WEDNESDAY, 26 JULY 2017

ESTIMATES—HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE—HEALTH AND AMBULANCE SERVICES

Estimate Committee Members

Ms L Linard (Chair)
Mr MF McArdle
Mr SE Cramp
Ms LE Donaldson
Mr AD Harper
Dr MA Robinson

Members in Attendance

Ms RM Bates
Mr AP Cripps
Mr SL Dickson
Mr JH Langbroek
Mrs JR Miller
Mr RJ Pyne

In Attendance

Hon. CR Dick, Minister for Health and Minister for Ambulance Services
Mr M Choueifate, Chief of Staff

Department of Health

Mr M Walsh, Director-General
Ms K Forrester, Deputy Director-General, Strategy, Policy and Planning Division

Hospital and Health Services

Mr S Williamson, Health Service Chief Executive, Central Queensland Hospital and Health Service
Ms C Douglas, Health Service Chief Executive, Cairns and Hinterland Hospital and Health Service
Dr S Ayre, Health Service Chief Executive, Metro South Hospital and Health Service
Mr A Pennington, Health Service Chief Executive, Wide Bay Hospital and Health Service
Mr S Lisle, Health Service Chief Executive, Sunshine Coast Hospital and Health Service

QIMR Berghofer Medical Research Institute

Professor F Gannon, Director and Chief Executive Officer

Queensland Mental Health Commission

Mr I Frkovic, Commissioner

Queensland Ambulance Service

Mr R Bowles, ASM, Commissioner

Committee met at 9.06 am

CHAIR: Good morning. I declare this hearing of estimates for the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee open. I would like to acknowledge the traditional owners of the land on which we meet and pay my respects to elders past, present and emerging.

My name is Leanne Linard. I am the member for Nudgee and chair of the committee. Mr Mark McArdle, the member for Caloundra, is the deputy chair. The other committee members are: Ms Leanne Donaldson, the member for Bundaberg; Mr Aaron Harper, the member for Thuringowa; Mr Sid Cramp, the member for Gaven; and Dr Mark Robinson, the member for Cleveland. The committee has granted leave for non-committee members to ask questions at its hearing today so other members may be present over the course of the proceedings.

Today, the committee will consider the Appropriation Bill 2017 and the estimates for the committee's areas of responsibility. I remind everyone present that any person may be excluded from the proceedings at my discretion as chair or by order of the committee. The committee has authorised its hearing to be broadcast live, televised and photographed. Copies of the committee's conditions for broadcasters of proceedings are available from the committee's secretariat. I ask that mobile phones or other electronic devices be turned off or switched to silent mode. Also, I remind you that food and drink are not permitted in the chamber.

The committee will examine the portfolio areas in the following order: Health and Ambulance Services from 9 am to 10.30 am, 11 am to 12.30 pm and 1.30 pm to 2.30 pm; Communities, Women, Youth and Child Safety and Domestic and Family Violence Prevention from 3 pm to 5 pm; and Disability Services and Seniors from 6 pm to 7.30 pm.

The committee will now examine the proposed expenditure in the Appropriation Bill 2017 for the portfolio areas of the Minister for Health and Minister for Ambulance Services. The visiting members present are: Mr John-Paul Langbroek, the shadow minister for health and ambulance services and shadow minister for the Commonwealth Games and member for Surfers Paradise; Mr Steve Dickson, the member for Buderim; and Mrs Jo-Ann Miller, the member for Bundamba.

I remind those present today that the committee's proceedings are proceedings of the Queensland parliament, and are subject to the standing rules and orders of the parliament. It is important that questions and answers remain relevant and succinct. The same rules for questions that apply in parliament also apply in this hearing. I refer to standing orders 112 and 115 in this regard. Questions should be brief and relate to one issue and should not contain lengthy or subjective preambles, argument or opinion. I intend to 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.

On behalf of the committee, I welcome the Minister for Health and Minister for Ambulance Services, Mr Michael Walsh, the director-general, the chief executives of the hospital and health services, the Health Ombudsman, departmental officers and members of the public to the hearing. For the benefit of Hansard, I ask departmental officers to identify themselves the first time they answer a question referred to them by the minister, director-general or chief executive officer.

I now declare the proposed expenditure for the portfolio area of Health and Ambulance Services open for examination. The question before the committee is—

That the proposed expenditure be agreed to.

Minister, if you wish, you may make an opening statement of no more than five minutes. I invite you to do so now.

Mr DICK: The 2016-17 financial year has been a year of delivery and achievement for Queensland's health system. It has been a year where the challenges of rising demand have been met with falling waiting lists and the delivering of $65 million surplus across the system. Our health system is the greatest monument we have to our values, which find their clearest articulation in the civilising ideal of the worth we place on each individual. It is too easy to overlook what an astonishing social accomplishment the provision of affordable, universal access to quality health services represents. How rare that is in this world and what it says about what we think is important.

Our health system and the extraordinary people who work in it is distinguished by that commitment to the personal welfare of every individual, to never give up until there is nothing more to be done and to keep fighting until the fight is exhausted. It is that certainty that each patient relies on

that at that moment when they are sitting in the specialist's clinic, when they are being transported in an ambulance, when they are being wheeled into a theatre or cared for an intensive care unit, the whole of the health system exists for them.

Our hospitals represent a critical component of our social architecture and sit behind us providing comfort even when we have no direct need of them, by delivering the reassurance that when adversity strikes us or those we care about world-class health care is at hand. The allocation to Queensland Health in 2016-17 is $16.554 billion, an increase of $1.28 billion or 8.4 per cent on last year and an increase of $2.93 billion or 22.5 per cent on the final budget of the previous Newman LNP government.

One of my priorities as health minister has been to drive recognition of the value of patients' time. That, of course, has meant tackling the issue of waiting lists. In our first budget the Palaszczuk government committed $361.2 million over four years to reduce the list for those waiting longer than clinically recommended for a specialist outpatient appointment. When we came to office there were 104,114 patients waiting longer than clinically recommended by clinicians to see a specialist. As at 1 July this year I am pleased to report to the committee that that number has fallen to 38,447, a decrease of 63 per cent.

When we came to office the number of patients waiting longer than four years was 5,135. As at 1 July this year I am pleased to report that that number has fallen to 27, almost all of whom have booked appointments—a remarkable decrease of 99.5 per cent. When we came to office the number of patients waiting longer than two years was 21,992. As at 1 July this year it has fallen to 1,177—another remarkable decrease of 94.6 per cent.

When we came to office just 51 per cent of patients were receiving a specialist outpatient appointment within the recommended time. As at 1 July this year that had risen to 78.5 per cent of patients receiving their specialist appointment within the recommended time. With such a dramatic increase in throughput, it would reasonable to expect an increase in waiting times for elective surgery as specialists add a percentage of additional patients going through the system to the elective surgery waiting list. That list, however, has also been cut from 324 to 99 on 1 July this year—the best result since the measure began being reported in 2002. Last month, for example, 99.8 per cent of patients waiting for elective surgery received their procedure within clinically recommended times.

The 2017 budget delivers for health. Before the election we promised to build a new tier 3 mental health facility to replace the Barrett Adolescent Centre closed by the Newman government against expert advice. They were advised not to close that centre without building a replacement. The results of that decision were catastrophic.

In this budget we have delivered on that promise, allocating $68.5 million to a new adolescent extended treatment facility at the Prince Charles Hospital. We continue to deliver on our promise to deliver front-line services decimated by the previous LNP government, employing over 1,200 doctors and more than 4,200 nurses since we came to office.

We continue to invest in new infrastructure to build the capacity we need to cope with increasing demand. In 2017-18 that includes an additional $138.4 million over four years to deliver upgrades under our Enhancing Regional Hospitals program for major redevelopments at Kingaroy, Blackall, Sarina, Maryborough and Townsville hospitals, a further $112.2 million for detailed planning and preparatory works for proposed redevelopments at Logan, Ipswich and Caboolture hospitals and an additional $3 million to support planning to consider future requirements for the Toowoomba Hospital.

Whilst there have been many successes in the past year, we must also acknowledge the challenges we continue to face in a system confronted by rising demand.

CHAIR: Minister, we have reached the five minute time limit. Thank you very much for your opening statement.

Mr DICK: There is more good things to tell later.

CHAIR: I am sure there is. I now invite the member for Surfers Paradise to open the questioning.

Mr LANGBROEK: I welcome the minister, staff and chief executives to this hearing and thank the committee for having me here as a guest. I would like to ask some general questions about the Service Delivery Statement first of all. Could you explain to me the process that happens via your ministerial staff in terms of the collation of the SDS? Are you confident in the correctness of the SDS and the integrity of the document that was brought into the parliament in June?

Mr DICK: Yes.

Mr LANGBROEK: Can you explain the nature of your interaction between ministerial staff and your department in making sure that the contents are accurate?

Mr DICK: Yes, I am confident in the process that is adopted to deliver the SDS.

Mr LANGBROEK: I am asking what the process is between the ministerial staff and the department to supervise the collation of the document.

Mr DICK: I am happy to take that question on notice. I will try to respond to the committee by the end of the hearing. If not, I will take it on notice. As I normally do, I try to provide a response to the committee within the day; otherwise I will take it on notice.

Mr LANGBROEK: What I am asking is—for example, in my former department my ministerial staff would work with the department in the preparation of the SDS. I just wanted your feedback about that. That is okay. I am happy to have you come back.

Mr DICK: My answer to the question, as I have provided previously, is that I am confident in the process that delivers an SDS, as you have asked, that is accurate to the parliament. I have confidence in that. I do not know what else you need. I am happy to answer a specific question.

Mr LANGBROEK: It was not about the process. I wanted to know what the interaction was. That is okay.

Mr DICK: On my hearing what you have said, it would be no different to the process that you have adopted. That is my answer to that.

Mr LANGBROEK: In that case I would like to ask the director-general the same question about the same SDS and whether he has confidence in the contents and the integrity of the SDS, as distributed by the Table Office to us as members of parliament, since the budget. Do you have confidence in it?

Mr Walsh: Yes.

Mr LANGBROEK: Is it similarly the case in relation to the process and the interaction between the department and the minister's office in the way the SDS is formulated via the HHSs? Do you have any comment about the validity of the content?

Mr Walsh: I think it is the same question that has been asked of the minister. That information will be provided.

Mr LANGBROEK: In that case I would like to have the CEO of the Central Queensland Hospital and Health Service to the table, if possible, please. Welcome, Mr Williamson. My question is about the Central Queensland Hospital and Health Service in the SDS, which is on page 74. Do you have confidence in the correct nature of the contents of the SDS and the integrity of the information contained within?

Mr Williamson: I do. I have confidence in the process between the HHS and the department in terms of the preparation of the SDS.

Mr LANGBROEK: The contents of the SDS that we have before us have been checked off by your CFO or your chief operating officer. Can you confirm that?

Mr Williamson: Yes, I can. The process in the Central Queensland Hospital and Health Service is that the lead interface between the department and the HHS is the chief finance officer, who undertakes that with my oversight and my direction with support from the executive team with regular contact and discussion with the department staff.

Mr LANGBROEK: Minister, I draw your attention to the fact that at page 74 we have the Central Queensland Hospital and Health Service overview. On pages 75 to 77, the service performance statement is actually that of the Cairns and Hinterland Hospital and Health Service. Those three pages are identical to pages 64 to 66, which is the Cairns and Hinterland Hospital and Health Service. I would be interested to hear, given that you have attested to the integrity and the correct nature of the document that has been presented to us, about what has happened and why and if the committee could be given an explanation as to the facts behind this?

Mr DICK: I presume it is a publication error. I presume that in the publication of the document the appropriate pages were not published or the wrong pages have been repeated. I will ascertain why the document contains that. It may be no more than when it has been copied and produced there has been a publication problem. I am happy to provide you with the information. Certainly the outline is correct. I am happy to ascertain why the wrong pages are there.

Mr LANGBROEK: Sorry, the outline?

Mr DICK: The outline is correct. Page 74 is titled Central Queensland Hospital and Health Service overview and it goes on about that. It may be a publication error. I will ascertain why there is a publication error and why that is the case.

Mr LANGBROEK: That is fairly significant, Minister, isn't it?—that, with 16 HHSs and the process by which you have described where there is interaction between the minister's office and the departmental office, we have information that has been provided in the most important document in the year in the parliament and it is incorrect.

Mr DICK: Let us ascertain what the nature of the issue is, whether there is a publication problem, whether the document as produced has been published incorrectly. I am happy to ascertain why that is the case. My office does not authorise or produce this. I sign off on it, as does the director-general. The other point is that the documents are published by Queensland Treasury, I might say. They are not published by Queensland Health.

Mr LANGBROEK: It is not Queensland Health's fault?

Mr DICK: It may be a reproduction—we do not know what the problem is. Let us ascertain what the problem is and we will come back to the committee.

Mr LANGBROEK: That is fine.

Mr DICK: Before we jump to conclusions—

Mr LANGBROEK: No. There is a pretty clear conclusion, Minister: the information is wrong.

Mr DICK: The information as published is wrong. It does not mean that there is not information for Central Queensland. The issue is why these pages are in and not the appropriate pages. I am happy to ascertain what that issue is and come back to the committee.

Mr LANGBROEK: Director-General, can I direct a question to you along the same lines about what has happened here? Why are pages 64 to 66 and 75 to 77 exactly the same, yet they are for two different hospital and health services?

Mr Walsh: As the minister has indicated, the documents are published by Treasury. We can certainly find out from the process why that is the case.

Mr LANGBROEK: Director-General, can you explain then how much interaction there is? We are now saying that it is Treasury's fault that Queensland Health's figures in their published SDS are not correct. Is that what you just said?

Mr Walsh: The minister indicated about not jumping to conclusions and has indicated that he would provide the information about the process. As the minister has also indicated, the pages in the printed document are from Cairns and Hinterland and not Central Queensland.

Mr DICK: I also clarify that this is by order of magnitude the biggest SDS in government by a very long way. You can pile them up and if you put them in a row you certainly know straightaway which is Health. It is the largest document that runs to—

Mr LANGBROEK: That gives a reason to have mistakes in it, Minister?

Mr DICK: It runs to 256 pages. No. I do not know the reason. As I said, member for Surfers Paradise, we will ascertain why that is the case and then come back to you.

Mr LANGBROEK: Given that I think you have mentioned before, Minister, you sign off on the document, I am interested in the checks that happen in your own office in making sure the content is correct. That probably comes back to my very first question which is about the process.

Mr DICK: I am the minister and I am responsible for the expenditure in the portfolio. As I said, let us find out what the reason for that is. We will make inquiries and come back to you.

Mr LANGBROEK: My next question is again to do with the SDS. If we go to the budget.qld.gov.au website, which is the Queensland Treasury website, there are three different pages that provide the service performance for the Central Queensland Hospital and Health Service. Director-General, my question is: why is there written content in the SDS that is of a particular nature, yet there are three other pages on the website that are different? You have mentioned that Treasury is responsible for the SDS. They have a website that obviously has different information. Are they responsible for one mistake but not the other? Can you please clarify for the committee?

Mr DICK: Can we have a look at the pages, please?

Mr LANGBROEK: I seek leave to table those, Madam Chair.

CHAIR: Is leave granted? There being no objection, leave is granted.

Mr DICK: What are they headed? Are they headed Central Queensland Hospital and Health Service?

Mr LANGBROEK: They are headed the same as in the SDS, Minister—with 'Overview' and 'Service performance'.

Mr DICK: Are they the same pages or different pages?

Mr LANGBROEK: They are same service performance pages. I am prepared to acknowledge that the Treasury website pages seem to indicate the correct numbers. Given that there are 4,890 staff in Cairns and 2,890 in Central Queensland, there is a disparity in numbers that would look like it is potentially more correct. It is a significant issue. There is a difference between the Treasury website and the SDS. It is something that the committee and the parliament deserves an explanation for.

Mr DICK: Sure. I am very happy to find out what the reason is for you.

Mr LANGBROEK: Director-General, do you have any comments about the Treasury website items that have a completely different performance statement?

Mr Walsh: I think the minister has already indicated that he will get the information for the committee.

Mr DICK: I am also happy to talk about the $16.554 billion that is contained in the 256 pages.

Mr LANGBROEK: That is right, Minister. I am happy to as well. I think you have already done that. All I am doing here as shadow minister is checking the veracity of statements that were provided to us in the SDS. It is fairly obvious that there is a mistake in them.

CHAIR: Member for Surfers Paradise, do you want to pursue a new line of questioning because the minister has taken your questions on notice and I feel you are rephrasing the same question over and over again?

Mr DICK: To be clear, I have not taken that issue on notice. I have answered that issue earlier now about the interaction between my office and the department. I am happy with that answer which is that we are confident in the process. What I am going to do is find out as soon as possible for the committee why these three pages are in and not the appropriate pages that should have been published. I will come back to the committee. If I cannot find out by 2.30 pm then I will come back and I will make a decision about taking it on notice. I would prefer to find out today and come back to you. We will make inquiries of Treasury as well.

Mr LANGBROEK: I turn to another issue from the SDS to do with the operating budget on page 7. It is to do with the Health payroll. I want to refer to the case of Cindy Murray, who worked with Queensland Health as a pharmacist at Logan Hospital. She is another victim of Labor's Health payroll disaster. She has contacted my office twice—in 2011 and 2012. She has had letters saying that she owes nothing and now has had contact again from Queensland Health saying that she does owe money. I know you have had some recent media about this particular issue. Pursuing people who have been told twice in the past that they have no further case to answer strikes me as being unfair to those people. Could you advise the committee about the progress in matters such as these?

Mr DICK: Certainly. In respect of progressing matters, I confirm again that the process that we adopt is exactly the same process that the government that you were a member of adopted. We have made no change to the process. I do note in respect of that individual that that matter came to your attention in 2011 and 2012. Following that, you were in government for three years. I do not know when in 2012 you were advised of that. If it was after March 2012, you would have been a minister in the government and could have obviously appropriately pursued it with the then minister at the time.

I would note, as another matter for the committee, that the previous Bligh Labor government had a moratorium in respect of recovering debts and that was lifted by the LNP. We have adopted exactly the same process. The balance, as you would acknowledge, member for Surfers Paradise, is the duty and obligation we have as a government to recover money for the people of Queensland which goes back into front-line health care, which is the same process that you adopted, and being fair to individuals as well. That is why we are very empathetic, very sympathetic and very careful in how we do it. We encourage anyone who has any issue or concern to deal with their case manager and we will always enter into an appropriate arrangement with them.

The process is exactly the same. We continue to pursue it in exactly the same fashion—in a sympathetic, careful and empathetic manner, balancing the fairness and duty we owe to the people of Queensland and the fairness to relevant individuals. If there is a specific matter in relation to that individual, we are very happy to follow up. The director-general will follow up in respect of that person.

Mr LANGBROEK: Ms Murray is here today, Minister. She has a comprehensive file which shows all of her correspondence. I wonder whether the director-general or staff would be able to meet with Ms Murray at some stage today to try to resolve this matter.

Mr DICK: Of course. We are very happy to talk to her. I will ask the director-general, or whatever staff he needs to support him, to speak to her about that to see what we can do to support and help her.

Mr LANGBROEK: I appreciate that and I am sure she will as well.

Mr DICK: No problem.

Mr LANGBROEK: My next question to the minister is again about Health payroll. You mentioned dealing with people empathetically. A concern of another person who came to see me, a lady called Lisa Lyon, is that tax was apparently paid by Queensland Health to the ATO on amounts that now have been claimed to be overpayments, and debt collectors are attempting to get back this tax which, as I understand it, is called grossed up tax. They are trying to get that tax back from people who they are claiming were overpaid. Once again, I ask about the empathy that you mentioned being directed to individuals and how that applies in cases such as this. Could you explain the principle of grossed up tax and why the department is trying to get it back via debt collectors which is creating a lot of hardship for people?

Mr DICK: I am very happy to respond to that. Before I turn to the specifics of the matter—and I believe I have responded to you on the issue directly—I want to give some context in relation to what you call debt collectors. That is exactly the same process that you implemented. In fact, your government implemented that and we have made no change to that. Acting carefully with staff and former staff, we have been able to reduce outstanding overpayments. The number of employees with outstanding overpayments has decreased from 1 February 2015 by $12,377 or 27.91 per cent as of 4 June this year. That excludes employees who have a signed repayment plan in place and employees whose debts have been automatically recovered through the payroll system, so that is reducing. For those in the automatic recovery system, 86.5 per cent were fully recovered within three months, so the number is reducing and the total debt is reducing, as you have seen, by a considerable amount.

In respect of Ms Lyon, I am advised—and I think I may have communicated this to you—that the current debt collection process has been put on hold while we look into those matters. Director-General, is there anything that you want to add to that?

Mr Walsh: Thank you, Minister. In relation to the grossed up tax arrangements versus the net, it is the same process as used when ARL first contracted back in 2014 to commence this work in recovering overpayments. The reason for the grossed up amount is that, if the overpayment is reconciled within the financial year that the overpayment occurs, it can be finalised in the payment summary that is issued to that person at the end of that financial year. As we know, the payment summary identifies how much the gross amount is, how much you have received net and how much tax or other amounts have gone off.

Once that payment summary is issued, the person files their tax return, and that tax return locks away the tax that is paid and the net that you have received. If, after the receipt of a tax return, an overpayment is then reconciled, what we have is the person has had the gross amount as an overpayment, part of it is sitting with the tax office and part of it is sitting with the person. The relationship between the tax office is directly with the individual. When the overpayment is recovered in a subsequent financial year, the gross amount is recovered, the person is issued a new payment summary and is able to get the money refunded from the tax office so that they are no worse off, whether the overpayment was recovered within the financial year or in a subsequent financial year.

Mr LANGBROEK: The issue seems to be that in these cases there are questions being asked by the supposed recipient of the overpayments and at times on legal advice when they are asking for proof of the overpayment and the subsequent grossed up tax that they would then have to claim back, Queensland Health is now advising some of these people—and this is the third case whose name I will not identify—that the information has been archived. They cannot get more information from Health about the alleged overpayment and yet they are being asked to pay back grossed up tax about an amount they are querying whether they ever received. They are the issues that these people are asking in a number of electorate offices that subsequently come through to mine. I wonder if you could provide some more light on that matter about archiving.

Mr Walsh: All the archiving of records is able to be retrieved, and a case manager would be working through all of that information to be able to provide details transparently for the individual. If that is not occurring, it is important that we know that and can work through those details, because the principle underlying the question is what we attempt to do, and that is provide all the information in detail to the individual so they understand how the overpayment occurred.

Mr DICK: By way of clarity, I understand this does not happen overnight. I am advised that there were multiple attempts to contact Ms Lyon. Can I suggest that if she completes the financial hardship application we can work out what a repayment plan might be based on her circumstances. We are very happy to work with Ms Lyon to try to resolve this issue.

Mr LANGBROEK: Thanks, Minister. Can I clarify: will it be at morning tea that we can introduce Ms Murray to your staff?

Mr Walsh: Yes.

Ms DONALDSON: Good morning, Minister, and good morning to everyone who is here this morning. I refer to page 22 of the SDS which outlines the percentage of the Queensland population who are overweight or obese, and I ask: what is the government doing to improve the lives of people with intractable obesity that causes other health problems?

Mr DICK: I thank the member for Bundaberg for her question. She is right: obesity and Queenslanders being overweight is a challenge for our community. It is estimated that two out of three Queenslanders are obese or overweight and one in four children are obese or overweight. There is a range of initiatives we have implemented as a government to try to address this including, as you would be aware, the bill before the parliament which I will not talk about to create the Healthy Futures Commission, funding My health for life, funding the 10,000 Steps program, funding the Heart Foundation's walking program and implementing menu labelling for fast-food restaurants. Today we have announced we are opening another front in the war on obesity and diabetes by fast-tracking funding for bariatric surgery for type 2 diabetes patients. Over the next two years we will provide $5 million to deliver up to 300 bariatric or weight loss surgeries for patients who will benefit the most. For some patients this can have a very significant impact and can not only reverse type 2 diabetes but stop it altogether.

Diabetes is a growing problem. We know that uncontrolled diabetes can lead to very serious health outcomes and in the worst case scenario can lead to a reduction in life. We will be targeting Queenslanders with obesity and uncontrolled type 2 diabetes who are aged 18 to 65 and are currently receiving public hospital specialist treatment for a condition that may be reversed or improved by bariatric surgery. They are the group that we will be targeting.

I am very pleased to say that this initiative is supported by AMA Queensland. I was pleased to stand with Dr Jim Finn, the Vice-President of AMA Queensland, and the CEO of Diabetes Queensland, Mitchell Trute, to announce that today. The Queensland Clinical Senate—the peak body of leading clinicians which does some of our blue sky over-the-horizon thinking—strongly supports this as well.

We will be looking to deliver 300 surgeries, as I have said, over two years. It was great to have Jenny Watkins with us today. She is an individual who had that surgery last year and it has had a radical impact on her life. She told me earlier that her last blood glucose level put her in the non-diabetes group, and I think she advised me that she lived with diabetes for more than a decade. This surgery that she had last year has resulted in a significant weight loss—I think about a 50-kilogram weight loss. To hear that personal story demonstrates the value of this initiative.

Prevention remains the best remedy and investing in prevention is important. This will not be a first resort for people. We will still need to work with our specialists in hospitals to make sure people continue to change lifestyles, adopt healthy eating, engage in physical activity for health benefits and other medical treatments. When that fails, we will move to this but we think it will have a significant impact.

We will also do an analysis over two years of the cost benefit. If we can get this right and we target the right group, one can only imagine the benefits that will come to not only the individual but also the health system of that person not needing ongoing treatment for a chronic health condition or their health deteriorating because of diabetes. This investment up-front could have a significant impact down the track, so we are looking forward to that rolling out.

Ms DONALDSON: Minister, I refer you to page 8 of the SDS which refers to $15 million for the winter beds management strategy. Could you please inform the committee of this initiative and any other initiatives to improve emergency access?

Mr DICK: I thank the member for Bundaberg for her question. We have had some very significant performance improvements in Queensland Health earlier in the year which I have mentioned. Waiting lists for specialist outpatient appointments have been reduced by over 60 per cent, but our emergency departments remain under pressure because of growth in demand not just from the additional 25,000 people who presented to an ED last financial year but, in particular, from the rising acuity of the

afflictions for which people are presenting. For example, last financial year the number of people presenting with category 1 conditions—they are people who are critically ill—increased by 10.4 per cent across Queensland, and category 2 patients, who are generally very seriously ill, increased by 7.1 per cent. On those two categories, over 10 per cent for category 1 and over seven per cent for category 2, you can imagine the resources and the intensive focus on those patients when they come to emergency departments to save, in many instances, their lives.

The areas facing the greatest challenge are in the south-east of Queensland. We have included $32.9 million for initiatives in the service agreements in our budget this year with Metro North Hospital and Health Service and Metro South. In June I announced the second stage of our Winter Beds Strategy to support hospitals across Queensland. Today I have announced the South East Queensland Emergency Care Action Plan. That is an additional $10 million investment that will result in the employment of an additional 40 paramedics—I know the member for Thuringowa will be interested in that—on top of the 17 announced in the 2015-16 budget. That came out of a summit that I convened a few weeks ago to look at this particular issue. Some of the other initiatives we will be rolling out will be the patient access coordination hubs. We have trialled that at Metro North. That is a real-time coordination centre which monitors what is happening in each of the hospitals in the Metro North Hospital and Health Service. At a central location we can get data and information about what is happening on the ground in our hospitals—not just ambulances approaching, ambulances at ED, what is happening in ED but across hospitals as well. That gives us an idea in a holistic way in that hospital and health service what is happening, and we can use that data now to predict what might happen as best we can when we see certain data messages coming to us.

That has had a big impact. NASA helped The Johns Hopkins Hospital and health system in the United States develop it, and we have done our own model at a considerably lower cost here in Queensland. That innovation is representative of the great innovation across Queensland Health, so we will be rolling those out across our big hospitals in the south-east.

We will also provide $1.3 million to support the implementation of proven models of care specific for frail elderly patients. We know the number of older people and senior citizens continues to grow in Queensland. They have a greater draw on the health system so we are making sure our hospitals are prepared and ready for them. This will not be a silver bullet but, taken together, these measures should drive a process of continuous and continuing improvement, which is what we want in our hospitals. We have also funded the Ambulance Service with an increase of 6.9 per cent for the budget this financial year. I am very pleased with the great work that is happening in our emergency departments but we will continue to support our staff. We monitor this and assist them with the appropriate resources they need for the future.

CHAIR: Page 6 of the SDS mentions the Specialist Outpatient Strategy. Could you please give the committee an update on that strategy?

Mr DICK: I am delighted to report to the committee on the success of our government's Specialist Outpatient Strategy. It is a very significant achievement—and I mentioned some of those statistics earlier—when year-on-year growth for some specialties has increased at 10 per cent per annum. Despite that growth in demand and as a result of the $361.2 million investment, the list of those waiting for a specialist outpatient appointment longer than clinically recommended has fallen from 104,114, as I said earlier, when we came to office to 38,447 as of 1 July—a decrease of 63 per cent. While this strategy has provided substantial investments to fund increased activity—that is, to deliver more appointments—it has also driven systemic change, I am pleased to say, including standardisation of the criteria by which referrals are made, prompting alternative models of care, and providing GP access to The Viewer, our in-hospital read-only data system which GPs can now access.

The SDS records the percentage of patients waiting in time for an outpatients appointment. As such, it is a point in time for the SDS—that is, the data in April. This year's SDS forecast category 1 at 54 per cent, category 2 at 58 per cent and category 3 at 89 per cent. By contrast, the 2014 SDS records the estimated actuals for 2013-14—the final year of the LNP government—at 39 per cent for category 1, 28 per cent for category 2 and 50 per cent for category 3. If I can be clear: category 1 percentage of patients waiting in time, 54 per cent under us and 39 per cent under the LNP; category 2, 58 per cent under the Labor government and 28 per cent under the LNP—a 30 per cent increase under the Labor government; and category 3, 89 per cent under the Labor government and 50 per cent under the LNP.

As I said, that data represents a point in time. According to the data published on the Queensland Health website, the percentage of patients waiting within clinically recommended times has risen: from 54 per cent in April to 65 per cent in May for category 1; from 58 per cent to 61 per cent for category 2;

and from 89 per cent to 91 per cent for category 3. That is a very significant performance. We will always have challenges with people waiting in our public health system, but the focus of the government is to make sure people are treated in time, so we respect the time of patients.

For ultra long waits, we have also had a significant impact on that list, with 5,132 Queenslanders waiting longer than four years for an outpatients appointment now down to 27—a decrease of 99.5 per cent, and 21,992 Queenslanders waiting longer than clinically recommended in excess of two years now down to 1,177, which is a decrease of 94.6 per cent. When you fund the front line, you lose the long wait. There were 104,114 people left waiting and waiting and waiting by the Newman LNP government and there was no focus or attention at all by the member for Clayfield when he was Treasurer or the then health minister. They were happy to let those people wait. We take a different approach. We value their time, we funded the front line, we support our staff and we have been able to get the results for people as a consequence. I am very proud of the work of our staff to achieve that.

CHAIR: Page 13 of the SDS outlines performance measures in relation to elective surgery. Can you please update the committee on the performance in this area as well?

Mr DICK: Thanks very much for that question, Chair. As I mentioned earlier, we have been able to maintain elective surgery performance at the same time as we have had an increase in demand on speciality services and at the same time as we have had patients coming through that system at a higher rate and dealing with them to get those lists down. It has been a significant performance. The number of patients waiting longer than clinically recommended for surgery has fallen to just 99. That is the lowest monthly figure since this measure was first recorded in 2002. Elective surgery performance is also measured by percentage in each category for patients who are treated within clinically recommended times. Our target is 98 per cent for category 1, 95 per cent for category 2 and 95 per cent for category 3 patients treated within time. In the 2013-14 SDS—the final full year of the LNP government—the forecast actuals were 94 per cent, 78 per cent and 86 per cent so not a single target was met. The estimated actuals for our government are 98 per cent for category 1, 96 per cent for category 2 and 99 per cent for category 3—every target met or surpassed despite increasing demand.

A more useful measure than a wait time mid-point is to look at those patients who are treated within clinically recommended times. What that reveals is a system that is performing well. Indeed, despite increased demand, the number of Queenslanders waiting longer than clinically recommended for an elective surgery procedure has fallen to 99, as I have said, which is 69 per cent below the number when we came to office. This is a very significant achievement. I am very grateful to our staff for achieving that.

It demonstrates why you need to put the staff into our public hospitals. There is a lot of discussion about the size of the Public Service, but you cannot deliver these health outcomes to people in emergency departments, in specialist clinics and in elective surgery unless you have the staff to do it. When demand grows in our health system, staff numbers have to grow to continue to perform or to improve performance. I make no apologies for our government deploying 1,200 additional doctors and 4,200 additional nurses. As you have seen in my answers to questions on notice, the percentage of staff profile, clinical or non-clinical, is almost exactly the same as the LNP, both in the Queensland Health system and in the Queensland Ambulance Service. This idea that the Public Service has been bloated, when the percentage of operational and non-operational staff is almost exactly the same as the LNP, can be put to bed once and for all.

What we are seeing from our staff is that if you back them and do not sack them you get the performance outcomes—63 per cent down for elective surgery, 99 per cent elective surgery long waits, achieving all of our performance measures with elective surgery and absolutely slashing those ultra long waits, those people who are waiting four years. That means people who had already been waiting a year before the LNP government came to power waited another three years when nothing was done for them and we had to deal with that and clean up those lists. We had to clean up those people who had been ignored by Campbell Newman and Tim Nicholls. That is what we do because we value our staff and we value our patients' time. This will always be a challenge and those lists will go up and down, performance will go up and down depending on demand. We see that demand increase coming through emergency departments, but we will work hard for our patients because they deserve it.

CHAIR: Thank you for the update, Minister.

Mr LANGBROEK: My next question is to do with the SDS, page 7. The minister just referred to the operating budget increasing by 8.4 per cent. My question is to the director-general. Director-General, can you advise the committee about the Commonwealth increase percentage wise in 2017-18 and the state increase for the health budget?

Mr Walsh: Yes, I can. I think it is important to recognise that the treatment of revenue as it arrives from the Commonwealth may reflect different financial years, so increases need to be identified over different financial years. Within a financial year, there may be special payments that exist. The state funding increase is $320 million and the Commonwealth funding increase is $560 million.

Mr LANGBROEK: As a percentage measure, that is 15.7 per cent federally and 3.2 per cent state wise?

Mr Walsh: It is 14.3 per cent federally, recognising that it is on a lower base. That is the amount that I have, but it is about that.

Mr LANGBROEK: It is significantly higher than the state increase though. I think you would acknowledge that, wouldn't you? You are saying 14 per cent. I have the answer to question 15 from the Treasurer at the estimates hearing of the Finance and Administration Committee and there is a table here. I am happy to table this if I am allowed to. It shows national health funding percentage growth at 15.7 per cent and state health funding at 3.2 per cent. I seek leave to table that.

CHAIR: Is leave granted? There is no objection, it is approved.

Mr DICK: That is in no small part to the fact that, after the destructive slash and burn of the 2014 Abbott-Hockey budget, which destroyed the careers of both Tony Abbott and Joe Hockey, the federal government were forced to come back to the table and increase activity funding to 45 per cent of efficient growth. They were forced back to the table. After wanting to fund increases at the rate of CPI and inflation—completely unsatisfactory, totally contrary to the National Health Reform Agreement—they were forced back to the table. There was an agreement at COAG going forward that they would come back and fund it 45 per cent, not 50 per cent where we need them, not 50 per cent where they previously agreed, where they have unilaterally cut this.

I am grateful they have restored the funding. It is not as much funding as they said they would restore. We know that that funding is coming back in, but only until 2019-20. After that, we fall off a cliff. We need them to restore that funding to the full level that was agreed by all states and territories, including coalition states and territories, and the federal government. We need that to be restored, otherwise we are going to be $10 billion short over the period of the National Health Reform Agreement and that will have a massive impact on what we can do in health care in Queensland.

Mr LANGBROEK: Director-General, is there a reason why state funding growth was only three per cent when demand for services seems to be well above that?

Mr Walsh: I think we need to see the funding increases in the context. As the federal government increased the activity based funding, they reduced the national partnership agreements from $390 million down to $50 million. That is a significant decrease that is larger than the increase in the activity based funding.

Mr LANGBROEK: I have asked about state funding being only three per cent.

Mr Walsh: The state funding is sufficient to deliver the performance that is required. As the minister has indicated, the $16.6 billion that has been allocated to the Health portfolio will deliver the performance that is indicated in the SDS. I am not sure what the question is asking other than that is the amount and the performance will be achieved.

Mr LANGBROEK: My question would be then: would you have requested more than three per cent as a funding increase for Queensland Health?

Mr Walsh: The published document as approved by the minister has the funding in it to deliver the activity, so there is sufficient funding to deliver the activity that is indicated in the SDS.

Mr LANGBROEK: But do you as director-general seek to get more in the lead-up to the budget? Do you say, 'Minister, we could do so much more if we had four per cent more or five per cent more'?

Mr Walsh: I think that is a hypothetical question in the sense of the budget is what is handed down by the government and we implement the procedures and processes required to deliver on the budget. In relation to what the budget could have been, that is a hypothetical question.

Mr DICK: Member for Surfers Paradise, you cannot have it both ways. You cannot say, as you and your colleagues say in the parliament, that the Labor government are profligate with money, that we are wasteful, that we employ too many public servants, that the Public Service is bloated, that we are not getting any dividends—and I have read out today clearly the dividends—and then say, 'You need to spend more money.' Clearly that is contradictory—

Mr LANGBROEK (A) I do not say those things, Minister, so—

Mr DICK: I think you should be thanking us for our prudence in delivering these outcomes within an appropriate budget—

Mr LANGBROEK: Sure. The point I am trying to make in this block of questions is that we are always thankful for more funding because of the outcomes that that is going to deliver. My question is: is there an acknowledgement that there has been a significantly higher Commonwealth contribution than there has been a state contribution? The question was whether Queensland Health sought more from you as the minister. It is not hypothetical; it is just saying that if we had more, could we do more? You do not ever hear me saying that there is too much going into Health. Minister, it is about me trying to ask that question for confirmation from you that federal funding has gone up 15.7 per cent and state funding has gone up 3.2 per cent.

Mr DICK: I think I made it clear that the reason the federal funding has gone up is that they have restored their activity funding at 45 per cent of efficient growth. That is where the money has come from. Frankly, as the biggest single taxing government of Australia that has access to more than a hundred forms of revenue, so they should; they need to do their share of lifting. However, we put the overwhelming amount of money into the Health system—there is no question—and they still will not restore the national partnership agreements. Coming off a low base, of course the increase from the Commonwealth is going to be significant.

Mr LANGBROEK: My next question to the minister is about nurse-patient ratios potentially being extended to private hospitals. I know that the Public Health Act was reformed recently because of that issue at Carina with the dental surgery and, therefore, the state came in with more regulation there. Can you give us any advice about prospective changes to nurse-patient ratios in private hospitals please?

Mr DICK: I am very happy to provide you with a response on the issue of nurse-to-patient ratios. The government has no policy framework at this stage to extend that. The reason for that at this time is to see how the process is travelling at the moment—a very significant initiative to implement nurse-to-patient ratios which we have done. We do not have any plans at this stage to roll it out. I never say never on anything, but at this stage we will monitor and ensure that this is a very effective approach to what we are doing. As you know, we have engaged the University of Pennsylvania to assist us with that in relation to what is happening with nurse-to-patient ratios. As you are aware, last year we passed it on International Nurses Day. The new legislation took effect on 1 July and the legislation was actively opposed by you and your colleagues; you voted against it in the parliament. There are 27 in-scope facilities and 154 wards where minimum nurse-to-patient ratios are legislated, and the compliance rate has been very high. As I said at the time the legislation was passed, we are going to use the University of Pennsylvania to carry out a review of it and then we will consider where we go. The evidence is clear that it does produce better outcomes for staff. It produces safer hospitals. We are going to monitor this very closely going forward. There are no current policy proposals in relation to expanding it at this time. We want to see how it works.

Mr LANGBROEK: Will the University of Pennsylvania study look at the Queensland circumstance as it has been done in California and Pennsylvania?

Mr DICK: No, they will be doing an analysis of how it is working for Queensland. They have done it in 30 other jurisdictions, so they are the acknowledged world leader in the analysis of nurse-to-patient ratios and they will work with the Queensland University of Technology on this project.

Mr LANGBROEK: You would not rule out in the future that the nurse-patient ratio policy could be applied to private hospitals in Queensland?

Mr DICK: We do not have any policy proposals at this time.

CHAIR: Member for Surfers Paradise, it is a hypothetical though. You are asking about a hypothetical—

Mr DICK: There is no—

Mr LANGBROEK: It is alright. The minister is answering.

Mr DICK: There are no policy proposals at this stage. We want to bed it down and get it working in the public health system. I know that there are others in the community who would like it to apply to other institutions more broadly. Others have talked about aged care facilities as well. This is not a new comment; there is a lot of debate in the community. We know that having well trained and effective staff, including nurses on the front line, leads to better patient outcomes and a better and more supportive working environment, which again is mutually reinforcing to patient quality and safety. This is an ongoing debate that will continue in the community.

Mr LANGBROEK: Can I turn to another topic, the patient off-stretcher time protocol and the key performance measure of triage within five minutes? What was the statewide percentage of patients that were off stretcher but not triaged within five minutes for the month of May, which is the latest month? I understand that may be something you know or you may not know and you will have to take it on notice. It is up to you.

Mr Walsh: I do not believe I will have that exact figure at hand, so I will need to come back to answer that question when I have the figure. I am sure I will be able to get it quickly.

Mr LANGBROEK: Thank you. Can I turn to another topic now? I refer you to the SDS, page 33 and the income statement. It is really to do with the past survivors of Wacol. Director-general, can I ask how much money has been allocated for the compensation/restitution for past survivors of Wacol?

Mr Walsh: At this point in time there has been no firm amount allocated to that. We would be working with the people to look at the redress. Any amount would then come out of the surplus that we would carry forward for the department.

Mr LANGBROEK: Who in the department is leading the reconciliation process?

Mr Walsh: The area of the Strategic Policy and Planning Division is responsible for doing that. We have Betty Taylor doing the negotiations and talking and engaging with the people from Wacol.

Mr LANGBROEK: That is Betty Taylor from the Red Rose Foundation?

Mr Walsh: Yes.

Mr LANGBROEK: Can you advise the committee how much she was paid to conduct the consultations with survivors?

Mr Walsh: I would need to get that particular detail. I do not have that on hand.

Mr LANGBROEK: I am happy to take it on notice, Minister, if that is acceptable. Again, I am not sure—

Mr DICK: We will see if we can find the number for you today. We will make a note of it.

Mr LANGBROEK: Director-General, has there been any discussion as to the quantum of payments being in line with that of the royal commission of $150,000?

Mr Walsh: At this point in time I have not had any discussions specifically with Betty Taylor around what the likely amounts are.

Mr LANGBROEK: How many victims has the government now estimated are open to potential compensation?

Mr Walsh: My understanding is that there were eight women who came forward in relation to the advertising in the media. Can I confirm that number eight? My recollection is eight, but I will need to confirm that.

Mr LANGBROEK: Can you give the committee—

Mr DICK: Just to clarify, it is a redress scheme. You have used a number of terms today: compensation, restitution. It is a redress scheme to properly engage with these predominantly women who went through the most horrific experience at Wacol. We are engaging very deeply and appropriately with them. We want it resolved as quickly as possible. I have indicated that we wish to resolve it by the end of the year. I also make the point clear that we will work very sympathetically with them. The previous government of which you were a member said there would be no redress; there would be no financial payment to them. We are now trying to resolve that. An apology was made and then a second apology was made in the parliament. We are trying to resolve this for them as quickly as possible. We are listening very closely to them and their concerns about this before we finalise anything. They deserve that. They deserve the opportunity to be heard and to put their position to government having not been heard by many people for a long period.

Mr LANGBROEK: Thanks, Minister, for that clarification. I note that you said you expect it to be finalised by the end of the year.

Mr DICK: Yes.

Mr LANGBROEK: Director-General, has the report by Ms Taylor been handed to government, and will it be made public?

Mr Walsh: I would need the minister to answer the second part of the question. No, I do not have Betty Taylor's report at this point.

Mr DICK: She has not finalised that yet but we anticipate it to be finalised shortly. Insofar as it can be published and we have the consent of the women concerned to publish it, we will do so. We will talk to them about that. There may be personal matters that they raise that they do not wish to be published. We will respect that. I certainly hope today I can get a commitment from you that we will not have the allegations that are persistently made by the opposition that we are hiding things. What we will do is ensure that the confidentiality within which the women engage openly with Betty is respected. To the extent we can publish their story, we will. I do not want it to be alleged later that we are hiding things, because of all the people who deserve to be respected due to the journey they have taken, these women deserve to be respected. I ask for your commitment. I take your nodding as yes.

Mr LANGBROEK: Certainly. That is fine.

Mr HARPER: I would like to talk about endoscopies. I see on page 8 of the SDS there has been significant money invested in the Endoscopy Action Plan; it outlines the initiative to perform more endoscopies. Minister, can you tell me what is the government planning in this area and why?

Mr DICK: I talked earlier about our strategic investment to reduce the waiting list for the waiting list. We have had a significant impact on that waiting list. Now we turn to other lists to help lose the long wait. What we have done in that respect is to turn to diagnostics including those waiting longer than clinically recommended for an endoscopy. As the honourable member might be aware, there has been considerable public attention paid to this, in particular the national bowel screening program. I think it is a very effective program because there are many cancers where if the early development of that cancer or the precursors to that cancer can be identified, you can stop the cancer developing. Bowel cancer is one of those cancers, so we work closely to support that initiative. As a government, as you may be aware, we launched an advertising campaign last year with Shane Jacobson particularly to ask men to take up the capacity to use that free test that is sent to every Australian over the age of 50.

Mr HARPER: I just received one in the mail.

Mr DICK: Congratulations on that significant milestone birthday. As men we should not shy away from that. We should ask all of our friends, colleagues and mates to take this up because it can make an enormous difference in someone's health outcome. Bowel cancer is one of the most prevalent cancers affecting the community and we have high rates in Australia. Australia has one of the highest incidences of bowel cancer rates in the world. One in 23 Australians will develop cancer in their lifetime. This will make a real difference.

We have looked at the waiting lists for endoscopy. When we came to government we found there was no system to monitor endoscopies in Queensland and there was no waiting list as a consequence. There appears to have been no desire by the previous government to do that. We have taken steps to do that. We found that thousands of people were waiting longer than clinically recommended for an endoscopy. Recent data that we have received demonstrated that endoscopies being performed at public hospitals had risen by 80 per cent over five years, so we have gone to the next step; we have invested $160 million over four years to slash hospital waiting lists under our Endoscopy Action Plan. We will deliver 50,000 additional endoscopies over the next four years through this investment. The number of people waiting longer than clinically recommended for an endoscopy will be significantly reduced. That will apply wherever they live in Queensland; it will not just be in the south-east. Both the member for Bundaberg and the member for Thuringowa will be pleased to know that this will assist Queenslanders wherever they live. Whether they be in the north, the far north or the Wide Bay region, people will benefit from that.

I am very pleased that it was developed in conjunction with the statewide gastroenterology network. When we launched it I stood with Dr Tony Rahman, a very significant leader in this area, and we were very pleased to develop it with them. Our plan will focus primarily on additional services but we will also recruit rural generalists to deliver local services in regional and rural areas and put in place dedicated endoscopy coordinators to better coordinate care in the busiest clinics. We know that early intervention and identification can result in bowel cancer being eliminated effectively, particularly by the removal of precancerous polyps. We have also invested $10 million in 2017-18 for the Metro North Hospital and Health Service to deliver 4,000 additional endoscopies this year.

They have in fact developed a particular surgical space which they call the 'blue room' for the delivery of those services. This is about the great work we have done with our specialist outpatient strategy. While in government we have already been able to reduce the list for endoscopies, but we want to reduce it further and keep this in focus for our government as something that is about what we want to do. The earlier you can intervene, the better—as we have talked about with bariatric surgery—and we can prevent these sorts of cancers developing through appropriate healthy lifestyle choices even earlier as well.

Mrs MILLER: Can the minister advise the committee on the performance of the Mater Private Hospital in Springfield, which a number of my constituents use? They certainly rely on it at the moment.

Mr DICK: The member for Bundamba knows more than anyone that that is such a growing part of the south-east of our state. Young families in particular are moving into Springfield, and we have to keep up with the health demands of those new members of the community. I am pleased to say that the Mater Private Hospital at Springfield provides a useful supplement to assist the Metro South Hospital and Health Service and the West Moreton Hospital and Health Service deal with the capacity pressures driven by the high growth corridor between Logan and Ipswich. In 2017-18 the West Moreton Hospital and Health Service contracted to purchase $11.8 million of activity from the Mater, whilst Metro South has purchased a further $12.9 million, so in excess of $24 million will be provided to Mater Springfield. I can inform you that in 2016-17 Mater Springfield had 8,346 inpatient separations and provided 15,355 occasions of service, so clearly the demand is there for those services locally.

The health services provided by Mater Springfield are, I think, well utilised, well accepted and well regarded by the patients who use that facility. I understand that from a recent analysis the hospital has done of the patients who received day surgery, 84 per cent of whom were publically funded through that relationship, 96.5 per cent in the survey response would recommend the hospital to others. The overall mean score for satisfaction was 91.8 per cent above the all-hospital benchmark of 88.1 per cent. Of the patients who received care in an inpatient ward, 76 per cent of whom were public, 96.6 per cent would recommend the hospital to others, which I think is very significant. The hospital has received very positive feedback from patients who have been very complimentary about the nursing staff, amenities and level of care. I also understand that on 16 June the hospital performed its 10,000th operation with feedback from the patient, Mr John Stanley, who said—

> ... I've had a good run, only a few broken bones and that's about it, but I'm glad I'm in here now and I feel wonderful, a million times better than I did when I arrived this morning.
>
> I think the Mater has done a fantastic job and I'm more than delighted.

It is great to hear from Mr Stanley but, as I said earlier about bariatric surgery, when you hear the lived experience of patients that better informs what we do. We are going to have to keep resources up to Springfield. We are going to have to keep resources up to Mater. I know they have ideas about how they would like to expand services, and we will continue to work closely with them. We will also support our public services by investing in Ipswich Hospital, for example, and our other hospitals going forward. I think some good work is being done there. We have a very long relationship with the Mater through Queensland Health, and that transcends governments led by both major political parties. I am confident that that relationship will continue well into the future, certainly under our government.

I can advise the committee that Betty Taylor is receiving remuneration of $7,500 plus expenses. I can confirm that eight women have come forward and met with Betty, and she has spent a lot of time talking to them to work through their particular issues, concerns and comments in relation to redress.

Mrs MILLER: Minister, can you advise the committee about the current situation in terms of waiting lists for elective surgery and specialist outpatient appointments, bearing in mind that many patients in Ipswich actually hospital shop; that is, they have their names on lists at the PA, Royal Brisbane, Logan Hospital and the QEII. Because of the location, it is easier for people in my electorate to get on the train and go to the PA and the Royal Brisbane than it is to go backwards and go to Ipswich.

Mr DICK: That is a good point. I do not blame patients for looking to get service either. As you have heard, if you have been waiting and waiting or if you have been waiting four years or more, you will take every opportunity, as happened previously, to get that service. Having served in this parliament for a long time, the member for Bundamba knows as well as anyone in this room the deep frustration that Queenslanders felt with being ignored through their patient journey previously. It was a great source of angst for many people, and they did not see government responding under the Newman government. I know you were involved in developing a lot of the health policies that we took to the election. They did not see government listening, and that creates deep frustration from people in the community. By trying to be fair dinkum about this, by trying to fund the front line and reduce the long wait, people at least see that we are trying and we are respecting them and their time. We want to get everyone seen within time; we want to get them their surgery within time. We are doing well, but we are struggling with demand. I cannot promise that the list will be zero. Any health minister who promises that I do not think is being fair dinkum, but you can promise to do your best. By that close application and focus to the front line, we have been able to demonstrate that we have been able to get the list down.

Some of the results with those long waits have been particularly significant in West Moreton. When we came to office there were 2,797 patients waiting longer than clinically recommended for a specialist outpatient appointment. As at 1 July that number had fallen to 113, which is a decrease of 96 per cent. In June, 99.2 per cent of category 1 patients, 96 per cent of category 2 patients and 99.5 per cent of category 3 patients were seen by a specialist within the clinically recommended time, which means that the hospital at Ipswich is now doing what it has to do. It is trying to see people in time. I want to thank the new chief executive Dr Kerrie Freeman and the executive for their leadership in this space. As patients are seen by a specialist, of course that impacts on the proportion of patients going onto waiting lists for surgery. In June I am pleased to say that, of the local residents on the waiting list there at the West Moreton Hospital and Health Service, 100 per cent of patients were receiving their elective surgery in time for categories 1, 2 and 3. That will vary, particularly during winter and at the beginning of the year when people take leave, but we are now getting everyone through in time. As of 1 July it meant that no-one in the greater Ipswich area was waiting longer than clinically recommended for surgery. Those categories are: 30 days for category 1, 90 days for category 2 and 365 days for category 3. I think that has been a very good outcome by West Moreton, and again I thank the leadership and staff for that. That is the partnership we want. We want to provide those resources to the hospital and health service to do the work, but we then need local leadership to get that real outcome for people. I think we have seen that in the West Moreton Hospital and Health Service.

Mr LANGBROEK: My question is to the director-general with regard to the West Moreton Hospital and Health Service. Is the director-general aware that an allegation has been made that some doctors in that service are not referring oncology services to Mater Springfield and are sending patients to other places in Brisbane and bypassing Mater Springfield?

Mr Walsh: The short answer is no, I am not aware of that.

Mr DICKSON: Through you, Minister, I would like to thank the Health department for all the good work that they do. You do not do everything wrong in this state at all by any means, and I have to recognise Kev Hegarty as well. He is a good bloke and his resignation is a great loss to the Sunshine Coast. The department's overview at page 39 states—

> The department continues to lead a range of major innovative health reforms, such as ... Australia's first medicinal cannabis guidelines to provide safe, controlled access to medicinal cannabis under the nation's most progressive medicinal cannabis laws.

Minister, in March I asked a question on notice regarding how many doctors had registered to become medical cannabis prescribers. Your response was that two medical practitioners had registered. Since March how many more doctors have registered to become medical practitioners to prescribe cannabis? Is the government running any advertising campaigns, either publicly or internally, to encourage doctors to become registered medical cannabis practitioners? What is the extent and cost of that advertising? There are still parents such as Katrina Spraggon's daughter who are waiting for help, and we need all the help we can get for these people.

Mr DICK: I will answer your question, member for Buderim, but I want to thank you for acknowledging the work of Kevin Hegarty as the chief executive. We do not take interjections here, but you are right and I will adopt your comment that 'he is a great bloke.' To be fair, I think that the member for Caloundra and others from the Sunshine Coast would also acknowledge his great work so thank you, member for Caloundra, for that. His resignation is a great loss. It is fair to say that he was one of our best chief executives, and this gives me the opportunity—as you have—to put on the record my thanks to him for his service. I think that for all of us on the committee—and me at this table—our time in this work is limited. There is an end point for all of us, but Kevin worked for more than a decade as chief executive on the Sunshine Coast and helped deliver Australia's newest and best public hospital. When we look at that happened with the new Royal Adelaide Hospital, the Fiona Stanley Hospital and the Perth Children's Hospital, which have been plagued by problems, to deliver that hospital has been a great achievement and I was very proud to work with him, so thank you for that.

To answer your question, I can advise that in relation to single-patient prescribers there have been 10 applications. Of the 10 applications, four have been approved and six are pending. There have been two patient-class prescribers who have received confirmation of their notification. I will try and get you the numbers on doctors. I do not have them immediately to hand, but I will come back to you. I am not sure it has increased. We have tried to work with the medical profession to inform them about this. As you may be aware, we conducted a symposium. The Inaugural Medicinal Cannabis Healthcare Symposium was held on 23 March. That was aimed at informing Queensland healthcare professionals, researchers and administrators about the new legislative framework, clinical guidance, pathways for access and current research, and we had 100 professionals from across Queensland and interstate attend.

I think one of the challenges we have is that there are mixed views within the medical profession, as the member would probably understand and acknowledge, about the use of medicinal cannabis. We have supported it, we have progressed it, we have authorised it and we have legislated to make it lawful. I know that not everyone agrees with the framework, but we think this is the safest and best way to deliver it for the community. There have been some other changes federally which have improved access as well. I will get you those numbers. It may still be at two, but there are two streams. There are doctors who can come in and do a one-off application, so we have single-patient prescribers who are general practitioners or medical specialists. Ten applications have come in: four have been approved and six are pending further information. There are two patient-class prescribers who have received confirmation of their notification. I am happy to further consider how we might promote it to the profession, but we will continue to work to get greater uptake if need be. I do not think we run an advertising campaign.

Mr DICKSON: Minister, I think there is about $1.9 million in the budget under medicinal cannabis. What is that being used for? I thought it might be for advertising or research internally within the department.

Mr DICK: I am informed that is predominantly for the trials that are occurring at the Lady Cilento Children's Hospital. Are you happy for me to inform you how those trials are proceeding?

Mr DICKSON: Yes, if you can come back to me that would be great.

Mr DICK: Yes, so that is what is happening. Those trials are proceeding well. In terms of what we are doing with respect to clinical trials, we have Epidiolex, and that is medical cannabis for children with severe treatment resistant epilepsy and there are 29 children enrolled in the program; Zynerba, which is useful for epilepsy and partial onset seizures; the PELICAN study, which is a collaboration between the University of Sydney and Queensland; Fragile X tests and the trials as well; and medicinal cannabis for the treatment of tuberous sclerosis at the Royal Brisbane and Women's Hospital. There is a lot of work happening internally at the moment, but I will try to get you confirmation about the $1.9 million.

Mr DICKSON: Thank you very much, Minister. I really appreciate it. Thank you for your time.

CHAIR: The committee will now adjourn for a break. The hearing will resume at 11 am with the continuation of the examination of the estimates for the Health and Ambulance Services portfolio.

Proceedings suspended from 10.30 am to 11.01 am

CHAIR: The hearing is resumed. Welcome back, Minister and officials. I also welcome Mr Ivan Frkovic, the Queensland Mental Health Commissioner, and Professor Frank Gannon, Director and Chief Executive of the council of the Queensland Institute of Medical Research. I also note that Mr Rob Pyne, the member for Cairns, has joined us. Welcome. The committee will now continue its examination of the proposed expenditure for the Health and Ambulance Services portfolio. I call the member for Surfers Paradise.

Mr LANGBROEK: My question is to do with eHealth and, Director-General, it is about ieMR. What has been the total cost to date of ieMR deployment across the seven sites please?

Mr Walsh: The total cost since September 2011 to date is $320.96 million. The ieMR commenced in 2011. You have to build it, develop it, test it and so forth, so all of those costs are associated with the actual costs to roll it out across those sites. As other sites come on board, all of those initial build costs are still part of the ieMR rollout.

Mr LANGBROEK: Can you confirm that there has been roughly a 700 per cent increase in wrong bloods in test tubes since the process went electronic through ieMR for labelling?

Mr Walsh: My understanding is that there was a process issue identified in relation to the steps taken and the labelling of the printers, but my understanding is that that has been corrected.

Mr LANGBROEK: Would you provide to the committee in the last six months the number of incorrect labelling with regard to blood in test tubes reported by hospital? Would it be possible to obtain that?

Mr Walsh: I would need to find out if we have that for all of the hospitals, both ieMR and non-ieMR hospitals, yes. If that is available, I will need to check with the minister to find that information within the hearing today.

Mr LANGBROEK: Sure. Minister, I want to ask you then too as to whether you have concerns about the change from handwritten labelling, as I understand it, to ieMR. Anecdotal evidence provided to me shows a significant increase in wrong labelling through printers being in different locations. Are you aware of this and what are your views?

Mr DICK: I have just received a comment from the director-general that it is actually not a system issue; it is a process issue. If it is an issue at all, I am very happy for the director-general to have a look at that. The overwhelming evidence, which is, frankly, incontrovertible, is that going from written documents to digital documents—once the transition is completed, and there is always a transition, implementation and adoption phase—is manifestly safer. Wherever this has been rolled out, it is safer. I have not been advised of risks to patients. What I have been advised is that there have been manifest benefits. For example, at the PA Hospital the number of falls has been reduced by 38 per cent by using the data that is available. We anticipate issues with medications will drop by 43 per cent going forward, which will also have a cost benefit, but it is really about patient safety. That is there. There has been a reduction in a range of other issues including cardiac arrests using a digital hospital. The future of health care is digital, as our lives are in any workplace. We are happy to have a look at that and come back to you again if we cannot get the information, but we just need to be careful. It is not necessarily a systems problem; it may be a process implementation and adoption problem and whether that has resulted in any patient harm I have not been advised of that.

Mr LANGBROEK: Thanks, Minister. I understand that patient sensitivity as well, but it is important that with changing into eHealth we make sure we get the best outcomes. My next question then comes to the next system that is being changed, and that is HBCIS. I would ask the director-general about whether there is any particular method in searching for tenders that enables a particular provider to have a head start on anyone else when it comes to providing a replacement system for HBCIS following on from ieMR. Is there any particular mechanism that would seem to favour a particular tenderer?

Mr Walsh: I am not sure what the question is asking. We would follow the government procurement protocols and policies in order to procure any application or system. The thing about the patient administration system is that it is not necessarily one system; it is actually made up of a number of modules and we would need to look at what applications have those modules or what new applications we need to procure.

Mr LANGBROEK: And then have the confidence in whoever is the proponent that they are going to be able to provide it. I think that is obviously going to be something that would be assessed.

Mr Walsh: Correct, yes.

Mr LANGBROEK: What probity measures are put in place to make sure that when you have staff interaction between Queensland Health and particular proponents appropriate probity is being applied in terms of personal relationships?

Mr Walsh: In relation to a project when it is in operation—so we have done the business case and got investment and allocation of funding—

Mr LANGBROEK: Or prior to that; even prior to that.

Mr Walsh: What I wanted to do was just talk about that period first and then I will talk about beyond that.

Mr LANGBROEK: Okay; sure.

Mr Walsh: Within that part of the project is actually the appointment of a probity officer to oversee that entire process from the initial scoping, development and procurement of a vendor and development of the application until the project is closed. Underlying all of that is also the code of practice where all staff need to comply with the code of practice which has the information about conflicts of interest. During a project phase we have an additional project probity officer, but underneath that we have the code of conduct.

Mr LANGBROEK: Okay.

Mr Walsh: So it is pre, during and post.

Mr DICK: Just as a matter of clarification, member for Surfers Paradise, you talked about probity measures in relation to any personal relationships. Is there any claim or allegation you wish to make in respect of that matter?

Mr LANGBROEK: No. I am just seeking information, Minister, about the process. For example, as I travel around the state doctors have anecdotally expressed concerns to me about some of the aspects of ieMR. Some of those concerns—and I would be happy to have an answer from you—are as to whether there is a reverse tendering process happening that will see the same provider, Cerner, providing HBCIS, and that is my query as to whether that process may be happening. I am asking on

behalf of people who have concerns about ieMR, and that may be, as you have said, a process issue and not a systems issue. As the shadow minister I am just asking, given that we have had a history in this state before with the IBM issues with the Health payroll, for it to be put on the record about HBCIS.

Mr DICK: Thank you for that. I appreciate that clarification. The director-general wishes to add a further answer.

Mr Walsh: I would go back to what I explained before, and that is that the procurement is all done in line with government procurement policy. We need to understand that the relationship between ieMR and the patient administration system—so an electronic medical record and a patient administration record—has a lot of overlap. You will talk to some people and they will say some elements that are in the ieMR are actually patient administration and some will say they are in the other, so it is important that that is done in an open, transparent way and that is exactly how we intend to do it.

Mr DICK: I am not seeking to stop you asking questions, but one of the great challenges you probably would appreciate is ensuring interoperability in what happens in the health system.

Mr LANGBROEK: Absolutely.

Mr DICK: One of the historic challenges we have are a number of systems which are at various ages and various capacities and various capacities to be supported, so we have to ensure that we do not duplicate systems going forward that break down interoperability. The utopia is ultimately one digital system that everyone signs on to with one swipe card, not having to log into different systems at different times which, regrettably, is what clinicians have to do. Digital hospital is smoothing that in those hospitals where it has been implemented, so ensuring interoperability at the hospitals, between hospitals and across Queensland Health is the challenge so we do not have multiple systems running at multiple times. That is challenging going forward, but that means that where there is a digital record and patient management clearly there is going to be a connection there and we do not want to lose that. However, we need to be fair to companies seeking to tender as well. That was just to clarify.

Mr LANGBROEK: Rather than having the potentially paranoid conclusion that one side is going to get a favour, you will say, 'It's because medical records and information systems are inextricably linked,' and it would be terrible to have a system where you would say, 'It's a different provider,' because then it would not be compatible. That is basically what you have said.

Mr DICK: Correct.

Mr LANGBROEK: I accept that.

Mr DICK: That is just my observation and of course I will not be involved in any way with that process.

Mr LANGBROEK: Sure. Thank you for that clarification. I turn to maternity services now, Director-General, under 'Meeting the challenges' in the SDS at page 5. As I understand it, there was a ministerial council meeting about the national maternity health services plan. Why was there no direction from the AHMAC, the Australian Health Ministers' Advisory Council, to independently evaluate the outcomes of the National Maternity Services Plan?

Mr Walsh: I think the important thing to note is that there has been consultation with all of the stakeholders around the national maternity services framework and the National Maternity Services Plan and the last stakeholder consultation occurred in Melbourne—

Mr LANGBROEK: On 23 June.

Mr Walsh: Yes, in June. It was agreed at that consultation that it would go back to the Australian Health Ministers' Advisory Council, AHMAC, in order to clarify the issues of transitioning from a Maternity Services Plan to a maternity services framework. My understanding is that that is still under consideration and will be considered at the next AHMAC meeting.

Mr LANGBROEK: That may answer my next question: when will the key findings of the National Maternity Services Plan be publicly available and the process evaluation that you are saying is still to be considered? What were the issues that were raised about transitioning from a plan to a framework that made the ministers decide to go back to square one, because that is really what has happened, has it not?

Mr Walsh: It was not ministers; it was the ministers' advisory council.

Mr LANGBROEK: A working group, sorry.

Mr Walsh: Yes. It was a nationally agreed process that was to engage with all jurisdictions and maternity services stakeholders. That consultation has said that in order to transition from a plan to a framework there needs to be some steps that people would like included which are going to be considered at the next AHMAC meeting.

Mr LANGBROEK: It feels like we are in *Utopia*, doesn't it—from a 'plan' to a 'framework'?

Mr Walsh: Yes. The reason for a framework is it is enduring and so it becomes able to be updated rather than a plan, which has an end date.

Mr LANGBROEK: Okay; thank you.

Mr DICK: I think it is easy to be cynical about these things, but the fact is that this framework—

Mr LANGBROEK: No, it is a bit of humour, Minister.

Mr DICK:—is very important to a range of people—competing stakeholders who have strongly held views. Those who support midwifery led practice, obstetrics and gynaecologists and groups such as the AMA have strong views about this, and the voice of women must be heard in this as well, and they are very strongly held views. We are not going to force a framework on anyone. That will require a lot of detailed work and planning going forward.

Mr LANGBROEK: Is there an intention to have funding mechanisms and models of care included in the future maternity framework, or is that too far to go in terms of potential?

Mr Walsh: I think all of those things are still open for negotiation and discussion. The next point that AHMAC considers those issues will be part of that consideration.

Mr LANGBROEK: At that level of the maternity care policy working group, was there consideration about an evaluation of a particular individual jurisdiction's implementation of the NMSP commitments?

Mr Walsh: I do not have that level of detail with me. I would need to find out what the documentation was that came out of that particular forum to see whether that was included in the summary.

Mr LANGBROEK: I would like to know whether there were particular jurisdictions that could have been evaluated and whether that was then removed as one of the aspects of either the plan or the prospective framework, especially as if it involves Queensland.

Mr Walsh: The question is will the new framework have evaluations specific to jurisdictions?

Mr LANGBROEK: Or whether there was a decision among the working group that an evaluation that may have been considered of individual jurisdictions was now going to be removed as a principle of being evaluated. They were not necessarily going to look at what jurisdictions had been doing; they were throwing it all out and saying, 'We'll start again and we won't have an evaluation of particular jurisdictions and what they have been doing under the NMSP up until now.'

Mr Walsh: If I understand the question correctly, I believe that that, along with the other elements that we have talked about in relation to the stakeholder feedback, would be considered at AHMAC. AHMAC will provide the direction as to how the consultation should proceed in developing the framework. If it is included in what AHMAC says, yes, it wants to be included as part of that consultation, then it is included. If it is not, then it is not and the stakeholders will have a view on that either way.

Mr LANGBROEK: Thank you very much. Can I ask the CEO of the Cairns and Hinterland Hospital and Health Service to come to the table, please? Welcome, Ms Douglas. Can I ask you whether, in the last 48 hours, Cairns Hospital was at code yellow, which means that there were no beds and they were transporting patients to Townsville just to free up beds?

Mr DICK: I think that was in the newspaper today. I do not think that is news. I do not know about transporting, but they have had problems with a surge of patients. That has been reported publicly.

Mr LANGBROEK: Thanks, Minister. It is a yes or no question. I do not mind if it has been in the paper. It is on the parliamentary record, depending on what the answer is.

CHAIR: Member for Surfers Paradise and Minister, Ms Douglas has the call to answer the question.

Ms Douglas: Yes, on Sunday, Cairns Hospital did go on code yellow. We had a public holiday on Friday for Cairns show day and we had 227 presentations to our Cairns Hospital. Then on Saturday we had 224 and then on Monday we had 225. We usually have 180 to 190 per day, so it was an increase in the number of presentations. The hospital was not 100 per cent full, but we were close to full. We did call a code yellow to help doctors and nurses come in to assist in the process.

We looked at all types of ways to increase capacity within the hospital. I am not quite sure about whether patients went to Townsville. Certainly, we use the Cairns Private Hospital to help us and we opened extra beds to help with the capacity issues.

Mr LANGBROEK: When it comes to those extra beds, can you confirm that the X-ray department was opened and it had beds in it so that patients could be put in there as they had no beds?

Ms Douglas: We use the medical imaging department as a surge area. It is an extension of the emergency department, similar to a short-stay unit. With the doctors and nurses from the emergency department, we increased the numbers of doctors and nurses to ensure that those patients were safely monitored during that period of time. We often use that area as a surge when we have an increase in presentations in order to help with capacity.

Mr LANGBROEK: How often does that happen, roughly?

Ms Douglas: It varies, but we are in winter. We are in flu season. This is when increased presentations happen. It has happened maybe once a week in the last couple of weeks, especially in July, but prior to that it had not happened for a few months before that. It is just depending on demand. It is obviously winter and we have an increase in presentations during winter.

Mr LANGBROEK: Can you advise the committee how many times did you or the board meet with the minister's office to discuss the HHS budget and performance in 2016-17?

Ms Douglas: Can you repeat the question?

Mr LANGBROEK: How many times did you or the board meet with the minister's office to discuss the HHS budget and performance in 2016-17?

Ms Douglas: I am not aware that the board and I met with the minister, but I certainly met with the director-general.

Mr LANGBROEK: Director-general, you would like to expand on that? We have met with you—I thank the minister for that briefing—for information following last year's $80 million blowout.

Mr DICK: Projected, as I understand, at $39 million.

Mr LANGBROEK: Sure.

Mr Walsh: We have a monthly meeting officially with the Cairns and Hinterland Hospital and Health Service. That occurs with me and the chief executive and senior executives from the hospital and health service and the head of healthcare purchasing and system performance from the department. I was also the administrator for the Cairns and Hinterland Hospital and Health Service for seven weeks during the financial year. At that point in time I met daily—I was on the phone or in person—with the chief executive.

The minister is briefed on all hospital and health services' performance regularly. He gets information that flows through. There are also opportunities throughout the year where the board chair and chief executive meet when the minister is either visiting Cairns or whether the chair is in Brisbane, but I do not have a record of all of those meetings.

Mr LANGBROEK: That is okay. Minister, can I ask you about meeting with boards? Do you meet with chairs? Can you clarify, across all the HHSs, whether you meet with the boards as a group, or individually, or CEOs and chairs? I would be interested in that for committee's information.

Mr DICK: As prescribed under the Hospital and Health Boards Act, both the director-general and I are the systems manager for hospital and health services in Queensland. Given that the director-general is the accountable officer for Queensland Health—not just hospital and health services but the Department of Health and the Queensland Ambulance Service—I rely on the director-general as a systems manager to brief me.

My primary advice comes through the director-general but then I meet with chairs. We have a regular meeting of the chairs collectively. I meet with them and then, as required, I will meet with chairs, or chief executives. The primary responsibility for the administration of boards, as you know, is done by the boards. I let the executives run it. My primary link is through chairs and boards. That is appropriate. The director-general deals with chief executives and I meet with boards as required—or board chairs principally—and as required they bring a chief executive.

There are a number of things that we have done recently. We had an orientation of new board members on 17 July. I met with them then. As I have said, we meet quarterly with the board chairs. We had an annual board forum in December. That is my engagement. My expectation is that Ms Douglas and other chief executives run the hospital and health service. That is what they are required to do under the law, to superintend by boards, and then I meet as required.

Mr LANGBROEK: Are there any of the 16 HHS boards that you have met with—all members of the board?

Mr DICK: I have met with representatives of all boards across Queensland, but I do not necessarily waste their time convening a time to meet with me specifically. If I go to a region, they generally come together and meet with me and that is when we talk. I go to them rather than making them come to me. There are occasions when I meet with chairs and chief executives, but I do not require all board members to meet with me.

Mr LANGBROEK: I would have thought that the board members would be pleased to get an idea of your policy direction from you personally. It would not have been too much of an impost, especially given that you have appointed them, to have a meeting with you together with the director-general.

Mr DICK: That is why I meet with them at the annual forums.

Mr LANGBROEK: The chairs?

Mr DICK: And board members as well.

Mr LANGBROEK: Okay.

Mr DICK: When they are inducted I meet with them. We had a very productive meeting last week with the new board members. I expect them to do their duty as required. I am always happy to meet with them and when they want to meet with me, but my primarily engagement is through the director-general and through the chairs. That is how I deal with them.

Mr LANGBROEK: Do you meet with senior union representatives when you are in various HHS areas?

Mr DICK: I meet regularly with leaders of unions in Brisbane. I meet with leaders of unions when I am travelling throughout Queensland, which is appropriate, instead of excluding them from the system.

Mr LANGBROEK: No, I met with them in my role as a former minister.

Mr DICK: Regrettably, the previous government sought to diminish the role of unions, the role of workplace representation and, in fact, made it extremely difficult for unions to work in the health system. In fact, they abolished a number of consultative forums, which just made the system so much more difficult. Yes, I meet regularly with them as well.

I meet with leaders of the health system. I might add that I meet regularly with leaders of other health organisations—the president of the AMA, presidents and other leaders of colleges, non-government organisations, Diabetes Queensland, the Cancer Council—and all of that is regularly reported in my diary.

Mr LANGBROEK: Could you explain the decision to dump local fresh milk supplied by local Tablelands farms for Cairns and the Far North? How does this decision support local suppliers, their communities and the notion of Queensland Health using fresh local supplies for its Far North Queensland hospitals?

Mr DICK: Firstly, can I say that we are looking at that contract to ascertain the situation. We are trying to ascertain to what extent the contracted supplier is using local producers. I do not get involved in contracts. If I were involved in contracts, I am sure others would refer me to the CCC, or the Queensland Audit Office, for direct interference.

The tension, as you know, member for Surfers Paradise, having been a minister, is getting value for money for taxpayers, but supporting local producers and suppliers. That is why the government is reviewing the procurement policy for Queensland. As we said we would do at the election, we would do a review around that to strengthen the capacity of local suppliers to deliver, in particular, local jobs. I was not directly involved in that, we are having a look at it to see what we can do to support our local producers.

As I said earlier in relation to major projects like the patient record administration system, I do not get involved in those tenders. It is not appropriate for me to do that. The government needs to look at the framework that existed under your government and under previous governments and look at how we can improve that for local producers. We are having a look at the contract and we are having a look at what we can do in that space.

I would be disappointed if there were not local producers contributing to that, but we are going to have a looked at that. We are going to ascertain whether Parmalat is using local producers. We are going to ascertain where their supply comes from and then also look at the contract to see what further can be done. We will have to do it according to law—I will not be breaching contracts—and then going forward on how to improve the system.

Mr HARPER: Minister, I know you take patient safety very seriously. It is a good segue coming from the questions asked by the member for Surfers Paradise. The QNMU is one of the unions that we consulted with in regard to nurse to patient ratios, which this committee did an enormous amount of work on. A former member of the committee, the member for Greenslopes, was very passionate in making sure that we got this right. I am glad that we did, because the 30,000 nurses out there know that patient safety is paramount as well. I find it remarkable that the member for Surfers Paradise brought up this issue this morning, because they were the ones who opposed it right through to the 11th hour. Could up update the committee on the implementation—and I know you touched on it earlier—of the safe nurse to patient ratios?

Mr DICK: Thanks for your question, member for Thuringowa. It allows me to take further the issues raised by the member for Surfers Paradise earlier. You are right, it is a very proud achievement of our government to have that legislation passed last year on International Nurses Day, as you remember. There was very significant interest in that legislation. For the debate itself there were a very large number of people in the gallery. That does not happen with every debate in parliament. There was very significant community interest in that. We think it is an important reform for the delivery of health care, as well as supporting our nurses.

As I indicated earlier, numerous studies show a statistically significant relationship between nursing staffing levels and patient outcomes. Research has identified that where there are more nurses available to care for patients there is a reduction in patient mortality and adverse events, a reduction in length of stay and readmission rates and there is an increase in patient satisfaction and nurses' job satisfaction. That is why we introduced and passed this legislation.

We know, like Queenslanders know, that appropriate levels of staffing in public services, like nursing and public hospitals, are essential to service provision. That is particularly true of nursing as the evidence shows. Our new legislation took effect on 1 July last year. Under the law there are currently 27 in-scope facilities and 154 wards where minimum nurse-to-patient ratios are legislated. I am very pleased to update the committee on the compliance rate, as you have requested. As members would know, if you value something you need to measure it. That is why the reporting framework for nurse-to-patient ratios is so important. The statewide compliance rate for the first quarter after the legislation was passed was 98 per cent across all shifts for in-scope wards. In fact, this increased to 99 per cent for the quarter October to December 2016 and then 100 per cent for the March 2017 quarter. As I am sure the committee would be aware, the impact of introducing minimum nurse-to-patient ratios in Queensland's public health services, as I said earlier, will be assessed by global experts in nursing from the University of Pennsylvania. They have carried out similar studies in more than 30 countries. Those experts will be working in close collaboration with our local experts, as I said earlier, from the Queensland University of Technology.

In respect of implementation, a collaborative working group, the Ratios Implementation Working Group, has been established to guide implementation of the new legislation in conjunction with the business planning framework, the existing workload planning tool. We are proud to work with our employees and their representative trade unions and we make no apologies for working closely with them. The group has developed and delivered consistent messages to nursing staff through joint statements in education systems. They also look at other relevant staffing issues in connection with ratios and the business planning framework. The business planning framework is an industry mandated agreement under the Nurses and Midwives (Queensland Health and Department of Education and Training) Certified Agreement 2016, EB 9, which sets out the methodology for calculating the number and the mix of nurses required to provide an appropriate professional and safe standard of care. Under our law there is a close harmonisation between the BPF and the nurse-to-patient ratios which set a legislated floor in staffing levels and the BPF operates above that floor.

Mr HARPER: My next question is around nurse navigators. On page 6 of the SDS it mentions some ongoing progress in the area of nurse navigators. Can the minister please provide some examples?

Mr DICK: As you would be aware, in our first budget we committed $101.6 million to deliver an additional 400 nurse navigators by 2018-19. The goal of the nurse navigators will be to support patients and families to better understand and manage their health services from referral through to recovery at

home. Nurse navigators support a nurse-led model of care that is expected to have a positive impact on care coordination and developing partnerships between providers. The phased recruitment of staff to fill 121 positions commenced in 2016-17 with 112.9 full-time equivalent staff employed across 16 hospital and health services. Every part of Queensland was delivered nurse navigators in the first round as at April 2017, with the remaining recruitment expected to be finalised before the end of 2016-17. In 2017-18, 55 nurse navigators are expected to commence from this month and a further 64 from October.

The reason we are doing this is that people are often at their lowest emotionally, physically and psychologically when they are sick and often they need just as much support and advice as they do health care. Nurse navigators act as guides, ensuring patients are seen by the right person at the right time in the right place. It is about making the journey easier for patients which, in turn, makes it easier for staff, particularly if you have a chronic or serious illness that requires a number of different types of treatments or therapies and requires you to see a number of clinicians. We need to make that pathway simpler for patients and that improves not only their journey and their family’s engagement with the health system, but also it improves life and makes life better for our staff and the overall health system. What we are doing is bringing back some of the experienced nurses that were sacked by the previous Newman government. There were 1,800 nurses and midwives sacked by the previous government. We want to bring back highly experienced nurses to target and focus on this group of chronically ill patients and not only help them navigate the system but also educate them about self-navigating their conditions and improving their way of life. I have heard these nurse navigators described by some patients as being another member of the family. What they can do is engage with not just the patient but the entire family about how you manage your condition; for example, if you have chronic diabetes—we talked about that earlier—what you can do with your lifestyle, what you can do in your home to make life easier.

We are seeing very early on in this new model of care that it is improving patient outcomes and enabling an integrated approach to health service delivery. Patients with an appointed nurse navigator experience fewer emergency department presentations, less unnecessary hospital admissions and less avoidable re-admissions than ever before. They are getting end-to-end care with a nurse navigator helping them every step of the way, asking questions the patient might not know to ask and helping them to better understand their conditions.

I was in Townsville at the wonderful Townsville Hospital, which I know is so well supported by you, member for Thuringowa, as well as the members for Mundingburra and Townsville, and I met a young family, Toni, Evan and their 18-month-old daughter Sasha. Sasha suffers from a condition where the bronchial tubes of her lungs are damaged. Since her first presentation to the hospital she has had a CT scan, a bronchoscopy, been admitted to the paediatric intensive care unit, spent time in the paediatric ward and had a number of paediatric outreach appointments. The family has been in and out of hospitals, staying up to four weeks at a time. However, this initiative has allowed their journey through the health system to be made easier by nurse navigator Johanna Cromley, who I met as well. She acts as a guide for the family, making sure Sasha gets the treatment when she needs it. I know they can ring Jo at any time, and they really appreciate that, to seek help if Sasha has any issues and to organise visits and appointments. The family told me having Jo made their experience so much easier, providing a central point of contact and helping keep all their appointments, referrals and anything related to Sasha’s care in order. There are many hundreds of patients who have benefited from this. We need to have a commitment to continue it. We need to ensure that this program is not closed down at any time in the future because I think it would very much be detrimental to the health care of chronically ill Queenslanders if it was.

Ms DONALDSON: Minister, page 7 of the SDS talks about the increase of population in high growth areas and the demand for health services. I am interested in finding out the aspects of the capital program proposed for Logan Hospital?

Mr DICK: Thank you very much. We have committed $112.2 million over four years for detailed planning and preparatory works for proposed future redevelopments at three public hospitals in the growth corridors of the south-east: Ipswich, Caboolture and Logan. One of the challenges we are having is to increase capacity. There was no investment or preparatory work done for three years under the Newman government which means we are now playing catch up. Our emergency departments can do only so much work but unless we build capacity it is difficult to get effective patient flow going through our public hospitals.

Logan Hospital is a 448-bed health facility serving one of Queensland's fastest growing communities. One of the most recent expansions at that hospital was funded by the federal Labor government. Very sadly in this federal budget we have seen almost a complete withdrawal by the federal coalition government from funding capital infrastructure for health care across Australia. That is very regrettable. We would be delighted to work in partnership with the federal government if they were to fund capital and we were to fund the expansion of services, but this burden again is being forced onto state governments to carry the entire load. I know that expansion of the hospital funded by federal Labor has made a big difference.

The Logan Hospital's catchment is due to increase to 406,560, we anticipate, in the next 10 years, by 2026, an increase of 87,712 people from 2014 with the number of residents over 70 increasing by almost 96 per cent, we project. Logan already has the second busiest emergency department in Queensland and expanding the facility is so integral to meeting demand growth and projected growth in population. The same applies to Ipswich and the same applies to Caboolture. The budget provides $9 million in the current financial year for detailed planning for the expansion of those hospitals. There is also $103.2 million for an infrastructure down payment that will ensure that preparatory works for the project can occur. Early investments are likely to include land acquisition, earthworks, car parking reconfiguration and changes to buildings, walkways and paths for safety and comfort during redevelopment. We are investing in these redevelopments so these hospitals can deal with their growing populations. We anticipate the need for around 190 new treatment spaces at Logan. I am pleased that that project is now in the State Infrastructure Plan. We expect design to be finalised by the middle of next year. There is more work we need to do as a government, but we are making that investment down payment to expand these hospitals, which I think will make a big difference.

Could I also report that we have hired an extra 225 nurses for Logan Hospital since we have come to government, returned community midwifery services, increased beds and staff in the emergency department, reduced waiting lists and started working on an extra 500 car parks. That helps to address in some way the damage inflicted by the Newman government when community nursing services were removed from the Logan community and when 206 nursing and midwifery positions were removed from Logan hospital. That does not make life easier for people in Logan and people in Woodridge, it makes life harder, particularly in my community where people are so dependent on public health care. I am very proud to represent Woodridge in the parliament. They gave me the opportunity to return to the parliament and this is what I am trying to do to deal with that demand growth, to deal with capacity constraints at that hospital and to expand those hospitals as we can in the future to improve healthcare outcomes.

Ms DONALDSON: You touched on Ipswich Hospital in your previous answer. Could you expand on the proposed redevelopment for Ipswich as well?

Mr DICK: I am delighted to answer that question. It will be of interest to the member for Bundamba as well. Our capital works program since we have come to government has covered the length and breadth of Queensland. As the Premier has regularly said, we are a government for all Queenslanders. The communities in Atherton, Alpha, Aramac, Aurukun, Blackall, Bundaberg, Cairns, Caboolture, Caloundra, Cloncurry, Dimbulah, Gladstone, Hervey Bay, Kingaroy, Kowanyama, Logan, Mackay, Mer Island in the Torres Strait, Palm Island, Maryborough, Rockhampton, Roma, Serena, Townsville and Wynnum have all benefited from capital investments by the Labor government. There was limited capital investment by the previous LNP government in health care. A lot of that money was finalising federal government invests, but we have put money where it is needed across Queensland. We have allocated new funding, as I have said, for other facilities, including $68 million for the Barrett replacement adolescent mental health centre. We need to fix the mistakes of the previous government and the lack of investment by the member for Clayfield when he was Treasurer, the lack of investment in health care and in these facilities that need to either be redeveloped or grow. Some of these facilities are very old and we are dealing with the legacy of very old facilities, but you cannot ignore it, you have to deal with the issue.

The member for Bundamba will know what happened as a consequence of the closure of the Barrett Adolescent Centre without replacement. She was a great champion for those families who were affected so terribly by that decision. We are now seeing the commitment of our government come to life by seeing that replaced. There is $916 million in the health capital works program for this financial year supporting, importantly, we estimate, 1,200 construction jobs across Queensland as well. I went to Ipswich Hospital recently to talk about the redevelopment. It is a 431-bed major acute hospital and plays a significant role in the delivery of health care in the Ipswich and West Moreton region, not unlike Logan Hospital. They are hospitals about the same size facing the same sorts of growth issues.

The population of the West Moreton catchment is due to grow from, we believe, 270,000 to almost 400,000 in the next 10 years, that is, another 130,000 people. That will include growth areas such as Springfield. We anticipate a significant increase in demand for health services. I have talked about the investment in planning and early preparatory works for expanding that hospital. We anticipate the growth for Ipswich requires us to deliver 150 new treatment places. That will all be considered in the detailed planning process that we have commenced, in partnership with Building Queensland. We will need to do these projects in a staged way going forward to cater for long-term needs. I can also report to the committee that, since February 2015, we have added 69 doctors and 213 nurses and midwives to the West Moreton Hospital and Health Service. We are growing the staff that we need to deal with growth in population and also growth in health demand.

CHAIR: Member, you are pursuing a line of questioning. You have time for one more question.

Ms DONALDSON: I have one follow-up question. Minister, you mentioned the Caboolture Hospital. Can you expand on that redevelopment?

Mr DICK: That is the third of the three hospitals I talked about earlier, to ensure we can deal with the growth in the outer northern areas, north of Brisbane. All members of this House know how growth in that part of Queensland has exploded. We have seen that in the redistribution and a new seat being created in this House because of the growth in population in that area. That is one indicator—only one—of the growth in that area.

I was very pleased to be at the Caboolture Hospital recently with the member for Morayfield and the member for Pumicestone to open a new 32-bed ward, which is a conversion from administration space into a new ward. I was very pleased to be there last year with the Premier when we swung the metaphorical sledgehammer to start the construction process and we have been able to deliver that. I thank the Metro North Hospital and Health Service for their good work in developing that project.

The ward will be what is called a secure Gentlemen and Ladies Ageing with Dignity ward or GLAD ward that will provide more personal and individual care to elderly patients. The GLAD unit is staffed by highly specialised nurses, doctors and allied health staff who are experts in providing care for elderly patients who suffer from dementia, delirium or other cognitive impairments. That is a challenge for our health system going forward. As our population ages, the number of people living with dementia, delirium or cognitive impairments will grow, so we need to do the planning work and deliver infrastructure, which we have done at Caboolture. The new ward will also cover a range of adult specialities, including coronary and cardiac care and general medicine, which has seen 30 new doctors, nurses, allied health and support staff join the healthcare ranks locally.

We turned the sod on new parking spaces at Caboolture, delivering 300 new parking spaces there. That is 200 more than promised by the LNP in the last election. We are delivering 300 in total, over the 100 that was promised. We are continuing to invest in future health care.

As I have said, in this budget there is almost $20 million, $19.6 million, to expand the Caboolture Emergency Department. I know that is welcomed by the staff in the ED and by the hospital staff more broadly. The expansion will provide 14 new treatment spaces, four consultation rooms and one treatment room, almost doubling the ED capacity at Caboolture. Of course, in the expansion of the hospital, they will share in that investment of $112.2 million over four years. We think that hospital needs to expand by 130 treatment spaces and that will be considered in more detail through the planning process.

The LNP axed 629 nursing and midwifery jobs from the Metro North Hospital and Health Service, which is the biggest hospital and health service in Queensland. That was the nursing and midwifery numbers staffed. I am pleased that since coming to government we have delivered 242 doctors and 812 nurses to Metro North to rebuild the front line. We are seeing the benefit we are getting by the reduction in long waits and the waiting list for the waiting list reducing in a way that it has not ever reduced in Queensland certainly in recent times.

CHAIR: Member for Surfers Paradise?

Mr LANGBROEK: I ask the CEO of the Cairns and Hinterland Hospital and Health Service, Ms Douglas, to come to the table, please. Ms Douglas, at page 68 of the SDS and referring to the income statement, last year in the estimates I asked about lights being turned off to save money. Given the forecast deficit this year, what services, costs and programs will be cut to reduce the deficit from the previous year of nearly $40 million to prospectively nearly $30 million in this year's budget?

Ms Douglas: There will be no service cuts to meet the new deficit of $29.5 million in 2017-18. We are continuing our organisational sustainability plan, which looks at areas in relation to non-labour, in terms of improving how we get better procurement pricing and how we ensure that we use our

permanent staff rather than external labour, that is, locums or agency nurses, which come at a higher cost. We continue to look at improving streamlining our services, especially in relation to stationery and managing staff travel that is not related to clinical services. There is a number of items that we are looking at to improve how we can reduce our deficit to $29.5 million. However, there will be no redundancies and there will be no service cuts related to delivering that result.

Mr LANGBROEK: There is a line item under 'Expenses' for 'contract staff', which was an almost $75 million cost blowout from $471 million to $546 million. Was that the reason for the deficit for nearly $40 million? I am happy for the director-general to expand. I am happy to take an explanation from either one.

Ms Douglas: Contracted staff relate to our doctors, as well as other people. It is not a blow-out in relation to that. It is just where we had additional doctors put on over that period and they are in that statement that relates to external contractors. They are not external contractors as you would normally think. They are actually our staff and we put them in that line that relates to—

Mr LANGBROEK: Director-General, maybe you can expand on this. My point is that when I look at the 2016-17 budget, which has a zero balance, and then I see the estimated actual, which has a $40 million deficit, and there is one line item that has 'contract staff' with $75 million extra, and that is where, to my mind, it looks like a pretty simple line can be drawn. I am happy to have you expand. I know you have in briefings with me, but could you explain for the committee, please?

Mr Walsh: There was a question on notice about the contract staff in the Cairns and Hinterland Hospital and Health Service that related to the $546.152 million of contract staff in Cairns and Hinterland. In answering that question, we clarified that, where a hospital and health service is a non-prescribed employer, the staff of that hospital and health service are employed under the department and contracted to the HHS. You will notice in all of the service delivery statements some hospital and health services have no contract staff and they are a prescribed employer, and some have them. In terms of the word 'contract', it is not actually a 'contract' in the normal use of that word. It is a contract between the department and the HHS. They are the permanent employees of the HHS. Therefore, the increase in those staff reflects the costs associated with those staff from last year to this year. As the chief executive has said, there have been no staff losses in 2016-17 and there are no planned staff losses in 2017-18.

Mr LANGBROEK: Can you expand a little on what the CEO said about trying to find $10 million in savings in some pretty nebulous ways, from what I just heard in that answer. $10 million is a significant amount. With no staff losses and no service cuts, I think most people would ask: how are you going to find $10 million?

Mr Walsh: I think the chief executive outlined those areas where they are going to find those enhancements. When you think of the budget for the Cairns and Hinterland Hospital and Health Service of above $800 million—

Mr DICK: $900 million.

Mr Walsh:—$900 million, you can find $10 million in the efficiencies that the chief executive outlined, such as making sure that you are using permanent staff rather than using locums or external agency staff; making sure that for all of the consumables, whether they are medical consumables for prosthetics, pharmaceutical consumables or any other consumables, you are using the most cost-effective way of procuring those items; as well as looking at how all of the arrangements are made in rostering best practice, so that you are actually able to give people the right entitlements but also reduce overtime and other arrangements. Those measures, in relation to the EY report that was released, have identified that they are achievable without any reduction in services or staff. As has been demonstrated this year, there will be flow-on effects into next year. It is a continuation of what the Cairns and Hinterland Hospital and Health Service has done this year.

Mr LANGBROEK: Is there an expectation that the two cash injections that total $70 million, at page 71 of the SDS, are going to be paid back at a later date?

Mr Walsh: The deficit is something that is not going to be able to be paid back by the Cairns and Hinterland Hospital and Health Service. As you are aware, the board resigned following the deficit forecast announcement. The intention is that—if we use the term—the hospital and health service will 'trade out' of their deficit, but it is underwritten by the department each year. The forecast deficit for next year is at $29.5 million because that is where the hospital and health service is targeting, or better than that if they are able to achieve further savings from their initiatives. However, at the end of that period,

the deficit will then be underwritten by the department and a subsidy paid. We believe that over three years they will be able to get their deficit down to zero and it will not be being paid back; it is actually a deficit reduction.

Mr LANGBROEK: To the CEO: In 2016-17 staff numbers increased by 226 and now they are budgeted to go up by another 143. I know that they are hardworking staff, but, when I look at some of the statistics from Cairns, we have a number of problems with admittance from the ED to a hospital bed in four hours, which has been mentioned today, 27 per cent of plastic and reconstructive surgeries happening on time and the off-stretcher time is at one of its lowest points. Even with staff numbers increasing, it seems that services in Cairns are constantly under pressure. Could you explain to the committee why that is happening, also bearing in mind the cash injections that have been provided by the government?

Ms Douglas: Our health service has had increasing demand over the past 12 months. Our current activity is 15 per cent over previous years. Our emergency department at the Cairns hospital has increased by four per cent over the past 12 months. Yes, we have had additional staff, but we have also managed to keep our costs down in the number of staff we have added on in order to continue to deliver good performance. There are some areas of challenge for us, particularly in plastic surgery. We have been working with the department on a solution to find further surgeons in Cairns in order to deliver improved wait-list management for our plastic surgery area. We have got increased staff and they are very welcome in Cairns, because our community needs improved health care. It is a very positive thing for the government to give us more staffing.

Mr LANGBROEK: Is there any modelling that you can do to predict whether you are likely to see that year-on-year increase again of 15 per cent, which is quite remarkable, really?

Ms Douglas: We opened a lot of new services in the prior year, 2014-15, so there was an increase of about 100 beds during that period. As the director-general said, we are starting to work into that amount of capacity. We are modelling how much increased activity we are going to have over this financial year. We do not think it will be anywhere near the same level of increase. However, we are managing that within, probably, the three or four per cent increase, as many other health services are seeing.

Mr LANGBROEK: Could I ask the Wide Bay CEO to come to the table.

Mr DICK: Just before you go on, I just wanted to clarify a couple of points that you raised. I will be very quick. The budget this year has increased by 16.6 per cent or $128.9 million, taking the budget for the first time to $906.8 million—that is a 35 per cent increase in the budget for the Cairns and Hinterland Hospital and Health Service since we have come to government.

In relation to plastics, that is a problem around Queensland. One of the biggest problems is trying to get plastic surgeons to work in the public sector. I am pleased to say that overall in Queensland the number of long waits for plastic and reconstructive surgery has reduced by 55 per cent since we came to government.

In June we had 91 per cent of patients off stretcher within 31 minutes. The target for Queensland is 90 per cent of patients off stretcher within 30 minutes. This is an outstanding performance. We had 90 per cent off stretcher in 31 minutes. Other big hospitals are struggling with that, but they are delivering that in Cairns.

In terms of staff, since we came to government we have put on 107 doctors and 367 nurses to expand the work they need done there. Under the government that you were a part of nurses and midwives were cut by 27 during your three-year term. I just wanted to clarify those figures. The challenges we have continue in Cairns, but the government continues to fund.

Mr LANGBROEK: Could I have the Wide Bay CEO to the table. At page 222 of the SDS related to the Wide Bay HHS could you advise how many urology patients were sent to the Mater Hospital for day and inpatient surgery from the Hervey Bay Hospital? At what cost was it to the government for the Patient Travel Subsidy Scheme and accommodation fees for the last 12 months? I do not expect you will be able to provide all of those. I would ask the minister to allow it to be taken on notice if you cannot provide all those details. Urology is a significant issue in Hervey Bay. Can you inform the committee about those challenges?

Mr Pennington: In terms of patients from Hervey Bay going specifically to the Mater, we have a significant number as we do across the Wide Bay area. We only have an in-house service of a VMO. We would have to get the actual numbers for you. We would have to get the figures for you in terms of patients who have travelled down and the associated costs for those.

Mr LANGBROEK: Minister, are you happy to have those taken on notice?

Mr DICK: I am happy to let the chief executive answer. I am just looking at some information here. I might be able to provide you with an answer straight away.

Mr LANGBROEK: Mr Pennington, had you finished?

Mr Pennington: I do not have those figures here.

Mr LANGBROEK: Are there any plans to improve the urology services given the make up of your local population? As I understand it, there is some significant frustration with the number of people having to be transferred and the associated costs.

Mr Pennington: We have had, over the past two to three years, patients transfer from across the Wide Bay area into the urology service within the Mater Hospital. The service has been excellent to date. In an ideal world it would be great to be able to recruit urologists. We have made several attempts at doing that over the years. We are also working closely with other HHSs in terms of potential joint partnerships in the future where we can provide some of those services locally. On occasions the staff from the Mater Private have travelled to Bundaberg and provided some local outpatient clinics and straightforward procedures as well.

Mr DICK: We will try to get you those figures in the lunch time if we can. I make no apology for using Surgery Connect and other services to get people the treatment they need. Most citizens do not care; they just want to be treated. We will use our resources to do that. I am happy to see if we can find those figures at lunch time, but if we cannot we have a number of issues that we talked about earlier and we will get them on notice. If I can find an answer at lunch time, I will.

Dr ROBINSON: My question is to the CEO of Metro South HHS. Could the CEO please come to the table. With respect to the provision of intensive care services for Redland City residents, given the significant increase in the number of patients presenting to Redland Hospital with acute needs and being transferred to other hospitals because they could not be treated locally, will Redland Hospital receive an intensive care unit in the 2017-18 budget? If not, when does the government plan to provide it?

Mr DICK: I do not think he can answer when the government is going to provide it. I am happy to take that question.

Dr ROBINSON: I am happy for him to answer what he can.

Dr Ayre: We have a planning group at Metro South that is currently looking at intensive care beds across the whole of the sector—not only Redland Hospital but also at Logan and QEII hospitals. Intensive care beds need a whole infrastructure supporting those beds. It may be that the infrastructure will also need to be looked at from the point of view of the other clinical services that are provided within that facility. We have a planning group that is currently looking at the total needs for intensive care beds across Metro South.

Dr ROBINSON: Minister, did you want to add to that? I would like an idea of the plan going forward? When might we expect an intensive care unit? My understanding is that we have reached the threshold at which there is the need and there is the demand. Increasingly we are finding patients being sent into a whole range of other hospitals which is not really optimal. I am interested in whether the government has a plan going forward?

Mr DICK: We will let Metro South do their work first. As Dr Ayre has said, there are many reasons you need intensive care. There is a small group of people who may turn up critically ill. Intensive care is often as a result of particular services, particularly high-level surgery that is provided where people need very significant post-operative care. It is a consequence of looking at the service profile. If we are dealing with a whole range of people coming in critically ill, we will need to consider that.

We do planning constantly in Queensland Health. We are doing statewide planning and regional planning across our HHSs broken down into south central and North Queensland. That better informs decision-making. The work that Metro South do will plug into that. As you have heard we have those big capacity constraints at our hospitals where we need more beds so they can function effectively so we are doing that first.

We will let the work happen and then we will take the advice from Metro South about when they might expand services and how they should expand services and whether and to what extent that involves the need for an intensive care unit. I am not saying no, but we have to do the planning first.

CHAIR: We will move now to the member for Thuringowa.

Mr HARPER: I refer to page 7 of the SDS which outlines aspects of the capital program. What is proposed for both Kingaroy and Blackall hospitals?

Mr DICK: We have been talking about capital earlier in some of our larger hospitals in the south-east. We are looking to expand what is happening in regional Queensland as well. In respect of Kingaroy, there is major investment by the government to expand capacity. It is a very old hospital.

We are doing that in Blackall as well. Blackall Hospital was built in 1938. It is a very old hospital. It is well and truly in need of replacement. These are areas, as you might anticipate member for Thuringowa, that are not necessarily Labor heartland. It might come as a surprise to some in the parliament and the community that we might build a hospital in Kingaroy. As health minister I want to deliver for all Queenslanders.

The long history of Labor governments is delivering for all Queenslanders. The Roma Hospital was built by the William Forgan Smith Labor government. It has been left to the Palaszczuk government to replace it. As people tell me on the side when I am out on the road—I have been to Kingaroy and gone through the Burnett—Labor governments do more for them than the coalition and the LNP will ever do. They simply take it for granted. That is a $60 million investment we are going to make in Kingaroy.

Mr Langbroek interjected.

Mr DICK: It is the truth.

Mr LANGBROEK: That is what they say in Logan.

Mr DICK: I can tell you that the people of Logan are very happy with the investment I am making into the expansion of the local hospital and the return of maternity services into the community that your government ripped out. We have the Logan health action plan to deal with the dental problems—and I would have thought you would support that. The rates of dental decay in prep and pre-prep students are 23 per cent higher than the national average.

They are not things that governments should ignore. They are things that governments should act on. When you are ideologically obsessed by reducing the deficit, cutting staff, cutting, sacking and selling this is the necessary consequence. You do not invest in your infrastructure and you ignore hospitals like Kingaroy, Blackall, Roma, Alpha, Aramac, Aurukun, Thursday Island and Mer Island. You ignore all of them and you think somehow magically people are going to get better.

We do not give people a dummies guide to neurosurgery and ask them to treat themselves. We try to employ the staff to do the surgery. That is why we have employed over 4,000 nurses and 1,000 doctors. We do not make any excuse for that. That is not bloating the Public Service. That is providing the staff and the resources we need to deal with a growing population and a population that needs the services they need.

In Blackall they are pretty happy with the Labor government. I received a letter from Andrew Martin, the Mayor of the Blackall-Tambo Regional Council. He said that the Palaszczuk government's 'commitment to this very worthy and long-anticipated project'—long participated, they have probably been waiting 50 years for it—'has been very much discussed and appreciated by all sections of our vast catchment area's occupants'.

For Blackall there is $17.9 million for a 10-bed hospital, incorporating the Black Stump Medical Centre. It is a great initiative to incorporate primary health care with a hospital doing subacute care. We will centralise that for the community. Everyone in Blackall will know where to go if they have a health problem. We are very happy to partner with that health centre to do that. There is $5 million in this budget to complete the detailed design and commence early works on the new facility. We believe the redevelopment will support 45 jobs over the time. That is good for the people of the central west. We are very pleased to do that.

There will be a $62 million redevelopment for Kingaroy. I went to Kingaroy to announce that. I can tell you who is happy about it. That is Mike Horan, a former National Party health minister. He is pretty happy about rebuilding the Kingaroy Hospital. He did not see much from the previous government but is getting $62 million from the Labor government. Wherever I go in Queensland, we try to provide support communities. That is what they deserve. I am very proud to do it. I am not reticent about it. We need to deliver health services for everyone.

At Kingaroy the treatment spaces will climb from 46 to 66. That is almost a third increase in treatment spaces in Kingaroy Hospital. That will benefit residents in Kingaroy, Cherbourg, Murgon, Nanango, Wondai and the district at large. I am very pleased to see that the member for Nanango described it as her 'No. 1 priority since becoming a member'.

It might be interesting to note that I did a bit of research about the LNP's plan before I went out to Kingaroy. Government members of the committee might be interested in an article that was published in the *South Burnett Times* in July 2014 where David Crisafulli, the former minister for local government in the Newman government and now the LNP candidate for Broadwater, said that the only way to secure funding for the hospital was to sell the Stanwell Power Station. In discussing the redevelopment of Kingaroy and Roma, he said that the sale of Stanwell was 'our opportunity and if we miss it we miss it forever'.

There answer to building infrastructure was selling assets. I certainly learnt what Queenslanders thought in the 2012 election, but it fell on deaf ears when it came to the LNP. The Queensland people have had a say on asset sales for two elections and that was the answer. Lawrence Springborg, of course, said 'The government needs to source the money.' 'That is where asset sales come into it', Mr Springborg said. There answer to their heartland was to sell assets, a power generator, to build hospitals. The Labor government has been able to do this across Queensland without selling assets. We have demonstrated that it can be done while delivering budget surpluses at the same time.

Dr Robinson interjected.

Mr DICK: You have no answer to debt. I will take the interjection from the member for Cleveland. You have no answer. You have now ruled out asset sales. The only two other things that Tim Nicholls ever said to deal with the budget was that he said publicly, 'If you do not sell assets you have to cut services or cut jobs.'

Dr Robinson interjected.

CHAIR: It is not for debate.

Mr DICK: That is what the next election is going to be about—what jobs and what services is Tim Nicholls going to cut? That is going to be the contest at the next election.

Mr HARPER: Coming from the regions, I think you answered that quite well. As we go further up the coast, I am very thankful for the funding that we got in Townsville, particularly with our tertiary hospital paediatric expansion. Can you tell us what is in store for Mackay hospital in this budget?

Mr DICK: Thank you very much, member for Thuringowa. The Mackay Hospital and Health Service is delivering a $7.5 million boost to deliver an additional 12 in-patient beds at the Mackay Base Hospital. It signifies the great work that that hospital and health service has done in managing their finances prudently. I want to thank the chair, Tim Mulherin, other board members and the executive for the work they have been doing there, particularly for the work they did during Cyclone Debbie. That hospital and health service was at the epicentre of that cyclone. I was very pleased to go up to Proserpine and Airlie Beach to thank our staff there. The hospital at Proserpine certainly bore the brunt of that very frightening cyclone. They did wonderful work. They kept the hospital open. I want to acknowledge our staff in Bowen as well. When the pressure came on to close the hospital they kept going and they kept operating that hospital. That was a terrific achievement. We will continue to deliver those services to the people of Mackay.

In the Mackay region there is no-one on the long-wait elective surgery waiting list. Everyone has been dealt with within time. The number of patients waiting longer than clinically recommended for a specialist outpatient appointment has fallen by 96.2 per cent since early 2015—another great result. That is an example of us funding the front line, supporting our staff—backing them, not sacking them. That is the way you get achievement, particularly, as I said earlier, when the proportion of clinical and non-clinical staff is almost exactly the same as it was under the LNP. They could not get this performance. If you operate by threatening people's jobs, they will not respond to that. If you support them and back them with investments and commitments of funding endoscopy and have a specialist outpatient strategy, if you put that money in there and you say, 'You know the way forward. We will back you,' you get this sort of result. I want to thank the team at Mackay for the work that they have done. I will continue to support them while I am health minister.

CHAIR: I would like to provide the member for Bundamba with the opportunity to ask a question. Then I will move to the member for Cairns.

Mrs MILLER: My question is in relation to maternity issues, particularly as I have suburbs where it is almost like nappy valley. I am wondering whether you could advise the committee about the practice of first-time mums giving birth at hospital maybe in the morning and then being discharged in the afternoon and then in some instances turning up at the emergency department that same day. What I

am being told is that there are two types of maternity patients: if you are in the private system and you give birth for the first time, you are allowed to stay for several days so that you are able to bond with the baby, given that many of those first-time mums have never held a baby before they have them; and then in the public system you might have the baby normally and you are discharged that day.

I know about the services that Health provides. You go out to their homes et cetera. I am well aware of that. It just seems to me that, if you have the money to pay for private health insurance, you stay in for days. If you are in the public system, you are almost in a revolving door where you have the baby and are pushed out. I am wondering whether or not there has been any analysis of this in relation to those mums where the time has not been spent with them to bond with the babies and then further down the track they are notified to Child Safety because there has not been that care that the midwives and the nurses are able to give them and help them with in those initial few days.

Mr DICK: Thanks for your question, member for Bundamba. I cannot really speak for the clinical time frames in private hospitals. I am happy to report to you on what we do in public hospitals. We monitor this carefully, but we do take the advice of clinical leaders in relation to how long any individual should stay in a public hospital. Patient safety and quality is one of our most important considerations in what we do. It is not about turnover and those sorts of things, although we have to be mindful of the effective use of the resource. We have to put safety and quality first.

The advice I have is that our hospital and health services make the clinical decision as to when to discharge. In many countries the length of stay post birth has been declining over many decades, and Queensland is no exception. In the case of an uncomplicated normal birth, discharge at six hours is available if it is safe, provided there is appropriate postnatal care. Hospitals can provide home visits to check on mother and baby in the days following birth. This also does reflect the desire of many women not to be in a medicalised space, not to be in a hospital. That is the strong feedback we are getting from a number of women in relation to having control of their own birthing experience.

Where mothers need to stay longer, they may be in the hospital for 24 hours or 72 hours including following a caesarean, but a number of them want to get home sooner. We will continue to look at that. I also assure you that outcomes for mothers and babies in Queensland are very good when compared with outcomes nationally and internationally. The recent report of the Queensland Perinatal Data Collection, which commenced in November 1986—the 2015 report—demonstrated the lowest rate of neonatal mortality and the equal lowest rate for overall perinatal mortality in Queensland. We want to improve that. That is why I convened a maternity summit in November. The chair of that summit is the Deputy Director-General for Clinical Excellence, Dr John Wakefield. He has asked that each hospital and health service be represented at the forum by an obstetrician, a midwife and a consumer who meet subsequent to the forum to reflect on the forum and consider action that could be committed in changing their local service.

There are three working groups. Group 1 is collaborative leadership culture. Group 2 is identification and management of risk in pregnancy. Group 3 are models of care and workforce. I am happy to consider discharge timing as part of that. I will ask Dr Wakefield to consider it. I am happy to update you on those results. I will ask him to consider it. They are doing a big body of work in those three areas, but I think the point you make is a good one. We do not want to rush women out of hospital either. We want to get the balance right. Listening to them is very important. I am happy to see whether we can incorporate that and I will come back to you on that.

Postnatal average length of stay, I am advised on our statistical work, is 1.9 days for a normal birth, 2.8 days for a forceps birth or 3.6 days for a caesarean. That is the average length of stay. I properly report that to the committee. The time of discharge depends on the model of care, clinical indicators and the type of birth as well.

Mr PYNE: Minister, we have heard from CEO Clare Douglas about the real pressure and stresses being experienced at Cairns hospital. In light of these very real capacity issues, I ask the minister: when will Cairns get its badly needed second hospital?

Mr DICK: Thanks very much for the question, member for Cairns. I appreciate you coming to the committee today to ask me those questions. What we will do is continue to grow services and grow infrastructure in accordance with the needs of the community and with population growth. I want to come back to the premise of your question. I wanted to explain and expand on how we have funded the services in Cairns and the investment we put in. I ran over that very quickly, but I will come back to that.

Our budget allocation this year is $906.8 million. That is an increase of 16.6 per cent on last year's budget, or $128.9 million, or a 35 per cent increase, being $239.5 million, since the Newman government. We are underpinning the deficit at the hospital. The promise we made to staff was not to reduce anyone who was permanent. There would be no forced redundancies, and we have been able to deliver that.

The emergency access time or emergency department length of stay is at 77 per cent above the state average of 76 per cent. Median wait times for treatment in ED is 16 minutes—well below the target of 20 minutes. Cairns is also meeting or exceeding targets for elective surgery at 25 days—well below the national average of 31 days and below the state average. Those patients waiting longer than clinically recommended for an outpatient appointment has fallen by 1,355 since we have come to government. Of course, we have added 105 doctors and 377 nurses.

We will continue to invest and expand. I know the challenges in Cairns, particularly because it is effectively a drainage hospital for the cape and the Torres Strait. It is a uniquely positioned hospital. The challenge is: do we continue to expand Cairns so it reaches the tertiary level status, which we have discussed before and I think you have asked me in the House—that is, do you expand Cairns to increase its status as a hospital—or do you do it through different infrastructure? Certainly tertiary hospital status is the goal for the Cairns hospital in the next five to 10 years. Detailed planning has to occur though. We are long way off making that decision, but what we are doing in the short term—and we have initiated that through the hospital and health service—is a five- to 10-year clinical services plan, which is due in the first quarter—we are trying to do that as soon as possible to deliver that.

We have also funded the development of a new health precinct in the southern corridor of Cairns in the short term. You know that. I think that is from the last budget. That is one of the fastest growing regions in the Cairns and Hinterland Hospital and Health Service. Land has been acquired at Edmonton, with planning underway for a health precinct to provide a range of community and ambulatory care services. That is real infrastructure we will be delivering there. In the short term we will look at the clinical services plan and then we will look to expand services at Cairns hospital. It is currently at level 5. We will look at whether we take that higher. I think that is probably the real decision we will have to make if we have the privilege of remaining in government. That is the decision we will have to make or whoever is in government at that time, as distinct from building a brand-new hospital. The population base needs to grow to enable the services to be delivered safely.

Mr PYNE: It is a significant issue. It would be great to know before the election what the different proposals for the people of Cairns are.

CHAIR: Minister, page 10 of the SDS outlines the government's plan to deliver the adolescent extended treatment facility. I know you have spoken about this many times. Could you outline for the committee how this is important, particularly in the context of the closure of the former Barrett Adolescent Centre? You have about three minutes.

Mr DICK: In this budget the Palaszczuk Labor government is investing $168.2 million in mental health infrastructure without selling assets. That is the biggest budget for mental health infrastructure in a decade. Importantly, as you have identified, the budget provides $68.2 million for the new adolescent extended treatment facility, which will be co-located on the Prince Charles Hospital campus. In addition, that money will fund two new adolescent step-up, step-down facilities in Brisbane and two day-program spaces on the Gold Coast and in Logan. This follows on from our investment in residential youth mental health in Townsville which we did earlier in our government and which is delivering some very significant dividends to the north of our state.

As I announced with the Premier last year, the new bed based extended treatment and rehabilitation facility for young people will be built at the Prince Charles Hospital campus in Brisbane. This is implementing the recommendations of the commission of inquiry. The commission of inquiry, conducted by the Hon. Margaret Wilson, identified the need for a new bed based extended treatment and rehabilitation centre for young people living with severe and complex mental health issues. As the Premier said at the time, the campus at Prince Charles is the only location near schools, transport and recreation. It is also close to the airport and major transport routes, so wherever a young person might come from in Queensland—Bundaberg, Townsville or Cairns—they will be able to access this facility. The hospital is a great hospital with a strong research culture and a long history of providing mental health services.

We are not simply replicating the Barrett centre. We are developing a new model of care that will support at-risk adolescents in the most appropriate way. Evidence shows that those young people need access to a suite of treatment and rehabilitation options across the continuum of care to enable them

to move between levels of service. The levels of care will reflect changes in the acuity, severity and complexity of their mental illness and associated needs at any time. We will be very focused on a flexible model of care.

I also want to acknowledge the families of patients at the former Barrett Adolescent Centre. They have been critical in providing the real-world lived experience and advice that we need to develop an appropriate centre going forward, and I want to acknowledge them. For many of them it has been quite challenging because it has brought back very sad and difficult memories following what happened from the closure of the Barrett Adolescent Centre.

We are supportive of this. I hope the opposition are. We have never heard any word of support for this replacement facility since it was announced. I hope they support it in a very full-throated and committed way going forward. Certainly our government will. Thanks to the good work of the member for Bundamba and the Premier whose leadership I acknowledge in this space in opposition, we can rectify the mistakes of the past and build a better pathway for young people dealing with complex and chronic mental illness so they can live lives of wellbeing, can recover and become productive members of the Queensland community. I am proud to be part of a government that is doing that.

Mrs MILLER: Can I butt in there and say something in relation to the closing comments? Minister, we can never forget those who lost their lives in relation to the Barrett centre either, and we should always be cognisant of what happened there.

CHAIR: Thank you, Minister, for those comments. Thank you for the investment in that facility and also, in my neighbouring electorate, the Nundah step-up, step-down facility. Thank you very much for your investment in mental health. The committee will now adjourn for a break. The hearing will resume at 1.30 pm with the continuation of the examination of the estimates for the Health and Ambulance Services portfolio.

Proceedings suspended from 12.32 pm to 1.32 pm

CHAIR: The hearing is resumed. I welcome back the minister and officials. I also welcome Mr Russell Bowles ASM, the Queensland Ambulance Commissioner. Thank you for joining us today. I am aware that you have your deputy here too. The committee will now continue its examination of the proposed expenditure for the health and ambulances services portfolio. I invite the member for Surfers Paradise to open with questioning.

Mr LANGBROEK: Welcome, Commissioner. Can I ask you a very simple question? Does the Queensland Ambulance Service supply Aboriginal and Torres Strait Islander flags to stations but not Queensland flags?

Commissioner Bowles: I thank the member for his question. I do not think anyone has ever refused a Queensland flag. If you drive past ambulance stations you will see there are normally a few poles outside some of them. One of those is the national flag, the state flag and the Indigenous Torres Strait flag.

Mr LANGBROEK: The reason I ask, Commissioner, is that I had a call—as apparently a number of Gold Coast members did—after Cyclone Debbie and there was a significant number of requests for Queensland and Australian flags, and the advice was given to my office that QAS only provides Aboriginal and Torres Strait Islander flags. We then rang protocol who confirmed that. Minister, I am happy for you to answer this as well. I would have thought Queenslanders would think it is an aberration that Aboriginal and Torres Strait Islander flags are provided to ambulance stations but not Queensland flags. It is a simple question for either of you.

Mr DICK: I am very happy to look at that and see what we can do. I do not think it is any malfeasance or anything negative by the Ambulance Service. I am very proud that Aboriginal and Torres Strait Islander community flags are flown outside Queensland Ambulance Service facilities. There has been very long resistance by a lot of people, including members of this parliament, for those flags to even be raised over the home of democracy in Queensland. I am very happy to look at that. We are of course happy to fly those flags. Commissioner, did you want to add to that?

Commissioner Bowles: What I would say, Minister, is that it is quite traditional that local members approach our ambulance stations in their local areas to distribute Queensland flags. As I say, that is something that has been happening for many, many years. You may or may not be aware that Ms Stuckey handed over a flag the other day at Southport station and put it up on social media. There is definitely no reason why we would not fly all flags.

Mr DICK: We will provide a Queensland flag to every ambulance station in Queensland.

Mr LANGBROEK: Wonderful, Minister. That is what Queenslanders would expect. Can I advise you, Commissioner, that we followed this up—and I do this as a local member for organisations like PCYC—and the advice is that we can provide state flags for schools, recognised youth organisations, community service groups, charities, sporting clubs and local government authorities, not ambulance stations. It is not about whether we do not think the Aboriginal and Torres Strait Islander flag should be flown but that there could or should ever have been a directive that we will provide two particular flags but not the state flag. I am glad to hear you have made that concession—

Mr DICK: What is the directive you refer to?

Mr LANGBROEK: No, I was asking the advice—

Mr DICK: No, you said in your comment that there should have never been a directive—

Mr LANGBROEK: Or that there may have been a directive.

Mr DICK: That is not what you said. There has been no directive. We do not know the reason for this, but I am undertaking to provide a Queensland flag to every ambulance station in Queensland.

Mr LANGBROEK: Great. I was responding to the commissioner's advice that maybe members could just get one and deliver it to an ambulance station when it is clear to us that protocol have given us the advice that you are not able to get them for that. It is something that could be resolved and I would be happy to see it resolved.

Ms DONALDSON: I raise a point of order, Madam Chair. The member for Southport is discussing and debating—

Mr LANGBROEK: The member for Southport is not even here!

Ms DONALDSON: My apologies; the member for Surfers Paradise is not actually asking questions—

Mr DICK: It seems like the member for Southport was not at the Southport Ambulance Station either; it was the member for Currumbin.

CHAIR: Member for Bundaberg, I have heard your point of order and you are correct. We will move on and not debate the topic any further.

Mr LANGBROEK: My next question is about an issue raised last year at estimates about paramedics administering Droperidol and how it would be administered to violent patients. Commissioner, given the ongoing rise in assaults of our front-line officers, I would like to know how many times it has been administered and how effective it has been in the 12 months since we last met.

Commissioner Bowles: Thank you for the question. We have given Droperidol 690 times in the previous financial year—the 2016-17 financial year—since the introduction of the drug. It has been very, very successful, to say the least. Seventy-five per cent of all patients who received Droperidol required only one dose which was really good. In only five per cent of cases Ketamine or Midazolam was used, and that was done for our advanced care paramedics under consult with either a medical officer or a critical care paramedic.

Mr LANGBROEK: Six hundred and ninety is an increase of what from the year before? That is not this year's budget, I know, but are you able to provide that to the committee?

Commissioner Bowles: Droperidol has only been rolled out across our workforce pretty much for the last 12-month period so it is hard to compare.

Mr LANGBROEK: Okay.

Commissioner Bowles: Well, you can't.

Mr LANGBROEK: That is fine. What I am concerned about is that we have this level of assaults against paramedics which is getting significant media attention, and what I would like is your view whether this is an effective deterrent for people who are considering violent action against paramedics and whether enough is being done.

Commissioner Bowles: It is probably not my view but it is the view of the—

CHAIR: You cannot ask for opinion but you can ask for a statement of fact from the commissioner in regard to that question.

Mr LANGBROEK: Commissioner, I am asking whether you feel this is enough in your armamentarium to subdue violent offenders against paramedics.

Commissioner Bowles: It is—

Mr LANGBROEK: It is really a yes or no question, I would say, Madam Chair.

Commissioner Bowles: And I will answer it.

Mr Dick interjected.

Mr LANGBROEK: It is the chair who ruled that perhaps it was not a legitimate question.

CHAIR: It is still seeking an opinion, but the commissioner can answer as long as he is not providing an opinion.

Commissioner Bowles: No, I am not providing an opinion. Droperidol was introduced into the Ambulance Service after it was recommended by the medical advisory committee which has a range of eminent medical professionals on it and a significant amount of research went into that. Since its introduction, as I say, our paramedics love it. I spoke to our medical director about it only yesterday. We are very impressed with the drug and its safety. It does help paramedics out there on the front line who are doing a very difficult job manage these very aggressive patients. As I said, 75 per cent of them needed only one dose which is really good compared to previous drugs such as Midazolam and so forth.

Mr LANGBROEK: Can you give me and the committee the full year costs of paid missed meal allowances for 2016-17 please?

Commissioner Bowles: Approximately $19 million.

Mr LANGBROEK: When can we expect to see the QIRC ruling implemented? I asked about this at last year's estimates.

Commissioner Bowles: Yes, you did. There has been a fair bit of water under the bridge since then and I think—

Mr LANGBROEK: $19 million worth, I would put to you.

Commissioner Bowles: Yes, that is correct. Basically in December 2014 the decision was made at that point not to implement it. Since that time we had a joint process with United Voice, which represent the paramedics, to undertake a remuneration inquiry to see how paramedics are paid compared with other similar professions and other people within the country.

That was undertaken so it would inform negotiations. Negotiations are subject to CBRC approval to commence at this point, but we do envisage that, once approval is given—should it be given—that we will be talking through the issue of meals. Can I say that I would much rather—and you would understand this from your profession—be talking about $19 million here today than not sending the closest ambulance to a patient, and that is why we have the bill as it is each year. It is because we have made a choice to say that it does not really matter how wide the window is or how narrow the window is. Obviously it is easier the wider it is, but if we are going to send the closest car and if that paramedic is on meals—the patient expects it and so do our people.

Mr LANGBROEK: Sure. The QIRC would have considered all those things before they came to their determination, would they not?

Commissioner Bowles: I could not really comment on the deliberations—

Mr LANGBROEK: They made a determination so they must have considered all the evidence. No-one is questioning that there should not be overtime meal allowances. What I am saying is that there has been a QIRC determination. I think Queenslanders would like to know, given that it has cost $19 million, when it is likely to be implemented. I think this time last year you said to me, 'We are working on an online tool,' and I am happy to have the minister expand on whether CBRC is likely to consider it notwithstanding cabinet privilege.

Commissioner Bowles: It is normal government protocol to enter into negotiations. We have the remuneration inquiry. That has happened. Now we want to sit down with the union that represents paramedics and talk through pay and conditions for the coming years.

Mr LANGBROEK: Okay. Minister?

Mr DICK: I am very happy to talk to the meal allowance. I will not be discussing in this committee deliberations of the cabinet or the Cabinet Budget Review Committee. Our government supports meal allowances for hardworking paramedics 100 per cent. We do not think it is wasteful. We do not think it is an improper use of public money. That is what has been inferred by others; that this is somehow wasteful.

The commissioner is absolutely 100 per cent correct. The closest ambulance and the closest paramedics should go to the nearest patient. That is how it should work. There is an undercurrent in this about penalty rates, about paying staff additional money, additional allowances, for the work that they do and that that should be removed. It will not be removed by the Labor government. We will not do that. This decision came down in 2014 and the delay was implemented by Lawrence Springborg, the member for Southern Downs.

I will not criticise hardworking paramedics for taking this. Whatever it costs to support our paramedics on the front line, we will do that. That is why we are putting more paramedics on the road to help with pressure in emergency departments. We support fair working conditions and remuneration that compensates staff who have to work through meal breaks and also unsociable hours. The meal time payment is compensation paid to ambulance officers when they do not receive their breaks. We support it. We are doing a range of work in relation to supporting paramedics and we will continue to consider this as part of that work.

Mr LANGBROEK: Minister, you are considering some aspect of the determination? Is that what you just concluded with?

Mr DICK: We are considering a range of measures to support paramedics and we will consider this as part of that going forward.

Mr LANGBROEK: Commissioner, how many QAS staff are currently on secondment to the Commonwealth Games?

Commissioner Bowles: Thank you for the question. As you are aware, the games are in April next year so we have a small planning team at this point that is working across government basically to plan the Commonwealth Games for us. If I just run through the names in my head, I think there are four people who are dedicated to planning for the Commonwealth Games. As we get closer to the event, obviously that will ramp up. We continue to work with Goldoc to make sure that basically our planning is meeting the needs. It is a small group but, as I said, that will ramp up as we get closer.

Mr LANGBROEK: In that planning, is there any idea of how many paramedics will be needed to be deployed from other LASNs to the Gold Coast for the games?

Commissioner Bowles: Yes, there is.

Mr LANGBROEK: What would that number be, approximately?

Commissioner Bowles: Approximately 300. Just to give you a parameter, it is somewhere between 230 and 300. We believe it will be 300 at the extreme. That is to cover 1,982 shifts that will be required through the event. We actually just sent out expressions of interest for those staff last week. Within the first few days, we already have a little under 400 ambulance staff from right across the state who are showing interest. It looks like it is going to be a very popular event for our people and they want to get in and attend.

Mr LANGBROEK: Can you explain about the contingency to cover other areas to allow for that?

Commissioner Bowles: You cannot bleed the bank, I suppose. You have to be able to respond to other types of events. One of the things we have done is put on a leave moratorium for one week either side of the games so that we have everyone available to us who is available. Obviously, there needs to be some pragmatism—if people have organised events two years in advance or they are getting married or they are overseas. In the main, the majority of our workforce will be available for the event.

Mr LANGBROEK: Following the 1 July superannuation changes, are Queensland ambulance employees able to change super funds or have they been excluded from the 1 July arrangements?

Commissioner Bowles: I received an email as a Queensland Ambulance Service employee from QSuper. I cannot remember the exact words in the email, but it basically says that I can now change my super. I imagine that went to everyone else in the Ambulance Service.

Mr LANGBROEK: Very good. Are there members of staff who are based at Kedron who are also seconded to the regions or who spend some time at Kedron and some time in various LASNs as part of their employment—or is a staff member employed at Kedron and only Kedron, or in a LASN?

Commissioner Bowles: I will go back to the previous example when you asked me about the Commonwealth Games. We do not have that necessary expertise that would work. Whilst we have a disaster manager who works from Kedron full-time, two of those staff come from the Gold Coast to do the planning for the Commonwealth Games.

Mr LANGBROEK: But at the moment are there admin staff or any other staff—not so much front-line paramedics—who are working at Kedron who also work in other areas? For example, they might do four days in a week and one day in a week in a different region. Is that an employment possibility in the Ambulance Service?

Commissioner Bowles: Yes, that is clearly a possibility. I think we have 342 public servants, which is a very small number compared to most other ambulance services. Within that 342, we have 59 flexible arrangements that exist.

Mr LANGBROEK: Thank you. Commissioner, has there been a change of management style to centralise management decisions more over the last couple of years under your stewardship?

Commissioner Bowles: The structure is the same structure as was introduced in 2012.

Mr LANGBROEK: It is?

Commissioner Bowles: It is the same. We have 15 Local Ambulance Service Networks, which all have a leader, and then we have a communications, which is the seven communications rooms from around the state. They go together to form the 16th LASN. Whilst we are a system and there is always going to be policy direction and direction that comes from a central office, running an Ambulance Service in Mount Isa and having stations such as Aramac is very different to running the Local Ambulance Service Network on the Gold Coast.

Mr LANGBROEK: Student appointments and appointments to supervisory positions have been removed from LASNs and are now conducted by central office; is that correct? That is a change.

Commissioner Bowles: It is a change. It is probably in line with a lot of other emergency services, and that is about fairness and making sure that everyone from around the state gets an opportunity to apply for jobs. One of the things we found before we had statewide recruitment was that a lot of the people who did get appointed sometimes lived very close to that area. That makes it very hard for a system to renew; it is very hard to shift ideas around a system. I suppose the thinking behind statewide recruitment is basically to get some movement around the place, because if you do not have the high attrition like you do in a place like, for example, the Gold Coast, it could just get caught up in—

Mr LANGBROEK: Localised appointments all the time.

Commissioner Bowles: Yes, localised appointments and those sorts of things. We have put a degree of trust in our central recruitment people to do a good job. I have to say that I have met a lot of the people who have been employed through the process. It is a very new process and we are still learning and we want to get it right.

Mr LANGBROEK: That is fine. Thank you.

CHAIR: Minister, I refer you to page 54 of the SDS which outlines the Queensland Ambulance Service performance statement. Can you please advise the committee what initiatives the government is undertaking to meet the service area objectives?

Mr DICK: I thank the member for her question. Obviously, we are working very hard as a government to address the matters you have raised. There are a number of issues relevant to the community and the work that we provide. Supporting the front-line workforce in that context is critical to achieving those objectives and outcomes.

Mr HARPER: I acknowledge the commissioner for being here today. In fact, I acknowledge all of our paramedic staff who deliver care right throughout Queensland for their dedication and professionalism in what they do. I would like to talk about occupational violence initiatives. I have worked in the service for many years, I remain an honorary at Kirwan, and I did some SAFE training last year. I believe there are some other initiatives that you may be able to discuss in regard to improving the safety of staff.

Mr DICK: I am very pleased to respond to that. There seems to be this view developing that the increased reporting of violence against staff demonstrates a problem in the system. What we discovered when we came to government was that no action had been taken for three years by the Newman LNP government—presumably because it would cost money—to address the increasing and escalating rate of violence and abuse against ambulance paramedics and also health staff. We also found that our staff had little faith in the reporting mechanisms that were in place. They did not think that reporting this violence would make a difference to their workplace and their outcomes.

I want to make one point clear. There was a question about how often Droperidol was used. Droperidol should be used as often and as frequently as paramedics think it should be within the appropriate clinical guidelines to ensure that patients who are acting violently can be sedated. It is not a flaw in the system; it is not a problem. What it shows is our government responding in a way that paramedics themselves had asked for as part of the paramedic task force. That is one of the measures.

I get the impression from the LNP that there is going to be this ongoing attack—and it has happened previously in the last six months—that, when the amount of reporting goes up, there is a problem in the system. We welcome the reporting of violence and abuse against staff. We ask them to report. We treat it seriously. In some parts of our health system, for example, we have now made it easier for staff to report by simply swiping on at a central data control point in emergency departments to allow them to report that. Violence against anyone in the community and violence particularly against health workers is entirely unacceptable. I would call on the LNP to work with the government and, more importantly, to work with our front-line staff to support them in responding to and dealing with this.

We have rolled out additional ambulance officers and new replacement vehicles since we have come to government, with 225 additional ambulance officers and 325 new and replacement vehicles, and there has been a $46.6 million boost to the Ambulance Service this year. Those hard resources, the physical resources, the vehicles and also the personnel that we require will make a difference at the front line.

In April 2016, the Paramedic Safety Taskforce handed down its final report, with 15 recommendations for reducing the risk of harm to paramedics in the performance of their duties and to raise awareness in enhancing a safer working environment. As of 14 December last year, all 15 recommendations of the task force have been implemented under the guidance of the QAS Paramedic Safety Implementation Oversight Committee. As of 30 June this year, so a little under a month ago, 3,846 Queensland Ambulance Service staff have received the revised occupational safety training called SAFE2. This training is also being undertaken by all new graduate paramedics joining the QAS. This includes being situationally aware. You would be aware of that from your long experience as a paramedic. You need to be aware of a situation that may be degrading or where someone may be potentially acting in a violent or abusive fashion. We do not want people to have a long period of service in the Ambulance Service to develop those skills. We want to train them from the start so they are ready for that.

Our measures introduced following the Paramedic Safety Taskforce are now in full swing and it is pleasing to see a reduction of over nine per cent in deliberate physical attacks on paramedics from last financial year. As I have said, any assault or attack on front-line staff is one too many and we will keep working to keep paramedics safe. We are going to continue to work through those issues, so we are implementing all of those recommendations. This is a standing committee and a standing body of work that the Ambulance Service will continue to pursue along with our Occupational Violence Taskforce in Queensland Health currently being led by Metro North Hospital and Health Service in relation to which all hospital and health services have input. We need specific responses for specific parts of Queensland.

Regrettably, this is part of our core business; keeping people safe from violence is now critical. There was a time when I was growing up that the idea of assaulting or abusing anyone in health care or anyone who worked for the Ambulance Service would have been anathema. Regrettably, due to a range of reasons, sometimes relating to substance abuse, this is becoming commonplace. As a community we have to say there is no excuse for violence or abuse against anyone and no excuse when it comes to our hardworking paramedics.

Mr HARPER: In my electorate of Thuringowa I have Kirwan station. Minister, you have been there on a number of occasions. In fact, you have been there on so many occasions you probably should have your own locker.

Mr DICK: Thank you. I look forward to it.

Mr HARPER: I do acknowledge the OIC there, Linda Reedman, and her staff. It was only last week that we conducted, along with the LAC, a CPR awareness day. It was very well received by the community. Before I ask about what is going on with Kirwan I will refer to the question asked by the member for Surfers Paradise regarding flags. In my car I have a Queensland flag, albeit it is for the fire station right next door. The process is that the officer in charge writes to the local member and requests a flag. I would be happy to do that for the ambulance, police or fire. I do not know what happens in other members' electorates. On the subject of Kirwan station, can you tell us what is proposed for Kirwan?

Mr DICK: That reminds me that I have had the privilege previously of presenting police stations with Queensland flags as well. Our government is committed to delivering for the community and supporting our front-line workforce. I know you are very proud of Kirwan station, a station where you worked as a paramedic. I am delighted that this year's budget identified that the existing Kirwan station needed replacement. Funding of $200,000 has been allocated in Budget Paper No. 3 to undertake planning for the project with an overall project budget of $5 million. Planning will commence in the near future and the project is expected to be completed in the next couple of years. This is a significant investment in that ambulance station. It will make a real difference to that community in the future.

Again, Townsville is a growing community. You know better than anyone of the growth in the northern beaches and other places and how we have to keep up with demand in that area. I am very pleased that we are committing funds to renew that station. It will really bring together what is a number of different buildings on that site that are in a sense very well aged. Some of them are very old buildings going back to the opening of the station, so we need to bring a consolidated view to those infrastructure facilities there. A single plant room would be terrific as well. We are going to work through that. We will work with our staff about how we implement that because we want to continue our very effective response out at Kirwan going forward. We will work with them about how we deliver it over stages to ensure it has the least operational impact on the Ambulance Service responding from Kirwan going forward. It is a very positive thing for your electorate and the broader Townsville community.

Mr HARPER: I should acknowledge the Clinical Education Unit sitting right behind the Kirwan station.

Mr DICK: That is right. I have seen that in a number of facilities. Again, that is an older training area. If we can get a state-of-the-art training facility there, that will help not only paramedics with long service but new paramedics as well to be effectively trained.

Mr McARDLE: Could I ask the acting CEO of Sunshine Coast HHS to come to the table, please? Welcome to estimates and your first time at the head table, shall we say, with the head prefects. I refer to page 176 of the SDS. There is talk there of the Caloundra Hospital. We both know that back in March the ED at that hospital was closed and a minor accident and illness clinic opened as of 28 March this year. At this point I am not talking about the pros and cons of an ED or whatever is there or was there. I am focused more so on the budget in relation to that facility. I understand that there were discussions about the decision to close the ED and open a new facility at Caloundra Hospital that had a different budget figure as the debate went on. I am trying to establish what those budget figures were by way of discussion prior to the opening of the new minor accident and illness clinic. Secondly, what was the budget for the 2016-17 year in the short time it was open, whether or not—

Mr DICK: I think he should be able to answer one question at a time rather than have to remember multiple questions.

Mr McARDLE: He can certainly take them on notice. There is no way in the world—

Mr DICK: No, he should have the opportunity to answer them today. Quite properly, the member should put one question at a time to individuals. Perhaps he can take the first part and answer it—

Mr McARDLE: With all due respect, Minister, I am asking the question.

Mr DICK: It is not an opportunity to ask a multi-part question.

Mr McARDLE: With all due respect, you have the right—

CHAIR: Minister and Deputy Chair—

Mr DICK: It is not an opportunity to ask a multi-part question.

CHAIR: Minister and Deputy Chair—

Mr McARDLE: You do not have the right to interfere in the—

CHAIR: Order! Minister and Deputy Chair, we are not going to debate the question.

Mr DICK: Why don't you ask the question?

CHAIR: Deputy Chair, I do want to take the point from the minister, though. You have mentioned two elements of a question. Can we just clarify for the benefit of our CEO the first question?

Mr McARDLE: I do make the point, too, that the minister does not have the right to intervene in a question I pose to the CEO of a HHS. If I pose a question—

CHAIR: Deputy Chair, point taken, which is why I interceded and ruled.

Mr McARDLE:—I should be able to make—

CHAIR: Order! I interceded and ruled.

Mr DICK: A multi-part question is out of order.

Mr McARDLE: The first question is this: in relation to the determination of the budget for 2016-17 for the short period that the new facility operated what were the different budget figures that were considered by the HHS in relation to that facility?

Mr Lisle: I am not aware of different budgets and I do not have the budget figure for the minor illness and injuries clinic in my head, so I cannot answer that part of the question. I am not aware that we changed the budget for it.

Mr McARDLE: Could I then ask the minister to take it on notice, please, as the HHS CEO is not quite aware of it?

Mr DICK: No, I am not taking that on notice. He has answered the question. He is not aware of any other figures.

Mr McARDLE: Secondly, in the 2016-17 year for the short period of time that it operated, what was the budget for that clinic and did it operate on budget? If it did not, by how much was it over or under budget?

Mr Lisle: That is a very detailed question of a small but important part of our health service. I do not have those figures in my head.

Mr McARDLE: Minister, could that be taken on notice?

Mr DICK: I will see if we can get the answer. Presumably, there are people from the Sunshine Coast Hospital and Health Service listening to the broadcast. If we can get the answer before 2.30 I will provide it to you.

Mr McARDLE: Does that mean if you cannot—

Mr DICK: If I have not got it by 2.30 I will take it on notice.

Mr McARDLE: Thank you very much.

Mr DICK: I am happy to do that.

Mr McARDLE: Thirdly, what is the budget for the 2017-18 year for that clinic? At this point in time, again, is it on budget or over budget and, if so, by how much?

Mr Lisle: Again, I do not know the budget for that clinic for this year. We are still working on our budgets for 2017-18 at that level of detail. Again, we can probably provide where we are up to with that at this stage.

Mr McARDLE: Minister, I think the CEO is saying that he thinks he can—and I appreciate that terminology. In those circumstances, can that be taken on notice as well?

Mr DICK: I am happy to consider what the budget for the facility might be for 2017-18, but the financial year is 24 days old. The supplementary parts of your question, 'Is it operating on budget and whether it is operating on or over budget in 24 days,'—I do not think that is a relevant question or one that could be properly or sensibly answered. I am happy to come back to what is the budget for 2017-18, but then you asked supplementary questions about whether it is operating on budget or over budget in three weeks. I do not know whether that is relevant to answer.

Mr McARDLE: That is fine.

Mr DICK: If the heart of your question is, 'What is the budget for this year?', I am happy to take advice on whether we can answer that today. If not, we will come back to you.

Mr McARDLE: That is fine. Very quickly, I turn to the new public hospital at Kawana. How are patients moved between the public and the private hospital, because I would imagine some patients are moved between the hospitals? How is that undertaken?

Mr Lisle: At the Sunshine Coast University Hospital at Kawana, patients are moved from the emergency department to Sunshine Coast University Private Hospital via QAS if their condition requires the support of a paramedic or any other clinical support. If they are less complex, we have an internal transport vehicle that makes that transport between SCUH, as we call it, and the private hospital. For that service to be used they need to be very low complexity patients not requiring clinical intervention while that occurs.

Mr McARDLE: Is this vehicle an ambulance?

Mr Lisle: No, it is an internal patient transport vehicle.

Mr McARDLE: How old is that vehicle?

Mr Lisle: About eight months old.

Mr McARDLE: What was the cost of that vehicle?

Mr Lisle: I cannot give you that figure either.

Mr McARDLE: Can you give me the registration of that vehicle or could you find that out for me?

Mr Lisle: The registration number?

Mr McARDLE: Yes.

Mr Lisle: Certainly. Again, that is not a figure I have in my head.

Mr McARDLE: Of course not. Minister, if I could ask you—

Mr DICK: What is the point of the question?

Mr McARDLE: I want to find out how old the vehicle is.

Mr DICK: I propose the answer is it is eight months old.

Mr McARDLE: You can say yes or no—

Mr DICK: No, I am not taking that question on notice because if the question is, 'How old is the vehicle?', he has answered that question.

Mr McARDLE: It is not a 2006 vehicle?

Mr Lisle: You asked me how long we had had the vehicle for.

Mr McARDLE: I said: how old is the vehicle?

Mr Lisle: Okay, I misinterpreted your question. It was a second-hand vehicle. I do not have the day it was manufactured.

Mr McARDLE: That is why I was asking the question. It is a 2006 vehicle and the cost to purchase and fit it out was $110,000; is that correct?

Mr Lisle: As I said, I do not have the cost of the fit-out of that vehicle in my head.

Mr McARDLE: Can you take it on notice, please, Minister?

Mr DICK: I am happy to ascertain what the cost of the vehicle was.

Mr McARDLE: And the fit-out as well?

Mr DICK: Sure.

Mr PYNE: Minister, we can see the investment in ambulance vehicles and in personnel. Is the minister happy to see so much of that investment in the Cairns area taken up by ramped ambulances outside of the Cairns Hospital? We thought the Labor government promised to reduce ramping, but is it not a fact that the ALP, like the LNP, are more birds of a feather and they have not addressed this issue for the people of Cairns?

Mr DICK: I thank the member for Cairns for his question. In fact, I answered the question earlier today. I must say that the premise of your question is wrong. You talk about ramping, or patient off-stretcher time. The reality in Cairns in June is that the patient off-stretcher time was 90 per cent of patients off stretcher in 31 minutes. That is not ramping. I am not saying we do not have challenges at Cairns. We do; we have demand pressures. We have heard that earlier today. To make the bald assertion that the major parties are all the same and nothing changes is demonstrably wrong under the Labor government. If the budget goes up 16.6 per cent in one financial year and over 35 per cent since we came to government, that is more than a third. It is clear which side of the parliament is investing in Cairns.

Mr PYNE: I will be interested to look at those statistics because I have certainly had complaints of ambulances waiting several hours outside the hospital.

Mr DICK: I will just clarify. As we stand now, 90 per cent of patients are off stretcher within 31 minutes. That was in June, as I said. We have had a significant investment in Cairns in respect of Ambulance. If I am not mistaken, we have employed an additional 16 full-time equivalent ambulance officers in the Cairns and hinterland region, 18 replacement vehicles have gone into the region and we are continuing to fund the hospital and health service. That is a significant commitment we made to supporting effective work by our paramedics, ensuring their vehicles can get back onto the road.

The other thing I would say that is relevant to your question is that we have implemented one of our local area access response units, or LAARU, which allows us then—we had a round table in Cairns and we have implemented that. That allows patients to be treated in the community so they do not have to be brought to hospital by an expensive ambulance with two highly trained paramedics. That allows people to be taken to their local GP or perhaps treated by ambulance officers, so that is another investment we have made in the community to take pressure off our hospitals. It is an ongoing challenge given the demand growth, and you have heard about the demand on the hospital earlier today, but we will continue to resource it as we have and continue that commitment to staffing our hospital.

Ms DONALDSON: Minister, I refer to page 53 of the SDS which talks about improvements and the delivery of new and replacement ambulance stations. I am very interested in what is happening in Wide Bay. I am aware that there are improvements for Hervey Bay and there is certainly activity underway for Bundaberg, so could you provide me with more information about that, please?

Mr DICK: As I have said in relation to our health system, our Ambulance Service is the same: we deliver for Queenslanders wherever they live. We have delivered a funding increase that will provide for a range of capital works projects across Queensland, including in Bundaberg and Hervey Bay. In August last year I was in Bundaberg with you to visit the new site with local paramedics, as you may recall. We were delighted to turn the first sod for the construction of that new joint fire and ambulance service facility, which will go a long way to improving services in Bundaberg.

The construction of a new ambulance station is currently underway at 57 Wiley Street, Thabeban. As I have mentioned, it will be part of a new joint facility with Queensland Fire and Emergency Services. Practical completion is expected in October, so things are going well in accordance with the project plan. That project will include a six-bay plant room, office space, dayroom, write-up area, associated staff amenities and ICT infrastructure. The site also provides a multipurpose training room which provides a backup site for the LASN office and a local area coordination centre in times of natural disaster as well as a hard stand for the deployment of emergency management vehicles in the event that that is required. Funding of $1.035 million has been allocated in 2017-18 to finalise the project, with an overall project budget of $5.15 million.

I can also inform the committee that I was recently in Hervey Bay with local paramedics and ambulance officers along with the member for Maryborough. We listened to local ambulance staff who said that the existing station was at capacity, and we are delivering there as well. The new ambulance station at Hervey Bay is to be constructed on existing Queensland Ambulance Service land. The project includes a four- to six-bay plant room, office space, dayroom, a write-up area, clinical practice area, associated staff amenities and ICT infrastructure. The existing Hervey Bay Ambulance Station at 118 Torquay Road, Scarness, will remain operational. This additional station will provide growth capacity to meet the increasing service demand in the area. Funding of $100,000 has been allocated in the 2017-18 budget to undertake planning for the project, with an overall published project budget of $3.5 million. Planning will commence in the near future, and the project is expected to be completed in June 2019.

Mr HARPER: Commissioner, I ask you to refer to page 53 of the SDS. Can you please inform the committee what recruitment strategies the Queensland Ambulance Service has to recruit Indigenous staff? Whilst you are preparing that answer, I would like to acknowledge your attendance, Minister, at the Kirwan station recently to meet the Indigenous cadets. I know, Commissioner, that you will be in Townsville on Friday to meet Jamie Jackway, an Indigenous former paramedic who had a winching accident at a special event, and I look forward to seeing you there.

Commissioner Bowles: I would also like to acknowledge Jamie. It will be a pleasure to catch up with him on Friday. He has paid a pretty significant price in the line of duty, becoming a quadriplegic after a nasty fall from a winching accident in a helicopter.

I am very proud of the Queensland Ambulance Service Indigenous paramedic cadet program. The Indigenous paramedic cadet program commenced in November 2013 and is a component of the QAS Aboriginal and Torres Strait Islander Cultural Capability Action Plan 2015-2018, which outlines how QAS will deliver cultural diversity as part of a whole-of-government commitment.

Some of the benefits of the QAS Indigenous cadet program include: access and equity to education for Indigenous paramedics; allowing networking, group synergy and safety through support of small cohorts who have diverse educational requirements; and QAS's ownership and commitment to Indigenous paramedics' education, employment and their local communities. Some of the benefits of this program to Indigenous communities include: developing and maintaining relationships with Indigenous communities and organisations; increasing the capacity of Indigenous community members to respond effectively and appropriately to prehospital emergencies and injuries; targeted employment

of Indigenous Queenslanders with a strong interest in health care who have the support of their community; improving the health of Aboriginal people and assisting to close the gap; and recognition of cultural needs and differences in the delivery of health care to Indigenous communities in Queensland.

The QAS currently has 28 Indigenous cadets involved in the program who are all engaged as permanent full-time employees. Twelve Indigenous paramedics have acquired a certificate IV in health care and are now operating as ambulance attendants. Eight Indigenous paramedics have acquired the Diploma of Paramedical Science (Ambulance) and are now practising at the Advanced Care Paramedic 2 level. Of these, two have gone on to undertake tertiary studies and completed a Bachelor of Paramedicine. One officer is in the north-west LASN and the other in the Central Queensland LASN. Additionally, QAS is currently in negotiations with Central Queensland University to support undergraduate Indigenous paramedics who are looking towards higher education. The CQU's Tertiary Entry Program is an enabling program to assist ATSI students gain the skills, knowledge and confidence to undertake university studies.

Ten QAS local ambulance service networks now have Indigenous paramedic cadets including: Torres and Cape, Cairns and Hinterland, Townsville, North-West, Central, Wide Bay, West Moreton, Darling Downs, South-West and the Sunshine Coast. In the 2016-17 financial year QAS recruited 14 additional Indigenous paramedic cadets, who are based at Kirwan, Rockhampton, Hervey Bay, Bundaberg, Charleville, Palm Island and Ipswich and appointed a field officer based at Weipa to provide support for surrounding Indigenous communities to develop effective arrangements in prehospital care. To further QAS's commitment to increasing Indigenous employment, QAS also recruited 17 Indigenous patient transport officers in November 2016.

In the last financial year QAS commenced the culturally and linguistically diverse paramedic cadet program, known as CALD, with two Samoan cadets employed at the Woodridge Ambulance Station as part of the 110 ambulance officers announced in the 2016-17 state budget. The CALD paramedic cadets are also employed as permanent full-time officers, and these officers undertake the same core subjects as students in the Indigenous paramedic cadet program. In addition to core subjects, the program is modified with a focus on culturally specific activities rather than specific Indigenous activities.

Mrs MILLER: Commissioner, I understand that there have been concerns about ramping at the Ipswich hospital over the last few months; however, I must say that some of that could be because people have been in the emergency department and basically they have gone off their brain, so there has been some incident there and then you have to take them to other hospitals. Can you clarify the situation with ramping at Ipswich, please?

Commissioner Bowles: Ipswich, like a lot of the south-east of the state, is very challenged through demand with an ever-growing population, and of course that puts pressure on ambulance services, health services, the community and everything else. One thing I would like to point out is that the relationship with the new chief executive, Kerrie, has never been stronger than it is now. Whilst we all want ramping to be zero, there is some reality around that.

I have to say that the commitment being shown by the HHS in working with the local LASN to resolve this issue is already bearing fruit. Over the last few months we have seen an improvement in ramping at Ipswich General Hospital. I cannot underestimate the demand. The actual number escapes me, but I will clarify that at a later time. Ipswich growth last year was around 10 per cent, which is significant growth when you compare that to the rest of the state, which had growth of 4.7 per cent. We are under pressure, but I suppose the good news is that the working relationship has never been better. We will continue to work with the HHS to resolve or improve ramping. There is always going to be some level of ramping at every hospital, because if someone who is sicker than you comes through the door then you are going to have to wait. That is just the way the system is designed.

CHAIR: I invite the minister to provide additional information with regard to any of the matters raised earlier which you said you would look into.

Mr DICK: Can I say at the outset that in my opening statement when I said that the allocation to Queensland Health in the 2016-17 budget is $16.554 billion, of course that is in the 2017-18 budget.

I was asked a question by the member for Surfers Paradise about the SDS and those pages relevant to the Central Queensland Hospital and Health Service. I am pleased to inform the committee that the SDS document available on the budget.qld.gov.au website contains the correct performance statements for the Cairns and Hinterland Hospital and Health Service and the Central Queensland Hospital and Health Service. The Department of Health coordinates the preparation of the Queensland

Health Service Delivery Statements across the Health portfolio entities, including the 16 hospital and health services. Each entity's SDS information is endorsed by the respective chief executive officer prior to publication. For HHSs, both the board and chief executive endorse the HHS SDS information. SDS information is then submitted to the department for collation and submission to me as minister for final review and approval for publication.

The Central Queensland Hospital and Health Service board and chief executive, Mr Steve Williamson, endorsed the Central Queensland HHS overview performance statement and financial statements on 1 June 2017 in accordance with the standard process for approval. I am advised that the version of the SDS signed by me on 9 June 2017 and submitted to Queensland Treasury for publishing contains the correct performance information for the Central Queensland Hospital and Health Service. Queensland Treasury undertakes the process of converting the SDS into a printable format for publication. I am advised that, in the process of finalising the SDS for publication, the Central Queensland Hospital and Health Service performance statement was inadvertently omitted and the Cairns and Hinterland Hospital and Health Service performance statement was inserted instead in the document that was published. The SDS hard copy publication and the version available online on state budget day, 13 June 2017, contained this error. I am advised that the Treasurer tabled this version of the Queensland Health SDS on budget day.

I am advised that Department of Health staff discovered the error on 13 June and advised Treasury that afternoon, requesting an urgent correction of the online version of the SDS. The error was corrected and rectified in the online version on the state budget website—budget.qld.gov.au—and I seek leave of the committee to table the corrected printed version of the Queensland Health Service Delivery Statements.

CHAIR: Is leave granted? Leave granted.

Mr DICK: I was asked by the member for Surfers Paradise what percentage of patient off-stretcher time post and triage was completed within five minutes for the month of May. I can advise the member that the QAS does not keep post data at five minutes. The proportion of category 1 road ambulance arrivals triaged in two minutes in the month of May 2017, which is the measure we record, was 99.67 per cent. For the month of May 2017, 79.63 per cent of patients were off stretcher within 30 minutes, which is the measure we use for our SDS as well.

The member for Buderim asked me some questions about medicinal cannabis. I want to confirm again there are two authorised prescribers for the clinical trial at Lady Cilento Children's Hospital. There are two patient-class prescribers, one in Cairns and one at the Prince Charles Hospital, both palliative care specialists. There have been 10 single-patient applications from 10 individual medical practitioners, of which four have been approved. For the other six further information has been sought.

In response to questions from the member for Buderim, as part of the Queensland government's ongoing commitment to support research in this area, in 2017-18 we will provide the Children's Health Queensland Hospital and Health Service with $1.921 million and $1.936 million in 2018-19 for research. As I said, these are for the trials of medicinal cannabis for refractory epilepsy and the establishment of other research trials.

I was also asked about the incorrect labelling of tubes across locations. I can advise the committee that prior to the introduction of the ieMR wrong blood in tube was counted only when a pathology lab noticed there was wrong blood in tube on the labels. When the ieMR is in place, the use of barcoding at the point of blood collection means that there is more accuracy in identifying wrong blood in tube, which is the clinical term that is used. Given the difference in the level of accuracy in the identification of wrong blood in tube, making a direct comparison is not possible. However, I am advised that it is fair to say that with the ieMR we are now able to identify more accurately when there is wrong blood in tube. When a wrong blood in tube is identified, the blood is then retaken. I am advised that there has been no increased risk of patient harm. I am advised that the January 2017 to June 2017 data for the digital hospital is Princess Alexandra Hospital, 71; Cairns Hospital, 80; Mackay Hospital, 36; Townsville Hospital, 117; and Lady Cilento Children's Hospital, 16. I am now advised that we are now identifying it before it is tested so we can go back—that is what happens—and retake it because of the accuracy that digital hospitals now provide.

I do not have to hand the number of actual blood tests which were taken at these hospitals during the period in question—that six-month period—but indicatively for the Cairns Hospital, by way of example, where the 80 instances of wrong blood in tube during the first six months of the year happened, this is out of an estimated total of 100,000 blood tests which represents wrong blood in tube of 0.08 of one per cent, so 8/100ths of one per cent. I am also advised that last week there was only

one wrong blood in tube at the Princess Alexandra Hospital out of 8,500 blood tests. As with all digital systems, we are always undertaking continuous process and system improvement. I am unaware of the basis of the question asked by the member for Surfers Paradise when you referred to a 700 per cent increase in wrong blood test labelling following the introduction of electronic records, but it is in a sense catching it before it is tested so we can go back.

I was asked a question in relation to urology at Hervey Bay. I will take that on notice, member for Surfers Paradise, and provide you with an answer in relation to urology in accordance with the standing orders. I was asked questions by the member for Caloundra. He had two sets of questions. The first set was about the illness and injury clinic. I will take on notice what the budget was in 2016-17 and whether it operated on budget and, if it did not operate on budget, whether it was over or under budget and by how much and the proposed budget for 2017-18. Are you happy with that?

Mr McARDLE: Yes.

Mr DICK: In relation to the transport vehicle that transports patients from the Sunshine Coast University Hospital to the Sunshine Coast Private Hospital, I am advised that the vehicle concerned is a 2006 make, that the vehicle cost was $30,000 and that the fit-out cost was $50,000, so a total of $80,000 for that transport vehicle.

In conclusion, very briefly, I want to thank the committee for your time today. I also want to thank the director-general, the executive and all of the chief executives who made the time to be here to support not only me but also to be present to take questions, which they did, as always, in a very professional fashion. I want to thank the Department of Health staff for their work. I want to thank my personal staff for the work that they do. They spend very long hours at the office supporting me and I am very grateful for their work. I also want to thank the staff who do so much work in the estimates preparation process, particularly Helen Borradale, Amy McKenzie and Denise Preston. It is a daunting task and I thank them for their professionalism and their endurance. We are good at endurance in Queensland Health, and Helen, Amy and Denise know a lot about that. I want to thank them for their work and thank the committee again for the way this hearing was conducted today. I appreciate the good faith in which it was conducted.

CHAIR: Thank you, Minister. The time allocated for the consideration of the estimates of expenditure in the Health and Ambulance Services portfolio has expired. The committee has resolved that answers to questions taken on notice—and, Minister, you have indicated that you are taking a number—must be provided to the committee secretariat by 5 pm on Friday, 28 July 2017. The transcript of this session of the hearing will be available on the Hansard page of the parliament's website within two hours. On behalf of the committee, I thank you, Minister, and all of your executive and officials who have attended today. Thank you for your assistance with answering the questions of the committee. We appreciate it. The committee will now adjourn for a break. The hearing will resume at 3 pm with the examination of the estimates of the portfolio areas of Communities, Women and Youth, Child Safety and Prevention of Domestic and Family Violence. Thank you.

Proceedings suspended from 2.35 pm to 2.59 pm

ESTIMATES—HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE—COMMUNITIES, WOMEN AND YOUTH, CHILD SAFETY AND DOMESTIC AND FAMILY VIOLENCE

In Attendance

Hon. SM Fentiman, Minister for Communities, Women and Youth, Minister for Child Safety and Minister for the Prevention of Domestic and Family Violence

Ms C Kennedy, Chief of Staff

Department of Communities, Child Safety and Disability Services

Mr M Hogan, Director-General

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

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CHAIR: Good afternoon. The committee will now examine the proposed expenditure in the Appropriation Bill 2017 for the portfolio areas of the Minister for Communities, Women and Youth, Minister for Child Safety and Minister for the Prevention of Domestic and Family Violence. The committee will examine the minister's portfolio areas until 5 pm. The visiting members present are Ms Ros Bates, the shadow minister for communities, women and youth, child safety and the prevention of domestic and family violence, shadow minister for disability services and seniors, and member for Mudgeeraba.

I remind those present this afternoon that the committee's proceedings are proceedings of the Queensland parliament and are subject to the standing rules and orders of the parliament. It is important that questions and answers remain relevant and succinct. The same rules for questions that apply in parliament also apply in this hearing. In this regard I refer to standing orders 112 and 115. Questions should be brief and related to one issue and should not contain lengthy or subjective preambles, argument or opinion.

I intend to 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. Given the sensitive issues in relation to child safety that may be raised during this session, I remind members of the requirements of standing order 117, which are that questions concerning a child subject to the Child Protection Act 1999 or the Youth Justice Act 1992 must be asked in a manner that does not identify the child; standing order 233, which refers to the sub judice rule; and standing order 115(b), which states that questions shall not contain names of persons unless they are strictly necessary to render the question intelligible and can be authenticated.

On behalf of the committee, I welcome the minister; Mr Michael Hogan, the director-general; departmental officers; and members of the public to the hearing. For the benefit of Hansard, I ask departmental officers 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 Communities, Women and Youth, Child Safety and the Prevention of Domestic and Family Violence open for examination. The question before the committee is—

That the proposed expenditure be agreed to.

Minister, if you would like, you may now make an opening statement of up to five minutes.

Ms FENTIMAN: Thank you, Chair. I am pleased to participate in the committee's hearing today to scrutinise our investment in protecting vulnerable children, preventing domestic and family violence and supporting Queensland's vibrant and diverse communities. I thank you for the opportunity to discuss the Palaszczuk government's record of achievement.

Since 2015, we have restored front-line services in Child Safety and committed to the biggest investment in front-line Child Safety staff in more than a decade, with 129 already employed and a $200 million commitment in this year's budget to employ 300 more. For the first time we have created

career pathways for Child Safety staff so that our most experienced workers can stay on the front line. In an Australian first, we have implemented mandatory drug testing for parents wanting a parenting agreement with the department where drug use is suspected and improved training for Child Safety staff. We are performing better, despite thousands more calls to Child Safety from neighbours, friends and family members taking the vital step of speaking up when concerned about a child. As the Minister for Child Safety, I urge Queenslanders to do this, because it can save lives.

We are seeing increasing complexity in the families that Child Safety deals with. The scourge of ice continues to grow, particularly in the identified ice corridors where there has been a rapid and damaging increase in the use of this drug by parents, especially parents of children under the age of five. In the year to March, almost 800 children were found to be in need of protection because of ice use. This drug is tearing families apart and putting children at risk.

We continue to see steady improvement in Child Safety's performance. For the third consecutive quarter we have seen an increase in the number of investigations commenced and completed and further improvement in the proportion of the most urgent cases that are seen within the recommended time frame. This has been made possible only by our investment in new staff to better meet the growing workload and support the life-saving work of our child safety officers. This has made a real difference on the ground, ensuring that case loads for staff have reduced despite increasing reports, but more needs to be done. That is why we have committed to the biggest injection of new staff in more than a decade.

When the Palaszczuk government was elected, our Child Safety workers and the families that relied on them were still reeling from the effects of the LNP cutting 225 permanent staff and 177 temporary staff from Child Safety and ripping out $420 million in fiscal repair. I am proud of our record of restoring front-line services and providing real support for our amazing staff. I am talking to staff day after day and they tell me of the terrible toll that domestic and family violence is taking on children. They tell me of the longer and more in-depth response that is needed with many families because of multiple issues. I remain open to working with anyone who is genuinely interested in making things better for children at risk.

We are the first government in more than 20 years to invest in new domestic violence shelters. We have two shelters already up and running and saving lives, and mobile services operating as three further shelters are established. We are funding two more in this year's budget—a significant investment in helping women who make that brave decision to leave a violent relationship.

We have partnered with the Attorney-General to expand on the success of the specialist domestic violence court at Southport by expanding the initiative to Beenleigh and Townsville. We are funding high-risk teams in Cairns, Brisbane and Ipswich to ensure that government and non-government agencies can work together seamlessly. I am very proud to be part of the effort to prevent domestic and family violence and keep women safe.

I am also very proud of the assistance that my department has given to people in the wake of the devastation of Cyclone Debbie, with almost $32 million in immediate hardship assistance grants to Queenslanders to get back on their feet. I look forward to working closely with all of those who share our sense of purpose in building a stronger and safer Queensland. Thank you.

CHAIR: Thank very much, Minister. I also acknowledge the member for Bundamba, Mrs Jo-Ann Miller, who is a visiting member of the committee today. I now invite the member for Mudgeeraba to open the questioning.

Ms BATES: My first question is to the minister. I refer to page 3 of the SDS, which states that Child and Family Services 'provides services to protect children and young people who have been harmed, or who are at risk of harm, and secures their future safety and well-being'. Can the minister guarantee that, since the tabling of the report titled *When a child is missing* in June 2016, instigated following the death of Tiahleigh Palmer, no carer has abused a child in an approved foster care placement?

Ms FENTIMAN: I thank the member for the question. We work very hard to make sure that children in care receive the very best of care. There is an ongoing review being commissioned by the Premier to the Queensland Family and Child Commission looking at blue card approvals and foster care approvals.

The safety of children is always our paramount concern, whether that involves investigating concerns in the family home or making sure that children and young people are safe in care. I want to make the point that we follow up on absolutely every concern raised with us while children are in care. We work with our carers, our service providers and our independent community visitors to make sure that children can report any concern that they have.

As the member would well be aware, in the data that I released a few weeks ago, in the 12 months to March 2017, there were 163 cases of substantiated harm. That includes unacceptable risk of harm. I can inform the committee that 65 per cent of those related to concerns about emotional harm. We are always looking at ways in which we can improve the care of children in our care. That is why recently I was very pleased to announce minimum qualifications for staff at residential care facilities. This is something that has been discussed in Queensland for some time. I am very pleased that we are now working with the sector to make sure that those people who are looking after our most vulnerable children have minimum qualifications in looking at child development, how to deal with children who have experienced trauma, and counselling experience. We are going to work with the sector as we roll out minimum qualifications for residential care staff.

On the weekend I also announced a new trial for professional foster care. I am very excited that it is finally the Palaszczuk government that is delivering professional foster care because, when we have our most vulnerable children—very high needs, complex children—we know that the best way to care for them is in a family environment with an experienced, paid professional.

Mr McARDLE: Order, with respect to the answer, there has been a long preamble, but I think the question was fairly succinct in relation to whether a child had been abused by a carer. Certainly I understand the minister’s desire to elaborate, but could we perhaps address ourselves to the question at hand?

CHAIR: Thank you. There is no point of order. The minister has been relevant and is answering the question as she sees fit and in accordance with standing order 118 with regard to relevance. Minister, would you like to continue answering—unless you were finished?

Ms FENTIMAN: With these reforms around minimum qualifications and professional foster care, I believe that we will see fewer substantiations of abuse or risk of abuse for children in care. Director-General, would you like to add anything?

Ms BATES: I have a question for the director-general if you are happy for me to keep going? Minister, I am happy with your answer.

CHAIR: Just before we move on, Director-General, did you want to add anything to that, or are you happy to move on?

Mr Hogan: I thank the member for the question. Just to add briefly, Queensland has a very comprehensive suite of safeguards and protections for children in care. There are the requirements for organisations to comply with the Human Services Quality Framework and a suite of legislation—the Child Protection Act, the working with children legislation and, where necessary, the Disability Services Act. We also require the licensing of residential services and child safety support services.

Ms BATES: Madam Chair—

CHAIR: Is there a point of order?

Ms BATES: There is. The question was very specific. It was: can the minister guarantee that since the tabling of the report in June 2016 no carer has abused a child in an approved foster care placement?

CHAIR: The minister has answered the question in relation to foster care and the safety of children in foster care.

Ms BATES: She has not answered that question.

CHAIR: She has chosen how to answer it and she has referred to the director-general, who is also making relevant commentary.

Ms BATES: Is it a yes or a no? It is a straightforward, simple question.

CHAIR: You may have wished for a yes or no but, as you know, according to the standing orders the minister, as long as she is relevant, can answer the question as she sees fit. We might move on. Thank you for your answer.

Ms BATES: Director-General, as the chief executive administering the Child Protection Act, can you confirm reports that a Brisbane based registered carer was recently charged with sexual offences against children in care after allegedly taking the children to a motel and molesting them there?

Mr Hogan: I thank the member for the question. I am not at liberty to divulge information that may be pertinent to a criminal investigation.

Ms BATES: Sure. I am not asking the director-general to comment or speculate about the guilt or innocence of the person or persons involved; I am simply asking for the director-general to confirm that this individual has been charged.

Mr Hogan: Thank you for the question. I can indicate to the committee that there is a matter currently under investigation by the police.

Ms BATES: Has that carer had their licence cancelled?

Mr Hogan: I am happy to check, but we take immediate steps in those situations, where the police advise us of a situation such as that, to act to cancel carer cards and other approvals.

Ms BATES: I am taking it that it has been cancelled?

Mr Hogan: I will confirm.

Ms BATES: Thank you. You will get back to the committee?

Mr Hogan: We take immediate steps in those circumstances.

Ms BATES: Is the minister happy to take that on notice?

Ms FENTIMAN: I do not believe that we can comment when there is an ongoing police investigation underway.

Ms BATES: I am just asking if the director-general—

Ms FENTIMAN: No, I am not prepared to take that on notice. We cannot comment if there is an ongoing police investigation.

Ms BATES: Right. In September 2016 the Queensland Family and Child Commission's inquiry was expanded by the Premier to look at the processes for assessing and approving foster carers. Director-General: did this review, which has not yet seen the light of day, include checks on all current foster carers? Were foster-children interviewed during this inquiry to ensure what happened to Tiahleigh Palmer did not occur again?

Mr Hogan: I thank the member for the question. The review that the member refers to is an ongoing review being undertaken by the Queensland Family and Child Commission. That review has not been finalised and has not yet been considered by the government.

Ms BATES: You certainly had terms of reference in that review. I am just asking: were foster children consulted during that review, because it is about foster care?

Mr Hogan: I thank the member for the question, but the conduct of the review has been the responsibility of the Queensland Family and Child Commission. You would have been better to ask the commissioner for the way in which they have engaged with stakeholders, including young people.

Ms BATES: Thank you. My next question is to the director-general. Will the director-general confirm that abuse concerns were reported to the department in the months prior to the death of two-year-old Maddilyn-Rose Stokes from horrific injuries in March this year and that no investigation took place as the report was recorded and downgraded as a child concern report?

Mr Hogan: I thank the member for the question. As I indicated, I am not at liberty to discuss individual cases involving allegations or investigations due to the strict confidentiality provisions of the Child Protection Act.

Ms BATES: Can you confirm for me that those strict confidentiality provisions are maintained even after the death of a child?

Mr Hogan: I thank the member for the question. Indeed we continue after a child passes away to treat the information related to that child strictly confidentially.

Ms BATES: I refer you to your performance data table CCR.3Q and assume, based on the reports that I have received, that Maddilyn-Rose was one of those statistics of the CCR being recorded to the end of March 2017. Can you explain the significant increase of well over 4,000 cases of reported abuse being recorded as child concern reports in the last 12 months?

Mr Hogan: I thank the member for the question. Again I am not going to comment on a particular matter. What I can say is that the data indicates to the end of March this year that there is an increase in the number of reports of concerns about children's safety to the department. Now, that is a positive thing that the community is taking responsibility, that partner agencies that have concerns about a child, whether that is from schools or hospitals or police, neighbours, family members or relatives. We are seeing increased reporting by people who have eyes on children known to the department. That is a positive thing. That is an indication of growing demand and the responsibility that the community is taking to keep an eye on the safety of children.

Ms BATES: Are you confident that this significant increase by eight per cent does not, in fact, indicate that there is downgrading of reported abuse cases taking place, like Maddilyn-Rose, that should have been recorded as a notification to enable an investigation to take place?

Mr Hogan: I thank the member for the question, but again I will not comment on any particular matter. I am very confident of the professional judgement exercised by our staff in relation to the way in which matters are dealt with as a child concern report, a determination whether a matter needs to be treated as a notification, an investigation and substantiation.

Ms BATES: My next question is to the minister. Minister, have you ever used a private email account for ministerial business?

Ms FENTIMAN: No.

Ms BATES: Director-General, have you ever received or sent emails to a private email account of the minister?

Mr Hogan: I can confirm that I have always used the minister's email account for emails.

Ms BATES: The question was though have you ever received any emails from a private email account of the minister's?

Mr Hogan: I have not received an email from the minister from a private account.

Ms BATES: Thank you. For my next questions I refer to pages 3 and 4 of the SDS which discusses the department's interventions with at-risk children and I would like to ask the director-general about intervention with parental agreement cases. Can the director-general confirm that only accredited collection centres are being used to drug test parents on IPA cases?

Mr Hogan: I thank the member for the question. What I can confirm is that the department uses the services of appropriate testing authorities to undertake drug tests in relation to the matters that the member has raised.

Ms BATES: For your information, your Child Safety Practice Manual states where possible a parent is to attend Queensland Medical Laboratories pathology or Sullivan Nicolaides Pathology collection centres, both of which are certified to conduct substance testing in accordance with the Australian/New Zealand Standards. As you would be well aware, courts only accept and recognise results of tests where those test are conducted in accordance with those standards. It is an important question. You can guarantee to this committee that Sullivan Nicolaides and QML are the two laboratories that the department currently use for collecting drug tests on parents under IPA?

Mr Hogan: I can advise the committee that in addition to the agencies that the member refers to, we also share testing with Probation and Parole. The answer is yes. As I said, we use the appropriate accredited testing agencies.

Ms BATES: Can the director-general confirm that the costs of these drug tests are coming directly out of the budget for child related costs?

Mr Hogan: I will confirm they are paid for out of the department's budget.

Ms BATES: But are they out of child related costs?

Mr Hogan: I will confirm that.

Ms BATES: It would be good if you could point somewhere in the SDS, Director-General, to the CRC budget because it obviously would have needed to be increased to cover the costs of the minister's mandatory drug testing.

Mr Hogan: I can confirm, yes, they are paid for out of child related costs.

Ms BATES: The minister made her announcement about mandatory drug testing for parents on IPA cases in November 2016. Did your department retrospectively test all parents who were already engaged in an IPA case at the time of the minister's announcement and, if not, why not?

Mr Hogan: I thank the member for the question. The policy and procedure implemented as a result of the very welcome announcement by the minister gave a direction to staff to undertake a test where there was concern about drug misuse. In current matters where there was a concern about misuse of drugs by a parent then staff would require a drug test.

Ms BATES: There was no retrospective testing. If there were parents who had previous history of drug related offences—

Mr Hogan: As I said, where the staff were dealing with a current matter and where there was a concern, a current concern about drug misuse, then a test would be required.

Ms BATES: Thank you. Director-General, as of 31 March this year there were 2,299 children subject to an open IPA case. Have all parents of these children now been drug tested and how many resulted in positive results?

Mr Hogan: I thank the member for the question. As I have already indicated, the requirement to undertake drug testing is in relation to where there is a concern about drug misuse. There are IPAs where there is no concern about drug misuse. I can confirm that since November 2016, when the drug testing policy for parents working under an IPA was introduced, there had been 1,067 drug tests undertaken and approximately 57 per cent of those returned a positive result.

Ms BATES: The minister has also mentioned that if parents are positive drug tested who have children under IPA that the children would be removed. Have 57 per cent of children been removed whose parents have tested positive?

Mr Hogan: What I can advise the committee is that what happens if there is a positive drug test is that there is an immediate safety reassessment and other intervention considered and, if necessary, a stricter or more intensive intervention is undertaken by the department.

Ms BATES: The minister has publicly stated that any parent who fails these tests or does not turn up for testing will have their children removed.

Mr Hogan: As I have indicated, there is a safety assessment instigated as a result of a failed test or a failure to comply with a request for a test and the decision is made about the safety of the child and what more intensive intervention is required.

Ms BATES: Director-General, are you saying that the minister has misled the public and these children are being left at risk in these homes?

Mr Hogan: No, I am not saying that at all. I have just actually said that a safety reassessment is undertaken and the staff make a determination about whether a more intrusive intervention is sought. It may be that the parent who has been using is sent to prison or goes off to rehabilitation. If the child does not need to be removed because they are safe in their home, and maybe there are further conditions, there may be more support or services, more supervision, that is what happens.

Ms FENTIMAN: If I could just add, member for Mudgeeraba, when we talk about, and as the policy states, further intervention, more intrusive intervention is sought, sometimes that can mean placing children with grandparents or family members on agreement. Other times it is making a referral to the Director of Child Protection Litigation. There are a number of options available to child safety officers, but if the test is returned positive more intrusive intervention is immediately sought.

Ms BATES: Thank you. Director-General, given your data shows only 35 children came onto child protection orders between December 2016 and March 2017 and 700 plus parents tested positive to drugs since the minister's late November 2016 announcement, what has happened to these children and have they been removed or have they been left with parents who have drug addictions?

Mr Hogan: As I have already indicated, there are a whole range of interventions that are instigated if there is a positive drug test. That can include removing a child and placing the child with other family, with kin, seeking a temporary assessment order or seeking a court ordered assessment order. There are a range of interventions that happen in the situation where a parent has tested positive to drugs.

Ms BATES: My last question in this block is to the minister. The Child Safety Practice Manual states only that parents must agree to regular and random drug testing as part of the IPA case plan and to date no legislative provisions have been progressed to compel these drug tests by law. Why nine months after making the drug test announcement have you still not introduced amendments to the Child Protection Act in parliament to make this mandatory because it simply is not mandatory, is it, until it is set in law?

Ms FENTIMAN: I thank you for the question, but if a parent does not agree to engage in drug testing the IPA is off the table. That is what the policy says. That means it is mandatory. There is no need for a legislative basis. We simply do not agree to work with the parents to keep the children at home. That is what IPA off the table means. There is no need for a legislative requirement.

Ms BATES: How many parents who are on IPAs have refused to take the mandatory testing.

Ms FENTIMAN: We do not have that data available. As we have said on a question on notice, we are still improving the data around this new policy. What we can tell you is the amount of positive tests returned. If a parent does not agree to drug testing there is no IPA as an option. That is why it is mandatory.

Ms BATES: IPAs are legislative tools, are they not?

Ms FENTIMAN: Absolutely they are and the commission of inquiry recommended that the department increase its capacity to work with parents on an IPA, but it is a policy of this department now to not enter into an IPA if drug use is a concern and the parents refuse to engage in regular drug testing.

CHAIR: We will move now to the member for Thuringowa.

Mr HARPER: Thank you, Minister, for being here today and your department staff. I certainly commend all staff who look after children in this state in what are some very complex areas. I know you take the issue of child safety extremely seriously. As someone who has a direct relative with five foster children I can tell you now the announcements you have made are fantastic. More needs to be done and you are doing it every day. With reference to the effectiveness measures mentioned on page 5 of the SDS, can the minister please summarise the key points of data and whether they can see any evidence of improvement?

Ms FENTIMAN: I thank the member for the question and I am pleased to see that the Palaszczuk government's measures to restore front-line child safety staff are bringing results. Steady improvement has come despite Child Safety receiving thousands more reports than was the case only 12 months ago and despite the growing problems being created by the abuse of ice. Rising ice use continues to be a serious concern, with nearly 800 children coming into care because one or both parents were using ice. We are also seeing an increase in the reporting of domestic and family violence in our communities. This, of course, puts more pressure on our hardworking child safety officers.

We are seeing improvements in key measures made possible by the addition of the 129 Child Safety staff we employed in the past year. The latest quarterly data shows that, for the third consecutive quarter, the proportion of investigations commenced within the recommended time frame has risen from 35 per cent to 38.6 per cent since June last year. Importantly, over 90 per cent of our most urgent investigations are being seen within 24 hours. For the third consecutive quarter, the number of investigations completed has risen, with over 1,400 more investigations completed in the year to March than in the previous year. We are seeing a consistent quarter-by-quarter improvement in the data, despite thousands more reports and more complexity with the families we are working with. With almost 300 additional staff to be employed over the next two years, we anticipate seeing improvement in those time frames.

Our latest data shows that we have had the highest proportion of investigations commenced of all notifications since reporting against this measure began in 2009. Certainly, we are seeing a much higher rate of investigations commenced than when the LNP was in government, which sat at around 89 per cent. Our investment in new staff has already lowered caseloads for child safety officers to 18.6 per cent. They were sitting at over 20 just three years ago. With hundreds of new staff coming on board over the next two years and our family support services still expanding, I am confident that we will continue to see improvement, but certainly there is much more to be done.

Mr HARPER: I note that just last Saturday my local Townsville paper contained an advertisement for more child safety officers. From memory it was an ad for 30 officers, which is in stark contrast to the number of people sacked by the former LNP government. I thank you for doing that. We have just conducted the ice round table with the Premier in Townsville. I have a history in the Ambulance Service and have treated those people, so I know that it is quite a complex issue. With reference to the ice strategy on page 4, Minister, can you please elaborate on what it means for those vulnerable kids in Queensland?

Ms FENTIMAN: There is no doubt that ice is having a devastating impact on our families—as you would well know, having been on the front line. As I have said, in the year to March almost 800 children needed protection. That has risen over the last quarter. Over the last 12 months, we have seen that one in three children who come into out-of-home care have a parent or both parents who use ice. Shockingly, more than half of those parents have only recently started using the drug. They have started using ice only in the last 12 months, highlighting how quickly it can cause damage to families. Among those families, methamphetamine use was more common than alcohol. For the first time, we are seeing more of our families struggling with ice addiction than alcohol being a problem factor.

In homes where ice was identified, more than half of the children were subjected to neglect, almost one-third had suffered emotional harm and 13 per cent had suffered physical harm. Again, shockingly and distressingly, the majority of those children are aged under five, so we are dealing with very young kids. That is why we have strengthened our policy in relation to parents who want to keep their kids at home and work with us. We will require, and are requiring, them to undergo drug testing where drugs are a concern. We are the first jurisdiction in this country to require mandatory drug testing for parental agreements—it is an Australian first—because we cannot take the risk. As I travel across child safety service centres, staff tell me that they are very appreciative of this policy, because they get the facts and can make the right decision about how much risk a child might be at in the home. As we have discussed already, more than 1,000 parents have been tested. I make no apology for being tough on parents who do the wrong thing when it comes to drugs and keeping vulnerable children safe.

Our commitment to tackling the effects of ice on vulnerable children is in stark contrast to that of those opposite. I note that the member for Mudgeeraba has publicly called the mandatory testing of parents suspected of drug use a 'distraction', but she also claims that the use of the drug ice has increased alarmingly in recent years. While the member has been making, I think, contradictory statements about whether or not ice is a danger to vulnerable children, this government is getting on with the job of giving our child safety officers the tools they need, through these mandatory drug-testing policies, to help them keep our most vulnerable kids safe.

Yesterday I was very pleased to hear the member for Mudgeeraba's colleague, Tracy Davis, the former child safety minister and now the opposition spokesperson for education, telling an estimates hearing what a terrible scourge ice is on the community and referring to what is happening in some of our ice corridors. Those ice corridors are where we are placing most of our new front-line staff, because we know that we need to do more to intervene earlier to clean up the devastation that ice is having in our families and in our communities.

Mr HARPER: Minister, that is a good segue into my next question, because you talk about staff. No doubt the most valuable asset in your department is the front-line staff.

Ms FENTIMAN: Absolutely.

Mr HARPER: With the policies that you have put in place to deal with the challenge of ice, it is vital that you provide staff with the tools they need. What are some of those tools for front-line staff?

Ms FENTIMAN: I am pleased to inform the committee that the Palaszczuk government has launched a comprehensive response to the challenges of drug use through its $18 million Action on Ice package, which was announced in the state budget. Of course, I was in Rockhampton with the Premier and the health minister at the first ice summit. I am pleased to hear that there are more ice summits happening across the state, including in Townsville. As part of the Action on Ice strategy, my department will invest $7.4 million over three years to tackle the impact of ice. If we are to truly turn around the impacts of ice we must provide support to families affected so that they can in turn support each other and, most importantly, keep their children safe.

Since becoming the child safety minister, I have met with many grandparents who take on the role of carer and provider when this drug takes hold. Often they feel helpless watching ice take the life out of their own children. While we are tough on parents using ice, we also want to link those people struggling with ice addiction to support services so that they can kick that addiction and get clean for themselves and, more importantly, for their families.

That is why today I am very pleased to announce that, in a first for Queensland, the state government will allocate $1.7 million over the next three years to support the operation of family recovery units at the Logan House Recovery Centre, operated by Lives Lived Well. This funding means that families will have access to a targeted, family focused residential rehabilitation program, with individual units provided to each family for six to eight weeks. Services will include drug and alcohol treatment and intervention, family therapy, positive parenting, trauma support and case management. This is a monumental step in our unwavering fight to tackle the scourge of ice and stop its devastating impact on families. Also under the strategy, funding will be provided to a non-government organisation to deliver training to help family members of ice users get the facts, develop strategies and find out where to access help and support. Community support providers will be trained and will then deliver the program across our Family and Child Connect catchments where the highest rates of ice use are occurring.

Our amazing Child Safety staff, who work at the front line saving children's lives, tell me that they need every possible tool to stop the damage being done by drugs such as ice. Anyone who has a family member or a friend who has been touched by this drug knows how quickly it can cause harm to their

loved ones. I urge anyone concerned about a child or a family to pick up the phone and call Child Safety. The Palaszczuk government is tackling the scourge of ice head-on by putting Child Safety resources where they are needed most and investing in the services that will make a difference under our Action on Ice strategy.

CHAIR: I refer to page 4 of the SDS and the initiative to ensure that Child Safety and hospital staff work together even more closely, which I think is an excellent initiative and I thank you for it, by employing CSOs in hospitals. Minister, can you please update the committee on progress in regard to this initiative?

Ms FENTIMAN: Before I update the committee, I would like to acknowledge that the investment to fund child safety officer positions in our state's busiest hospitals is as a result of the review into the tragic death of Mason Jet Lee. This is one of Mason's legacies. It builds a stronger child safety system. Of all the changes made, this is one very much in keeping with the concerns raised by the many local Queenslanders who responded after Mason's tragic death. On social media and in our parks, people have met to show their support for changes that make sure that safety concerns about children raised while they stay in hospital are seen as a matter of urgency. Having child safety officers working in and with our major hospitals will ensure this happens.

With an additional $5.4 million over four years, 12 extra child safety officers will be employed and work in hospital and health services across the state. Each child safety officer will be supervised by a service centre and will be based in and work across the hospital and health service catchment. They will be the point of liaison and will act with other health staff to ensure earlier and effective intervention with children and families who are known to the child protection system.

I am very pleased to say that we have had an incredibly overwhelming response to our recent job recruitment for those positions. For 12 positions to work as a child safety officer in our Queensland hospitals, we have received over 500 qualified applications from professionals wanting to work with us to keep children safe. Rather than leaving in droves, as some members commentate, professionals are queuing to join. This is a fantastic outcome. I think it is testament to the work that we have done to rebuild and restore this department. It will ensure that we get the highest calibre child safety recruits to work with other professionals in hospitals, where we know they will make a world of difference.

Those are not the only new positions we are creating. We are also investing $8.9 million for 20 new nurse positions to be based in our statewide Family and Child Connect services. Those nurses will work alongside our outposted child safety officers, domestic violence prevention specialists and family support workers to improve early identification of and intervention in issues relating to the health and wellbeing of families at risk of entering the statutory child protection system. They will help connect families to local mental health and drug and alcohol treatment services. We know how important this is for families struggling to tackle addiction and substance misuse, which all too often involves ice. Therefore, if we can intervene earlier to help parents get the help and support they need, we can prevent child abuse and neglect from occurring, which is our absolute goal.

Over more than two years, the Palaszczuk government has substantially increased funding for our front-line services and programs to support such families move towards that goal. Our current budget is just another example of our priorities to restore front-line services for families, with more than $1.1 billion going to Child and Family Services.

CHAIR: The member for Bundaberg will ask the final question and then we will go back to the member for Mudgeeraba.

Ms DONALDSON: As a former Child Safety employee, I know how important support for foster carers is. With reference to page 3 of the SDS, I note that foster and kinship care support is increasing. Minister, could you talk about the impact from this new investment and the experience in past years?

Ms FENTIMAN: As a former child safety officer, you would know that having wonderful foster and kinship carers makes such a difference to the work that you do on the front line. I know that you are particularly passionate about the foster and kinship carers in your own electorate. As I have said many times and I will continue to say, one of the highlights of my job is meeting our foster and kinship carers. They are remarkable people. I will never forget sitting with Leanne and Geoff Robson, a Cornubia couple who have fostered 20 children, including children with very special needs, and hearing about the lives they have changed. It is humbling and it is also incredibly motivating.

In relation to the increased investment and support for carers that you have highlighted, evidence shows that this has had a really positive impact on the retention and attraction of foster carers—and it is not because people want to do it for the money, which I think is offensive to suggest. The results we

have had show that the government values their efforts and wants to work with them. It shows that we are listening to their concerns. At the start of the year the Premier and I announced the kindy-costs-gap initiative, which allows carers to access an additional $25 a week to support attendance for children at approved kindergartens. We then expanded this from 1 July and allocated an additional $15.6 million to help with out-of-pocket childcare costs. We know that most people are now working. We know that access to child care is so important for people to put up their hands and become a foster or kinship carer.

I also announced in April of this year a $2.6 million recruitment campaign to share with the Queensland public the amazing stories and testimonies of our current carers to encourage more people to think about becoming a carer. Our government has also recently set up partners in care forums with Foster Care Queensland so foster carers have forums to express their feedback directly to senior people in the department. I think all of these investments are helping to attract more foster carers.

For the year ending 31 March 2017 there were more foster carers joining than leaving. That is positive. Most importantly, the peak body for foster and kinship carers in Queensland, Foster Care Queensland, has backed these investments and has backed our recruitment campaign.

You would think it would be common sense for the community to back these investments and back a recruitment campaign for foster carers. After all, it is helping foster carers provide essential care and it is clearly getting more foster carers to put up their hands. Of course, not everyone has backed this recruitment campaign or assistance. I think it is the first time in Queensland's history that we have seen an opposition not support a recruitment campaign for foster carers. This approach led to Foster Care Queensland writing to opposition leader, Tim Nicholls, and the member for Mudgeeraba asking them not to play politics on this matter and asking them to retract their comments such as describing the stories from real foster carers as 'just another glossy advertising campaign'. I am happy to table that letter from Foster Care Queensland to the Leader of the Opposition.

CHAIR: Leave is not granted for the tabling of that letter.

Ms BATES: Point of order, Madam Chair. Did the minister get permission to name those carers? This also identifies the children under the act. We have just had a whole lot of questions where the secrecy of the act was put up as the reason for not answering questions. Did you identify children known to child safety?

Ms FENTIMAN: I have not. Leanne Robson was recently the Barnardos Mother of the Year. She has publicly spoken about her care of many children. She recent appeared in local media with me to promote the recruitment campaign.

Ms BATES: I understand that, but you have named children.

CHAIR: We seem to have moved into non-government questions.

Ms BATES: My next lot of questions are to the director-general. Director-General, I refer you to the SDS at page 3, particularly around staffing and resourcing. How many ministerial directives concerning child safety performance have you received from your minister since January 2016?

Mr Hogan: I am not sure what you are referring to.

Ms BATES: I will move on so that I make it more clear for you. Last year at estimates the minister informed this committee that she had directed you on 28 October 2015 to improve declining performance measures in child safety. Was this directive ever formalised in writing by the minister to you? If yes, could you provide the documentation?

Mr Hogan: I can confirm the minister indeed spoke to me about the importance of improving our performance in relation to investigations and assessments. Indeed, that is exactly what has happened. I am very pleased to brief the committee on the work that has been done—

Ms BATES: The question was: did the minister formalise that directive to you in writing? It is a yes or no answer?

Mr Hogan: I can confirm that there was a direction.

Ms BATES: But not necessarily in writing? I am happy if the minister would like to take it on notice to provide the committee with that directive in writing.

Mr Hogan: I am happy again to confirm that the minister gave me a direction and that has been acted on.

Ms BATES: The minister also stated last year that she was not briefed specifically about the Caboolture Child Safety Service Centre, but in an email obtain through an opposition RTI dated 30 October 2015 to you from Cathy Taylor, your then deputy director-general, it was noted 'PS the region with the lowest change in intakes is the NC.' Whilst you are aware of this RTI, I seek leave to table the document for the benefit of the committee?

CHAIR: Leave is granted for the tabling.

Ms BATES: Given the history associated with Caboolture and previous CMC investigations into that centre, did you clarify for the minister that NC stood for the north coast region, which included Caboolture?

Mr Hogan: I do not have access to the information that the member has referred to. We continually monitor performance of all of our regions and service centres. I do not recall a specific instance. I can advise that we took action when we saw pressure emerging in regions and service centres. The Caboolture Child Safety Service Centre has five more staff now than it had two years ago.

Ms BATES: Can you confirm the title of your internal implementation board that is oversighting the child and family reforms?

Mr Hogan: The internal board that oversees the child and family reforms is referred to as the Child and Family Performance and Reform program board.

Ms BATES: Following on from the 28 October 2015 ministerial directive, the minister stated you were given, did you immediately bring this critical directive to the board's attention?

Mr Hogan: I can confirm that I acted on the direction from the minister and initiatives were put in place to improve performance, which you can see from the data—

Ms BATES: The question was: did you bring that to the board's attention? It is a yes or no answer.

Mr Hogan: I did bring it to the attention of the chair of the board.

Ms BATES: If, as you say, there has been a directive given to you by the minister then one would assume that it would appear as an agenda item on the minutes of the very next meeting following 28 October 2015. Is this correct and are you able to provide evidence of this? I am also happy for you to take this on notice.

Mr Hogan: The performance of our child safety service system is a regular item on the agenda of the Child and Family Performance and Reform program board. I am very happy to speak to the initiatives that were taken as a result of the implementation of that direction.

Ms BATES: Director-general, I am sorry, the question—

Mr Hogan: I had been asked about the implementation of a direction.

CHAIR: Stop interjecting and allow the director-general to answer.

Ms BATES: I asked you specifically about the agenda. I asked you whether this crucial directive that you were given appeared as an agenda item and whether you can provide the minutes. I am happy for you to talk about other issues when I get to those questions, but I have a series of questions in relation to this.

Mr Hogan: I will have to take that on notice because I do not have access to the minutes here.

Ms BATES: Is the minister happy to take that on notice?

Ms FENTIMAN: That is fine.

Ms BATES: If indeed you were given a ministerial directive how is it that eight months after being given this directive, which was to reduce—

Ms DONALDSON: Point of order, Madam Chair.

CHAIR: There is a point of order, member for Mudgeeraba, but if it is in relation to the question containing an inference then I am already about to rule on that. Can you please rephrase?

Ms BATES: I can rephrase it. How is it that eight months after being given this ministerial directive, which was to reduce child safety response times and improve performance data, that Mason Jet Lee was never seen and subsequently died?

Mr Hogan: What I can indicate again is that measures were put in place to improve the performance of child safety service centres across all regions. Indeed the minister—

Ms BATES: This is specific to the north coast area.

Mr Hogan: The minister has referred to the announcement of the additional staff in September/October to enable us to target areas of increased pressure and increased demand. That included the creation of an additional regional director position in the Moreton Bay district because of the demand and the complexity we were seeing, the allocation of a senior case worker with specialist domestic and family violence knowledge to the Caboolture Child Safety Service Centre, the outposting of a disability services officer because of the number of families we were dealing with where there was a child with a disability, attention to support and assistance with the scan processes to make sure that they were giving effective cross-agency attention and action in relation to complex matters and improvement of the leadership and case supervision for that child safety service centre. There are a number of the actions that arose from our effort to increase the performance of our child safety service centres.

Ms BATES: I refer to a recent RTI which you and the minister would obviously be aware of. I seek leave to table a copy of this for the benefit of the committee.

CHAIR: Leave is granted for the tabling of that document.

Ms BATES: As you said you were issued a ministerial directive to improve investigation response time frames in October 2015. Why is it that the acting regional executive director of the north coast region on 15 August 2016, almost a full year later, had to plead for immediate front-line support and said 'the pressure is starting to show'?

Mr Hogan: I have already referred to the fact that the initiatives were instigated well before that. That region in particular, as other regions have—and the minister has referred to this—are seeing the impact of ice. This has seen an increasing demand on our child safety service centres.

Ms BATES: It has taken 12 months.

CHAIR: The answer is relevant.

Ms BATES: And in the meantime Mason died.

CHAIR: Member for Mudgeeraba, allow the director-general to be heard without interruption.

Ms BATES: They did not work, did they!

Mr Hogan: There have been actions puts in place at a system level, a regional level and a local level from October 2015 as we continuously monitor the performance of the child safety service system. I refer to the additional staff that have been deployed in 2016-17 to our child safety service centres. We will continue to improve. We want to continue to improve the performance of our child safety service system. Our staff do a fantastic job. Where there are pressures and where we need to respond we will do so.

Ms FENTIMAN: Certainly what does not help pressure at a service centre level is cuts to staff and 55—

Mr CRAMP: Point of order, Madam Chair.

Ms BATES: Get out of here. What is the relevance? That is just an opportunity for a cheap shot.

CHAIR: Is there a point of order, member for Gaven?

Mr CRAMP: No.

Ms BATES: The time frame does not make sense. In October 2015 you were alerted that there were really severe problems and I think in Matthew Lupi's email he mentions 66.6 per cent—the devil's number. Some 12 months later, three months after Mason Jet Lee had already died, there were no additional resources put into Caboolture because otherwise the ED would not have been pleading in that email that you have in front of you for more front-line service?

Mr Hogan: I do recall being ask a similar question a year ago. I recall indicating at the time—and I am happy to reiterate—that there were additional positions put into Caboolture going back well before the death of Mason Jet Lee. There have been further positions put into Caboolture. I am really pleased and looking forward to the opening of a new child safety service centre in the Moreton Bay region. We are creating the Morayfield Child Safety Service Centre. An additional 13 positions have been funded by government. We will continue to put the additional staff where we need them to deal with the pressure and the complexity of what we are seeing in demand coming through to the child safety service system.

Ms BATES: Minister, during last year's estimates you referred to a visit you made to the Caboolture Child Safety Service Centre on Monday, 25 July 2016, following the death of Mason Jet Lee and you said, '... to talk with staff. I am always listening and acting on what our hardworking,

dedicated front-line staff tell me.' Only three weeks after you visited Caboolture the regional executive director had to come begging for more front-line support from this office as the 'pressure was showing'. Minister, why did you not see this when you visited and what confidence does this give Queenslanders that you actually understand the pressures on the staff and how to address them before a crisis mounts?

Ms FENTIMAN: I thank the member for the question. Indeed, 25 extra Child Safety staff have been allocated to that region in the last 12 months since my visit—46 additional Child Safety staff in the next two years. That is a total of 71 new staff over the last two budgets of this government. As I was saying before, member for Mudgeeraba, 55 staff were directly cut out of child safety service centres.

Ms BATES: Twelve staff were stood down in Caboolture by you.

CHAIR: Order! Member for Mudgeeraba, it is not a time to debate or argue. Allow the minister to answer the question—

Ms BATES: I am just getting the numbers right.

CHAIR:—as long as she is relevant to the question, and she is currently relevant.

Ms FENTIMAN: There have been 71 new staff in two budgets. That is in direct contrast to 225 permanent staff cut by the LNP and 177 temporary staff cut by the LNP—and 55 of those in service centres. That puts pressure on our service centres. It puts pressure on our front-line staff.

Ms BATES: Are you saying they were Child Safety staff?

Ms FENTIMAN: Yes.

Ms BATES: Child safety officers?

Ms FENTIMAN: Child safety service centre staff.

Ms BATES: So not child safety officers?

Ms FENTIMAN: You were a member of cabinet—

Ms BATES: Yes, I was.

Ms FENTIMAN:—in that first budget when $420 million was ripped from Child Safety—

Ms BATES: You had to correct the record in *Hansard* because—

Ms FENTIMAN:—and 177—

Ms BATES:—you made a mistake by saying 'child safety officers' and had *Hansard* corrected.

CHAIR: Order, member for Mudgeeraba!

Ms BATES: I am being verballed by the minister.

CHAIR: Member for Mudgeeraba, you are continuing to interject. Minister and member for Mudgeeraba—

Mr McARDLE: Correcting the record.

CHAIR: Deputy Chair, I am ruling and you are interjecting on me.

Ms FENTIMAN: I am really happy to answer these questions if they would only give me the space to answer without interjecting. As I was saying, in 12 months 55 staff were ripped out of child safety service centres by the previous government.

Ms BATES: We will get to those questions, Minister.

Mr HARPER: I raise a point of order. It is incredibly difficult to hear the minister's answer when there are continual interjections by the member for Mudgeeraba and the member for Caloundra.

CHAIR: Thank you, member for Thuringowa, for your point of order. I have ruled in this regard. Member for Mudgeeraba, I have called for order. The next time I have to speak to you about interjecting on the minister's answer I will warn you under standing order 185. Minister, can you please conclude your answer and do so without interjections from the committee members. Then we will move on to another question.

Ms FENTIMAN: In relation to new staff being funded by this government, it is 421 new staff over three years. That is the biggest investment in Child Safety staff that we have seen in over a decade.

Ms BATES: I refer the director-general to page 19 of the SDS. For the benefit of the minister and for the benefit of all Queenslanders, Director-General, how many professional officer—that is, PO classified—front-line child safety officer roles were impacted in 2012-13 to meet target levels of staffing by the former LNP government?

CHAIR: Can you explain the relevance of that to the SDS and the financial year before us?

Ms BATES: The minister opened this door, even in her opening statement when she talked about 225 staff cut by the LNP and restoring front-line services. She opened the door on this. She has been making some false comments here. This is directly related to—

CHAIR: With respect—

Ms BATES: Please let me finish. This is directly related to staffing of the child safety department. On your own comments last year in estimates, Madam Chair, you also raised the issue of relevance when you said, 'It is quite normal protocol to compare one financial year with another when relevant.' That is what I am doing.

CHAIR: Thank you, member for Mudgeeraba. You do not need to quote me back to me. I am well aware of what the standing orders are. As long as your question relates to or has some relevance to this financial year—

Ms BATES: It absolutely does.

CHAIR: The minister's comments, to clarify, were comparing and contrasting this financial year with others, so they were relevant.

Ms BATES: That is exactly what I will be doing.

CHAIR: As long as your question makes that nexus—and it did not. That is the point I was getting to. Can you rephrase it so that I am clear on the nexus between your question about 2012-13 and this financial year?

Ms BATES: The minister is going back to 2012-13.

CHAIR: She made the connection with the budget before us.

Ms BATES: That is exactly what I am doing because the minister is saying that she is restoring—

CHAIR: That is fine. I am not trying to argue with you. I just wanted you to rephrase your question to make it relevant.

Ms BATES: I have a series of questions that link together if you would allow me to ask them, Madam Chair.

CHAIR: If they are in accordance with the standing orders, I would be happy for you to do so.

Ms BATES: I would like to ask the director-general to confirm whether in 2012-13 the department's realignment of its operations to make optimum use of resources primarily occurred in central office, corporate, policy and back office support staff and that no front-line services were impacted by those savings measures?

Mr Hogan: I thank the member for the question. I was not the director-general at that time and I do not have the detailed information to hand, but I can confirm that there were 225 permanent Child Safety Services staff cut from the department.

Ms BATES: Staff.

Mr Hogan: There were 177 temporary Child Safety staff cut—a significant proportion of those were from regional front-line roles. In the 12 months there were 55 staff, as the minister indicated, directly reduced from child safety service centres. Where there were reductions, there was one-fifth of staff cut from court services. They, of course, do our very important legal work. There were 20 staff cut from regional intake and placement services. Again, I would have to check but I am sure there was a mix of professional and administrative roles. There were 13 staff cut from our practice improvement area. The bulk of those I expect, if I checked, would be professional staff. There were staff also cut from our sexual abuse counselling service. I am again confident that a number of those were professional staff.

Ms BATES: Thank you, Director-General. You mentioned just before that you were not the director-general but you were the deputy director-general. Can you confirm that you were part of the process to identify those roles in your capacity as the deputy director-general?

Mr Hogan: I thank the member for the question. I am not at liberty to divulge the details of advice that was provided to the previous minister or to the previous cabinet or CBRC, but I do not think it is a secret that government agencies were given targets for reductions through budget processes and executive teams were required to meet those targets.

Ms BATES: Can you confirm that in your capacity as deputy director-general no front-line child safety positions were made redundant?

Mr Hogan: I can repeat the information I have already provided to the committee. I would have to go back and check the particulars. As I have indicated, with cuts to court services staff, to regional intake and placement services, to the practice improvement area and to the sexual abuse counselling service, there would have been cuts to professional staff.

Ms BATES: The Public Service Commission conducted, as you mentioned, Director-General, audits of each department's front-line and non-front-line positions during May and June of 2012 which included roles such as child safety officers and residential care officers. Is that correct, Director-General?

Mr Hogan: I thank the member for the question. I cannot recall exactly what the Public Service Commission did at the time.

Ms BATES: Director-General, I refer to an email dated 1 September 2011 by Linda Apelt, who was then director-general of the former department of communities, calling for expressions of interest from 1,288 permanent employees for a voluntary separation program within the department of communities. I seek leave to table that email.

CHAIR: Is leave granted? There being no objection, leave is granted.

Ms BATES: The Premier, in announcing the review of Child Safety Services within the department of communities, said Ms Apelt would undertake an assessment of Child Safety Services within the department of child safety including the cuts to the department from 2012-13 including the loss of 225 positions, the restoration of front-line and front-line-support positions and pressure points in the department. Director-General, does Ms Apelt have the confidence of the director-general in undertaking this role, given it was Ms Apelt who was responsible for removing 1,288 permanent staff from the former department of communities, child safety and disability services under the Bligh government whilst you were the deputy director-general?

Mr Hogan: I thank the member for her question. I have absolute confidence in the professionalism and integrity and capability of Linda Apelt.

CHAIR: We will move to the member for Bundaberg.

Ms DONALDSON: Just out of interest, I was one of the staff who was made redundant in 2011. I can tell you that it was not under duress and there were no cuts in staff at that time. Again, as somebody who has worked in a child safety service centre and now as a member of parliament who likes to stay connected with my local service centre, I know how appreciative staff are when they have an opportunity to speak directly with the minister and the director-general. Can you advise how staff respond to your visits and what the feedback is? How does it differ from responses by other members of parliament?

Ms FENTIMAN: I thank the member for the question. I know that you are passionate about this area and making a positive contribution. Since becoming the child safety minister I have visited 27 child safety centres, and every single one I have visited has absolutely welcomed the restoration of staff and the rebuilding that we have done in the department of child safety. I was in Toowoomba just last week. When I visited I gave them a bit of an exclusive preview of what I was announcing on the weekend in terms of permanent care orders for children and professional foster care. I thank them for keeping tight lipped on the announcement and thank them for their overwhelming endorsement of that announcement and what we are doing more broadly to rebuild the system.

While I was there I heard from a child safety worker who told me that, for her, permanency orders for children would completely change the work she was doing and the lives of the kids in care. She told me that, for her, our commitment to permanency was personally touching as she had relatives who had moved from home to home, losing connection and identity, and she really wished that they were able to have access to a permanency order when they had been in care.

At Toowoomba and at many of the centres I have visited, our staff injection—the largest in a decade—in this year's budget has been very warmly received. Staff have relayed that it will continue to reduce their case loads and allow them to spend the time they need to work intensively with families. Staff also relay that they do get worried with the politicking and the assumptions that people make about the work that they do. I have heard from front-line staff time and time again that the words like 'crisis' and 'dysfunctional' do not accurately describe their work or their workplaces and they do find it an offensive reflection on their work. Staff also hope that the talking down of them does not deter good, qualified people from applying for the hundreds of new roles that we have created. Luckily we have not seen that effect, with strong numbers applying every week for the new jobs we are creating.

The concerns of misrepresentations were so strong on the Gold Coast that on 23 May this year staff at a centre there issued a media release through their union which I table for the committee today, headed 'Child Safety deserves better than Ros Bates'. I seek leave to table that media release.

CHAIR: Is leave granted? Leave is not granted.

Ms FENTIMAN: In this release, Child Safety staff outlined how personally offended they were when they gave up their valuable time to show the member for Mudgeeraba around the Mermaid Beach service centre only for her to then go out the front of the centre and say that they were in crisis. The staff were rightly ropeable. They gave up their valuable time to show the member their competencies and their strengths, the life-changing work they were doing and how well they worked together in new multidisciplinary teams only to be used in Ms Bates's manufactured crisis tour. I am glad they issued that release to set the record straight. I am proud of them and all of the staff for fighting for better lives for kids at risk and for standing up for themselves when used in an attempt to political pointscore.

Mr HARPER: I would like to talk about domestic violence shelters. In my electorate of Thuringowa, I have regular intimate interactions with the Kirwan Police Station. Sadly, they respond to some 1,200 domestic violence related incidents in my electorate alone. They have a permanent team there.

Ms Bates interjected.

CHAIR: I ask for order, member for Mudgeeraba.

Mr HARPER: Thank you, Madam Chair. It makes it difficult. Minister, I do thank you for the investment in domestic violence shelters in Townsville. Could you advise the committee on what the government is doing to provide shelter and appropriate support for women escaping domestic violence?

Mr CRAMP: You shut them down first.

Ms FENTIMAN: I thank the member for the question. I am pleased to update the committee on our efforts to keep women safe when they are at—

Mr HARPER: Madam Chair, I raise a point of order. Again, it is difficult to hear the minister's response when we have continual interjections, now from the member for Gaven.

CHAIR: Member for Gaven, I uphold the point of order and ask that you stop interjecting so the member can ask a question and the minister can answer it. The minister has the call.

Ms FENTIMAN: I thank the member for the question and am pleased to update the committee on our efforts to keep women safe when they are at their most vulnerable. I am certain members will have heard me say before that the Palaszczuk government is the first government in more than 20 years to fund and build new shelters. For more than 20 years, despite an escalating rate of violence and increased awareness—

Dr Robinson interjected.

CHAIR: Member for Cleveland! You seem to be taking turns down there. Please allow the minister to answer the question without interruption. We have not interrupted when you were asking questions and I ask that you show the same respect to the other committee members.

Dr Robinson interjected.

CHAIR: Member for Cleveland, you are not raising a point of order. I ask you to cease interjecting and you also, member for Gaven. The minister has the call.

Ms FENTIMAN: For more than 20 years, despite an escalating rate of violence and increased awareness empowering women to seek shelter, the sector has had to manage with what they had and it took the Palaszczuk government to take action. Within weeks of coming to government we had committed to the two 72-hour crisis shelters recommended in the *Not now, not ever* report. These two shelters in Brisbane and Townsville have now assisted more than 1,300 women since opening in December 2015.

In our $200 million package to tackle domestic and family violence announced in last year's budget, we committed to a further two shelters in Roma and Charters Towers. In Roma, a property has been purchased. While the service establishes itself, a mobile service will shortly begin. In Charters Towers, design work is underway for a purpose-built facility. An interim property has been identified, and mobile outreach has already commenced in the meantime.

I am also very pleased to let the committee know that we have been able to create an additional shelter in Coen. Public Works and Housing have relocated a surplus building and with some funding from my department the community is able to provide support to women and children escaping violence.

It is important to remind ourselves that these shelters in Roma, Charters Towers and Coen are delivering an additional 3,285 nights of accommodation that women and children in these regional centres do not currently have access to.

In this year's budget we have committed to another two shelters, and this has overwhelmingly been welcomed on the Gold Coast. The member for Mudgeeraba has said that these shelters are an ambulance at the bottom of a cliff and a bandaid on an axe wound. However, as Louise Gorman from the Gold Coast Domestic Violence Prevention Centre said when opposition criticism was put to her—

Mr Cramp interjected.

CHAIR: Member for Gaven, the minister is talking about investment on the Gold Coast in women's shelters. I would think that you would be interested. The minister has the call.

Ms FENTIMAN: As Louise Gorman from the Gold Coast Domestic Violence Prevention Centre said when opposition criticism was put to her—

I commend this government for doing something. I don't think we can go backwards. We are looking forward, and what we are looking forward to is a better and safer future for women. That's positive.

I would challenge the member to visit with the people who work and volunteer in domestic violence services and ask them just how badly they need these facilities. We would expect comments like this from opposition members on this particular committee because when they were in government—

Mr Cramp interjected.

Mr HARPER: Madam Chair, I raise a point of order. It is increasingly frustrating due to continual interjections from the member for Gaven to listen to the minister's response, and I ask you to warn him.

CHAIR: Member for Gaven, do you have a point of order?

Mr CRAMP: No.

CHAIR: Then I ask you to cease interjecting and wait your turn. If you have a question, we will come to you in the next block but please allow the minister to finish her answer which is relevant to your seat.

Ms FENTIMAN: Chair, I think I just heard the member for Mudgeeraba say that the member for Thuringowa should get a hearing aid.

Mr HARPER: I take offence to that.

CHAIR: If that is the case, it is a reflection on a member of the committee which is considered highly disorderly.

Mr HARPER: I do take offence to the member for Mudgeeraba's remarks.

Dr ROBINSON: The member said that he could not hear before. Now all of a sudden he has ultra-hearing.

CHAIR: The member for Thuringowa has taken offence at the comment. As is the normal process in the House, member for Mudgeeraba—

Mr McARDLE: Madam Chair, I raise a point of order. With respect, the member has to have heard a comment and then himself have taken the issue of the objection. It is not up to the minister, with all due respect to the minister, to make a comment and then the member take that comment on board to raise an objection.

CHAIR: The member has said that he is personally offended. As you well know, Deputy Chair, if he has taken offence at a comment and asks for it to be withdrawn, it is a long-held and established principle in this House that it be withdrawn. Member for Mudgeeraba, do you withdraw the comment?

Ms BATES: I withdraw, Madam Chair—

CHAIR: Is that an unreserved withdrawal?

Ms BATES: It is unreserved.

CHAIR: We will move back to the minister to complete her answer.

Ms BATES: It is obvious—

CHAIR: Member for Mudgeeraba!

Ms BATES: Did you get the memo from Jackie?

CHAIR: Member for Mudgeeraba!

Ms BATES: Sorry, Madam Chair.

CHAIR: Can we maintain order and allow the minister to answer the question? That is why we are here. Then we will move to a question from the member for Bundamba. Minister, you have the call.

Ms FENTIMAN: Thank you, Chair. As I was saying, we would expect comments like this from opposition members of this committee because when they were in government $230,000 was cut from women's refuges—from Lena Passi in the Torres Strait to MacLeod on the Gold Coast.

Mr McARDLE: Madam Chair, I raise a point of order. Is there a relevant answer to the question or is it simply arguing and debating the question? It is quite clear that the question is not being answered directly. This is pseudo-information and silly detail. It does nothing more than debate the question.

CHAIR: The minister is answering the question. Her answer is relevant. Minister, I ask that we do not debate the points at hand, but your question is relevant. I ask that you consider your answer and hopefully we will be able to do so without any further interjections and move onto our next question.

Ms FENTIMAN: Thank you, Chair. I have finished my answer.

Mrs MILLER: I have a question on behalf of my constituents which I would like answered by the director-general. My constituents have very little trust in the department, I must say, and they believe that the whole child safety system is broken in Queensland. They also have a lack of confidence in the decisions being made by officers of your department. In any case, one of the questions that I am continually asked is how many children have died in your care that have not been of natural causes. I have asked some of your officers and they tell me that it is nine, but would you confirm how many of these poor little kids have sadly passed away, some of whom through absolutely and utterly horrific circumstances, who have been in your care or you have known about, and you are responsible for them under the act?

Mr Hogan: I thank the member for the question. Could you repeat the particular detail you are—

Mrs MILLER: I am not referring to those children who have passed away in care or under your control of natural causes. I am referring to the number of children in your care, under your control or those that you know of who have passed away not of natural causes. I have been told it is nine.

Mr Hogan: I thank the member for the question. I can indicate that in 2016-17 there was one child known to the department who died from a non-accidental death.

Mrs MILLER: What about the year before?

Mr Hogan: That number was three. The year before that it was two. The year before that was two. The year before that was four, and the year before that was two.

Mrs MILLER: How do you define non-accidental death—is that what you said? Does that include the horrific circumstances of the young boy Lee?

Mr Hogan: Madam Chair, as the committee is well aware there are criminal proceedings on foot—

Mrs MILLER: Okay, I will rephrase that. What is the definition that you use?

Mr Hogan: The definition refers to a fatal assault or neglect.

Mrs MILLER: Okay. I will let my constituents know that that is the case. Your child safety officers have advised me that it is around nine. Could you also advise me of the general view of the department, because in my area we have a number of community organisations that are funded through your department and other departments as well, Director-General. They say to me that it does not matter how much money you spend on child safety because the root causes of the problem are never looked at—things like sheer and utter poverty in the community. In other words, people do not have enough money to live on, particularly those who are on Newstart, the dole or whatever. Also, parents not knowing how to parent: some parents in my community cannot even read English and yet you expect them to go to the Triple P parenting program and they cannot understand it. Thirdly, there is generational abuse. When are we going to have a proper discussion about the root causes of child neglect and child poverty in Queensland? That is what we have to get to. You can throw as much money as you like at it. It is not going to make any difference in the end. The community organisations in my electorate have had a gutful of it, quite frankly. You fund them but they cannot get back to the true causes of it.

Mr Hogan: I thank the member for the question. Indeed, the member has a point. It is very important that efforts are made by the community, by government—by all levels of government—and by all organisations to address the root causes of neglect and abuse. I am very pleased to inform the member about the steps that have been taken in the last number of years implementing the Supporting Families Changing Futures initiative and many other initiatives to do just that.

One example is the National Association for the Prevention of Child Abuse and Neglect, which with almost $500,000 a year in a four-year partnership with the department runs community level workshops and information sessions engaging members of the community and community organisations on those issues that you have spoken of—addressing the causes and the consequence of child abuse and neglect. Another significant initiative taken by the department in last year's budget was the Queensland Financial Inclusion Plan and the rollout of the Better Budgeting initiative.

Mrs MILLER: With respect, Director-General, you cannot budget if you are on the dole. There is not enough money to pay rent, food and everything else. You can budget as much as you like; they just cannot do it.

Mr Hogan: I thank the member for the question. Of course people find it very difficult to budget if they are using payday lenders or loan sharks or online loans that get themselves into more and more debt.

Mrs MILLER: That is a judgement that you have just made.

CHAIR: With respect, member for Bundamba, we are not going to debate the question.

Mrs MILLER: I get angry about this because my community is fed up to the teeth with it.

CHAIR: I appreciate that, but we are not going to debate the question. If the director-general could finish his answer, we will move to the member for Mudgeeraba.

Mr Hogan: As I was going to say, the rollout of I think 27 new financial resilience and financial counsellors and the creation of the two Good Money shops, one on the Gold Coast and one in Cairns, are significant efforts to deal with the various financial stresses and strains that cause pressures in families, the consequences of which we deal with. It is a very significant intervention and investment to address some of the root causes that you are concerned about.

Ms FENTIMAN: The member for Bundamba was with me at the opening of Kummara in your electorate, which is the Family and Child Connect and intensive family support service that won the tender for the south-west region. The rollout of our intensive family support services—the services designed to help families manage the underlying causes they are facing before they get to Child Safety—is one of our key efforts to try to reduce the number of children coming into care.

Mrs MILLER: It is not working, Minister. It is not working because the issue is that people have pride in themselves and their families.

CHAIR: Thank you. Member for Bundamba, we will move now—

Ms FENTIMAN: If I could just say, Chair, that the member absolutely has a point. The more we as a community can normalise asking for help, the better we are going to be. You are absolutely right. People have pride and are ashamed to come forward for help. That is why we have launched our 13FAMILY campaign. It encourages people to say, 'It is okay that parenting is hard. It is okay to ask for help.' That is what we need to do as a community. You are right.

Mrs MILLER: But we do not say, 'It's okay to be poor,' do we, and those people are living in poverty.

CHAIR: Thank you, member for Bundamba.

Ms BATES: My next question is to the director-general in relation to SDS page 3 and staff morale. Director-General, are you aware of any Gold Coast child safety service centres which were not interested in being part of a media circus with the minister?

Mr Hogan: I thank the member for the question. I would like to make some remarks about staff morale of the department.

Ms BATES: Could you answer this question first before you do that, Director-General?

Mr Hogan: I am happy to get to the answer to your question. The 2016 employee opinion survey provides a very important snapshot of the satisfaction of the staff of the department. We continue to see very positive results for the department. On 15 of the 17 factors, the department ranks at or above the Queensland public sector average. There was a modest drop on some factors compared to 2015 and there was a modest increase in others. Given the pressure and the scale of the change that the department is under, there is an important indication of the positive attitude overall of the department's staff.

The four years since that survey began provide an important indication of the trend. We are up 16 points on agency engagement, we are up 22 points on learning and development, we are up 12 points on organisational leadership, we are up three points on intention to stay and down two points on intention to leave, and we are up eight points on overall job satisfaction. The feedback from those

surveys does provide a snapshot of where there is both positive and negative feedback from staff. That is a motivator for us to continue to improve and to engage staff in what is important to them and what will make a difference in addressing the pressures and concerns to them. Of course that is reflected in the very significant investment and effort we are making in employing additional staff.

As far as the member's particular question is concerned, no, I am not aware of a particular child safety service centre doing that.

Ms BATES: I might be able to help you out. I have an email here that I would like to table. It basically says that staff at Nerang are not really interested in being part of a media circus. It says that staff are okay to meet with the minister but not with any media present. I seek leave to table that for the benefit of the director-general.

CHAIR: Is leave granted? Leave is granted.

Ms BATES: Director-General, again, you have opened the door of the Working for Queensland survey. What are you doing to lift the staff morale, when almost half of your departmental workforce—49 per cent—believe the organisation is not being well managed?

Mr Hogan: I thank the member for the question but I am not sure which data you are referring to because they are not the results in the reports that I have.

Ms BATES: It is the 2016 Working for Queensland survey.

Mr Hogan: I am happy to outline for you a summary of the results on each of those factors. For example, on agency engagement—

Ms BATES: Sorry, let me clarify. I was asking about the 2016 Working for Queensland survey that was released which says that a staggering 42 per cent of departmental staff indicated their intent to leave the organisation in the next 12 months. Exactly how many staff will be left in your department to protect children from harm if close to half of the workforce intends to leave in a year?

CHAIR: Member for Mudgeeraba—

Ms BATES: I was trying to finish my question.

CHAIR: I think the director-general was clear on the question. He was trying to answer the question—

Ms BATES: I was trying to ask the question.

CHAIR: No, you asked and then you said to clarify and you re-put the question but the director-general was trying to answer.

Ms BATES: No, it was the second part of the question. It was two questions that I was asking.

CHAIR: The director-general was trying to answer the first question. That is the point I am making.

Mr Hogan: I thank the member for the question. I did ask which data she was referring to because I also have the data in front of me from the 2016 Working for Queensland employee opinion survey results.

Ms BATES: That is what I am asking.

Mr Hogan: I am afraid the member's proposition is not correct. In relation to the results for organisational leadership, which is one of the contentions that the member referred to, the 2016 result was that 54 per cent of the department's staff were positive in relation to organisational leadership, 29 per cent were neutral and 17 per cent were negative. In 2015, that was 58 per cent, 27 per cent and 16 per cent. In 2014, that was 53 per cent positive, 30 per cent neutral and 17 per cent negative. In 2013, it was 41.6 per cent positive, 32 per cent neutral and 26 per cent negative. You can see that there has been a reduction in the negative results on organisational leadership from 26 per cent to 17 per cent. In relation to the—

Ms BATES: Can I just clarify—

Mr Hogan: In relation to the data you referred to in relation to intention to stay or intention to leave—can I clarify that for you?

Ms BATES: I just wanted to clarify something. When you are doing a statistically significant survey, you need to know how many people you surveyed and how many people actually returned the survey. How many were issued with a survey and how many staff returned the survey?

Mr Hogan: I am very happy to inform the committee and the member that the response rate in 2016 was 68 per cent. In relation to your other points in relation to intention to leave and intention to stay, there were a number of factors that go to this but there is a particular question about intention to leave and intention to stay. The intention to leave in 2016 was 12 per cent for Child Safety staff, and the intention to leave in 2013 was 13 per cent. The intention to stay in 2013 was 60 per cent, and the intention to stay in 2016 was 66 per cent.

Ms BATES: Does that include the 14 Child Safety staff members who left Mermaid Beach and the 14 from Mount Gravatt?

Mr Hogan: I thank the member for the question. Staff come and go from the department for all sorts of reasons but what we can see is a very steady and improving indication from a very large proportion—68 per cent of the staff who responded to the survey—indicating an intention to stay, and that is six points better over the last four years. That is a positive trend. I would like it to be higher.

Ms BATES: Can you clarify for me that no staff left Mermaid Beach or Mount Gravatt because of bullying and intimidation?

Mr Hogan: I thank the member for the question. I do not have that detail to hand.

Ms BATES: Would you be able to provide that to the committee? Can the minister take that on notice? Were there any complaints about bullying and intimidation which forced staff in Mermaid Beach or Mount Gravatt to leave?

Ms FENTIMAN: Member for Mudgeeraba, the separation rate is steady at the department. You have clearly heard from the director-general—

Ms BATES: I am not asking about the separation rate. I am asking about bullying and intimidation at Mermaid Beach and Mount Gravatt.

Ms DONALDSON: Point of order, Chair.

Ms FENTIMAN: I do not see how that is relevant.

Ms BATES: Surely they would have had some exit survey on the way out the door.

Ms DONALDSON: Point of order, Chair. Without any firm allegations being put, there are inferences or imputations being made.

Ms BATES: No, they are not. We know that staff left from there. I visited those child safety service centres, thank you very much.

CHAIR: Minister, my understanding is that you had just answered that question. Were you still answering that question when there was a point of order?

Ms FENTIMAN: No. I had finished answering the question.

Ms BATES: Minister, I refer to the SDS at pages 4, 10 and 18. I would like to ask a number of questions related to the department's information and communication technology initiatives. I refer the minister to the Child Safety ICMS replacement project. Can the minister advise what priority rating this project has been classified with?

Ms FENTIMAN: I thank the member for the question. Obviously, in 2016-17 we have delivered a number of key ICT initiatives. In relation to ICMS, the ICMS replacement program commenced initial planning activities. There has been $758,000 in 2016-17 budgeted for that project. In relation to—

Ms BATES: I can help you, Minister. It is classified as critical.

Ms FENTIMAN: In relation to the ICMS replacement, a preliminary business case has assessed options to implement a shared client and case management solution which will enable a holistic view of the child and young person and their families and support improved service delivery. The current business case estimates initial deployment in late 2020, with full transition to the new platform completed by 2021-22. Ensuring alignment with the government's strategic direction, the program was added to the Building Queensland pipeline. The information-sharing strategy will support the vision of integrated human service delivery across agencies. The service delivery model for child protection and youth justice focused on high-quality and real-time access to data and information. It is level 4 of a five-point scale.

Ms BATES: Minister, for your information, on the ICT Dashboard it is classified as critical. From the information that is publicly available, this project was initiated only a few months ago, in February. Is that correct?

Ms FENTIMAN: The ICMS replacement?

Ms BATES: Yes.

Ms FENTIMAN: Did it commence in February? It has been underway for some time. As I said, the business case is now underway and we are working across agencies—

Ms BATES: No, what I was asking was: from what is publicly available, the project was only initiated a few months ago. I am not talking about the business case; I am talking about starting the project.

Ms FENTIMAN: I do not think that is correct but we will get that information for you. I would like to also say—

Ms BATES: Minister, I have a few—

CHAIR: Member for Mudgeeraba, you interrupted the minister, who was about to add something in answer to your question.

Ms BATES: I know. I probably have all of the ones she is going to answer anyway.

CHAIR: Can we allow the minister to answer that question and we will come back to you.

Ms FENTIMAN: I would like to say that full program implementation of the replacement is underway. As I said, there is a business case. Central to this assessment will be the involvement of front-line workers in the design and testing. We want to allow our staff, obviously, to spend more time with children and families, but we do want to work with them to get better outcomes on this project. I also note that, under the previous government, 18 staff from data management were cut and eight staff from our ICMS team were also cut.

Ms BATES: Thank you, Minister. I have some more questions.

Ms FENTIMAN: Sorry, the director-general wants to add something.

Mr Hogan: I can confirm that the ICMS replacement program was added to the dashboard with a start date of 1 February 2017. Of course, there was preliminary work to secure government approval to proceed to the next stage. On the allocation of funding and approval, the project has been added to the dashboard.

Ms BATES: Thank you. Minister, this is a 4½-year project that has an end date which I think you said was 30 June 2021; is that correct?

Ms FENTIMAN: It is 2021-22.

Ms BATES: I understand—well, in fact I know this—that if ICMS were to fail there would be a direct and immediate business impact. Of greater concern, a failure of this outdated system would place vulnerable children at risk of harm; is that correct?

Ms FENTIMAN: Yes. That is why we are replacing the program.

Ms BATES: My understanding, as I said, is that this is a critical project which aligns the commission of inquiry into the child protection system, the *Not now, not ever* recommendations and also the *When a child is missing* report as a result of the death of Tiahleigh Palmer; is that correct?

Ms FENTIMAN: Member for Mudgeeraba, I am not quite sure what you are asking. There is also a lot of other work being done to develop systems. In fact, we announced $4 million—

Ms BATES: I understand, but these four are aligned together.

Ms FENTIMAN: We announced $4 million to work on a new information-sharing project as a direct result of a recommendation from *When a child is missing*. That is separate project work to develop a database where agencies will be able to better share information.

Ms BATES: But it will integrate with ICMS?

Ms FENTIMAN: The director-general will answer.

Mr Hogan: Indeed on 20 February the Premier announced the initiative to upgrade ICT systems to allow faster information sharing between agencies for children missing from out-of-home care. The department will deliver this ICT system that will assist appropriate officers in various agencies to connect, communicate, share and collaborate to reduce the time taken to respond to missing children and to initiate multiagency responses.

Ms BATES: I know what it is going to do.

Mr Hogan: That project commenced in March 2017. It has a time frame to be rolled out of two years in full with a staged approach being undertaken. I am pleased to advise that a cross-agency master information-sharing agreement developed for the directors-general of the relevant agencies has been finalised and will be signed off in the very near future. That project will, as I said, proceed in stages. We expect to have the first functionality for interoperability between the department, the Department of Education and the Queensland Police Service live from early 2018.

Ms BATES: Director-General, could you tell me what the total cost of this project is, the actual estimated cost? I cannot find it anywhere.

Mr Hogan: I am very pleased to advise the committee that the total investment will be in the order of $7.2 million. That includes capital funding of $2.6 million and additional funding provided to the department over four years of $4.6 million. I can also confirm that this will develop a very critical piece of cross-agency functionality that will fit into the replacement of ICMS.

Ms FENTIMAN: If I could also add to that answer, it was disappointing to note that the member for Mudgeeraba did not support—

Ms BATES: Are you just making a reflection again, or is this actually a point?

Ms FENTIMAN:—recommendation 19 and the $4 million investment in information sharing.

Mr McARDLE: Point of order.

Ms BATES: Point of order. I actually find those comments—

CHAIR: Minister and member for Mudgeeraba, we are going to move on.

Mr McArdle interjected.

Ms BATES: I find that comment offensive.

CHAIR: The deputy chair is raising a point of order, which I think I am going to already, that we are starting to debate the point. We are going to move on. Member for Mudgeeraba, did you have a point of order?

Ms BATES: I find the comments—the running commentary by the minister—quite offensive and I ask that she withdraw those comments.

Ms FENTIMAN: Which comments would that be?

Ms BATES: There are quite a few of them. Would you like me to list them all? Just the last one will be fine.

Ms FENTIMAN: I do not know how—

Ms BATES: The last one will be fine, thank you.

Ms FENTIMAN: I withdraw.

CHAIR: Minister, I refer to page 10 of the SDS and the reference to the Queensland Women's Strategy, obviously something I am very passionate about. Can you expand on how the government is supporting women's participation and leadership?

Ms FENTIMAN: I thank the member for the question. I know that like me she is proud that the Palaszczuk Labor government has a proven track record on supporting women. It has been just over a year since the Palaszczuk Labor government demonstrated our commitment to gender equality through the release of the Queensland Women's Strategy 2016-21. A key priority in our Queensland Women's Strategy is women's workforce participation and leadership including the Toward Gender Parity: Women on Boards initiative. The Toward Gender Parity: Women on Boards initiative aims to drive systemic and structural change to enable more women to take up leadership positions through implementing a target of 50 per cent representation of women on Queensland government boards by 2020 and 50 per cent of all new board appointees to Queensland government bodies to be women. I am very pleased to report that we have reached 43 per cent representation of women on Queensland government bodies, which is up from 31 per cent in July 2015. This is ahead of where we need to be to reach this target on time. We are on track to reach our target of 50 per cent of new appointees being women, having already reached 47 per cent at 30 June this year. It is a great feeling to be in a government that encourages and supports women to take up leadership positions and to know that we recognise the value both men and women make in decision-making.

When the LNP abandoned the target, the number of women appointed to government boards fell from 43 per cent to 30 per cent and yet, interestingly, the member for Everton's comments last week regarding Queensland's Parole Board having too many women were a disappointing yet unsurprising reminder of the LNP's attitudes towards supporting Queensland women. His concern that 68 per cent of one gender is not diverse or reflective of the community should also perhaps be presented to the LNP given that there are just eight women out of 41 members on the opposition. The member for Everton was concerned with 68 per cent. He should be more concerned with 80 per cent men in the LNP's caucus. Disappointingly, the shadow minister for women—now that the LNP finally have a shadow minister for women—

Ms BATES: We always had a shadow minister for women. That is misleading.

Ms FENTIMAN:—the member for Mudgeeraba—

Mr McARDLE: I rise to a point of order. I understand the minister's necessity to explain herself. All the while she is—

CHAIR: Deputy Chair, what is your point of order?

Mr McARDLE: It is in relation to women, in relation to government, in relation to boards et cetera. The necessity to expand is simply not within the confines of the question. It is a personal reflection—

CHAIR: Deputy Chair, I asked the question. It is relevant to what the government is doing to support the participation of women in leadership positions. The minister—and I would consider what she is saying is relevant—is comparing and contrasting what has happened previously and what the government is doing to increase the percentage of women on boards. Minister—

Ms Bates interjected.

CHAIR:—and I am not going to debate the point.

Ms Bates interjected.

CHAIR: I am not debating the point. I am the chair. If you wish to dissent from my ruling then you can do so and we will go into private and discuss it. Deputy Chair, thank you. You have advised—

Mr McARDLE: There is a record that this line of answer runs contrary to—

CHAIR:—you are not dissenting from my ruling but you continue to talk over me.

Mr McArdle interjected.

CHAIR: Deputy Chair, are you dissenting from my ruling or are you just going to continue talking over me?

Mr McArdle interjected.

CHAIR: Thank you. Minister, would you like to conclude your answer?

Mr McArdle interjected.

CHAIR: Deputy Chair! I apologise, Minister. Would you like to conclude your answer about what the government is doing to support women in positions of leadership? Then we will move to the next question, which will be from the member for Bundaberg.

Ms FENTIMAN: Let's remember that this is a party that when in government slashed not only the Office for Women, who had 75 per cent of its policy and programs and staff cut, but women's services across the state also faced the same cuts.

Mr Cramp interjected.

Ms FENTIMAN: The Women's Strategy is an important road map for government on how we can work together with local communities and with the private sector to achieve true gender equality here in Queensland. Ours is a government that actively promotes and protects Queensland women's rights, interests and wellbeing to ensure women's full social and economic participation in society.

CHAIR: Thank you, Minister, for your answer and the investment that you are making in women in Queensland. I appreciate it.

Ms DONALDSON: Minister, going back to Child Safety, with reference to the SDS measure regarding staff on page 19, there have been a lot of claims made this afternoon about what staff think. You mentioned earlier—and I think the director-general also talked about it—a staff opinion survey. Can you please advise the committee of any accurate measures?

Ms FENTIMAN: I am pleased to be able to clarify some of the comments that have come from the opposition today about staff satisfaction and staff intentions. Since coming to government a clear objective for the entire Palaszczuk government has been to restore front-line workers and treat them with the respect they deserve. As Queensland's population grows and as the true impact of ice, domestic violence and financial stress—to name just a few growing issues—requires the intervention of the department of child safety, it is clear that the work these staff are doing is getting more intense and complex. These workers risk their lives to enter dangerous homes and often become targets for aggrieved parents. Child Safety staff miss valuable time with their own families and children as they are working to protect somebody else's. It is an incredibly tough job. It is why I get so impassioned when I hear the words crisis or dysfunctional being used to describe our front-line staff as the work I see when I visit demonstrates competence and enthusiasm by our team members under the most challenging circumstances.

In relation to staff satisfaction levels, as we have already heard about today, the Queensland government openly and transparently publishes the *Working for Queensland* report, which reports on all departments and staff satisfaction within these departments. Recently the Department of Communities, Child Safety and Disability Services report for 2016 was published online. On page 25 of that report it shows very clearly that 58 per cent of staff had no intention to leave the department in the next 12 months, 28 per cent were neutral and 14 per cent were thinking of leaving. Of course, the top reason for people intending to leave was to pursue further career opportunities, which reflects the large amount of Disability Services staff who are transitioning out of the department due to the NDIS. Embarrassingly, though, the member for Mudgeeraba tried to read the report and speak on behalf of the staff who completed the survey. However, the member for Mudgeeraba did not read the report correctly, particularly page 25, and again has misrepresented staff in my department. I table it for the committee, and I have blown it up very big so we cannot be confused—

Ms Bates interjected.

Mr McArdle interjected.

Ms FENTIMAN: Page 25 of the *Working for Queensland* report—

CHAIR: Minister, I am sorry, you are not allowed to use props at the hearing.

Ms FENTIMAN: I will table that.

CHAIR: You can seek leave to table it, but I am going to assume I know the outcome. Is leave granted?

Mr McARDLE: No.

CHAIR: Leave is not granted.

Ms FENTIMAN: I will explain this very simple pie graph for the benefit of the committee. It clearly says that 58 per cent of staff have no intention of leaving. I was very confused, as were so many of our Child Safety staff—

Mr McArdle interjected.

Ms FENTIMAN:—when the member for Mudgeeraba put out a press release that said that 58 per cent of staff wanted to leave the department. It is the complete opposite—

Ms Bates interjected.

Mr McArdle interjected.

CHAIR: Order! Allow the minister to answer the question.

Ms FENTIMAN: That is the complete opposite of what this graph actually says.

Mr McARDLE: Provocation is a defence.

Mr HARPER: Point of order. Once again it is becoming incredibly difficult to hear the minister's response with the continual interjections by all members on the left.

CHAIR: I uphold your point of order, and provocation is not a defence, Deputy Chair. I ask you to cease interjecting and allow the minister to finish answering the question.

Ms FENTIMAN: It is embarrassing that despite being advised that she had completely misread this very easy-to-read graph, the member for Mudgeeraba left her Facebook post and her media release up despite comments from members of the public letting her know she might have misread the graph.

Ms Bates interjected.

Ms FENTIMAN: Interestingly, those comments were deleted within minutes. It is embarrassing that the shadow spokesperson for child safety deliberately misleads the community and I think completely disrespects—

Ms Bates interjected.

CHAIR: Order!

Ms FENTIMAN:—our front-line Child Safety staff.

Ms Bates interjected.

CHAIR: Order. I am calling the minister and the member for Mudgeeraba to order. The member for Bundamba has a point of order.

Mrs MILLER: Chair, not often do I take points of order, but I need to on this occasion. Our little ones in our community deserve better than this from both sides. We need to get on with the work of looking after them. It is all right to be political in some circumstances, but this is not the circumstance.

CHAIR: That is no point of order, so I will finish my ruling, which is that I call this committee to order. Minister, I think you have answered the question, thank you—

Ms FENTIMAN: I would say, Chair, that denigrating and disrespecting the work our front-line Child Safety officers do does nothing to protect vulnerable children.

Ms DONALDSON: Minister, I note there are numerous kids in out-of-home care with complex needs. It appears it is not just a case of more complex families, but children are showing more and more complex needs these days. Could you please advise how they are being supported?

Ms FENTIMAN: I thank the member for the question.

CHAIR: Sorry, Minister, to interrupt you, I advise that with all the excitement time has almost escaped us. There are three minutes remaining. If you would like to make any concluding remarks we need to fit those into that time period as well. I will allow you to answer the question but advise you that time is short.

Ms FENTIMAN: Over the weekend besides announcing permanency orders, which had been warmly received by the sector and front-line staff, I also announced the trial of professional foster care in Queensland. A similar trial is underway in Victoria and our $3 million trial over two years will see professional foster carers trained to manage and heal the trauma of some of our most high-needs kids. Normally the children in this category would live in a residential care facility. Although residential care works for some children, it does not work for all. This announcement will get kids out of residential care facilities into families who can feel confident that they understand the trauma and have the tools to help.

I made this announcement with a former child in care, Elloise, who said that although she is a 'water off a duck's back' girl, being moved between numerous homes during her childhood does leave its scars. Elloise said that these changes were 'a great response' and that 'providing a permanent home for children and young people in care will bring back some of that stability and normalcy so that they can live normal lives as children'.

I acknowledge that the recommendation in the Carmody inquiry was that we should investigate the feasibility of engaging professional carers. This recommendation was made in June 2013, but unfortunately nothing was done to investigate the feasibility until the Palaszczuk government took up this important reform and announced professional foster care to give our most high-needs and vulnerable children the care they need in a family environment.

CHAIR: Do you have any answers to questions taken on notice that you wish to provide the committee now?

Ms FENTIMAN: We do not, Chair.

CHAIR: Do you wish to make any concluding marks?

Ms FENTIMAN: Of course, I would like to thank my director-general and the entire estimates team in the department, particularly Kirsty Saunders and Fergus Hogarth; thank you for all your hard work. Of course, I would also like to thank my office, my chief of staff, Cynthia Kennedy, and my whole team. I would also like to thank the member for Nudgee and the rest of the estimates committee and support staff.

CHAIR: The time allocated for the consideration of the estimates of expenditure in the Communities, Women and Youth and Child Safety and Prevention of Domestic and Family Violence portfolios has expired. The committee has resolved that answers to questions taken on notice must be provided to the committee secretariat by 5 pm Friday, 28 July 2017. The transcript of this session of the hearing will be available on the Hansard page of the parliament's website within two hours.

Thank you, Minister and officials, for your attendance and assistance to the committee here today. The committee will now adjourn for a break. The hearing will resume at 6 pm with the examination of the estimates for the portfolio of Disability Services and Seniors.

Proceedings suspended from 5.01 pm to 6.00 pm

ESTIMATES—HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE—DISABILITY SERVICES AND SENIORS

In Attendance

Hon. CJ O'Rourke, Minister for Disability Services, Minister for Seniors and Minister Assisting the Premier on North Queensland

Ms C Nicholas, Chief of Staff

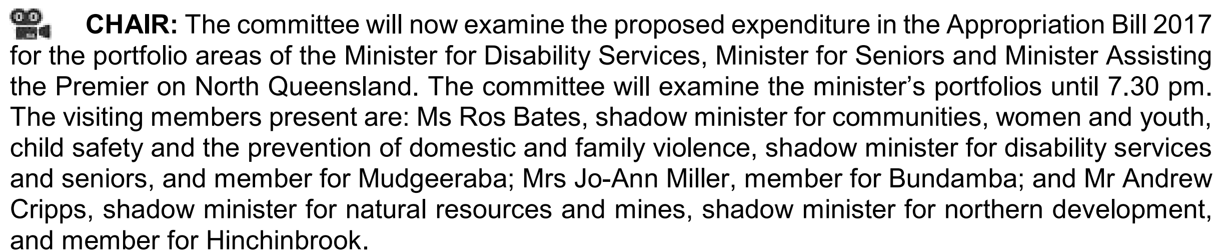
Department of Communities, Child Safety and Disability Services

Mr M Hogan, Director-General

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

Department of the Premier and Cabinet

Mr D Stewart, Director-General



CHAIR: The committee will now examine the proposed expenditure in the Appropriation Bill 2017 for the portfolio areas of the Minister for Disability Services, Minister for Seniors and Minister Assisting the Premier on North Queensland. The committee will examine the minister's portfolios until 7.30 pm. The visiting members present are: Ms Ros Bates, shadow minister for communities, women and youth, child safety and the prevention of domestic and family violence, shadow minister for disability services and seniors, and member for Mudgeeraba; Mrs Jo-Ann Miller, member for Bundamba; and Mr Andrew Cripps, shadow minister for natural resources and mines, shadow minister for northern development, and member for Hinchinbrook.

I remind those present this evening that the committee's proceedings are proceedings of the Queensland parliament and are subject to the standing rules and orders of the parliament. It is important that questions and answers remain relevant and succinct. The same rules for questions that apply in parliament also apply in this hearing. I refer to standing orders 112 and 115 in this regard. Questions should be brief and relate to one issue and should not contain lengthy or subjective preamble, argument or opinion. I intend to guide proceedings today so that relevant issues can be explored fully without imposing artificial time limits and to ensure there is adequate opportunity to address questions from government and non-government members of the committee.

On behalf of the committee I welcome the minister, the director-general, departmental officers, our Auslan interpreters and members of the public to the hearing. For the benefit of Hansard I ask departmental officers 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 Disability Services and Seniors open for examination. The question before the committee is—

That the proposed expenditure be agreed to.

Minister, I invite you to make an opening statement of up to five minutes if you wish.

Mrs O'ROURKE: I am pleased to be here appearing before the committee today and to have the opportunity to make some opening remarks. Firstly, if I can start by acknowledging the traditional owners of the land on which we meet and pay my respect to their elders past, present and emerging. I also thank the members of the committee and the representatives from my department and the Department of the Premier and Cabinet. Finally, I want to thank and acknowledge the wonderful Auslan interpreters who are here today and whose presence provides people who are deaf or hard of hearing the opportunity to participate in our democracy.

Today's hearing allows the examination of the Palaszczuk government's 2017-18 state budget and what it means for people with disability, seniors and North Queenslanders. Our third budget continues to deliver in these portfolio areas, as it is a budget that benefits all people of all abilities and ages across the state. The NDIS continues to roll out across Queensland, and this year we have contributed $548.9 million out of a total Disability Services budget of $1.887 billion, which is a more than 10 per cent increase on the previous year's budget. In May we were able to support hundreds of Queenslanders to get access to the NDIS earlier by bringing forward the start date for the Ipswich,

Bundaberg and Rockhampton regions for existing Disability Services clients. We proposed a change of start dates for these areas to ensure that Queenslanders would gain access to the NDIS and the benefits it would provide them as soon as possible; however, the transition to the NDIS has not been without challenges. In response to a number of NDIS participants expressing concerns that their NDIS packages were not providing sufficient support for their transport needs, the Palaszczuk government made the decision to reinstate the Taxi Subsidy Scheme for the rest of the transition period over 2017-18 and 2018-19. It is important that Queenslanders with disability have certainty about their transport needs, and we will keep working with the Commonwealth, the NDIA and other states and territories so that Australians with disability in the NDIS get reasonable and necessary transport supports.

We continue to provide funding and develop initiatives in the space of disability, and today I was pleased to launch *All Abilities Queensland: opportunities for all—state disability plan*, which was developed after extensive consultation with Queenslanders from all backgrounds and abilities. The three-year plan will help shape the future and have far-reaching and positive outcomes for people with disability throughout the state and the broader Queensland community. It is also aligns with the transition to the NDIS in Queensland and the final years of the National Disability Strategy 2010-2020.

As seniors have contributed to society their entire lives and many continue to do so well into their old age, this budget recognises their contribution. This year we are spending $12 million in funding for seniors' services, which is up by more than 22 per cent from last year. The budget also acknowledges that as people age their housing needs and financial situations can become problematic. This is why we have allocated $500,000 over the next two years to address the recommendations of the Advisory Taskforce on Residential Transition for Ageing Queenslanders. We are also addressing the scourge of elder abuse in our communities by providing a boost of $2.7 million over three years to broaden elder abuse prevention and seniors legal and support services to regional and remote areas, the Sunshine Coast and the Gold Coast. I have recently announced a further $1.85 million over four years to ensure that seniors facing elder abuse can access financial advice and the Elder Abuse Prevention Unit can further improve their telephone and database reliability and capacity. We acknowledge that some seniors struggle to make ends meet, which is why we have increased four concessions including electricity, gas, water and rates to $290 million, which is up $27.9 million from last year.

The Palaszczuk government remains committed to the people of North Queensland, and through the five priority areas listed in the Advancing North Queensland plan we are delivering results in the areas where they are facing challenges by making investment in the north a priority. I was pleased that this budget focuses on, and continues our commitment to, addressing unemployment in Queensland through job creation initiatives. An additional $50 million is being invested in our Back to Work program for the regions and another $200 million for the Works for Queensland program—a program that was warmly welcomed by councils across the entire state.

The people of Townsville are crying out for water security after another failed wet season, and the Palaszczuk government listened. We supported the establishment of the Townsville Water Security Taskforce and put $225 million on the table to act on the findings of their interim report, handed down last month.

Energy is a topic that is regularly raised with me as I travel around North Queensland, and I was delighted that the budget is delivering $386 million for the Palaszczuk government's Powering North Queensland plan. The plan is building on our ongoing efforts to stabilise electricity prices for regional Queensland. I must also acknowledge that some areas of North Queensland, especially—

CHAIR: I am sorry, Minister, I will have to stop you there because you have reached five minutes.

Mrs O'ROURKE: I seek leave to table a correction to the answer to a question on notice. I do apologise for the need to table this. It only came to my attention late this afternoon. It is in relation to question on notice No. 17.

CHAIR: Is leave granted? Leave is granted. Minister, thank you for your opening statement. I invite the member for Mudgeeraba to ask the first question.

Ms BATES: Minister, have you ever used a private email account for ministerial purposes?

Mrs O'ROURKE: I have a private email account. On one occasion I forwarded a speech for printing at home because I did not have time to access a printer in either my ministerial office or my electorate office—it was a speech that was delivered at a public location—and I inadvertently forwarded a media clip to one of my staff members from a media press clip that I was reading on my phone.

Ms BATES: Director-General, have you ever received or sent emails to a private email account of the minister?

Mr Hogan: I have always used the minister's ministerial email account and I have not received emails from the minister from a private account.

Ms BATES: Minister, I refer you to page 2 of the SDS. What is the current number of people on the register of need not receiving any support from DSQ?

Mrs O'ROURKE: The register of need obviously, as we know, provides a list of people who are receiving either some support or not sufficient support. As we see the rollout of the NDIS progress we will see the register of need decrease over a period of time, and that will be the reason that the register of need comes to an end following the transition to the NDIS.

The register of need records the number and relative priority of Queenslanders with disability who are receiving no supports or limited services. As at 29 June 2012 the register of need was 7,695, and that rose to 18,112 in June 2015. As at 1 July 2016 the total was 19,930 and as at 30 June 2017 this dropped to 18,214. As I said, the number has decreased due to people transitioning to the NDIS, and any available funding is reinvested to people with the greatest unmet need. As at 30 June 2017, $5.8 million of individual capacity notified by service providers was reinvested in 2016-17 to assist 145 new and existing clients on the register of need through individual funding allocations. As at 31 March this year the department provided specialist disability services to 4,012 new and existing clients with unmet need in this year.

Clients with the greatest unmet need on the register of need are supported by the reinvesting of these funds as they become available and the reallocation of service capacity with service providers as it becomes available. When client circumstances change they can be reassessed and reprioritised on the register of need. The number of clients with no met need as at 30 June 2017 was 11,449, which equates to 62.86 per cent.

Ms BATES: Minister, based on current rollout data from the NDIS, how many people who had been on the register of need in a rollout site did not receive any support after planning and assessment was completed?

Mrs O'ROURKE: We have seen with the rollout of the NDIS that the completed sites are the Townsville and Mackay regions. Toowoomba is currently finishing. In the rollout of the NDIS, to date 12,334 Queenslanders have entered or are engaging with the National Disability Insurance Scheme in the first year. This includes 7,249 Queenslanders in the NDIS who have approved plans; a further 1,342 people who are in the planning pipeline; and 3,382 people who have an access decision in progress. In addition to that we have 254 children who are accessing the NDIA's Early Childhood Early Intervention. With regard to participants on the register of need in the first three areas, my advice is that there are no longer any people on the register of need in the Townsville, Mackay and Toowoomba regions.

Ms BATES: Minister, can you confirm that a number of people whose details were provided by DSQ to the NDIA for planning purposes contained incorrect information and that these people have been getting paid by DSQ with no current contact details?

Mrs O'ROURKE: Queensland was required to provide data about existing Queensland clients to the NDIA. The NDIA provided Queensland with their standard for data provision in November 2015. It detailed what data was required and in what format it was required to be provided. In December 2015, in line with these standards Queensland provided data records for clients in the early launch area. In May 2016 Queensland provided data to the NDIA for the purposes of modelling and planning only. Some of this data was incorrectly loaded into the NDIA's client system. The data that will be provided for the full transition of the Townsville, Mackay and Toowoomba transitioning areas was provided to NDIA in July 2016. Again, this data was provided in line with the standards outlined by the NDIA.

In September 2016 the NDIA changed the standard of data provision. They then retrospectively applied the new standard of data to the previously provided data from Queensland. This caused many previously accepted records to be rejected. Queensland worked immediately and closely with the NDIA to help resolve those particular issues, and department staff in the regions helped the NDIA make contact with clients at a local level. Additional staff were seconded to the NDIA to help people access the scheme.

Queensland also provided data to the NDIA with updated electronic details in December 2016, and I have been advised that my department has provided existing client data to the NDIA for year 2 locations—Ipswich, Bundaberg and Rockhampton—six months in advance of the transition in each location and in accordance with the new data standard.

Ms BATES: Thank you, Minister. How many client files provided to NDIA by DSQ were returned to DSQ where the information contained about a client was incorrect?

Mrs O'ROURKE: I thank the member for the question. I will ask the director-general to answer that one for me.

Mr Hogan: I thank the minister and thank the member for the question. As the minister has outlined, the data provided to the NDIA initially, at their request, was for planning purposes. Some of that data was incorrectly loaded into the NDIA's client system. As we know and as the Productivity Commission have indicated, the NDIA had significant issues with their ICT system on the go live for the scheme from 1 July 2016. The NDIA then also provided us back with data that, because of the way in which that had been extracted and loaded, came back with incorrect or missing contact details, but we had also given to the NDIA the data that we had with current client contact details. As the minister has outlined, we have worked closely with the NDIA to assist them to ensure that the client details that are provided are correctly loaded into their system.

Ms BATES: Thank you, Director-General. How many did your department identify that were wrong? You are saying that the information was incorrectly loaded at the NDIA end. How many people's wrong information that you had did you provide to the NDIA and have we been paying those people when they did not have any up-to-date information?

Mr Hogan: In relation to the last part of your question, the department has continued to pay for existing clients pending their transition into the National Disability Insurance Scheme and of course when they transition we continue to pay a share of their package costs. That is the arrangement under the bilateral agreement. In relation to the first part of the question about the number of—

Ms BATES: Incorrect records.

Mr Hogan:—clients with incorrect records, I will have to check. Of course there were issues, as I said, with the loading of the data by the NDIA that was provided for planning purposes. We then gave them further data with as much correct client data as we had and have continued to do so in accordance with the data standards.

Ms BATES: Can the minister take that on notice so we can get a better understanding?

Mrs O'ROURKE: Yes.

Ms BATES: Thank you, Minister. Director-General, how many clients identified in an NDIS site were found to no longer be there?

Mr Hogan: Thank you for the question. I would have to check with the NDIA exactly what that number is, but I am aware that there are a small number of clients who have either moved away or indeed passed away. We would have to sift that information from the National Disability Insurance Agency.

Ms BATES: Thank you. Minister, based on additional places not being filled in set NDIS areas, is this why other sites were able to be brought forward?

Mrs O'ROURKE: I thank the member for the question. In accordance with the bilateral agreement, we have a proportion of existing clients and a proportion of Commonwealth and new clients that are suggested to come in as per estimates under the bilateral. What we have found from the work that has been done is that from a Queensland perspective of the more than 7,000 clients that have come in so far over 74 per cent of those clients with approved plans were previous existing Disability Services Queensland clients. What we have found is that the estimated Commonwealth and new clients are not coming into the system as quickly as we had anticipated, so there has been a lot of work done between Queensland, the NDIA and the Commonwealth to identify how we can move to improve the numbers coming in. I have had a lot of contact with federal Minister Porter on this issue and the agreement between Queensland and the Commonwealth was to do modelling around the areas that were next due to come in—that is, Ipswich, Bundaberg and Rockhampton. The department did that and, in collaboration with the Commonwealth, we agreed to bring existing clients in from those areas which would have increased the numbers by about 1,500 clients. We will continue to work with the Commonwealth and the NDIA on other future locations based on our experience over the first 12 months of the transition to the scheme. Obviously this will be subject to the NDIA being able to resource those particular areas in the way of local area coordinators in terms of making sure that they are on the ground and able to support that process. Do you have anything further to add?

Mr Hogan: Thank you, Minister. I thank the member for the question. As the minister has outlined, 74 per cent of the 7,249 Queenslanders who had an approved plan as at 30 June are existing state clients. The bilateral estimate had been negotiated on the basis that effectively there would be a

one-for-one transition of people into the NDIS over the three years, so for every existing state client there would be a new or a Commonwealth client who would move into the NDIS. As I said, as at 30 June, 74 per cent of the people who have gone in have actually been state clients and the rate at which they have gone in is amongst the best of all of the jurisdictions—the large jurisdictions—that are transitioning. The expected rate for the new and Commonwealth clients, as the minister indicated, was going to be 50 per cent, but as at 30 June only 26 per cent of those clients had gone in. As the minister has indicated, we have done whatever we can to support the NDIA and the Commonwealth agencies that are responsible for that data and for those clients to assist them to identify and facilitate their entry into the NDIS.

Ms BATES: Thank you. Minister, what is the current FTE for both Direct Care staff and the admin management in AS&RS?

Mrs O'ROURKE: I thank the member for the question. Firstly, I want to acknowledge the important work that the Accommodation Support and Respite Services staff do in providing really important support to high-complex disability support clients and their families. Having that certainty about decisions that they can make and knowing that they have a place to stay is a very important role that they play. The Direct Care staff for AS&RS at 23 June is 1,394 and in administration and management roles it is 184, taking the total to 1,578.

Ms BATES: Thank you, Minister. What was the total cost for AS&RS in 2016-17 and what is the budget for the service in this year's budget?

Mrs O'ROURKE: I thank the member for the question. The delivery of AS&RS for 2016-17 was $128.9 million for 2016-17 and under the bilateral agreement the delivery of AS&RS is done as an in-kind arrangement and will not be subject to any additional cost to Queensland taxpayers.

Mr Hogan: I can add that the budget for 2017-18 is currently being finalised for AS&RS.

Ms BATES: Thank you. Minister, what is the current unit price for AS&RS in an NDIS rollout site compared to another provider providing services in the same area?

Mrs O'ROURKE: I thank the member for the question. As I stated before, the cost of delivering Accommodation Support and Respite Services under the bilateral agreement is currently provided as in-kind service. This was an arrangement that was successfully negotiated during the bilateral agreement and, as I also stated, there would be no additional cost to Queensland from continuing to operate AS&RS services for clients who have transitioned to the NDIS. Victoria and New South Wales have also negotiated in-kind arrangements for their directly delivered accommodation support and respite services. Throughout transition we will be looking to continue to streamline the costs of these services by updating procedures, maximising service capacity, exploring options and benefits for the workforce IT connectivity, and how to use technology to provide improved business processes for staff and training. This will obviously maximise the ability for AS&RS to operate within a different environment—a market-led environment—with the broader disability sector post full scheme transition. In the lead-up to the full transition in 2019, further review and analysis will be undertaken to ensure that AS&RS has an ongoing role as a provider. The bilateral agreement has in there the ability to renegotiate the provision and to enable Queensland to negotiate that price and value of any in-kind contributions at full scheme.

Ms BATES: Thank you, Minister. What planning for AS&RS services is being undertaken by the department for beyond 2018, and you touched on that just before? Has the department made a recommendation to you yet, Minister, to transition the service to external providers in the last two years?

Mrs O'ROURKE: No, there has been no recommendation to me along those lines. As I said, we are working over the next two years of transition to streamline the service to make sure that there is a viability for that service to continue post NDIS transition and that will entail looking at how the service operates, how the service is delivered, who is accessing the service, offering complete choice and control and towards the end of the transition period those negotiations will take place with the NDIA and the Commonwealth.

Ms BATES: Thank you, Minister. Have new clients been moved into AS&RS in the past 12 months so that the numbers look a bit bigger even if the clients did not want to use the service?

Mrs O'ROURKE: I thank the member for the question. In line with the intent of the NDIS, clients who transition in or out of Accommodation Support and Respite Services during transition do so with complete choice and control. Question on notice No. 12 has outlined that in 2016-17 47 clients who were previously funded for another service did transition into AS&RS.

Ms BATES: Thank you, Minister. Minister, how many of the 2,776 staff in Disability Services are being transitioned to other areas over the next 12 months as the NDIS continues to rollout and how many more staff are expected to transition with the NDIS?

Mrs O'ROURKE: I thank the member for the question. As we do transition to the NDIS, there has been significant support provided to the staff with regard to one-on-one conversations and workshops in terms of providing them with all of the information that they need to make an informed decision about what is coming up for them in terms of the decisions that they need to make. All permanent staff do have employment security. That is something that we have issued under the Queensland government Employment Security Policy. There will be no forced redundancies. The career path lines have been clearly highlighted to the staff and they are either current or alternative roles in our department or other departments, the opportunity for employment with the NDIA, moving to private or non-government sectors or starting their own business. There have been more than 72 information sessions provided and more than 1,900 staff have attended. There have been 26 strategic workforce workshops held to provide over 1,000 staff with the information that they need to make these decisions and we have followed that with further face-to-face information sessions, emails and telelinks. As at 30 June 2017, 213 staff were directly impacted in departmental sites that have commenced transition. Some 195 staff have been able to take up their chosen pathway in those sites. In 2017-18 306 FTEs will be affected and in 2018-19 that will increase to 741.

Ms BATES: Thank you, Minister.

CHAIR: With reference to page 8 of the SDS, can you outline to the committee what level of support is provided to people with a disability to access aids, equipment and vehicle modifications?

Mrs O'ROURKE: I thank the chair for the question. With aids and equipment people can live independently at home and access their community more freely. At the centre of our government's commitment to provide people with a disability access to aids and equipment is our Community Aids, Equipment and Assistive Technologies Initiative—kindly known as CAEATI—and the Vehicle Options Subsidy Scheme, known as VOSS. In 2016-17, $10 million was allocated for CAEATI and VOSS. Owing to the high demand for this equipment, an extra $4.5 million was allocated, taking the total budget to $14.5 million in 2016-17, ensuring that people had what they needed. This is over $6.3 million more than was allocated in 2013-14. In 2016-17, more than 2,700 Queenslanders were supported to receive aids and equipment. In 2017-18, we have allocated funding of $14.8 million for aids and equipment and vehicle modifications to assist people with a disability to access and participate in their community.

As in many parts of our society, technology is driving real change in the support and care of people with a disability. I am pleased that in 2016-17 my department has reinvested almost $165,000 in establishing the awareness-raising initiative called the Community Care Smart Assistive Technology Collaborative, which is an online community of practice for providers and consumers. In 2017-18 my department is investing an additional $54,500 for the continuation of the Community Care Smart Assistive Technology Collaborative. Since its launch in September 2015, membership of the collaborative has increased to more than 1,100 consumers and providers who share knowledge and collaborate on new initiatives that can help to increase independence. Ultimately, when it is fully rolled out, the NDIS will cover aids and equipment, but I am committed to support the smooth transition to the NDIS, and our record level funding in this area is a testament to that.

CHAIR: Can I also take the opportunity to thank you personally for coming out to my electorate recently and visiting one such provider in Banyo. They really appreciate the time that you gave them. Thank you.

Mr HARPER: I want to touch on the NDIS. I want to acknowledge the work that you have done and, importantly, the department in this huge transition, particularly in North Queensland. As we know, Townsville, Palm Island and Charters Towers were early launch sites. Could you provide an update on the transition to the NDIS for the Townsville, Mackay and Toowoomba areas?

Mrs O'ROURKE: I thank the member for the question. I know how passionate he is about making sure that people in North Queensland have the right support that they need. Under the bilateral agreement between the Commonwealth and Queensland, the NDIS is being rolled out across 14 areas over three years from 1 July last year. As we have said, Townsville, Mackay and Toowoomba were in the transition areas to roll out in the first year. Fortunately, as a result of this government's election commitment, an early launch in Townsville laid the groundwork and identified issues early so that the full rollout is better informed.

Unfortunately, as a result of a decision of the previous government, Queensland did not have the three-year NDIS trial in Queensland from 2013 to 2016 which the other states had. North Queensland was the first area to commence the transition, with Townsville and council areas out to the north-west and the gulf starting from July last year, followed by Mackay, Isaac and Whitsundays from November 2016, and Toowoomba and west of the border from January this year.

In the first 12 months of the scheme, 12,334 Queenslanders have entered or are engaged with the National Disability Insurance Scheme. This includes 7,249 Queenslanders with approved plans, 1,342 in the planning pipeline, 3,382 who have access decisions in progress, and 254 children in the early childhood early intervention stream. As at 30 June in Townsville and the west, 2,482 people had entered the scheme. In Mackay-Whitsunday, 1,297 people had entered the scheme. In Toowoomba and to the west, 2,412 people had entered the scheme. In Ipswich, 575 people have entered the scheme so far.

As we know, the national rollout of the NDIS has been impacted by the problems experienced by the NDIA with its information systems, data migration, participant planning processes, insufficient provision of transport and the commissioning in a timely way of local area coordinator services. That is why the government has committed to making sure from the outset that we have advocated for greater and early access to the DisabilityCare Australia funds being paid by Queensland taxpayers since July 2014.

We have committed record sums for disability services over the past three budgets and proactively invested in initiatives to help clients, families, providers and agencies get ready for the NDIS. More recently, the Queensland government has negotiated with the Commonwealth to bring forward the start dates of three areas, being Ipswich, Rockhampton and Bundaberg, and recently signed a one-off one-year national agreement that provides an additional $17 million to Queensland for the transition to the NDIS.

We strongly supported the moves by the NDIA to revamp its planning processes to give people better experiences and pushed the NDIA to establish its footprint across Queensland, including LACs, earlier than it has been doing so. Significantly, the Queensland government recently initiated further modelling with the Commonwealth, informed from our first 12 months, to see if more areas currently not due to start until 2018-19 can start earlier. The Queensland government will as quickly as possible seek the agreement of the Commonwealth and the NDIA for the start date in as many areas as possible to be brought forward.

I am pleased that we are working closely and cooperatively with the Australian government. The Queensland government is strongly committed to the three-year NDIS transition in Queensland as per our agreement with the Commonwealth government.

Mr HARPER: With reference to page 8 of the Service Delivery Statements, what has been the take-up of the post school leavers initiative for young people with a disability during the 2016-17 year?

Mrs O'ROURKE: I thank the member for the question. The department supports young people with a disability leaving school through two initiatives. The first is support for school leavers. Support for school leavers helps build pathways to transition from their life at school to life as an adult in their community. One example is that a school leaver has utilised the funding for a support worker to provide personal care so that she can attend university. Another example is of a young person who has utilised that support to help him undertake volunteering activities in his local community. As a result, local businesses know his name and recognise him as playing an important role in their community.

An allocation of $5.6 million from the state budget plus an additional $4.1.million redirected from the existing budget was committed to meet the increased number of school leavers offered support in 2016-17. In 2016-17, 465 school leavers with a disability were eligible. Every single eligible school leaver was offered the financial support. As of 30 June 2017, a total of 399 school leavers took up the offer of funding—well above the planned number of up to 300 announced in last year's state budget. As of 30 June 2017, 66 school leavers did not take up the offer of funded support. That was for various reasons, including returning to school, the refusal of support, moving to another jurisdiction, or taking up other opportunities such as work or further studies.

We will continue to fund this important initiative in 2017-18 with $7 million. This funding will continue to support school leavers with a disability who receive funding in 2017, along with an extra 420 new students who will leave school at the end of 2017. This funding amount is an increase to the original budget of this initiative provided in 2016-17. The process is currently underway to identify students leaving school this year who may be eligible for this funding.

The second initiative for school leavers that I would like to mention is My Future: My Life. This helps school-age students with a disability identify their goals for their future and develop individually. In 2016-17, $1.3 million was provided through the My Future: My Life strategy to Centacare for transition supports for high school students with a disability across Queensland. It is an important strategy that assists senior school students to set goals for their future, including employment, education and participation in their community. Six hundred and three young people were provided with financial assistance and support. Each young student was provided with access to financial resources to support their transition from school and meet their post-school goals, including maximising opportunities for social and economic participation. One hundred and sixty-one young people with a disability were provided with individual support to assist with transition planning. Each of those individuals has developed meaningful school-to-post-school transition plans and has identified pathways to commence their transition journey. Seventy-one information and awareness sessions were delivered to students, parents and educators across Queensland. Although post-school transitions will be covered by the NDIS, this government is committed to a smooth transition that continues the funding in 2017-18 of $905,971 being allocated to Centacare for transition supports for high school students with a disability across Queensland.

Mr HARPER: My final question relates to Cyclone Debbie. As we know, it affected the bulk of Queensland, having crossed the coast at the Whitsundays. In the days preceding, as a fellow member I saw you at each of those local disaster management group meetings as Townsville ramped up. As the good Mayor Jenny Hill said, we dodged a bullet. Unfortunately, the area to the south of us, continuing all the way through Queensland, was affected. Minister, what role did you play in the recovery after Cyclone Debbie?

Mrs O'ROURKE: I thank the member for the question. I want to acknowledge first and foremost the tremendous work that has been done by everyone who has played a part in the recovery effort following severe Tropical Cyclone Debbie, in particular State Recovery Coordinator Brigadier Christopher Field for his dedication and hard work during Cyclone Debbie and in the immediate aftermath to get Queensland on the road to recovery, Queensland Reconstruction Authority CEO Brendan Moon, Queensland Fire and Emergency Services Acting Assistant Commissioner Kevin Walsh, who was working in the north of the state, and Queensland Police Service Chief Superintendent Charysse Pond, who was working in the south. I also acknowledge all of the community recovery staff who also worked very hard following that cyclone. The job is ongoing and will present challenges and obstacles that I am confident they will overcome as recovery efforts continue.

I was in North Queensland as Tropical Cyclone Debbie made landfall at Airlie Beach at midday on Tuesday, 28 March this year and I remained there throughout early April, travelling to each of the areas that were affected by Cyclone Debbie, surveying the devastation and seeing firsthand the impact that an event like this can have on people's lives. My role allowed me to report back to the Queensland Disaster Management Committee what I was seeing on the ground. I participated in 20 Queensland Disaster Management Committee meetings via teleconference while I was travelling through the region. That meant that when I came upon an issue or an obstacle that was hindering people in recovering from this disaster I could get them the help and resources that they needed from our government. I have worked as an advocate for the people of the north, speaking with my cabinet colleagues at every opportunity to ask them to do more to assist in this recovery. I can say that they have listened and they have acted.

Immediate hardship assistance grants of more than $15 million were provided to 85,000 people in North Queensland, with a further $15 million provided for the rebuild and upgrade of the Whitsunday Coast Airport. On 14 July 2017, more than $5 million had been provided to North Queensland organisations—$3.57 million of that to primary producers, $1.29 million to small businesses and $214,000 to non-profits. A further $2 million recovery package includes grants of up to $10,000 to eligible small businesses, with $300,000 for dedicated workshops to support affected businesses and $250,000 for tailored mental health and disaster mentoring services.

Although this is a good start, there is still more that needs to be done. In particular, I will continue to advocate that Malcolm Turnbull make good on contributing towards the $220 million through the NDRRA category D funding package to help North Queensland further. In the meantime, our work continues. We will move to ensure that no-one is left behind and that the bright future that the north deserves can be realised.

Mr HARPER: I note the member for Whitsunday also made commentary in the media about needing that funding from Malcolm Turnbull.

CHAIR: Thank you.

Mrs MILLER: Thank you, Chair. I have a question from Jim in my electorate. Jim has said—

I am one of your constituents and I have encountered a bit of a puzzle with regard to rebates available with my Seniors Card. I have attached a Word file in which I have pasted the relevant detail from the government website.

This website is in relation to electricity and gas rebates. Jim goes on to say—

But I've enquired with both Origin and Energy Australia and they've both told me that they do not apply the rebate to holders of a Seniors Card.

Is it the website that is false and misleading or are the electricity retailers failing to correctly apply the rebate? Jim understands that the rebate is $349.85 per year, which is a decent amount of money in a rebate, but the retailers are saying that they cannot help him; they do not apply the Queensland seniors rebate. Can you please help Jim, who is a lovely constituent in my electorate?

Mrs O'ROURKE: I thank the member for Bundamba and I am more than happy to contact Jim if you would be happy for me to do so.

Mrs MILLER: Yes.

Mrs O'ROURKE: The Electricity Rebate Scheme was a scheme that we actually did expand to cover Commonwealth HealthCare card holders and asylum seekers and also retain the eligibility of the Electricity Rebate Scheme for Queensland Seniors Card holders. This is to the amount of $341 for Seniors Card holders as well and this is a commitment by this government to ease cost of living support for our seniors. I am more than happy to follow up with the member for Bundamba for contact details and I can actually personally contact and have a conversation with Jim.

Mrs MILLER: I would be very grateful if you could contact Jim. Thank you very much for doing that.

Ms DONALDSON: In your opening statement you talked about the All Abilities Queensland: Opportunities for all disability plan. Could you advise which areas does this new plan concentrate on? That is in reference to page 8 of the SDS.

Mrs O'ROURKE: I thank the member for the question. I was actually very pleased to have the opportunity this morning to launch our new state disability plan All Abilities Queensland: Opportunities for all. It was actually a really fantastic event. This plan will create new opportunities of economic and social participation of people with disability. It will have far-reaching and positive outcomes for people with disability across the state and for the greater Queensland community. Because we know that when people with disability have the chance to be included that we actually all share in the benefit that this brings.

I was actually really proud in the development of this plan that we had more than 1,000 Queenslanders have the opportunity to have their say in the creation of this plan. The delivery of this plan will focus on five areas—that is, communities for all, lifelong learning, employment, everyday services and leadership and participation. Communities for all will focus on ensuring people with disability are welcomed and valued members of their local communities. Lifelong learning will mean that Queenslanders with disability will have the same opportunities as everyone else to access learning and education across all stages of their lives. Employment, we know that having a job really does create a sense of security for people, also wellbeing and also helps them to build their social networks. That is why we will increase the proportion of people with disability who are employed by the Queensland public sector and work with our partners to increase participation of people with disability in the workplace across our state. Everyday services means having access to services such as housing, health, transport, disability and community services, justice and community safety services, making sure that they are fully accessible and responsible to the needs of all people, including people with disability. Finally, leadership and participation; we want Queenslanders with disability to have the same opportunities as everyone else to participate in Queensland society and democracy, to influence decisions that affect them and to take up roles in public and private organisations.

I am incredibly passionate about this plan and I am really excited to see what we can do to create opportunities for people with disability to live the lives that they want for themselves. I do look forward to enacting the plan, All Abilities Queensland, and to celebrating the successes and the milestones that will follow.

Ms DONALDSON: With reference to page 7 of the SDS and the transition of Queenslanders to the NDIS, what does the reinstatement by the government of the TSS mean for Queenslanders with a disability?

Mrs O'ROURKE: I thank the member for the question. As is well known, the Queensland government has moved to reinstate the Taxi Subsidy Scheme for NDIS participants. The Palaszczuk government responded to the concerns of Queenslanders with disability who have transitioned into the scheme in the first year. TSS members receive up to $25 per trip as a co-contribution from the Queensland government. Of the 53,800 TSS members it is estimated that 10,600 will be NDIS participants. At the end of the first year 1,146 TSS members have transitioned and up to another 1,700 may transition in 2017-18 and 7,700 TSS members are due to enter the NDIS in 2018-19. However, some Queenslanders entering the NDIS have reported that their packages did not have sufficient support for their transport needs. The Queensland government, like a number of other states and territories, had committed to roll in the equivalent funding for the Taxi Subsidy Scheme for those participants on the basis that they would get equivalent support through the NDIS.

Since earlier this year Queensland and other jurisdictions have been making representations to the Commonwealth government expressing concern that people are not getting sufficient provision for transport in their plans. I have written and spoken to the Commonwealth Minister for Social Services Christian Porter and other ministers on a number of occasions. Minister Porter acknowledged these concerns and a national working group of transport and disability agencies was established to work this out. However, while that work continues at a national level, the Palaszczuk government took the view that Queenslanders should not have to wait or miss out so we moved to reinstate the TSS during the transition. Instead of handing the money over to the NDIA the Queensland government has decided and put to the Commonwealth that the Department of Transport and Main Roads should continue to administer the TSS for NDIS participants at least for the next two years. This will mean the funds are treated as an in-kind contribution to the NDIS and this will be cost neutral to Queensland.

Most importantly, it will mean Queenslanders going into the NDIS do not lose their Taxi Subsidy Scheme and do not have to worry about getting to their appointments, to visit their families or to get around the community or to their jobs. We have been working together and consulting closely with people with disability and their representatives, as well as the taxi industry and transport stakeholders. This has been very well received by the disability community with Paige Armstrong, CEO of QDN, saying that it is a great outcome for people who are NDIS eligible, especially those people who have already rolled into the scheme and experienced challenges with the removal of their TSS. Michael Powell, CEO of Spinal Life, was happy to hear that the TSS will be reinstated for NDIS participants and looks forward to hearing how the issue will be resolved long term. Sharon Boyce, chair of QDAC, has said that she is very thankful of such great news, it will make such a difference to people with disability who rely on their taxis and taxi subsidy card to get them to various appointments and that she wanted to thank the Queensland government and everybody who had advocated for this.

We have also been working cooperatively with Minister Porter over recent months to address issues as they arise with the NDIS. To make this process as seamless as possible, people whose TSS memberships ceased on entering into the NDIS will not have to reapply to have their membership reinstated, it will be done automatically.

Mr CRIPPS: I refer to the minister's ministerial statement dated 24 May this year in which she stated that the Palaszczuk government's first two budgets created on-the-ground jobs in North Queensland through a range of government funded programs. Can the minister advise the committee what the current rate of unemployment is in Townsville?

Mrs O'ROURKE: I thank the member for the question. Obviously unemployment in the regions is an issue that is raised with me quite regularly. We have an unemployment rate generally as well as the youth unemployment rate. Currently in Townsville we have an unemployment rate of 10.1 per cent. With regard to youth unemployment we have a rate of 2.16 per cent. I am pleased to say though that the Palaszczuk government has made a significant commitment to making sure that we have programs in place that will see these unemployment rates drop. It is pleasing to see that the unemployment rate did trend downwards over the last three months, but obviously there is a still a lot of work to be done.

We are seeing responses with regards to some of these unemployment programs, in particular our Back to Work (Regional Employment) program which is reducing the levels of regional unemployment across areas and is showing positive results in unemployment and youth unemployment. Also with regards to engaging young people through the Back to Work program we have seen 2,400 young people who have benefited through this Youth Boost initiative with payments to employers of up to $20,000. Obviously we want to see results like this continue across all of North Queensland. Other programs that we are seeing that will support unemployment are, obviously, our Skilling Queenslanders for Work program, a $240 million program that is providing opportunities for organisations to train and employ people, in which we have seen 1,362 participants were able to gain

a job and 630 entered further training. We have also seen as well significant support for the Works for Queensland program which provides support to local councils to get jobs on the ground, again supporting local employment.

If I can just clarify I believe I misread the youth unemployment rate of Townsville. The amount is 21.6 per cent.

Mr CRIPPS: Can you advise if the current unemployment rate in Townsville and the youth unemployment rate for Townsville has trended up or down over the previous 12-month period?

Mrs O'ROURKE: As I stated, the unemployment rate for Townsville has trended down over the last three months.

Mr CRIPPS: The last 12-month period.

Mrs O'ROURKE: It did go up in the 12-month period with the last three months trending down. I am aware that the youth unemployment for Townsville has fluctuated both up and down over the last 12 months with the most recent one trending up.

Mr CRIPPS: You have expressed some interest in employment figures and job creation in the north-west of the state in relation to your ministerial statement of 8 November last year after a visit to the Rocklands copper mine between Cloncurry and Mount Isa. Minister, can you advise the committee what the rate of unemployment is in outback Queensland which includes Cloncurry and Mount Isa?

Mrs O'ROURKE: Yes. I thank the member for the question. As I stated earlier, unemployment rates in the regions are much higher than we would like them to be and there is more work that does need to be done in relation to that. I can confirm with the member that the unemployment rate in the outback is 13.2 per cent and the youth unemployment rate in the outback is 53.9 per cent. Which is, for youth unemployment, an increase of 19.7 per cent and for standard unemployment a decrease of 3.4 per cent.

Mr CRIPPS: Minister, do you want to check that last figure in relation to the increase or decrease of unemployment in the outback over the last 12 months?

Mrs O'ROURKE: My apologies. An increase of 1.5 per cent.

Mr CRIPPS: In view of these figures, where we have had increases in unemployment in Townsville and the outback generally and increases in youth unemployment in Townsville and the outback, how can you say that the first two budgets of the Palaszczuk government created jobs in North Queensland?

Mrs O'ROURKE: I thank the member for the question. As I have stated, there is a lot of work being done around reducing the unemployment rate in both Townsville and the broader North Queensland regions. I am very proud to say that the government is acknowledging and committing to employment generating programs. Some of those programs I have referred to, being the Back to Work regional program, the Youth Boost, Skilling Queenslanders for Work which we have seen provide opportunities and Works for Queensland which the councils have taken on board.

Mr CRIPPS: You listed those programs in your previous answer. It would be repetitious to list them again. How do you explain the increases in unemployment, both generally speaking and in particular for youth in these two regions that I have mentioned, despite what you have said in the parliament about the job creation programs initiated by the government?

Mrs O'ROURKE: I am happy to talk about those programs and repeat them because they are good programs that are providing real benefits. We are committed to creating jobs and reducing unemployment, especially across our local communities and regional areas. Our capital and skilling programs implemented to date have proven their ability to create jobs. In the 2017-18 state budget, we have reaffirmed our dedication to securing that future for North Queensland by delivering more programs. Over a quarter of the state's capital program for 2017-18—that is, around $3.2 billion in funding—will be allocated to the northern regions, supporting up to 12,600 jobs. This is complementing those programs that I have spoken to. There is also a significant focus in the Palaszczuk government with regard to diversifying our economy. That is being done through projects such as our biofutures projects, making sure that we are supporting the resources sector, growing our outback tourism sector and areas that have been focused on in the Advancing North Queensland plan around roads infrastructure, innovation and research to support our agricultural sector to grow jobs and diversify our economy in the north.

Mr CRIPPS: I refer to the minister's ministerial statements delivered in the House on 13 and 14 September last year during which she announced the whole-of-government Townsville Stronger Communities initiative, additional police resources and a promise of outcomes on crime in Townsville.

Minister, in the more than 10 months since you convened the round table in Townsville and announced that the strike force would be deployed and that the 15 new recruits would be knocking on doors, can you advise the committee of what the Townsville Stronger Communities initiative has achieved in Townsville?

Mrs O'ROURKE: This is something that I am incredibly passionate about and it is something that we have worked very hard to deliver. I meet with the Townsville Stronger Communities executive group each fortnight. I have conversations with Inspector Glenn Doyle, who coordinates the group, and the seven staff from across agencies. Currently they are working very closely with young offenders who may have connected with the justice system or are at risk of connecting with the justice system. The meetings that they have with those young people also involve their families and extended family and friends who engage with them. The purpose of the Townsville Stronger Communities group is to work with the community, those young people and their families to identify the risks of crime and the risks that they are experiencing that contribute to a pathway of crime. We have identified that there is a lot of work being done to get people back into education or employment opportunities. We have seen that through the Transition 2 Success stories that have come out.

One thing that I am very pleased about since the introduction of the Townsville Stronger Communities group, the additional work that we are doing with the police, the resources that they have and Operation Oscar Merchant that was delivered in line with the rollout of the Townsville Stronger Communities group, is that we have seen a drop in crime from the periods October 2015 to May 2016 and October 2016 to May 2017. Offences against the person have reduced by four per cent, offences against property have reduced by five per cent and with other offences that incorporate drug offences, traffic offences, DV breaches and so forth there is a reduction of 11 per cent. We are seriously looking for long-term outcomes.

On a daily basis I am having conversations with individuals about what it is that they actually want. Nine times out of 10 they know that locking those kids up is not the answer. We want real, long-term behavioural change. I am very committed to that, as is my colleague from Thuringowa and our colleague Scott Stewart from Townsville. We meet and discuss initiatives quite regularly. In line with the delivery of a solution for crime, we have also engaged extensively with the police minister and the Attorney-General. We have had the round table meetings. As I said, I meet quite regularly with the executive group. I chair the directors-general round table to ensure that we have the whole-of-government feed down. I also regularly speak with the deputy director-general of the Department of the Premier and Cabinet to make sure that we are continuing to deliver in this area and continuing to see a drop.

Mr CRIPPS: What was the result of the stocktake of each department's and agency's resources and programs involved in the Townsville Stronger Communities initiative? Are the results of that stocktake publicly available?

Mr Stewart: If you do not mind, we can take that question on notice, Minister, if we are able?

Mrs O'ROURKE: I will take that question on notice.

Mr CRIPPS: What further actions were decided upon at your meeting with relevant directors-general and ministers involved in the Townsville Stronger Communities initiative? What time frames were set for those further actions? Have those actions been completed within the nominated time frames?

Mrs O'ROURKE: We will provide that information with the response on notice.

Mr CRIPPS: I refer to the minister's ministerial media release dated 9 December 2016 titled 'Crackdown on young criminal offenders in Townsville', where the minister said—

I have listened to the community's concerns around crime, and one of the things I keep hearing is the importance of holding young offenders to account.

The minister went on to say—

For example, where a young person has committed property damage, the magistrate will be able to consider an order where the offender must help fix the damage they caused.

Minister, how many orders have been issued since that provision has been made available to magistrates?

Mrs O'ROURKE: This was in relation to the establishment of the Community Youth Response, which involves a variety of different initiatives targeting young people at risk of offending. Part of that response is the specialist High Risk Youth Court that dedicates a magistrate to hearing each case;

intensive case management workers who work specifically with high-risk repeat offenders and their families on a 24-hour basis; the after-hours diversion service to keep young people off the street; and the cultural mentoring by elders to connect young people with their culture and to provide positive role models. With regard to the number of orders that have been made, I would have to follow up with the Queensland Police Service to have those numbers available.

Mr CRIPPS: I refer to the minister's ministerial statement of 2 March this year and the references to 10 renewable energy projects being developed across North Queensland. A ministerial media release of 2 June states—

Minister O'Rourke said the Powering North Queensland Plan builds on the Palaszczuk Government's ongoing efforts to stabilise electricity prices for regional Queensland.

"We know people in the North are really concerned about power prices. An important part in stabilising prices is making sure we invest in local, North Queensland infrastructure," Mrs O'Rourke said.

Minister, how will the Powering North Queensland Plan stabilise electricity prices for North Queenslanders and when will this stabilisation occur?

Mrs O'ROURKE: This was an announcement that I was incredibly pleased to hear in the lead-up to the budget. As I stated in my opening comments, energy is an issue that gets raised with me on a weekly basis. It is a concern that North Queenslanders have. Making sure that we provide an affordable, secure and clean energy future for our state is something that the Palaszczuk government is absolutely committed to.

The Powering North Queensland Plan will invest $386 million to unlock those renewable energy projects as well as support jobs. It includes a range of initiatives such as the reinvestment of dividends from Powerlink and Stanwell towards the establishment of the infrastructure transmission line to connect three of the existing renewable projects—that is, Infigen, the Kidston project and the Kennedy energy project. Another part of that initiative is the proposed hydro-electric station at Burdekin Dam and the improvements—

Mr CRIPPS: Minister, I am anxious for you to focus on the part of the question where you stated that this plan will achieve a stabilisation of power prices for consumers in North Queensland. Are you able to provide the committee with advice about when that stabilisation will occur?

Mrs O'ROURKE: Chair, I was getting to that. I am talking about the context and what the Powering North Queensland Plan is delivering.

CHAIR: Please continue.

Mrs O'ROURKE: Part of the Powering Queensland Plan also provides $771 million to reduce the network costs and the commitment for the ongoing reduction of wholesale prices. Following the immediate announcement of the Powering North Queensland Plan and as a result of this commitment from the Palaszczuk government, Queensland had the lowest 2018 forward wholesale prices in the country. As at 13 July, they dropped by 19.1 per cent following the announcement of the plan. We are saying that we need leadership from the federal government to provide that stability and assurance to the industry to make sure they know that there is a plan for government to make sure we are focused on affordable and secure energy supply for North Queensland.

Mr CRIPPS: Minister, are you saying that that price stabilisation has already occurred for North Queensland consumers, as a result of—

CHAIR: Member for Hinchinbrook, you asked a question and the minister was answering it. The next question will go to the member for Bundaberg. Minister, had you finished answering the question?

Mrs O'ROURKE: I am happy to say that, as at 1.55 pm today, the wholesale electricity spot price was $58.48, which is actually the lowest of New South Wales, Victoria and South Australia. I am happy to table that.

CHAIR: Is leave granted? Leave is granted. I invite the member for Bundaberg to ask a question.

Ms DONALDSON: Minister, I bring you back to the NDIS. With reference to page 7 of the SDS, I know that some areas across the state are coming into the NDIS earlier and Bundaberg is one of those areas. I am interested in why that is the case.

Mrs O'ROURKE: I know that you are very supportive of making sure people in your local electorate get the support they need as soon as possible. As I have stated earlier, we are aware that the NDIA is experiencing rollout problems across the state and that we have had some learnings from the first 12 months of the scheme for those Queenslanders who have entered or are engaging with the

scheme. The bilateral agreement had estimated that 14,966 people would have plans by 30 June this year. Where there is a real challenge is that it was estimated that 47 per cent of NDIS participants would be existing state clients and 53 per cent would be Commonwealth or new participants. What has happened is that 74 per cent have been existing state clients, with only 26 per cent being Commonwealth or new participants. It also appears that similar trends are happening in other jurisdictions. The new clients, who are completely unknown to our system, are coming in at their own pace and not according to the estimates that were outlined in the bilateral agreement. The Commonwealth and the NDIA are taking steps to address this. I also offered Queensland's support to the NDIA in this space.

In the meantime, Minister Porter and I agreed on a proactive strategy to adjust the phase-in, which was by bringing forward the entry of existing clients, especially people known to Disability Services and other state agencies. Accordingly, our officials worked closely together to identify within the existing funding envelope how we could bring in 1,150 people sooner than had been planned. That allowed the rollout of the NDIS to be brought forward for Ipswich, Lockyer, the Scenic Rim and Somerset from 26 May; Bundaberg from 1 September; and Rockhampton, Gladstone and west of the borders from 1 November. Of course, a constraining factor is how quickly the NDIA can scale up its presence, especially by commissioning to get LACs on the ground as quickly as possible. This is a matter that we will continually advocate for.

Significantly, the Queensland government recently initiated further modelling with the Commonwealth and the NDIA, informed by the learnings from the first 12 months, to see if more areas, those currently not due to start until 2018-19, can start earlier for existing clients. We want as many Queenslanders as possible in and benefitting from the NDIS as quickly as possible and also the jobs that will be generated from this extra investment. The Palaszczuk government will always put Queenslanders first and we will do everything possible to catch-up and see Queenslanders with disability achieve the lives that they aspire to and the services that they deserve.

Mr HARPER: Minister, it will come as no surprise to you that I am indeed—and I am happy to admit it—a North Queensland Cowboys tragic to the point where I will run through Southbank in my Cowboy's gear. It pleases me to ask you what the progress is to date with the North Queensland stadium?

Mrs O'ROURKE: I am very well aware of just how dedicated the member is to his North Queensland Cowboys and I know he shares my passion with regard to the progress of the North Queensland stadium. I am very happy to report that great strides have been made with the development of the North Queensland stadium. It is something that I have been working with Minister Lynham to deliver. This has included ongoing discussions with the Townsville City Council, the federal government, the private sector and the passionate Rugby League community.

Significantly, we have leveraged federal funding of $100 million to support the Palaszczuk government's $140 million commitment, along with the $10 million contribution of the National Rugby League and the North Queensland Cowboys. The $250 million project is on track to be completed by the commencement of the 2020 NRL season. I very much look forward to being at the first Cowboy's game played at the stadium, right beside the member, I am sure.

Mr HARPER: With a JT statue.

Mrs O'ROURKE: The stadium is one of the five priority areas in the Advancing North Queensland Plan, which I released in June last year, and will kick off the revitalisation of the Townsville CDB. The North Queensland stadium is also a commitment under the Townsville city deal that was signed on 10 December last year by all three levels of government and developed in collaboration with the Townsville community and the private sector.

The project itself will support 750 jobs during the design and construction stages. Recently the appointed managing contractor, Watpac, has committed to and will aim for 80 per cent of hours spent building the stadium to be done by locals. That is something that we have advocated for. Watpac have also announced that they are aiming for over six per cent of the workforce to be Aboriginal and Torres Strait Islanders.

The Townsville community wanted to see their new stadium built by locals. This was a key outcome that I and you set out to achieve during our discussions and meetings with Minister Lynham and the Department of State Development. It was great to see that Watpac actually committed to this. The North Queensland stadium project team have also held numerous workshops and stakeholder meetings in Townsville to progress the stadium design and to introduce the Watpac team.

In addition to this, Townsville based firms are already working on the stadium, including AECOM Cost Consulting Pty Ltd, that were appointed as the project's quantity surveyor, and Resource Coordination Partnership Pty Ltd, that will be the auditor. AECOM and RCP both have long-established offices in Townsville and a history of participating in local industry. I will continue to work with Minister Lynham on progressing the stadium plans and partner with stakeholders to ensure that the region receives all of the benefits that it can through the delivery of this project.

CHAIR: I note that we do not have long to go and I do want to go back to the member for Mudgeeraba. Can you advise the committee what the government is doing to make sure that Queensland is age friendly?

Mrs O'ROURKE: When we actually talk about an age-friendly community what we mean is a community friendly to all and, in particular, our older Queenslanders who can be isolated by age related factors. In 2016 we had a thorough consultation process, including a community survey, where we received more than 9,000 responses from across the state about things that we can do to make an age-friendly community a reality.

Based on the World Health Organisation model we developed a framework on which we could aspire and also one that we could monitor. I launched the *Queensland: An age-friendly community—strategic direction statement* in April last year and the action plan in June last year. We have delivered the first round of $1 million grant funding for the Advancing Queensland: an age-friendly community grants program for 2017-18. This program will seed fund innovative age-friendly initiatives in age-friendly domains of outdoor spaces and buildings, housing and transport. Organisations were able to apply for grants of between $25,000 and $100,000 to seed fund innovative age-friendly projects and, excitingly, we had 96 applications that were received. I do look forward to announcing the successful recipients next week.

Two age-friendly resources for Queensland were developed to build understanding of what an age-friendly community means. The age-friendly community's good practice review provides contemporary examples of age-friendly community work around Australia and overseas. The Queensland and age-friendly community domain information provides a comprehensive guide on how to achieve each of eight age-friendly domains with practical examples. The new age-friendly tool kit for Queensland is being developed and the tool kit aims to encourage and assist organisations across local government, community, the not-for-profit sector and the private sector to be more age friendly.

As promised an annual report card for 2016-17 highlighting key achievements of the Queensland: an age-friendly care community—action plan will be published and released in September this year. This will highlight some of the achievements of plan in its first 12 months. This is an important initiative because our seniors are important not only to me but also to our community as a whole.

CHAIR: Thank you for update. I invite the member for Mudgeeraba to ask some questions.

Ms BATES: The next questions are to the director-general and are in relation to the Wacol Forensic Disability Service. Given that we have a very short time left, if you could keep your answers relatively short that would be appreciated. Has there be any recorded client escapes from the centre whilst on leave from the centre?

Mr Hogan: I would have to check and confirm whether there have been any escapes from the centre whilst a resident has been on leave.

Ms BATES: Would the minister be able to take that on notice?

Mrs O'ROURKE: Yes.

Ms BATES: Has there been any damage to the centre by clients in the past 12 months? What has been the cost of this damage?

Mr Hogan: Again, I do not have that detailed information to hand, but I will, if the minister agrees, provide that.

Ms BATES: Will you provide that on notice, Minister?

Mrs O'ROURKE: Yes.

Ms BATES: How many times have staff at the centre used restrictive practices?

Mr Hogan: As the committee would be aware the Forensic Disability Service is a secure facility that houses people with a disability who are on a forensic disability order made by the Mental Health Court. They are on those orders because of the significant level of risk they pose to themselves, to those who work with them and to the community. The clinical and judicial assessment is that they will benefit from sustained therapeutic intervention.

Under the Forensic Disability Act there are provisions there for the approval and regulation of the use of restrictive practices. Those are carefully monitored and recorded. They are an important part of the interventions that are available to staff to deal with sometimes very challenging behaviours by the residents of the FDS. I will take that on notice.

Ms BATES: Minister, are you happy to take that on notice?

Mrs O'ROURKE: Yes.

Ms BATES: Have there been any chemical restraints used? Again, you may have to take that on notice.

Mrs O'ROURKE: We will take that on notice.

Ms BATES: Has there been any industrial unrest at the centre in the past 12 months?

Mr Hogan: We continue to engage with our staff on a regular basis to address issues in relation to working arrangements and working conditions. I will again need the opportunity to get further advice. Minister, is that okay?

Mrs O'ROURKE: Yes.

Mr Hogan: Of course this is a difficult working environment. We engage closely and fulsomely with our staff at the Forensic Disability Service to keep them safe and to keep the residents safe and well supported.

Ms BATES: Are you happy to take that on notice, Minister?

Mrs O'ROURKE: Yes.

Ms BATES: Are you aware of any staff being physically assaulted at the centre in the past 12 months?

Mr Hogan: As I said, this is a very difficult working environment. There are behaviours from time to time from residents that do pose a threat to staff. I have already referred to the powers and the provisions for the use of restrictive practices. I expect there will have been occasions when there has been physical harm done to staff given the very significant behaviours of concern of some of the residents of the FDS.

Ms BATES: Minister, would you happy to take on notice as well?

Mrs O'ROURKE: Yes.

Ms BATES: What is the wait list for offenders to be placed at the Wacol facility?

Mr Hogan: There is no wait list as such. It is a small facility with a maximum safe operating capacity of 10 clients. We had a client recently transition from the Forensic Disability Service. The director of forensic disability and the manager of the service are currently working with mental health authorities assessing other people who are on forensic disability orders that may be suitable to transition to the FDS.

There are a number of other clients who also have transition plans. Planning and preparation is underway for their safe transition out of the FDS. There is ongoing work with the mental health service to identify suitable people to move in to replace them as and when it is safe for those other people to transition out.

Ms BATES: How many DSQ clients are in mainstream prisons awaiting transfer to Wacol if there are only 10 beds?

Mr Hogan: I would have to check with Corrective Services for information about the number of people who were disability clients who are in a correctional centre.

Ms BATES: Are you able to provide that detail, Minister?

CHAIR: Only the detail that is directly relevant to your portfolio.

Ms BATES: I want to know the clients with a disability who are currently housed in a prison because there are no beds at Wacol or the beds at Wacol are filled?

Mr Hogan: Perhaps I could add to the member's question. The choice for the Mental Health Court, if a person is placed on a forensic disability order, is on the basis of their incapacity to plead. They are either placed on a forensic order to the FDS if there is capacity or maybe detained in an authorised mental health service.

Ms BATES: Although we have had instances recently where people under the Mental Health Court have gone into a nursing home? It is a well-publicised case.

Mr Hogan: I am not aware of general forensic orders by the Mental Health Court that might mean someone goes to a different location.

CHAIR: The time allocated for consideration of the estimates of the expenditure in the Disability Services and Seniors portfolio has expired. Minister, do you have any questions taken on notice that you wish to answer or any final comments that you wish to make before I close the hearing?

Mrs O'ROURKE: If I can just make some quick closing remarks. I would like to thank yourself and the members of the committee and the attending guests for participating this evening. I would like to thank the Auslan interpreters. I would also like to thank the directors-general of both my department and the Department of the Premier and Cabinet, the deputy directors-general and the departmental staff. I would also like to thank my ministerial staff, especially my chief of staff Carolyn Nicholas and my senior policy advisor Leata Nolan. Finally, I would like to thank and pass on my appreciation to all the disability workers and carers who have dedicated their lives to working with and supporting people with disability in Queensland.

CHAIR: The committee has resolved that answers to questions taken on notice must be provided to the committee secretariat by 5 pm Friday, 28 July 2017. The transcript of this session of the hearing will be available on the Hansard page of the parliament's website within two hours. Minister, can I thank you and your officials for your attendance here today. I also thank the Auslan interpreters for their attendance here in support of the committee hearing. I thank Hansard and everyone who has assisted with the hearing today. I know the deputy chair and members would agree with me giving special thanks to Mr Karl Holden and the secretariat of this committee who always provide very professional assistance and service to us. Thank you so much. I declare the hearing closed.

Committee adjourned at 7.30 pm