parks. Could the relevant officials please be ready. I call the member for Rockhampton.

Mr BYRNE: Minister, with reference to page 3 of the SDS and the minister's responsibility for encouraging ecotourism developments within Queensland national parks, are there any circumstances in which you would consider degazetting sections of our national park estate and transitioning them towards a different type of tenure in order to facilitate ecotourism development?

Mr DICKSON: I thank you very much for the question. Around 12½ million hectares of land come under my portfolio. My department is conducting a scientific review that has been gazetted since 2012. Some of this land includes sporting ovals such as the one at Springbrook, where children need a permit to play. That is why we are undertaking a scientific review: to ensure that Queensland's unique natural places are protected and managed effectively and that our community goals are available for perusal by the community. The scientific review will determine the best possible future for these lands. The ecotourism that we have spoken about is going to build on the four pillars of our economy. I am very pleased that you have asked that question, because we are also out there at the moment—and I will use this opportunity to advertise—looking for ecotourism development to happen

within our national parks. We want people to come from all over the world and all over Australia to see what we have to offer, and we want to go into partnership with our tourism industry to deliver something that the previous Labor government tried to and never did: we are going to succeed and ensure that Queensland is the premier spot in the world for ecotourism by 2020. It is not like it is a new principle. It is been operating at Cradle Mountain in Tasmania for over 25 years.

It has the tick of success and why should Queensland not take up that opportunity to create a livelihood for people within our tourism industry and demonstrate how wonderful our national parks are to the rest of the world? But I do thank you for the question.

Mr BYRNE: Minister, I asked whether you were under any circumstances considering changing the tenure of the national park estate. While I accept what you have said, you have not answered the question. I am well aware of the review that is underway. So I suppose I ask that question again. When will that review be published?

Mr DICKSON: I am not going to second-guess what the review is going to deliver. As I have said earlier in answer to numerous questions that I have been asked tonight, we do things methodically. We go through a process. We make sure we get value for money, and in this particular instance we are not going to let the environment down. I can tell you that people are going to look back at this government in 20 or 30 years time and see it as the greenest government that this state and this country have ever seen, because this is a great state with great opportunities.

Mr BYRNE: You say that with a straight face. So you can say that you are not ruling out changing land tenure in national parks?

Mr DICKSON: It is a hypothetical question for a start. As I said in my extremely clear statement, we are going through a process. I will not second-guess that process before it has come to its conclusion.

Mr BYRNE: It is not hypothetical in that a right to information application and a briefing note for the DestinationQ tourism conference showed at least consideration was being given to degazetting parts of national park estate, so clearly it is on the options list that you are considering and you must have formed an opinion at this point as to what your intentions are. Do you have any intentions?

Mr DICKSON: We have already passed legislation—you were in parliament when this occurred—to allow ecotourism to happen within national parks. I hope everybody in the world knows about it, because we are doing an expression of interest process at the moment. As I said earlier, this is a great opportunity to let people know that we are out there doing that. We are doing the review, and it is a scientific review. I will wait until that review has been completed and I will not second-guess any review, as the Labor Party has done in the past. We do not do that. We wait for the outcomes and we will make decisions when those outcomes have been presented to myself as the minister and then I will go through the process of cabinet, and we all know where that may end up. But I do thank you for the question.

CHAIR: I call the member for Mudgeeraba.

Ms BATES: My question is to the minister. Can the minister please outline the cardinal principles of national park management and will the minister commit to retaining it?

Mr DICKSON: I thank the member very much for the question. The cardinal principle, which the member is referring to, is contained in section 17(1)(a) of the Nature Conservation Act 1992. Generally, section 17 outlines the management principles of national park tenure created by the act. Subsection (1)(a) states—

A national park is to be managed to—

- (a) provide, to the greatest possible extent, for the permanent preservation of the area's natural condition and the protection of the area's cultural resources and values;

Subsection (2) of section 17 states that this is the cardinal principle of national park management. This principle will be retained. Section 17 further outlines the management principle of national parks in that subsections (1)(b) and (c) state—

- (b) present the area's cultural and natural resources and their values; and
- (c) ensure that the only use of the area is nature-based and ecologically sustainable.

The government's commitment to these management principles is demonstrated by our recent amendment to the Nature Conservation Act to allow ecotourism investment initiatives on our national parks. These provisions contained in sections 35 and 42AE(1)(c) of the act echo the management principles of national parks and in particular the cardinal principle. The government is committed to

not only making our national parks available to be enjoyed by all Queenslanders and visitors alike but also ensuring that they are effectively managed so they are available for future generations to enjoy. I thank you very much for that question.

CHAIR: I call the member for Gaven.

Dr DOUGLAS: I refer to the SDS at page 8 with regard to feral animals, and in particular I am interested in your response to the issue of deer that are a major problem now throughout the state. I am aware that most of the coastal electorates now have a significant problem. We have a significant problem on the Gold Coast and I know there is a significant problem at the back of Brisbane and to the north of Brisbane and in the Burdekin. What is the department doing with regard to the problem of feral pests? For example, I now have class 1 feral pests and class 3s. I have cross-breed rusa and sambar deer. Cross-breeds are an absolute anathema. I have major problems with herds building up. I get completely ignored by the department when I make these statements. They are causing major car accidents on the Gold Coast and I see from reports in the Brisbane papers and certainly in the northern papers that it is an ongoing problem. What is the department doing or intending to do about this problem?

Mr DICKSON: I thank the member very much for the question. I bring to the attention of the House the point that the member has talked about, particularly deer. I think it is quite incredible that when we look up at our coat of arms in the House there is a deer on it. Queen Victoria gave us seven of them—

Mr MULHERIN: It is a legacy.

Dr DOUGLAS: It is a red deer though, Minister.

Mr DICKSON: Queen Victoria gave us seven deer and now we have 30,000 rampaging through our forests and national parks. The Queensland Parks and Wildlife Service has a feral deer management plan in place to manage deer in the Nerang National Park. The Queensland Parks and Wildlife Service is working closely with the Gold Coast City Council animal control officers in a collaborative management effort to control deer across the Nerang area. Deer are highly transient animals, with their preferred habitat determined by the availability of shelter, food and water. Rangers estimate that there are currently fewer than 30 deer within the Nerang National Park. However, groups of deer are regularly seen adjoining private rural residential properties. While they are on these private lands, the deer are outside the Queensland Parks and Wildlife jurisdiction. Rangers are therefore unable to take action, other than to remind property owners that the deer are declared pests under the Land Protection (Pest and Stock Route Management) Act 2002 and that they as landholders are obliged to manage deer according to this act. For assistance I encourage the affected landholders to contact the Gold Coast City Council or Biosecurity Queensland in the Department of Agriculture, Fisheries and Forestry, which is the lead agency.

I also remind members here that Minister McVeigh recently held a pest summit in Toowoomba. To take that point a little bit further, it is about time we all got an understanding of how bad the impact is of pests and weed species within our national parks and forests and the impact on this whole country. Just recently it has come to my attention that we have roughly 12 million wild cats in Australia, and in Queensland two million alone. Recently some of my rangers have gone out and culled some of these wild cats, 200 in one night weighing up to 15 kilos each. They tell me that when you shine a light down some of the creek beds you are looking at Luna Park. These species are knocking off six animals a night. Do the sums: two million multiplied by six, that is a whole lot of species that have big problems. We are doing what we can and we are going to do more about this. Watch this space. We have recognised a problem. Where was the previous Labor government when all these pests and weed species were attacking our national parks? Where were they when they were decimating our wildlife? We realise that it is a problem and we are going to do something about it. I thank you very much for the question.

Dr DOUGLAS: With respect, Minister, I did not ask about Nerang; I was talking about the widespread problem through the national parks. I was looking for specific strategies and I raised the issue of car accidents. If you are not aware, in North America this has become a major problem. Do we wait for serious road trauma? Is that what we are waiting for?

Mr DICKSON: I am pleased to take that question a little bit further. As I said a moment ago, the Newman government realises that there is a problem throughout Queensland with these pests and weed species and we are doing something about it. But there are certain areas that I look after in Queensland—that is, 12½ million hectares of land that encompasses national parks, forests and our protected areas. I do not look after the whole of the state and I think it is a matter that we all need to

pursue jointly as a state and as a country, because these are problems and we have to face up to them and we have to do something about them. But they did not start yesterday or the month before. This has been going on for a long time, but we commit to do something about it.

CHAIR: Thank you, Minister. I call the member for Townsville.

Mr HATHAWAY: Can the minister please outline how the 2013-14 parks and wildlife capital budget will contribute to growing a four-pillar economy in Queensland?

Mr DICKSON: I thank you very much for your question. My department is proud of its contribution to Queensland's four-pillar economy. Capital works for tourism and recreation infrastructure will allow our protected areas to grow in ecotourism potential and make Queensland a world-leading ecotourism destination by 2020. In addition, our capital works program to maintain roads, fences and other management infrastructure is also contributing to the construction sector, with significant proportions of this expenditure being invested into local contractors and local communities. The Queensland Parks and Wildlife Service maintains a wide variety of visitor infrastructure and other built assets valued at nearly \$1 billion in parks and forests right across Queensland. These include more than 2,000 kilometres of walking tracks, 470 camping grounds, 200 visitor day-use facilities, 30,000 kilometres of fire control lines, 340 administrative buildings and 150 work bases. The replacement cost of these assets exceeds \$2 billion. These built assets support Queensland's protected areas in hosting an estimated 58 million visitors, including 7.9 million international tourist visitors to Queensland each year.

The \$25.76 million Queensland Parks and Wildlife Service capital works program in 2013-14 will deliver \$6.3 million towards better facilities and improved visitor access in the Conondale Range, Fraser Island, Lake Tinaroo, the Daintree, Cape York, Magnetic Island in the member for Townsville's electorate, Kroombit Tops, Chillagoe Caves, Green Mountains near Canungra, the Atherton Tablelands, North Stradbroke Island and the boardwalk at Wynnum; \$4.5 million to complete the building of the replacement vessel for the *Kerra Lyn*, which undertakes patrol and research activities on the Great Barrier Reef Marine Park under the joint Commonwealth-state field management program; \$3.4 million to replace various amenity blocks and upgrade waste treatment systems, including those on Moreton Island, Eli Creek, Middle Rock on Fraser Island, Jollys Lookout, Mount French in the south-east and the Upper Stony Creek near Byfield; \$2.2 million towards visitor centre upgrades at Mon Repos, Carnarvon, Fleay's Wildlife Park and the D'Aguiar park headquarters; \$1.5 million in the replacement of the ageing plant and equipment necessary to manage the estates, including maintaining roads and fire lines, constructing new fire lines, undertaking front-line firefighting and performing other site works for capital works projects; \$5.6 million in fencing, communication and information technology system upgrades and other works.

The department will continue to undertake works to improve the management of our new estates on North Stradbroke Island by investing \$1.3 million in the replacement and the upgrade of the visitor facilities. I am sure that Queensland's tourism economy and the construction industry, as well as all visitors to our outstanding protected areas, will appreciate the benefits of these particular capital works programs, because it is the only way we will continue to move our state forward to make sure we continue to maintain and upkeep our assets. I do thank you for the question.

CHAIR: Thank you, Minister. I am going to allow one more, but, Minister, please know we have a minute left. I call the member for Rockhampton.

Mr BYRNE: I will be very quick then. We have talked about feral animals. How much disease testing is undertaken in order to sample potential reservoirs within national park feral populations? Is Biosecurity Queensland involved? What diseases are considered to be problematic and are being actively searched for or screened for?

Mr DICKSON: I am very sorry, but if you could just quickly say that again. I am happy to stay as long as I need to.

CHAIR: Member for Rockhampton, can I suggest that this question be put on notice?

Mr BYRNE: Sure. I am happy to put it on notice. It is not actually an ambush. It is not an ambush; it is actually a real question.

Mr DICKSON: Mr Chairman, I do need to make a clarification. I made a statement earlier that there are 12 million cats Australia-wide. I have been told there are four million cats Australia-wide, so please forgive me.

Mr BYRNE: I am happy to table the question.

Mr DICKSON: I also need to make a correction—that is, 2002, not 2012. So forgive me for those two mistakes.

CHAIR: Thank you, Minister. Just coming back to the question on notice, do you want to hear that again?

Mr DICKSON: Yes, please. I would like to hear that if it is possible.

Mr BYRNE: If it is going on notice, I will be a bit slower. Essentially, how much disease testing is being undertaken in order to sample potential reservoirs within national park feral animal populations? Is Biosecurity Queensland involved? What diseases are considered to be problematic and are being actively screened for?

Mr DICKSON: Mr Chairman, I will take that question on notice and I do thank the member very much. I want to thank everybody in the room. I appreciate your time and effort. Thank you.

CHAIR: Thank you. The time allocated for consideration of the estimates of expenditure of the portfolio of National Parks, Recreation, Sport and Racing has expired. On behalf of the committee, I thank the minister, the director-general, chief executives and officials for your attendance. The transcript of this session of the hearing will be available on Hansard's page of the parliament website as soon as practicable. I remind the minister that questions on notice and clarifying material are due by 2 pm on Friday, 26 July. 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 secretariat and the attendants for their assistance. I declare this public hearing closed.

Committee adjourned at 9.31 pm