TUESDAY, 31 JULY 2018

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

Estimate Committee Members

Mr AD Harper (Chair)
Mr MF McArdle
Mr MC Berkman
Mr MA Hunt
Ms LM Linard
Mr BL O'Rourke

Members in Attendance

Ms RM Bates
Ms SL Bolton
Dr CAC Rowan
Mr SA Bennett
Mr D C Janetzki
Mr JM Krause

In Attendance

Hon. SJ Miles, Minister for Health and Minister for Ambulance Services
Ms D Cohen, Chief of Staff

Department of Health

Mr M Walsh, Director-General
Ms K Forrester, Deputy Director-General, Strategic, Policy and Planning Division
Dr J Young, Chief Health Officer
Dr J Wakefield, Deputy Director-General, Clinical Excellence Division
Dr R Ashby, Chief Executive

Hospital and Health Services

Adjunct Professor N Dwyer, Health Service Chief Executive, Sunshine Cost Hospital and Health Service
Dr S Ayre, Health Service Chief Executive, Metro South Hospital and Health Service
Dr K Freeman, Health Service Chief Executive, West Moreton Hospital and Health Service
Mr S Drummond, Health Service Chief Executive, Metro North Hospital and Health Service
Dr P Gillies, Health Service Chief Executive, Darling Downs Hospital and Health Service

Queensland Mental Health Commission

Mr I Frkovic, Commissioner

Queensland Ambulance Service

Mr R Bowles, Commissioner

The committee met at 9.00 am.

CHAIR: I declare the hearing of estimates for the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee open. I start by acknowledging the traditional owners and custodians of the lands we meet on today to discuss estimates with the health committee. I am Aaron Harper, member for Thuringowa and chair of the committee. With us today are Mr Mark McArdle, member for Caloundra and deputy chair. Other members are Mr Michael Berkman, member for Maiwar; Mr Marty Hunt, member for Nicklin; Mr Barry O'Rourke, member for Rockhampton; and Ms Leanne Linard, member for Nudgee, who is, if I could put on the record, standing in for Ms Joan Pease. I think it is completely appropriate as the health committee chair to pass on the regards of the committee to the member for Lytton, Joan Pease, who is recovering from a medical procedure. We wish her all the best. I know that she will be observing this today.

The committee has resolved that non-committee members be given leave to attend and ask questions during the hearing, so other members may be present during the course of the proceedings. The committee has resolved that the hearing may be broadcast in line with the conditions for broadcasters and guidelines for camera operators. Copies of those guidelines are available from the parliamentary attendants.

In relation to mobile phones, the committee authorises departmental officers to use mobile phones in the gallery during the estimates hearing for text messaging, accessing emails and searching the internet provided that phones are on silent at all times, are not used for recording or filming the proceedings and the use does not disrupt this committee's proceedings. Also I remind everyone that food and drink is not permitted in the chamber.

The committee today will examine the portfolio areas in the following order: Health and Ambulance Services from 9 am until 2 pm; Communities, Disability Services and Seniors from 2.15 pm until 4 pm; and Child Safety, Youth and Women and Domestic and Family Violence Prevention from 4.15 pm until 6.15 pm. The committee will now examine the proposed expenditure contained in the Appropriation Bill 2018 for the portfolio areas for the Minister for Health and Minister for Ambulance Services. The committee will examine the minister's portfolio through until 2 pm. The committee will suspend proceedings during this time for breaks: from 10.30 am until 10.45 am and from 12.15 pm until 1 pm.

The visiting members present are Ms Ros Bates, member for Mudgeeraba. Throughout the day we shall have Stephen Bennett, member for Burnett; potentially Jarrod Bleijie, member for Kawana; Sandy Bolton, member for Noosa; Deb Frecklington, member for Nanango; David Janetzki, member for Toowoomba South; Jon Krause, member for Scenic Rim; Tim Mander, member for Everton; and Dr Christian Rowan, member for Moggill.

I remind those present today that these proceedings are similar to parliament and subject to the standing rules and orders of the parliament. I also remind members of the public in the gallery that under standing orders they may be admitted to or excluded from the hearing at the discretion of the committee.

It is important that questions and answers remain relevant and succinct. The same rules for questions that apply in parliament apply here. I refer to standing orders 112 and 115 in this regard. Questions should be brief and relate to one issue and should not contain lengthy or subjective preambles, argument or opinion. Members, I intend to guide proceedings today so that relevant issues can be explored and to ensure there is adequate opportunity to address questions from government and non-government members of the committee. Members, please let me be clear from the start—I do not want to have to repeat this during the day—that this will be a respectful estimates hearing. I will not tolerate arguments, inferences, hypotheticals or imputations. Should I rule I ask that members respect the chair's ruling. If there is dissent we will adjourn and go downstairs to deliberate. I just want to get that clear from the beginning. We have a long day ahead of us, with a number of ministers in front of us.

I welcome everybody here today. For the benefit of Hansard I do ask officials to identify themselves the first time they answer a question. I now declare the proposed expenditure for Health and Ambulance Services open for examination. The question before the committee is—

That the proposed expenditure be agreed to.

Minister, good morning. If you wish you may make an opening statement of no more than five minutes.

Dr MILES: Thank you, Chair. I welcome the opportunity to address the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee. I would also like to respectfully acknowledge and pay my respects to the traditional owners and custodians of the land on which we are meeting today and pay my respects to their elders past, present and emerging.

I have been health minister for a little over six months now and in that time I have visited every one of the state's 16 hospital and health services, many several times. What has struck me as I travelled the state is the quality of our hospital and health staff, whether they are in regional and remote areas or the bustling cities, and their absolute and unwavering dedication to the care of patients. They do amazing work in what sometimes are difficult circumstances. I know that not just from meeting so many health staff but also from meeting the people they treat.

The Palaszczuk government takes health care in this state very seriously. We have made health a priority from the moment we came to office in 2015. It is clear from our recent record $18 billion Health budget just how much of a priority it is. That is around 30 per cent of total state government spending. Unlike the LNP, we believe that all Queenslanders, no matter who they are, what they do or where they are from, deserve the best possible health care. That is not easy in a state like Queensland. It takes longer to drive from the Gold Coast to Cairns than from London to Budapest, but we do not believe that should impact on Queenslanders' health care. That is why we provide universal public and free health care to the entire state.

Of course, the cost of the system is much higher than for other states. On top of that, Queenslanders eat more, drink more and smoke more, and all of that puts pressure on demand, as does the current federal government, which has made GPs inaccessible and unaffordable, which has cut funding from every single hospital, which has slashed dental funding and which has systematically underfunded aged care. All that has increased demand for hospital services and all without a single word of criticism from the state LNP.

There were more than 1.93 million emergency department presentations in 2017-18, up from 1.87 million the year before. Category 1 to 3 presentations, the most serious, are up over seven per cent. Despite all of this, our health system is doing very well. I believe that is because of our dedicated health workers and many of the people in this room. Despite the demand challenges, a record number of people are receiving treatment within clinically recommended times. Ninety-nine per cent of category 1 patients are seen by a clinician within two minutes and more than 76 per cent of all presentations are completed within four hours, which is better than most other states and territories. Of course though, you would not know it if you listened to the opposition—fortunately not many do. They spend every day criticising our hospitals and health workers, trying to undermine public confidence in our hospitals for their own political benefit.

Every single statement the shadow spokesperson has made has claimed health services are in crisis. Every single statement has implied that we do not have a world-class health system. She has imported her *Chicken Little* routine from her time as child safety spokeswoman. Just last night she was clutching at straws, trying to convince people that the state's premier women's hospital would close its maternity ward and then trying to imply that corruption was widespread in the health workforce. For political points the LNP is willing to use just 40-odd investigations, unsubstantiated allegations, to disparage 90,000 hardworking doctors, nurses and other health workers. It is shameful, but I expect we will hear more of it today. It is because they have such an awful record in health—both their time in the Newman government and, of course, the recent actions of the Turnbull government which they somehow, for some reason, feel obliged to defend.

Since coming to government in 2015 the Palaszczuk government has focused on rebuilding our health workforce after the savage cuts of the Newman government. Now we can turn our focus to policies and initiatives that will improve the health and wellbeing of Queenslanders long into the future. These include increasing childhood immunisation rates, cutting the rate of obesity and driving down the unacceptably high rate of suicide. I look forward to discussing these efforts with the committee.

I would like to introduce Michael Walsh, the Director-General of the Department of Health. We have all of the HHS chief executives here. The Ambulance Commissioner will join us for the session after lunch and I would urge members to hold their ambulance related questions to that session, please.

CHAIR: Thank you very much, Minister. We will start with opposition questions.

Ms BATES: Minister, I refer to page 1 of the SDS regarding ministerial and portfolio responsibilities. Minister, ambulance ramping is increasing, elective surgery wait times are blowing out, our emergency departments are overcrowded, promised hospital upgrades are years away from completion, health ICT projects are blowing out again and we have a number of high-profile fraud

investigations including the Indigenous Cardiac Outreach Program, the Heart Valve Bank, which was already closed down, which provided cancerous tissue for cardiac surgery to four Queenslanders, three of them babies.

Dr MILES: Mr Chair, how many questions is the member asking? I am happy to answer them all, but I am up to seven.

CHAIR: I agree. Member for Mudgeeraba, you have put about 20 questions and statements, none based on fact.

Ms BATES: I have not asked a question yet.

Dr MILES: Perhaps I could take the seven she has asked now.

Ms BATES: I have not asked a question yet.

Mr McARDLE: Point of order, Mr Chair. The member is entitled to a preamble that sets the basis for the question. The member is doing that by outlining the concerns that she has and after that will ask the question that the minister can answer. I request that the minister allow the question to be completed and the question be put. Then he can deal with the question.

CHAIR: Deputy Chair, thank you very much. You have no point of order. I said at the beginning that I would not tolerate lengthy preambles. The member for Mudgeeraba has immediately, on her first question, begun with a lengthy preamble. I ask her to rephrase the question—keep it short and succinct—to the minister, please.

Ms BATES: Thank you, Mr Chairman, I will put my question now, if that is all right with you. My question to the minister is: do you take responsibility for failures in our public health system on your watch and does the buck stop with you?

Dr MILES: I thank the member for her question. As I say, I am happy to take each of the points she has raised in order and address them for the benefit of the committee. The first question she asked related to the off-stretcher time at Queensland's hospitals. The Palaszczuk government is continuing to work with each HHS, the Ambulance Service and, of course, the department to pursue strategies for each hospital to make sure patients are off stretcher and in the care of emergency department clinicians as quickly as possible.

QAS has experienced a significant growth in demand and it is continuing to respond to a growing and ageing population. Our emergency departments this financial year reported over 582,000 ambulance arrivals—that is 5.8 per cent more than last financial year—and they saw over 1.6 million patients this year, an increase of 17,000 attendances. QAS last financial year responded to 378,227 code 1 incidents. That is an increase of six per cent over the same period in the previous year. Similarly, they responded to 424,000 code 2 incidents, also an increase of 3.63 per cent. Last year paramedics across Queensland attended an additional 35,830 emergency cases.

This is an amazing effort by our QAS staff and does not deserve to be criticised by the opposition. Our Ambulance Service continually performs well above expectations in the most critical of cases. The number of patients who presented requiring resuscitation, critical or urgent care has increased 3½ per cent since the same time last year. In response to this, the Palaszczuk government is investing a record $800 million for the operating budget of the QAS. This is an increase of 11 per cent.

Ms BATES: Point of order. I did not ask questions on every one of those particular items. That was part of a preamble. The question that I put to the minister was: do you accept responsibility as the minister as part of your ministerial and portfolio responsibilities as outlined on page 1 of the SDS and does the buck stop with you?

CHAIR: Member for Mudgeeraba, you have no point of order. In your preamble you made several statements. The minister is answering each of those points. I ask the minister to continue, please.

Dr MILES: Moving to how the Palaszczuk government is responding, as I indicated we have increased the operating budget by 11 per cent. We are hiring more paramedics and Queensland ambulance staff. In 2018-19, an additional 100 front-line officers will be recruited to manage that increasing demand. We are also investing $32 million in capital upgrades, which includes $15 million for 85 new and replacement ambulance vehicles—all the new vehicles will include new power assisted stretchers; $4.9 million to progress planning for the construction of new ambulance stations at Hervey Bay, Drayton and Yarrabilba and replacement stations at Kirwan and Mareeba, as well as redevelopments at Southport, Rockhampton and Cairns ambulance stations, including the operations centres at those locations; $5.5 million in minor capital works; and $1.5 million for the acquisition of strategically located land to accommodate the future expansion of services.

The member attempted to question the performance of our Ambulance Service with reference to off-stretcher times. I am pleased to report that all of this investment and other new initiatives are working. In particular, QAS and the HHSs have developed and implemented a new transfer-of-care initiative that allows paramedics to be freed up faster and ready to respond. As a result, QAS has reduced its response time into the community by over one minute. In an industry where seconds count, that is a significant achievement. Further, QAS has improved time spent by paramedics waiting at South-East Queensland emergency departments to transfer care of their patients by 15 per cent since the introduction of these measures. Despite the increased number of ambulance arrivals, QAS reports that across the system 79.1 per cent of patients were off stretcher within 30 minutes in the final quarter of this year, despite treating a record number of patients.

The member's second point, where she sought to criticise our health service, was with regard to emergency department wait times. For the benefit of the committee, in 2017-18 our emergency departments saw over 1.9 million patients, which is an increase of 3.2 per cent compared to the previous year. As well as overall growth in demand, there was a 9.9 per cent increase in the most urgent presentations, that is, those classified as resuscitation category 1 and critical category 2.

Ms BATES: Point of order. I am very happy that the minister is answering questions that I am going to be asking later on in a great amount of detail. I thank him for that. If you do not mind, Mr Chair, and if it is all right with you, Minister, one of the questions that I asked—

Dr MILES: Mr Chair—

Ms BATES: I am sorry; can I finish? One of the questions I asked was about the Heart Valve Bank.

Dr MILES:—I am responding to points directly raised in her question.

Mr McARDLE: A point of order has been raised. The member has the right to raise a point of order and have the point of order aired.

Dr MILES: She may have made a strategic error in including them all in the first question, but I cannot help that.

Mr McARDLE: The minister cannot interfere in a point of order.

CHAIR: Member of Mudgeeraba, you have a point of order?

Ms BATES: Yes, I do, Mr Chairman. One of the questions that I asked in my preamble was about the Heart Valve Bank. If it is okay with the minister, could we please move on to that section? I have a follow-up question.

Dr MILES: Mr Chair, I will take the issues raised in order.

CHAIR: Member for Mudgeeraba, in the order that you presented your first question the minister is answering the question. I will ask the minister to continue, please.

Dr MILES: With regards to ED wait times, more Queenslanders were seen on time than ever before, with 15,002 category 1 patients—

Mr McARDLE: Point of order, Mr Chair. I think we can probably circumvent this whole procedure if the minister just tabled the documentation that he is reading from. We could all read it then and move on to the next question. If that is what we would like to do, we will accept that and move forward.

Dr MILES: Mr Chair, I am answering the question as it was asked.

Mr McARDLE: The minister can table the documents he is reading from, Mr Chair.

CHAIR: Deputy Chair, you have no power to ask the minister to table anything under the standing orders. I ask that we proceed—

Mr McARDLE: I did not ask him to; I said he could table it. It would save us all a lot of time and we could move on.

CHAIR: Member for Caloundra, you have no point of order. Continue please, Minister.

Ms BATES: Point of order. Mr Chair, I appreciate your comments, but I asked a very simple question and it is a yes or no question. It does not need a lengthy explanation. Does the minister take responsibility for failures in our public health system and does the buck stop with the minister; yes or no?

CHAIR: Member for Mudgeeraba, you have no point of order. This is a completely appropriate and relevant answer. Please continue, Minister.

Dr MILES: Despite the increased pressure on emergency departments, a record number of people are receiving treatment within clinically recommended time frames in Queensland. In 2017-18, 77 per cent of patients who presented were either discharged or admitted within four years—sorry; four hours. It is important—

Ms BATES: Four years might be closer.

CHAIR: Member for Mudgeeraba, I made it very clear at the beginning of these proceedings that I would not tolerate interruptions, arguments or opinions. I have asked for a respectful hearing today. Can we please allow the minister to continue answering the question, which is entirely relevant, that was put by you. Please, Minister, continue.

Dr MILES: Turning to the member's questions related to capital upgrades, I am very pleased that it is this government that is investing in our hospitals. We went to the election committed to upgrades at the Ipswich, Caboolture and Logan hospitals and those upgrades are progressing. I note that not only did the LNP invest almost nothing in the capital of our hospitals during their term; they committed to invest in almost nothing if they were elected at the recent election and, indeed, opposed some of the upgrades that we have proposed.

The member touched on claims of ICT rollout issues. The department is currently delivering a number of e-health initiatives that, when complete, will support productivity improvements and enable clinicians to effectively deliver healthcare services today and into the future. Those projects continue to be actively managed by their project teams. They are reported on the ICT dashboard. I can report that ICT delivery performance across Queensland Health has improved from the previous reporting period of April 2018, with approximately 92 per cent of the portfolio reporting on track for delivery. That is up from 88 per cent as reported in April.

Turning to the member's ongoing campaign to terrorise the families of four recipients of transplants from Queensland's Heart Valve Bank, I asked the DG to implement a full independent external review of the Heart Valve Bank to determine how and why this error occurred and what measures need to be put in place to prevent it from ever happening again. I am advised that the risk to patients is extraordinarily low. However, Queensland Health has apologised to them and their families.

Queensland Health has searched the literature worldwide and is unaware of any cases of cancer resulting from a tissue of this nature being used in a heart valve graft. The Heart Valve Bank is closed and this issue is being thoroughly investigated. Several staff have been stood down and an external investigator is auditing the tissue and donor process. It would not be appropriate to go further into that investigation. The closure of the Heart Valve Bank is not impacting current patients. The increase in the use of artificial tissues and tissues sourced from interstate means, I am advised, that there will be no impact on patients.

I understand the member may seek to continue to ask further questions on this matter. I urge her to at least be somewhat considerate of the four families affected by this issue. They have been assured by their clinicians that they face an extraordinarily low risk and things that you say to contradict that can only cause them heartache.

Finally, the member asked about staff investigations. Queensland Health is one of the largest organisations in the state, employing more than 90,000 staff. The organisation has a zero tolerance to fraud, misconduct and corruption and allegations of wrongdoing are taken seriously. I have provided the committee, in a response to a question on notice, with information about alleged corrupt conduct matters being dealt with by the Department of Health, as well as investigations currently underway across HHSs and the number of employees currently suspended from duty. These are very small numbers in the context of the overall workforce—fractions of a per cent. Let us not forget that these statistics relate to allegations and not substantiated instances of corrupt conduct or other wrongdoing.

In 2017-18, as I outlined for the committee, 47 allegations were referred to the CCC. To give that some context, in 2016-17 there were 47; in 2015-16 there were 50; in 2014-15 there were 56; and in 2013-14 there were 63. Indeed, the number that the member is using to discredit 90,000 people is the lowest number it has been since 2012, including the period when they were in office. Of course, if you convert that into a percentage, the percentage is even greater because we have increased the health workforce while they substantially cut the health workforce. Let me also add that of the 47 matters dealt with by the department in 2017-18, just 12 were found to be substantiated. Twelve out of 90,000 is sufficient for the LNP to besmirch the reputations of 90,000 workers in all of our hospitals and our health workforce.

I know the member raised other issues. Those are the ones that I managed to write down. I am happy to take another list.

CHAIR: Thank you for your detailed response, Minister. Member for Mudgeeraba, do you have a supplementary question?

Ms BATES: I have quite a number, thank you. Minister, as you are aware, the Chief Health Officer held a press conference on Friday, 22 June 2018 in relation to revelations at the Queensland Heart Valve Bank, specifically that four Queenslanders, three of them babies under the age of one, had incorrectly been given cancerous tissue as part of major cardiac surgery. Minister, have you personally contacted the families of those patients and apologised for this major blunder—

CHAIR: Member for Mudgeeraba, I will ask you to rephrase the question. The minister answered this particular topic in the previous question and response.

Ms BATES: He did not answer this part.

CHAIR: Minister, do you have anything to add?

Dr MILES: Thank you, Mr Chair, for indulging the member for Mudgeeraba. I take the view that it is in the best interests of these patients and their families for this not to be a political issue; for this to be an issue discussed between them and the people qualified to talk about it, which, frankly, is not me and not the member for Mudgeeraba. She might want to use this for political points. She might not care about those four families, but I do. In a moment, I will ask the Chief Health Officer to come forward and outline in more detail—

Mr McARDLE: Point of order, Mr Chair. Under standing order 118 on relevance, can the minister simply answer the question: did he make contact with the families; yes or no?

Dr MILES: The question goes to the process that was undertaken to inform the families. I believe it is entirely appropriate for us to answer it fully.

Ms BATES: I am happy to move on. Obviously, the answer was no. Minister—

Dr MILES: Mr Chair, if she is going to say that, you have to let me answer it.

Mr McARDLE: Answer the question: did you make contact?

Ms BATES: The question was: did the minister make contact?

CHAIR: Members, those are not points of order. You are stating opinions. Minister?

Dr MILES: Immediately after I was briefed about this matter, the clinicians responsible contacted all of those families, met with them and discussed the fact that there was a very low risk. Immediately after that, the Chief Health Officer advised the public what had occurred and the steps that had been taken to address it at that stage. I am happy for the Chief Health Officer to provide more information to the committee, but it sounds like the member for Mudgeeraba is not interested.

Ms BATES: It sounds like the answer is no. I will move on, thank you.

Dr MILES: This should not be a political issue. I am a politician—

Ms BATES: I am not making it a political issue.

Dr MILES: I am not the one who should be speaking to her.

Ms BATES: Minister, it needs a yes or a no answer: did you contact the family or did you not? The answer is no.

CHAIR: Thank you, member for Mudgeeraba.

Ms BATES: I will move on. Minister, next question: why did you not attend the press conference with the Chief Health Officer on that Friday?

Dr MILES: Given that this goes in further detail to the process undertaken, I am going to ask the Chief Health Officer to answer to the precise process. The fact is that this was a clinical issue and the best people to be explaining clinical issues to patients and to the public are clinicians. That is the approach we took here. At the time of the Chief Health Officer's press conference, which was immediately after the fourth patient had been visited by her clinicians, I was on a flight from Cairns.

Ms BATES: Point of order, Mr Chair: I believe the minister has just misled the House.

Dr MILES: Let me correct the record. I am advised that I was on a flight to Cairns immediately after being briefed, but I was not on a flight to Cairns while the press conference was occurring.

Ms BATES: Can I go on to my next question?

CHAIR: You are actually out of time on this particular block of questions. We will move on to government questions. Minister, did you want to bring the Chief Health Officer to the table to answer that question?

Dr MILES: Yes, to add further detail about the clinicians involved and her as the state's—

Mr McARDLE: Mr Chair, this falls into government member's time I assume, given you have just made the statement that our time has expired?

CHAIR: We will ask for a briefing from the Chief Health Officer.

Mr McARDLE: With all due respect, is it now the case that this falls into the government's time? You have just called time on the opposition.

CHAIR: We will proceed for a couple of minutes with the Chief Health Officer in our time.

Mr McARDLE: Into Labor's time?

CHAIR: That is fine.

Ms BATES: Point of order, Mr Chair: if there are follow-up questions of the Chief Health Officer in this block of time, which is now into the government's time, does that mean that only government members can ask questions?

CHAIR: You do not have a point of order. Can we move on with the topic at the hand.

Dr Young: I was involved in this issue as soon as it became clear that an error had occurred, and it was an error. Four patients received tissue that came from a donor who had a particular cancer that meant that they should not have used that tissue. The risks to those four individuals are extraordinarily low. We did a very thorough review of the literature and could not find any instance where someone had developed cancer after being transplanted with cardiac tissue from someone who had a gliosarcoma. Having said that, of course we could not say that it was impossible—that it would not happen. Therefore, those four families were informed of that extraordinarily low risk and what would happen going forward. Of course they would continue to be reviewed, as they would normally be, but the clinician would also keep in mind this very low risk and work with those four families.

This is a clinical issue. It is a very important clinical issue for those four families and also indeed for the family of the person who died and whose tissue was donated. That fifth family was involved and told of what had happened. As soon as that had all happened, then I made the statement to the media because I believed it was very important that Queenslanders have confidence in the tissue donation system in Queensland. It is vital for ongoing clinical care for people that they know and that they are confident. That is the process that took place urgently to let Queenslanders know.

CHAIR: I want to clarify that that was an answer to an opposition question which continued into their time. We will now move to government time.

Mr McARDLE: Point of order, Mr Chair: you called the end of opposition members' time.

CHAIR: You do not have a point of order on this. I will clarify—

Mr McARDLE: Point of order, Mr Chair: you did say that we would now start the time for government questions.

Ms BATES: You specifically said that.

CHAIR: Member for Caloundra and Deputy Chair, allow me to answer—

Mr McARDLE: Put the old walls around the minister, shall we? Let's protect the minister at all costs!

CHAIR: Allow me to answer—

Ms LINARD: With respect, the minister asked to bring the Chief Health Officer to the table. Whether the chair said that we will move to government questions next or not has no bearing on the fact that the minister indicated that he wanted that question fulsomely answered. It is an important question. The Chief Health Officer provided a clinical response to that.

Mr McARDLE: Point of order, Mr Chair: no-one questioned the importance of Dr Young's answer. What I questioned was whether it was government time or opposition time. My recollection was that the chair called government time.

Ms BATES: And I asked too.

Mr McARDLE: Now we have had a change to that.

CHAIR: I have made a ruling. We will move on to government questions. We have a certain amount of time to conduct the health hearings. We will now move on to—

Mr McARDLE: The equality of time does not work, though.

CHAIR: We will now move on to government questions. Minister, with an early federal election now more likely than ever, can you outline how the federal election will impact the state Health budget?

Dr MILES: I thank the member for the question—obviously the best question we have had so far this morning. Last weekend's by-elections have sent a clear message to Canberra: Queenslanders are not okay with your plan to give big banks a $17 billion handout while the federal LNP government cuts funding from our hospitals. We know that under Malcolm Turnbull's LNP government Queenslanders will not see the investment they deserve in their health services—

Ms BATES: Sign up for $7 billion—

CHAIR: Order! I made remarks at the beginning of this session that it would be respectful.

Dr MILES: The LNP might not like it, but the biggest issue affecting the Health budget is the policies of the federal LNP in Canberra. The biggest event on the horizon that could affect the Health budget is the upcoming federal election.

Ms BATES: What are you doing while it was waiting for you to sign?

CHAIR: Order! Member for the Mudgeeraba!

Dr MILES: By unilaterally cutting the federal government's funding share to 45 per cent, they took $160 million out of Queensland's hospitals, but that is not all. Not only did they cut funding; they have not actually paid the funding share they say they would. The Turnbull LNP government still owes Queensland $293.6 million for hospital services already delivered in 2016-17. They have plenty of money when it comes to tax cuts for the big banks, but they will not pay up the money they owe our hospitals. Again, this is a massive issue for the Health budget.

The member for Caloundra might not like hearing about it—and I note that not a single LNP MP has spoken in support of our hospitals to their colleagues, their bosses, in Canberra—but for the benefit of the members for Caloundra, Nicklin and Noosa I point out that the cut from 50 per cent to 45 per cent cost the Sunshine Coast HHS $11.6 million. The choice Queenslanders will have is to elect a Labor government that will not only restore those cuts but also provide new health facilities for Queenslanders.

We saw in the lead-up to 'super Saturday' a commitment that federal Labor would build a $17 million urgent-care clinic on Bribie Island. That new clinic would provide much needed healthcare services for the residents of Bribie. It would fill the gap in primary health care caused by the failed policies of the LNP. It would be home to doctors, nurses and other clinicians and offer after-hours services and be open seven days a week. It would cut travel time for residents who travel to Caboolture Hospital when requiring treatment. This means they could be seen quicker, get better quicker and get back to their families and friends faster.

It would also take much needed pressure off Caboolture Hospital's emergency department. Patients with less urgent injuries—category 3, 4 or 5—would be able to go to the clinic instead of Caboolture Hospital. About 5,000 of the 52,000 people who present at Caboolture Hospital came from Bribie. Up to 75 per cent of them had conditions that could be treated at an urgent-care clinic. That includes people who have broken bones, sprains, strains, ear infections, cold and flu symptoms, UTIs and respiratory infections.

In May around 80 per cent of all presentations at Caboolture Hospital were category 3, 4 or 5. Some of those people would live on Bribie. This new clinic could service them. For our paramedics it also means less time spent driving between Bribie and Caboolture. As you would know, Mr Chair, time spent driving is time not spent responding to the next life-threatening incident.

Federal Labor also committed to invest $10 million in a chemotherapy clinic for Caboolture locals. The new clinic will help those facing one of life's most destructive diseases and give them the option to receive their treatment close to family and friends. As well they committed to an MRI in the Moreton Bay region. The Turnbull government has completely neglected MRI scans, granting only five licences over five years. In contrast, Labor granted 238 licences.

I would like to note that in the lead-up to the election the LNP promised the community a Caboolture drug rehabilitation service. I will table in a moment the media reports which suggest Mr Hunt said it was not an election commitment but rather a policy of the government. I look forward to ensuring that it is delivered on behalf of the people of Queensland. I table the media reporting. I trust the members of the LNP can keep their bosses in Canberra to their word, at least on this one.

CHAIR: We need to seek leave to table the document.

Mr McARDLE: Can I see it first? I just want to check it first.

CHAIR: Whilst the member for Caloundra is looking at the document before seeking leave to table it, I will make a comment. During the first block of questions my observation was that government members sat quietly and respectfully and there were no interjections. During the answer to my first question we have had nothing but interjections. I am asking non-government members to abide by my earlier comments that this will be a respectful hearing with due courtesy. Members, we are seeking leave to table this document. Minister, you sought leave to table this particular—

Mr McARDLE: I just need to read it, Mr Chair, if you do not mind.

Dr MILES: You only need to read the last two paragraphs.

CHAIR: I will put the question. Leave is granted for the tabling. With funding from the Commonwealth government so important in the overall health and hospitals budget, will the minister explain why Queensland has not signed the heads of agreement on a new funding deal with the Commonwealth government?

Dr MILES: The answer to that question is very simple. We will not sign up to a new agreement until the Turnbull government has met its obligations under the current one. The heads of agreement on public hospital funding and health reform presented by the Commonwealth would form the basis for negotiations for a new health agreement to apply from 2020-21 to 2024-25.

The Prime Minister asked premiers to sign up to it at the COAG meeting on 9 February 2018. At that time the Commonwealth still owed Queensland $168.6 million in national health reform funding, owed for services delivered in Queensland hospitals back in 2014-15 and 2015-16. As the funding for each year forms the basis for funding for the next year, the funding shortfall by 2017-18 could have been as much as $1.2 billion. Without payment of the full amount of the funding owed, our health and hospital services cannot properly plan for the future. While Canberra has now paid the bill for $168 million, the Commonwealth Treasurer has still not made a determination of national health reform funding for 2016-17.

At the time I raised this issue the Queensland LNP did not just refuse to support our hospitals; they actually disputed that the money was owed. The LNP spokesperson did not just run Greg Hunt's lines; she read them out word for word as though they were her own. In doing so, she accused me of making numbers up. It must have been pretty embarrassing when the federal government then agreed to pay some of the money. He had told them I was making it up. In sending us that money they accepted what Queensland had been saying. In doing so, they made a fool of the member for Mudgeeraba.

According to the assessment by the independent umpire, the former administrator for the national health funding pool, Queensland is still owed $293.6 million for services delivered in 2016-17. The share of this funding for the Sunshine Coast HHS, for example, where the members for Nicklin, Caloundra and Noosa reside, is $55 million. We on the government side of the chamber do not think that is good enough. We are not prepared to sign until the Commonwealth has paid our state what we are owed under the current agreement.

Ms LINARD: Minister, in a similar vein, can you please explain to the committee how cuts to Medicare impact on Queensland hospital budgets?

Dr MILES: The fact is that the Turnbull LNP government has cut health funding in many ways in recent years including through the Medicare system. The Commonwealth recently completed its Medicare Benefits Schedule Review. That review commenced in 2015, with the stated aim of aligning more than 5,700 items on the schedule with contemporary clinical evidence and practice. However, in its 2018-19 budget, the Commonwealth announced it will apply $189.7 million in Medicare savings over five years from 2017-18.

Queensland has supported changes to the MBS where they align items on the MBS to best available clinical evidence and do not result in negative impacts. We are already seeing adverse impacts of restrictions on after-hours home doctor services in Queensland regions. Queensland Health analysis shows that after-hour home doctor services had reduced hospital emergency visits across the state for lower acuity or GP type presentations. Since the after-hours items payable under the MBS were restricted, at least one major provider in Townsville has ceased operating. If these businesses continue to close, it will put more pressure on emergency departments to treat minor ailments after hours because patients cannot access alternatives.

The impact of these changes on Queensland's emergency departments will continue to be monitored, but they come on top of the GP rebate freeze, which has left so many highly skilled general practitioners unable to bulk-bill patients for their services. About 32 per cent of presentations to emergency departments are for minor ailments that a GP could treat. Without access to a GP, people with these kinds of conditions will continue to have to come to our emergency departments or, worse, they will not get proper treatment and end up much sicker.

Already there are Queensland cities with no bulk-billing doctors like Mackay and Gladstone, where the only remaining generally bulk-billing doctor is the after-hours home visit service. It is another area where LNP cuts are affecting Queensland hospitals, making the job of Queensland's hardworking doctors, nurses, midwives, health professionals and support staff even harder. It is exactly why the people of Longman rejected the LNP at the weekend. I note again that, while the LNP has criticised our hospitals in every single health statement, they have never once criticised the Turnbull government for their health cuts or even accepted the impact their party's policies have on health care here in Queensland.

Mr O'ROURKE: Minister, can you inform the committee how the Commonwealth government's cuts to public dental services have impacted on services for Queenslanders?

Dr MILES: I thank the member for Rockhampton for his question. I know this is an important issue in his community where without sufficiently funded public dental care people will go without dental care. That is the sad fact of this. The provision of dental care in the public system has traditionally been funded by both the Commonwealth and state governments including under national partnership agreements.

Commonwealth funding for public dental services and the Child Dental Benefits Schedule has contributed significantly to reductions in waiting times for public dental patients in Queensland. Unfortunately, though, since 2015-16 funding under those national partnership agreements has fallen sharply. Funding for the National Partnership on Public Dental Services for Adults was reduced by 30 per cent per year—that is $8.7 million a year—for the period January 2017 to March 2019. This is compared to funding under the previous agreement, which ended in December 2016.

Since the first NPA commenced in February 2013, the average number of additions to the general dental waiting list per month has increased from 2,500 to approximately 8,000. The 30 per cent cut in Commonwealth dental funding equates to approximately 14,000 fewer patients treated from the public dental waiting list each year. It means our hospital and health services have less capacity to offer public dental care to eligible Queenslanders primarily through fewer dental vouchers and fewer temporary dental staff.

The LNP needs to understand that funding cuts have ramifications. When you cut funding, especially by this much, services suffer. The impact of this funding reduction on public dental services is now being experienced across Queensland. Many members of this committee will have been contacted by constituents, members of their community, who can no longer obtain a dental voucher, for example.

The shortfall in funding from the federal government means that Queensland Health has had to reduce certain performance targets. It will be more difficult to maintain timely access to general dental care at public dental clinics in Queensland in 2018-19. For that reason, the 2018-19 SDS includes a reduced target for the percentage of public general dental care patients waiting within the recommended time frame of two years. I have written to all MPs, including members of the committee, to outline how these Turnbull cuts are affecting wait times in their communities.

Despite these challenges, oral health teams across the state work extremely hard to ensure patients receive treatment within the recommended waiting times. The Queensland government is committed to the ongoing funding of public dental services for vulnerable Queenslanders.

CHAIR: We will move to the member for Maiwar.

Mr BERKMAN: Thank you to the minister, ministerial staff and departmental staff for making themselves available today. It is much appreciated. Minister, you have answered question on notice No. 8 in relation to abortion law reform and provision for services from that point. We are anticipating still being in a situation where about 95 per cent of all terminations performed in a health facility are outside the public system where costs can be very high. You have anticipated that that is unlikely to change following the decriminalisation of abortion. Is it government policy to increase access at no out-of-pocket cost via the public health system?

Dr MILES: I thank the member for Maiwar for his question. I know it is an issue that he is passionate about and we have discussed, and it is certainly something I feel very strongly about too. Access to safe and high-quality abortion services is a significant women's health issue. The current criminalisation of abortion presents serious health challenges for Queensland women. It has also created uncertainty and stigma for both women and health practitioners.

As the member is aware, last year the Palaszczuk government requested the Law Reform Commission to conduct a review and investigation into modernising Queensland's abortion laws. That report contains 28 recommendations to clarify and modernise those laws. We have accepted all 28 in full. In line with our 2017 election commitment, the government plans to introduce a termination of pregnancy bill to parliament in August 2018. Abortion is a personal matter between a woman and her medical professional and does not belong in the Criminal Code.

The proposed legislation will ensure reasonable and safe access to termination of pregnancies for Queensland women and provide clarity and certainty to health practitioners. The legislation reflects the positions of informed healthcare organisations and stakeholders including the AMA and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists. If passed, the bill will bring our current law into line with contemporary and safe clinical practice.

With regard to the member's concerns about equity of access to abortion services, we know that there are barriers to access of termination services in Queensland, particularly for women in rural and remote areas. I have asked Queensland Health to develop an implementation plan that will begin by examining regions of Queensland where services are not available and addressing those gaps that includes engaging with local services and the private sector.

Queensland Health already has a funding arrangement in place with Marie Stopes to support local access to surgical termination of pregnancy services in Rockhampton and Townsville. The proposed legislation will provide women in rural and remote parts of Queensland with more options. The changes will also increase access for women seeking support from medical officers and will give medical officers more capacity to support women.

One part of the state where this has been a particular concern is Cairns and the Far North. Surgical termination of pregnancy is currently not available in the Cairns region due to the retirement of a private gynaecologist in 2017. Queensland Health is aware of the issues surrounding access there and is currently exploring options to reinstate surgical termination of pregnancy.

I can advise the member and announce today that funding has been allocated for a contract to a service provider in the Cairns region which will avoid the currently untenable situation where women may have to travel from as far as the Torres Strait to Cairns and then be sent to Brisbane or even to Sydney. It may be their first time outside of the Torres Strait. Those negotiations with a service provider are continuing and will open up services for a much bigger part of the state.

CHAIR: Member, do you have a supplementary question?

Mr BERKMAN: Yes, I do. Continuing on the same topic, your response to the question on notice also said that, due to competing demands on resources, termination on request may not be considered to be a priority for public hospitals even following legislative change. Terminations are an urgent and time sensitive matter, as you are well aware I am sure, for the person experiencing the unplanned or crisis pregnancy. The response sounds very much like terminations being treated like any other kind of elective surgery.

Mr McARDLE: I raise a point of order, Chair. I ask the member to refer to the SDS document and a page number that relates directly to the question in relation to termination and in relation to the question he is putting. I am trying to draw the SDS document to the member's question because that is the reason we are here today—the SDS document. Could that be clarified by the member?

CHAIR: The member does not need to refer specifically to the SDS under the standing orders. His question is around a question on notice which has been taken by the minister and responded to. I find it completely relevant. Continue the question, member for Maiwar.

Mr McARDLE: I raise a point of order, Chair. The requirement still is that there be a reference to actual appropriation under consideration. That is what I mean by asking what is the appropriation that we are referring to that elicits the right to ask the question that I think he is asking and is ancillary to your point.

CHAIR: Deputy Chair, you have no point of order because it is around the appropriation of health service delivery. Member for Maiwar, continue your question please.

Mr BERKMAN: Just to put the issue to bed, we could quite simply go to page 1 of the SDS where it addresses 'Service area 4: Sub and Non-Acute Care'. My question is in relation to the treatment of termination services being similar to other kinds of elective surgery which is where I was at too with the question. Why is this the case, Minister?

Dr MILES: I thank the member for his question. In a moment I might ask Dr John Wakefield to speak to that in a little more detail. My understanding of what that reference was intended to say—we probably could have said it better—was that HHSs will, as they do, continue to assess demand for services and determine how to address that demand. In an emergency or in the case of an urgent need, that will be assessed as critical and triaged as critical in the way that all procedures are.

What that reference refers to is that the vast majority of terminations occur in the primary care setting and that that is the appropriate place for the vast majority to occur, particularly those administered medically rather than surgically. The experience in particularly Victoria has been that there has not been a great shift in patients from the not-for-profit and private sector into the public sector. Public hospitals will continue to offer services for the most complex and, of course, for the critical and emergency situations. That work is ongoing.

I would like to see the Commonwealth address the shortfall in bulk-billing rebates available to those primary care providers. I think that is a big issue. The response there was intended to say that the primary care setting for most women who have their abortions in particularly the first trimester will continue to be the appropriate place for them to seek those services. Dr Wakefield, would you like to add anything?

Dr Wakefield: I think the minister has outlined the basic facts. The vast majority—95 per cent—are in the private sector—that is, Medicare funded with a patient co-pay. In the public sector, our current approach has been guided by our therapeutic termination of pregnancy guidelines, which operate under the current legislation, which provides the framework for how the public system deals with termination of pregnancy, and that is predominantly for cases of significant congenital deformity or maternal illness.

From a cost perspective, we have an arrangement with Marie Stopes to provide a grant for them to cover the extra expenses of transportation of doctors and lease costs for day surgery procedures in Rockhampton and Townsville for the approximately 1,500 cases that they do per annum. That supports women accessing those services which were at risk of being lost due to that additional cost.

CHAIR: Thank you very much, Dr Wakefield. Do you have anything further, Minister?

Dr MILES: Let me close out what Dr Wakefield said. I am interested to learn of the experiences in other states. While we do acknowledge that cost is a major equity impediment for many women right now, it is my expectation and hope that once it is not illegal that will reduce the stigma for medical professionals to provide the service. It will reduce the risk to them as clinicians. It will hopefully mean that more clinicians provide services as it becomes a more normal, recognised and accepted procedure, and in the process we would expect those co-pays to reduce.

Ms BOLTON: Minister, I refer to pages 201 to 203 of the SDS and note that palliative care services are not mentioned for the Sunshine Coast HHS as for other regions. Will the current review address this? Have all stakeholders including the community at large, palliative care services and voluntary euthanasia advocacy organisations been consulted or notified of this review?

Dr MILES: I thank the member for Noosa for that question. It is an issue she has raised with me when we have met and is a matter that she has discussed with my office and I think with the local health service. On that note, in a moment I will ask Naomi Dwyer, the CE of the HHS whom I know you know, to come forward and address the specifics of the Sunshine Coast. If you would not mind me saying a few things about palliative care before I do so, I would appreciate the chance to do that.

The Department of Health provides about $95 million annually for palliative care services in Queensland including $7 million for non-government organisations, many of which are on the Sunshine Coast. These services are provided to ensure that people receive the compassionate care they need at the end stages of life in hospital, hospice, community and home settings.

In response to Queensland's growing and ageing population and our commitment to providing high-quality palliative care services, the Palaszczuk government released the Queensland Statewide Strategy for End-of-Life Care in 2015. We have now released a consultation paper titled *Queensland Health palliative care services review: consultation paper*, and there is online consultation available on that until 24 August. I would urge all members to encourage representatives of their local service

providers, constituents and themselves to contribute to that consultation. It is a genuine attempt to gauge community interests. The purpose of the review is to develop a contemporary and strategic approach for Queensland's future palliative care services funding arrangements.

The consultation paper will form the basis of gathering feedback from stakeholders on the suitability and accessibility of existing palliative care services and service models. The government is committed to helping people who are dealing with failing health, helping clinicians dealing with death and dying in the health system and caring for people of all ages as they face the end of their life. Ms Dwyer, can you please add the detail about how those funds are invested on the Sunshine Coast?

Ms Dwyer: Sunshine Coast Hospital and Health Service provides specialist palliative care services to our community. As is the way with contemporary palliative care, that is very much directed by patient choice. We have consultant liaison services which provide outreach to community as well as inpatient services. As part of the redevelopment of our Caloundra site, we are expanding our inpatient palliative care service, which will increase by eight beds and four day beds. We look forward to the opportunity to contribute to the review of palliative care services for Queensland which the minister has just outlined.

CHAIR: Minister, do you have anything further?

Dr MILES: I welcome further questions.

CHAIR: Member for Noosa, do you have a further question?

Ms BOLTON: Yes, I do with regard to page 1 of the SDS. Following on from where I was before, with community based alternatives to hospitalisation being trialled and delivered successfully, where is funding being made available to ensure the continuity of these? Examples include Daliya House in Nambour for mental illness and Katie Rose Cottage Hospice and little haven hospice for end of life.

Dr MILES: Are you in a position to address that?

Ms Dwyer: The Sunshine Coast Hospital and Health Service budget is primarily involved with acute inpatient services, which I just talked about, and outreach to community. We do interface with some NGOs and provide some senior medical support. The Sunshine Coast Hospital and Health Service, though, does not directly fund those NGOs.

Dr MILES: Let me add to what the chief executive has said, because I think the point the member for Noosa is making is a really good one. Different people have different desires for where they would like their palliative care to be set, and I think it is important that we provide a range of options to people. There is a range of different sources of funding, not just from the HHS. I think there is a wide range of different examples of how the government is funding alternative models of care. For example, we have invested $35 million in the Integrated Care Innovation Fund. It supports HHSs, often in partnership with primary healthcare networks, to test new ways of delivering care to Queenslanders other than through traditional hospital pathways.

We have several hospital avoidance and substitution services that are improving patient care and allowing more patients to get the care they need without visiting an emergency department. An example of that is in aged care. The Comprehensive Aged Residents Emergency and Partners in Assessment Care and Treatment program focuses on streamlining and improving care for frail, elderly residents of aged-care facilities. The program works with residential aged-care facilities and GPs to provide a central point of contact for clinical support, resources and education and a central referral contact for very unwell residents. Those kinds of services can allow people to stay in their nursing home closer to the point of death or throughout their palliative care treatment. The ultimate goal is to ensure each aged-care resident receives the best care for their needs in a timely manner and in an appropriate setting.

We also have the GEDI program, the Geriatric Emergency Department Intervention program, which maximises the quality of care provided to older people attending an ED and reduces the ED length of stay for vulnerable patient cohorts. It is particularly relevant to frail and elderly patients. Another example is the Hospital in the Home program, which is providing short-term home based care as a substitute for people otherwise needing to go to hospital. What I hear from a lot of constituents is that they would prefer to die at home than in a hospital or a health facility. The DG has just advised me that the chief executive has more she can add about health services on the Sunshine Coast, and if the member is happy I will ask her to do so.

Ms BOLTON: Yes, thank you.

Ms Dwyer: The Sunshine Coast Hospital and Health Service is implementing a range of strategies to provide care to our consumers in the right place, and many of our consumers prefer care in home. We are expanding our Hospital in the Home program in this financial year. We are in a procurement process for that.

The GEDI program is really significant because it is an evaluated, evidence based care pathway and, as you would expect, on the Sunshine Coast, given our ageing population, we find a number of older people present to emergency departments, and hospitals are not always the most appropriate places for the frail and aged. The GEDI program, which has specialist medical and nursing input right at the front door of the emergency department, is doing a great job in facilitating and streaming patients back into community with supported care.

GEDI is the Geriatric Emergency Department Intervention, so it is embedded but it draws on the speciality streams within the hospital including geriatric expertise. We have also with our clinicians done a lot of work in increasing telehealth occasions of service. That is really important, again given the number of consumers we have who are resident in aged-care facilities. That provides outreach to supporting consumers in home or in nursing home within our community.

CHAIR: We will move on to government questions.

Ms LINARD: Minister, could you please outline for the committee some of the new—

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

CHAIR: What is your point of order, member for Caloundra?

Mr McARDLE: It is quite clear that there has been an exceptionally large period of time taken up with the member for Noosa's questions and the member for Maiwar's questions. It is, in my opinion, equitable that it now pass back to the opposition to ask relevant questions of the portfolio. The equitable nature of estimates is that members get the appropriate time to ask relevant questions, and I suspect that time was well and truly expired for other members to ask questions and now should swing back to the member for Mudgeeraba to ask questions.

CHAIR: Member for Caloundra, the member for Maiwar, who is a standing member of this committee, has every right, as does the member for Noosa—

Mr McARDLE: No-one questioned that.

CHAIR:—to ask questions at the estimates hearing and they are members of parliament. We are moving on to government questions. You have two blocks in the next session. We have approximately 20 minutes left. We are now eating into that time. We are moving into government questions. If there is dissent from my ruling, we will adjourn and deliberate downstairs. Can we move on with the questions?

Mr McARDLE: No, Mr Chairman. The point of order is that there should be an equitable division of time for relevant members of the committee to ask questions in accordance with their ratio before the committee. It is appropriate at this point in time to move the questions back to the member for Mudgeeraba.

CHAIR: Member for Caloundra, you do not have a point of order on this particular topic. We are moving to government questions. You have two blocks in the next session. You are now eating into government time.

Mr McARDLE: Am I?

CHAIR: I would like to finish this particular block. If you are going to dissent from my ruling, we will adjourn. Member for Caloundra, there will be proportionate time throughout the session. We have four hours with the minister. We are into our first hour. Can we move to government questions, please?

Ms LINARD: Minister, could you please outline for the committee some of the new initiatives that will be funded with the additional funding in this year's budget? I was so excited to get my question out. Please tell us some of these new initiatives.

Dr MILES: The only person more excited than you, member for Nudgee, is me. The Palaszczuk government is delivering a record operating budget of $17.3 billion in 2018-19. This is $729 million more than last year's adjusted operating budget. In addition to helping to meet the growth in demand for hospital and ambulance services, this increased funding will also deliver a number of new initiatives. This includes a significant investment of $106.4 million over four years to enhance community mental health treatment services provided by hospital and health services across Queensland. These services are provided by specialist clinical professionals to support individuals with severe and complex mental illness. This increased funding will support the government's Connecting Care to Recovery Strategy and will initially focus on prioritising children and youth and older people.

We are also investing $20 million over four years to enhance renal services in North Queensland. The funding will be provided to the Townsville, Mackay, North-West, Cairns and Hinterland, and Torres and Cape Hospital and Health Services. This investment will deliver expanded renal services closer to home for people in North Queensland.

The budget also provided good news for Queenslanders with diabetes with a statewide funding increase of $17.5 million over four years for high-risk foot clinics. I saw firsthand the important services provided by high-risk foot clinics when I visited Cairns in June. This funding will increase service availability across Queensland so people with high-risk foot concerns receive treatment sooner. This, in turn, will help reduce avoidable hospitalisations and amputations.

High-risk foot clinics work with patients to manage foot complications such as diabetic foot disease, which is caused by a lack of circulation or blood supply to the feet. The disease can affect people with type 1 or type 2 diabetes and is one of the top 20 leading causes of hospitalisations in Australia. In severe cases it can lead to amputation or even death. Prevention is always the key. Eighty-five per cent of these amputations are preventable if the disease is detected early and managed appropriately. This additional funding will ensure patients can do just that by giving them better access to a multidisciplinary team of podiatrists, physicians, surgeons, nurses and other allied health professionals.

The funding will also deliver two new statewide telehealth positions to provide specialist podiatry support to Queenslanders no matter where they live in this state. One of these telehealth positions will be based at the Cairns and Hinterland HHS. The other will be based in the south-east at Metro North HHS. These new positions will particularly benefit Queenslanders living in rural and remote areas as the service will reduce the need to travel to a metropolitan area in order to see a specialist at a high-risk foot clinic. Creating these positions reinforces the Palaszczuk government's commitment to ensure every Queenslander has access to the best possible health care when they need it and as close to home as possible.

Ms LINARD: In addition to the programs and initiatives you have just mentioned, could you please provide an update on the delivery of the government's Building Better Hospitals program and other election commitments in relation to health infrastructure and equipment?

Dr MILES: The Palaszczuk government is continuing to make significant investments in health facilities and equipment right across the state. This year's budget delivered on our $679 million investment in the Building Better Hospitals program. It includes funding of $281.2 million for the Logan Hospital redevelopment as well as $12.6 million for the Logan Hospital maternity services project. The redevelopment there will deliver up to 192 additional beds while the maternity services project will deliver six additional inpatient beds, five additional delivery rooms and a further 10 to 14 cots.

We are also investing $252.7 million in the Caboolture Hospital redevelopment, which will deliver 130 additional beds. Both the Logan and Caboolture regions are experiencing significant growth. Additional beds and services are required to address the increasing demand from those growing and ageing populations. Building Queensland has led the development of the detailed business cases for those significant projects.

As part of the Building Better Hospitals program, the Palaszczuk government has also delivered $124.5 million for stage 1A of the Ipswich Hospital expansion. The expansion will deliver new mental health facilities for adults and seniors, an MRI suite to grow clinical capacity and an integrated community healthcare centre and outpatient facility.

We are providing $5 million to work in partnership with the Cancer Council Queensland to refurbish the accommodation lodges for regional cancer patients in Townsville, Toowoomba and Herston. Our Building Better Hospitals program also included $3 million to commence planning and business case development for the Wide Bay and Burnett region. This year's budget also provided funding for a number of other election commitments in relation to new infrastructure and equipment.

As part of the government's Action on Ice strategy, the government is providing $14.3 million to deliver and operate a new 42-bed residential drug rehab and treatment facility in Rockhampton, which I know is very much welcomed by the member for Rockhampton. In Townsville, of more interest to the member for Thuringowa, we are providing $4.7 million for a second MRI machine and its fit-out. For Cairns Hospital we have provided $2.8 million for the fit-out and purchase of equipment for the new cardiac catheterisation laboratory. For Mareeba Hospital we have provided $5 million for the purchase and installation of a CT scanner. For Redland Hospital we have provided $1.7 million for an additional birthing suite in the maternity unit and an expansion of the emergency department. For the Bowen Hospital we have provided $400,000 to upgrade the hospital roof.

In addition to these election commitments, the budget also provided internal funding of $5.9 million for the Children's Health Queensland Imaging Informatics Program and $12.8 million for the Gold Coast Medical Imaging Informatics Solution. The Palaszczuk government understands the importance of investing in new innovation and technology to advance Queensland's healthcare system. These new systems will deliver high-quality, high-resolution digital medical images and reports, all of which will improve patient care.

Mr O'ROURKE: Minister, will you provide an update on the implementation of the Specialist Outpatient Strategy and how it is benefitting patients?

Dr MILES: I will. Thank you for that question. When the Palaszczuk government came to office there were more than 104,000 Queenslanders waiting longer than clinically recommended for a specialist outpatient appointment. That is 104,000 Queenslanders waiting on the LNP's waitlist just to get on the waitlist. In our first budget we provided $361 million over four years to tackle this problem head on, funding both more appointments and the flow-on impacts for elective surgery. At the end of last year we committed a further investment of $154 million over two years to continue to reduce wait times. By the end of June our investment had delivered additional funding of $312 million, and that increased funding has delivered.

We have seen a 40.7 per cent increase in outpatient activity compared to three years ago, a 22.5 per cent increase in inpatient activity compared with three years ago. Over the past three years over 1.8 million Queenslanders have received their initial specialist outpatient appointment. Thanks to the Palaszczuk government's investment, they will have been seen by a specialist sooner. The specialist of around 30 per cent of these patients seen in a surgical clinic will have determined that they need to undergo elective surgery. Thanks to our investment, they will have been added to the elective surgery waiting list sooner rather than languishing on the waitlist for the waitlist.

Our Specialist Outpatient Strategy is working. The number of patients waiting longer than two years has fallen from 21,992 under the opposition—under the LNP—to just 394 now—

Mr McArdle interjected.

Dr MILES: That is a 98 per cent reduction. The number of patients waiting longer than four years has fallen from 5,132—

Mr McArdle interjected.

Dr MILES:—under the LNP to just two now—just two. This year's SDS shows that the percentage of specialist outpatient appointments provided within clinically recommended times remains steady for category 1 cases at 83 per cent, increased for category 2 cases from 69 to 72 per cent and increased for category 3 cases from 84 to 88 per cent. Comparing 2017-18 to the previous year, the number of patients who received their specialist outpatient appointment within the clinically recommended time increased for category 1 patients from 228,000 to nearly 236,000, for category 2 patients from 145,000 to more than 153,000 and for category 3 patients from 87,664 to 98,520. This has been achieved in the face of significant growth in the demand for specialist outpatient services with around 11 per cent growth in 2017-18 compared to the previous year. Our investment in the Specialist Outpatient Strategy has also funded more than 10,000 additional telehealth specialist services. It has also delivered new models of care including allied health and nurse led models targeting specific clinical conditions to provide the right care sooner.

As part of our election commitment, by 2020 patients will be able to manage their specialist appointments online through the establishment of a patient portal. GP referrals will be submitted by electronic messaging to Queensland's largest public hospitals and GPs will have access to an online statewide directory of public hospital services to better inform and direct referrals.

The Specialist Outpatient Strategy is delivering real results for Queenslanders, as the community can see. It is in stark contrast to the former LNP government's wait-time gimmick. The LNP claimed that it was a successful program despite the fact that the program never actually operated. That is because it was due to start on 1 February 2015, the day after the 2015 election.

Ms Bates interjected.

Dr MILES: The only thing that the wait-time gimmick provided funding for was $77 million over three years for consultancies, advertising and bureaucrats. It did not provide a single dollar to actually deliver additional services in any Queensland hospital. During their time in government, the LNP benefited from significant increases in federal funding for hospitals and national partnership agreements provided by the federal Labor government. Yet the LNP still left 104,000 Queenslanders languishing on their waitlist just to get on the waitlist.

Mr McArdle interjected.

CHAIR: Members!

Dr MILES: Their priorities were to sack 4,400 Health staff—

Ms Bates interjected.

Dr MILES:—including 1,800 nurses and midwives, and the member for Mudgeeraba should know; she was the first nurse he sacked. The way to keep elective surgery long waits down when you are sacking staff is to keep people on the wait list for the wait list.

Ms BATES: The dog ate your homework.

CHAIR: Member for Mudgeeraba, your interjections are not being taken.

Mr O'ROURKE: Minister, could I also get an update on the performance of Queensland emergency departments and the strategies to manage that increasing demand?

Dr MILES: I thank the member for his question. It is a very important one. Queensland's emergency department doctors and nurses work tirelessly to make sure critically ill people are seen on time. They do a tremendous job of taking care of Queenslanders when they are sick. As I outlined earlier, our emergency departments saw over 1.9 million patients in 2017-18, which is a 3.2 per cent increase. In 2017-18, 77 per cent of patients who presented were either discharged or admitted within four hours, which is similar to the performance of the previous financial year even given the massive increase in demand.

The record flu season in 2017 has contributed to further demand on emergency departments and ambulance services. In 2017 there were more than 56,000 laboratory confirmed cases of influenza. This is the highest number of notifications since laboratory confirmed influenza became notifiable. The previous highest number of notifications was in 2015, and it was about half that: 28,000. A number of targeted initiatives have been implemented in 2017 to deliver that performance. These investments total $40.2 million in 2017-18 and a further $10 million in 2018-19, including for the Winter Beds Strategy and the South-East Queensland emergency department action plan.

Initiatives in 2017 included $1.8 million to implement improved emergency department models of care; $5 million to mobilise an additional 40 paramedics across the south-east; $700,000 to support a more streamlined process for the handover of care between paramedics and emergency departments; $1.2 million to support the establishment of patient access coordination hubs across all South-East Queensland HHSs; $1.7 million to support initiatives across Metro South, which included increasing the opening hours at Redland Hospital and additional beds at Logan; $2 million to support initiatives across Metro North Hospital and Health Service, including interim care in Zillmere and subacute beds in Caboolture; $8 million to support initiatives at the Gold Coast HHS, including changes to the emergency department models of care with additional paediatric emergency department beds; $1.5 million to support additional Hospital in the Home beds at Ipswich. We are also making sure that our hospitals can cope with the highest demand experienced during the busy flu season by investing $10 million in the continuation of the Winter Beds Strategy. In addition to the $10 million investment, a number of Queensland initiatives are aimed at reducing the risk to Queenslanders associated with the flu and the flow-on impacts to the health system.

CHAIR: Thank you very much, Minister. Given the time, we will adjourn for a 15-minute break and return at 10.45.

Proceedings suspended from 10.29 am to 10.46 am.

CHAIR: We will commence our second session with questions from the opposition.

Ms BATES: Can I please call the Chief Health Officer, Dr Jeanette Young?

CHAIR: I would ask you to direct your question to the minister, please.

Ms BATES: Minister, while Queenslanders were finding out about the revelations regarding the tissue bank at 1.30 on Friday, 22 June 2018, you were hiding away from public scrutiny sending out political tweets at 1.51 pm—

CHAIR: Member for Mudgeeraba, can you rephrase your question and take out the imputations, please. Rephrase the question.

Ms BATES: Minister, while Queenslanders were finding out about these revelations at 1.30 on Friday, 22 June, you were sending out political tweets at 1.51 pm. I seek leave to table the document. Minister, is it true that the only reason this issue was detected in the first place was because of bullying and intimidation allegations involving staff at the Heart Valve Bank?

CHAIR: Member for Mudgeeraba, please explain how your question is relevant to our consideration of budget estimates.

Ms BATES: Mr Chair, the Chief Health Officer has already come here to try and explain some of the issues. I was briefed personally by the Chief Health Officer. The reason I wanted to question her and the reason I asked the minister is that in that conversation I was informed by the Chief Health Officer that these issues were detected because of another investigation completely separate from the tissue bank. That is why I wanted to, with the minister's indulgence, ask those questions of the Chief Health Officer.

Dr MILES: I am happy to address the accusations made by the member regarding myself. I am also happy to ask the Chief Health Officer to outline for the committee the events that led to the identification of that particular issue. I note that the member for Mudgeeraba is aware of that. I asked the Chief Health Officer to brief her on this matter precisely because, as I have said, I did not believe it should be politicised. I believe that the interests of the four people involved and their families should be put first, and that is why they were advised first. That is why the public announcement followed the informing of those patients. That contrasts with events in 2014, where parents of patients discovered the results of their babies' HIV tests as a result of a breast milk mix-up from a radio station because the LNP decided to tell the media before they told their patients. I was determined that this process should be managed better and managed differently, and I believe it has been.

The member has referred to a post to my Twitter account. I am not sure if the committee has accepted its tabling or not. You may want to reflect on that, Chair. Can I point out that the tweet itself was not posted by me; it was scheduled in advance, prior to the Chief Health Officer scheduling her press conference. The member may remember from her brief time as a minister that ministers have staff and sometimes staff do things on their behalf, including post to their social media accounts. That is precisely what occurred in this instance. I know the member will not like me pointing out that their health policy is about propping up the bottom lines of their big private hospital donors—

Ms BATES: Point of order. The minister has agreed to answer some of the question, but I specifically asked the minister if I could ask the Chief Health Officer some questions in relation to the tissue bank. The answers that you are giving have absolutely nothing to do with the tissue bank. Minister, can I please question the Chief Health Officer at these estimates hearings?

Dr MILES: In asking the question you tabled a tweet from me. That makes it entirely relevant content—

Ms BATES: Which you have answered, so we are talking about other things now.

Dr MILES:—for me to address. With regard to the Chief Health Officer, I have said that I am happy to call her forward to speak to the member's question. If the member has further questions, those further questions will need to be directed through me and I will choose who and how they are answered. The member should know this process by now. There are named witnesses whom she can call and put questions to directly. The Chief Health Officer is listed as an adviser and not a witness. I would ask Dr Young to come forward. It appears to me that the specific question relates to how these issues were identified and the nature of the staff complaints that led to it.

Ms BATES: Am I able to ask my question?

CHAIR: Member for Mudgeeraba, the question has been put and the minister has called Dr Young up. On another point, you did table this particular piece of paper. All members have it. Do you seek leave to table it?

Ms BATES: Yes, I did. I already sought leave.

CHAIR: Leave is granted.

Ms BATES: Am I able to put my question to the—

CHAIR: The question has been put, member for Mudgeeraba. The minister has called Dr Young to answer the question.

Ms BATES: Through you, Minister, to the Chief Health Officer: Dr Young, we know that heart tissue was harvested from a cancerous donor and used in cardiac surgery for four Queenslanders. Can you guarantee to this committee that there was no skin or bone tissue harvested from the same donor and used for other medical procedures as well?

Dr MILES: Mr Chair, that is a different question to the question I asked the Chief Health Officer to address. The member should know the process by now. The matters that she is asking questions about now go to an ongoing investigation that Dr Young is not currently in a position to speak to. To do

so would jeopardise that investigation. I am comfortable for the Chief Health Officer to address the first question about whether it was the investigation of staff complaints that led to the identification of this issue, but the member is attempting to subvert the process and put a different question to the Chief Health Officer, and I would urge you to rule on it.

CHAIR: The first question has been put. If you are happy for your adviser to provide a response to the first question, I call Dr Young.

Dr Young: The initial facts came to light following an investigation that was carried out by the Metro South Hospital and Health Service following complaints that were made by staff employed in the heart valve tissue bank.

CHAIR: Do you have any further questions, member for Mudgeeraba?

Ms BATES: Minister, through you: we know that heart tissue was harvested from a cancerous donor and used in cardiac surgery for four Queenslanders. Can you guarantee to this committee that there was no skin or bone harvested from the same donor and used for other medical procedures as well?

CHAIR: Minister, before you answer that question I take on board what you were saying regarding the ongoing current investigation. Member for Mudgeeraba, this is absolutely not relevant to the budget estimates that we are here today to consider. I would ask you to move on to your next question.

Ms BATES: This question is to the director-general. I refer to page 99 of the SDS regarding specialist statewide hospital and health services for children and young people across Queensland. I note reports today regarding name changes to Queensland's Lady Cilento Children's Hospital. Has the department done any modelling on what the costs would be to change the name?

Mr Walsh: Yes. In line with any government policy announcement, we have looked at the potential costs associated with changing a name. Items such as stationery and cards would only ever be changed as they came up for renewal. The aspects of major way-finding within the hospital can be responded to reasonably quickly by having other items put over those signs and the major cost is associated with the large signs outside the hospital. It is a challenge to identify a firm cost because we do not know what the name of the hospital will be at this point in time. For instance, it is currently Lady Cilento Children's Hospital and if the name is changed to Queensland Children's Hospital then potentially only some of the signage would need to be replaced because 'children's hospital' remain the last two aspects of the name. If another name is chosen there could be other potential costs. Until we know exactly what the name is—from the announcement today there will be a consultation period—then we will know the actual costs associated with replacing signage.

Ms BATES: Director-General, at this stage it is true to say that you cannot inform the committee what the total cost of changing the name will be?

Mr Walsh: We do not know what the name of the children's hospital potentially could be. It may or may not change, so it is a hypothetical question.

Ms BATES: My next question is to the minister. Lady Cilento was the only female graduate of her medical class in 1919. In 1974 she was Queensland Mother of the Year, in 1980 she was awarded life membership of the AMA and in 1994 she was named Queenslander of the Year. Minister, why is the Palaszczuk government even contemplating removing this pioneering woman's name from the Queensland children's hospital?

CHAIR: With respect, Minister, this is not relevant to the budget estimates before us today. The director-general has answered the previous question about the potential naming. I see no relevance in this question, member for Mudgeeraba, to the estimates. I ask you to proceed with your next question.

Mr McARDLE: Mr Chair, I think the minister is quite keen to comment.

Dr MILES: I am willing to take the question with the committee's indulgence, although I do note your ruling, Mr Chair. It would be good to have questions that are more relevant to the appropriation. Let me say at the outset that there is no intention here to disparage the name or recognition of Lady Cilento. I have tasked the director-general to meet with the Cilento family during this consultation process to identify some other appropriate way within the hospital or precinct to recognise her contribution.

This decision today to consult the public on what they think comes after a sustained campaign by doctors at the hospital to seek for the name to be changed. The history here is that this hospital was announced as the Queensland Children's Hospital. It was built as the Queensland Children's Hospital.

Substantial community consultation indicated that it should be called the Queensland Children's Hospital. As I understand it, Campbell Newman made a captain's pick to change that name without consultation with the community and without even, as I understand it, consultation with his then health minister. Certainly that is what the reports I have heard suggest.

Ms BATES: If you change it you will offend the family.

Dr MILES: Since then there has been substantial concern about whether the name properly recognises the hospital as our premier children's hospital. That is a concern both in the case of parents perhaps not knowing if that is where they should take their children—and research has shown that less than 50 per cent of Queensland parents know that the Lady Cilento Children's Hospital is a public hospital—and 23 per cent believe it is a private hospital. Doctors have reported parents not bringing their children to that hospital for fear they could not afford services there. Of course they could because it is a free public hospital.

Similarly, when the doctors there travel or when they submit papers they often do not use the hospital name because it does not have a global recognition for what it is—a flagship hospital in our system, a $1.4 billion facility and a fantastic hospital. The view of the doctors is that with a change to the name confusion can be avoided. They can be more successful at publishing and speaking at conferences. The Children's Hospital Foundation have written to me to say that they believe they will raise more funds—raise more philanthropic funds—for the hospital with a clearer name and a clearer link to them and to their work. The board has also written to me supporting the medicos' move. Mr Chair, I would table for the benefit of the committee the letter from the Children's Hospital Foundation which is quite compelling.

Let me return to the member's defence of Lady Cilento. I can assure the committee that there is no intention to cause any offence or hurt to her or her family. I believe that, having heard the concerns of what would have been her professional colleagues, she would have understood how important this matter was. To the member's previous question about the potential costs, this is a $1.4 billion facility. Any potential cost will be very small. The responsibility for that captain's pick with regard to the naming of it rests of course with Campbell Newman. You might want to discuss with him the community consultation process he went through, but I suspect it was nowhere near as thorough as this process has been and will be. The Queensland public will now have a month to have their say and if the member is right then the public will say that they do not want it changed. However, I suspect that the public will say that they would prefer Queensland's premier children's hospital to be called the Queensland Children's Hospital.

CHAIR: Thank you, Minister. I note you sought leave to table the letter from the Children's Hospital Foundation. Members have had a chance to view that. Is leave granted for that to be tabled? Leave is granted. Do you have a supplementary question?

Ms BATES: My next question is to the director-general. I refer to page 42 of the SDS in relation to Queensland Health corporate and clinical support, and I ask: Director-General, have there been any concerns raised by doctors or other health staff in relation to the rollout of the integrated electronic medical record system?

Mr Walsh: The integrated electronic medical record system is one of the major digital transformations that is being undertaken in Queensland Health. It is our largest clinical change program that we have seen for a significant amount of time. The number of people who have contributed to the development of the program from all of the hospitals across the state, from our clinical networks and from the clinical senate is enormous and I would like to take the opportunity in responding to the question to thank all of those people who have put in all of the time to ensure that the electronic medical record system meets the needs of our system.

With any major change program there will always be people who find the change difficult and the process we have undertaken ensures that everyone has the opportunity to contribute to those issues. One of the most important things that I do as part of this change program is that, ahead of every single go live in a hospital, I personally meet with all of the clinical directors and nursing, allied health and corporate staff in each of the hospitals just before it is about to go live. I usually undertake two meetings—one about six to eight weeks out from it going live and one closer to going live. They are very well attended meetings and they are very informative. There is a series of issues that I put to the clinicians about their involvement, the way that the ieMR is going to be operating and whether they have sufficient ability to deal with any challenges that may arise. The final question that I put to all of the clinicians that are present in those meetings who are the clinical directors in the facilities is whether

it is safe to implement. In all of those situations it is only when the clinicians say that it is safe for the ieMR to be implemented that it is implemented, but of course there will always be some people who find the change difficult.

Ms BATES: Thank you.

CHAIR: We will now move on to government questions and the next question is from the member for Nudgee.

Ms LINARD: Thank you. Minister, I want to turn to immunisation. I know that you have little ones at home like I have at home and I am sure they will be far less excited about this question than I am, but I think it is an important policy area. Minister, can you please update the committee on how our record Health budget is supporting our commitment and the government's objective to have 95 per cent of all Queensland children fully immunised at one, two and five years by 2022?

Dr MILES: I thank the member for her question and for her interest in this very important issue. It is also a matter of significant interest for the government. It was listed as one of our top priorities in the recently announced Advancing Queensland's Priorities. Increasing childhood immunisation rates is a priority for the Palaszczuk government. Immunisation is an internationally recognised, cost-effective way to guard against vaccine preventable diseases and high immunisation rates are important to protect the health of the community. The target of 95 per cent coverage for children at one, two and five years of age is ambitious but definitely achievable and we are almost there.

Queensland achieves high overall childhood immunisation rates that are comparable or above national rates. These rates have continued to increase and improve over time. The overall high rates of immunisation, however, can mask smaller pockets of areas with much lower rates of coverage. Not only do these lower rates of coverage leave individual children at risk; it jeopardises the herd immunity protection that immunocompromised people and very young children who are not eligible for vaccines rely on to keep them safe. Surfers Paradise, the Gold Coast hinterland, Noosa, Maroochy, the Sunshine Coast hinterland and Kuranda have particularly low coverage for children aged 12 months. Less than 90 per cent of one-year-old children are fully immunised in these areas. I encourage the member for Mudgeeraba, the member for Nicklin, the member for Caloundra and indeed all committee members to support the efforts of our immunisation providers and encourage people in their electorates to ensure that their children are fully up to date.

There is still work to do. When reviewing the latest immunisation coverage rates by defined level 3 statistical area as reported by the Australian government, for one-year-old children approximately two-thirds of Queensland level 3 statistical areas have rates below 95 per cent; for two-year-old children it is 100 per cent below the 95 per cent target; and for five-year-old children approximately 60 per cent are below the 95 per cent target. There are a number of factors that may impact childhood immunisation rates and why there may be low coverage. Some parents are hesitant about vaccination. Hesitancy can lead to delayed vaccination, placing children at risk and impacting immunisation rates. Sometimes parents delay vaccinations. There can be many reasons for this. Sometimes it is because they are hesitant, but sometimes it is hard to keep track of the immunisation schedule and sometimes there are challenges getting access to a vaccine service provider at the right time. Some parents simply refuse to immunise their children which is dangerous and places those children who cannot be vaccinated at greater risk.

The Palaszczuk government is implementing strategies to promote vaccination and protect children, their families and the wider community against vaccine preventable disease. Last week I called on community leaders in low immunisation hot spots like the Gold Coast hinterland to stand up for their communities and encourage families to make sure their kids are fully immunised. I said if we need to send nurses door to door to make sure those eligible kids get the best protection then that is what we would do. From next month Queensland Health will start offering in-home visits to families on the Gold and Sunshine coasts targeting children who are not up to date with their vaccinations.

Parents of children identified as overdue for vaccination—and there are 9,000 children who are not up to date in the target areas—will be offered assistance to bring their child up to date. This may include linking families to a local clinic or immunisation provider, an in-home visit or the opportunity to discuss their questions or concerns about vaccination with a health professional. Queensland Health's efforts are guided by the Queensland Health Immunisation Strategy 2017 to 2022 which was put in place to help meet the challenges of achieving our target of 95 per cent coverage for each of the three childhood age cohorts and reduce gaps for Aboriginal and Torres Strait Islander children.

Since commencing in October 2015, Immunise to 95 has followed up more than 95,000 children considered overdue for immunisation. The approach involves contacting providers and, where necessary, parents to verify the immunisation status of each child and assist families in bringing children

up to date with their immunisations if required. The Bubba Jabs on Time initiative commenced to help parents of Aboriginal and Torres Strait Islander children with on-time vaccination. The approach is based on the Immunise to 95 model and involves more timely follow-up. Since the project began in January 2017, over 3,200 children have been followed up. Many hospital and health services also undertake local initiatives to improve immunisation rates in association with these statewide programs.

CHAIR: Thank you, Minister. Your next question—

Ms BATES: I raise a point of order. It is probably more for the minister's benefit: when you are talking about the hinterland, Mermaid Beach is not in the hinterland when you put out the press release last week. Hinterland is not Mermaid Beach.

CHAIR: Member for Mudgeeraba, that is not a point of order. You do not have a point of order. We will move on to the next question.

Dr MILES: I look forward to the member supporting our campaign.

Ms LINARD: Minister, just to follow on from that question, could you also please outline for the committee how the budget is supporting the highly successful childhood immunisation program that provides free flu vaccinations for children under five years?

Dr MILES: I thank the member for her question. The Palaszczuk government has made increasing childhood immunisation rates a priority, as I said, to give all our children a healthy start in life. Following one of the worst flu seasons in recent years, in October 2017 the Palaszczuk government announced a new influenza vaccination program for children aged six months to less than five years. Children under five years of age have some of the highest rates of influenza and the associated complications can be severe. We also know that kids are super spreaders in the community. That is why we introduced this program—to ensure young children have the best chance of protection against influenza. A young child's immune system is still developing and they lack previous exposure to the flu which is why this initiative is so important.

Of all the vaccine preventable diseases, influenza causes the most hospital admissions of children under five years of age. Last year's flu season, as we all know, was a shocker, so I am so pleased to see so many Queensland parents taking the important step to protect their children from the flu this year. The program commenced in April 2018 in time for the 2018 flu season and I am proud to update the committee that the Queensland Department of Health has now vaccinated more than 100,000 children since the commencement of the program. This is one of the reasons we avoided a flu season like last year. The latest figures show 5,668 notifications of influenza so far this year, which is more than 3,300 less than the same time last year. While there have been 633 hospitalisations in Queensland public hospitals for influenza year to date in 2018, that is around half of the hospitalisations for the same time last year.

Ninety-two Queenslanders have been admitted to the ICU this year compared to 106 for the same period in 2016. Queenslanders heeded the message that vaccination is the best form of protection against the flu. More than 1.1 million government funded flu vaccines have been distributed across the state this year. For those who have not yet been vaccinated against influenza, there is still time to do so before the peak of the season. There is adequate stock of vaccines under the National Immunisation Program. I will continue to urge Queenslanders who are eligible and who have not had a flu vaccination this year to make booking an appointment a priority. The Palaszczuk government and Queensland Health will continue to get the message out and protect more Queenslanders from this horrible winter virus.

Mr O'ROURKE: Minister, will you advise the committee of the Palaszczuk government's commitment to preventative health by detailing progress in the implementation of election commitments for the delivery of funding for the Deadly Choices prevention program and for the My Health for Life chronic disease program?

Dr MILES: I can. I thank you very much for that question and for your interest in these very important and successful initiatives of the Palaszczuk government. The Palaszczuk government is committed to keeping Queenslanders healthy. We know that people with good health are more satisfied with their lives and are able to enjoy a productive and active lifestyle. We want Queenslanders to have both healthy bodies and healthy minds. The investment we make in prevention strategies that help people achieve healthier lifestyles and avoid illnesses in the future pays off in benefits for individuals, families, the health system and the whole community.

One of the Palaszczuk government's key priorities is to increase the number of Queenslanders with a healthy body weight. This is supported by our election commitment to invest an additional $16 million over two years to the Institute for Urban Indigenous Health to support the expansion of the

Deadly Choices program. The Deadly Choices Healthy Lifestyle program promotes healthy lifestyle choices and develops and improves health literacy to prevent chronic disease developing in generations of young Indigenous Queenslanders. This expansion will see the delivery of new services in more than 30 sites across Queensland. The program will integrate initiatives such as the Deadly Choices work-out program and other community sporting events. These will increase long-term uptake and regularity of physical activity among Aboriginal and Torres Strait Islander people to improve social, emotional and physical wellbeing. There is also a strong focus on improving diet. Initiatives like Good Tucker work to provide communities with the skills to practise healthy habits in their everyday lives.

The Deadly Choices Healthy Lifestyle program complements initiatives under Queensland Health's overweight and obesity prevention strategy. The Department of Health has also allocated $370,000 in 2017-18 to commence project planning with 12 partner Aboriginal and Torres Strait Islander community controlled organisations at the request of the Institute for Urban Indigenous Health. Together, we are getting out the message that a deadly choice is a healthy choice.

I have seen how powerful this program is in Indigenous communities not just in my own electorate but right across the state. I was fortunate to be able to take league legends Scotty Prince and Steven Renouf with me to Pormpuraaw and Charleville. The power of sport, the power of that great game of Rugby League, to inspire kids and particularly men to get their health checks and to be healthier is incredible. That is why we are proud to invest in its expansion.

The member also asked about the My Health for Life program, which is led by an alliance headed by Diabetes Queensland. It supports our priority to keep Queenslanders healthy by increasing the number of people with a healthy body weight. The Palaszczuk government has given $27.3 million to Diabetes Queensland to implement the My Health for Life diabetes and chronic disease prevention program over a four-year period. My Health for Life aims to address the growing burden of chronic diseases such as type 2 diabetes, cardiovascular disease, obesity and lifestyle related cancers. The program targets adults over 45 years of age, Aboriginal and Torres Strait Islander people over 18 years of age and adults over 18 years of age living with pre-existing conditions that place them at risk of developing chronic disease.

The program will assist at least 10,000 Queensland adults who are identified as being at high risk to understand their risk factors and to complete the My Health for Life program. My Health for Life is exceeding its targets for participation. The most recent program delivery data this month shows high levels of reach and participation. There have been 86,629 health risk assessments, 4,802 program enrolments, 3,631 program commencements, 2,139 program completions, 153 provider organisations contracted and 241 health approvals trained as My Health for Life facilitators. It is a program that is available free of charge to eligible participants and assists them to adopt and maintain healthy behaviours—things like choosing healthy meals with plenty of fruit and vegetables, achieving and maintaining a healthy weight, quitting or reducing smoking, and consuming safe levels of alcohol. The program will continue to identify people at high risk of developing chronic disease and provide them with lifestyle interventions. It will also increase health literacy levels and help participants understand their risk factors.

We want this program to go viral to improve community awareness and attitudes to chronic disease risk factors and how to make positive lifestyle choices. You can jump online now at myhealthforlife.com.au and check your own risk. My Health for Life will allow eligible Queensland adults to access the six-session, six-month Healthy Lifestyle program by either individual telephone health coaching or group based programs led by specially trained My Health for Life health professional facilitators.

A six-month online maintenance program is also available to participants who complete the program. A culturally tailored Aboriginal and Torres Strait Islander My Health for Life program and associated resources have also been developed for use in urban communities. The program and its resources are now available in five languages: Arabic, Vietnamese, Cantonese, Mandarin and English for Pacific Islander communities.

A My Health for Life workplace program has been developed and is now underway in many workplaces, including the Department of Transport and Main Roads. A comprehensive evaluation of the program and the benefits to participants is currently being undertaken by Griffith University.

CHAIR: Thank you, Minister. With Aboriginal and Torres Strait Islander people accounting for almost 90 per cent of cases of acute rheumatic fever, will the minister advise how the Palaszczuk government is investing in strategies to address this entirely preventable disease?

Dr MILES: I thank the member for his question. I agree that this disease is entirely preventable. Its continued prevalence among Aboriginal and Torres Strait Islander people is unacceptable. Both acute rheumatic fever and rheumatic heart disease are caused by an autoimmune response to group A streptococcus. Rheumatic heart disease is the secondary stage, where repeated episodes of acute rheumatic fever leads to permanent damage occurring to the heart valves. Such damage can reduce the ability of the heart to pump blood effectively around the body and, subsequently, rheumatic heart disease can lead to cardiovascular surgery, disability, heart failure and premature death. Eighty-eight per cent of notifications for acute rheumatic fever between 1999 and 2017 have been for Aboriginal and Torres Strait Islander people. As at 13 June 2018, 1,799 Aboriginal and Torres Strait Islander people are on the Queensland rheumatic heart disease register.

Acute rheumatic fever and rheumatic heart disease are strongly linked to social disadvantage and influenced by a range of social determinants including poor housing, environmental conditions, overcrowding, inadequate nutrition, limited access to health services and a lack of education and awareness. These factors can easily be prevented. What does not help is the Turnbull federal government's failure to adequately fund remote Indigenous housing. Walking away from the longstanding partnership agreement with Queensland to improve housing for Indigenous people in remote communities is an absolute dereliction of their responsibilities, especially when something as fundamental and basic as housing can be the key to preventing this disease.

I launched the Aboriginal and Torres Strait Islander Rheumatic Heart Disease Action Plan 2018-2021 on 5 June this year. The Palaszczuk government is committing $4.5 million over the life of the action plan among these five priority areas: firstly, ensuring patients have the information to enable them to make the best decisions about their health; secondly, improving the patient experience and providing patients with a comfortable clinical experience, coordinated service delivery and positive engagement with health providers; thirdly, working to build and strengthen better partnerships across the health service providers; fourthly, investing in clinical knowledge to enable health professionals to appropriately prevent, diagnose and manage ARF and RHD; and, finally, enhancing the Queensland RHD Register and Control Program to enable the register to fully meet the needs of patients.

When I launched the action plan I met an extraordinary man called Patrick Wasiu. Patrick grew up in Bamaga in the Torres Strait and lived with his large extended family. At the age of 12, Patrick was diagnosed with RHD and already had permanent damage to his heart. He had to undergo painful monthly injections. Patrick's RHD became so bad that at the age of 23 he had to have open-heart surgery to repair the valves in his heart. Thankfully, Patrick kept a positive attitude and he is now an Indigenous health worker in Cape York educating others and spreading the word about the risks of acute rheumatic fever and rheumatic heart disease.

This is why this action plan is so important. It has very achievable targets for education, treatment and research, as well as a strong and collaborative community approach. Patrick is a role model in his community and his story is one of inspiration and resilience. This action plan is the result of strong and ongoing collaboration from partners, including the Queensland Aboriginal and Islander Health Council, hospital and health services, the department of education, the Heart Foundation and the Commonwealth Department of Health.

The action plan will take steps to increase clinical and community awareness of these diseases and improve coordination of care and early intervention and prevention. I look forward to the day when people like Patrick are able to live long and fulfilling lives without preventable diseases such as rheumatic heart disease.

CHAIR: We will move to a question from the member for Maiwar.

Mr BERKMAN: I understand there is a nearly 10-year-old policy gap regarding the interpretation the carer provisions in Queensland's Health (Drugs and Poisons) Regulation 1996. Since the withdrawal of the circular in 2008, no guidelines have been prepared to ensure that these carer provisions are applied only to these facilities that are declared to be low-care, hostel-type residential care. Again, I apologise for a lengthy preamble, but I am trying to give a sound basis. I understand that has led to unregulated carers in most residential aged-care facilities administering medication under the guise of assisting with it, including potentially lethal controlled drugs and insulin. What is the government doing to ensure that carers in residential facilities may assist residents with taking the medication only when the resident has been assessed as competent to self-administer?

Mr McARDLE: Point of order. The preamble and question are going on and on. If consistency applies, it has to come within boundaries.

CHAIR: I ask the member for Maiwar to shorten the preamble and direct the question to the minister.

Mr BERKMAN: What is the government doing to ensure that carers in residential facilities may assist residents with taking their medication only when the resident has been assessed as competent to self-administer but is physically unable to do so?

CHAIR: In regard to the relevance of the question, I am struggling to find where this would fit within the Appropriation Bill that we are looking at. Do you have a substitute question—or are you happy to take the question?

Dr MILES: I am happy to organise a meeting for the member with appropriate officers of the department. It is not an issue that has been raised with me. If what the member reports is accurate, it sounds like something that we should be addressing. I would appreciate the chance to connect you with the right people. Committee members would be aware that I have expressed a range of concerns about staffing levels in aged-care facilities. If this goes to that, then I have an interest in addressing it.

Mr McARDLE: Point of order. The question has been put by the committee. The committee then requires an answer by the minister.

CHAIR: The minister—

Mr McARDLE: With all due respect, I have not concluded. The minister can take it on notice and then advise the committee. Subsequently he can talk to the member, but he cannot simply arrange a private session with a member of the committee. The committee has put the question.

Dr MILES: You ruled the question out of order. I was politely offering the member a—

Mr McARDLE: It was not ruled out of order.

CHAIR: Thank you, Minister. Members, the question that was put I did rule out of order. However, I take the point that the minister has offered to meet with the member. If the member is happy with that answer, we will proceed to the next question.

Mr BERKMAN: I am happy with that answer. Thank you.

CHAIR: Do you have a subsequent question?

Mr BERKMAN: I do, and I will move on to a different topic. Minister, you would be well aware of the excellent work done by the Queensland Mental Health Commission on mental illness, particularly as a consequence of drug and alcohol addiction. There is a growing body of evidence that a health based harm minimisation focus can be most successful in addressing problematic drug use. How are you and potentially others in your department engaging with the Department of Justice and Attorney-General in advocating the need for decriminalisation and law reform to refocus our efforts on treatment of drug and alcohol addiction as a health issue?

Dr MILES: I thank the member for the question. In a moment I might ask the Queensland Mental Health Commissioner to address part of your question. My role, and the department's role, in our programs, including the Action on Ice plan, is in harm minimisation and that has been the ongoing focus of effort and investment there. Let me ask the Mental Health Commissioner to add to that, please.

Mr Frkovic: Thank you for the question. In terms of the response, as you know, the Queensland Mental Health Commission has a responsibility to set the strategic direction for mental health, drug and alcohol and suicide prevention in Queensland. Part of the discussion that we have certainly had in the space of drug and alcohol is about what are some of the benefits around taking a health approach rather than a criminal justice approach to people who have an addiction, particularly people who have an addiction but who have not committed a crime, so trying to get them into the health system. Certainly we are looking at the evidence around that and you would probably know that I have had the opportunity to go overseas and have a look at this and certainly that is some of the discussions we are having with both Justice and a whole range of other agencies to be able to look at how the new strategic plan can actually at least put that into a debate, a discourse, that we as a society can have in terms of the benefits of taking a different approach in terms of dealing with people who have an addiction.

CHAIR: Do you have anything to add to that?

Dr MILES: I do, as does the director-general, if the committee does not mind. To the specific point the member makes about decriminalisation, I think that is a question best put to the Attorney-General. Queensland Health's focus, both in the community and also in correctional centres where we deliver health services to offenders, is on harm minimisation. I know this is a matter of particular interest to the director-general who may have something to add.

Mr Walsh: I wanted to clarify that the environment in which we provide health services for people with drug and alcohol problems is an environment that works with the legislative arrangements as well as the police and corrective services. As the minister has indicated, the harm minimisation approach has three elements to it: it has a harm reduction element, it has a demand reduction element and it has a supply reduction element.

The harm reduction is primarily where Health actually has its main role and that is it provides services in order to be able to support people who have a drug or alcohol problem. We provide detox services, we fund non-government agencies, we provide needle and exchange syringe programs in order to reduce the harm that comes from that. There are a whole lot of other things. The demand reduction is about educating people and explaining about the problems associated with drug and alcohol issues and being able to inform young people, adolescents and older people. Then supply reduction is really where we work with the police ensuring that illegal products are seized and that the people who traffic in those products are dealt with.

The environment and our way of dealing with the issues allows us to work with the legal aspects of it and provide services to people who may be illegally using drugs and alcohol in order to result in us being able to care for them in that environment. That harm minimisation has those three aspects of harm reduction, demand reduction and supply reduction.

Mr BERKMAN: From the answer it sounds very much like supply reduction really is the key focus in terms of a justice department response to that.

CHAIR: Member for Maiwar, I think the director-general has answered the question. We need to move on to the next block of questions. If we could move to the opposition, please.

Ms BATES: My question is to the director-general. Director-General, just going on from the ieMR question that I asked you before, I refer to media reports last week of five major outages in the system at the PA Hospital. Can you confirm that and how many outages there has been across Queensland in the last year?

Mr Walsh: In relation to ensuring that the integrated electronic medical record achieves the benefits of what is intended to be achieved in terms of reduced medication errors, reduced lengths of stay and reduced hospital complications, it is important to recognise that any electronic system may at times be unavailable. As part of the process to roll out and implement the ieMR we actually have arrangements and training and processes in place for when it is not operating and it is down. We have dedicated downtime viewers that allow for people to be able to see the electronic record at the time it went down and then they move to paper based processes.

In other words, in that environment the available record for the patient is similar to what was there when the paper based system was in place. In other words, the integrated electronic medical record enhances the environment and when it is not there we revert back to a paper based process. It is important to understand in any context around the ieMR availability that we are talking about moving from the new digital environment when it is available to a paper environment, not, as it is sometimes presented, that there is nothing available when the ieMR goes down. It is available. There are processes. It is part of the training and the plan of rolling it out.

Ms BATES: Can I clarify, these were planned outages you are talking about; is that correct?

Mr Walsh: Sometimes the outages are planned. Like any environment, there has to be maintenance and updates and some of the outages are unplanned. The outages that were referred to in the paper, it would be better to have the head of eHealth Queensland provide the details of those outages. They were unplanned outages. If we can have Richard Ashby to the table to be able to respond.

To provide some preliminary information, they were not outages about the actual ieMR itself, it was about other aspects sitting around the ieMR that caused the challenges for those downtimes in May.

Ms BATES: I have another question.

Mr Walsh: Dr Ashby to clarify?

Ms BATES: I actually would like to ask you the next question.

Mr Walsh: Chair, can I clarify, I understood I was able to call someone to respond to the question.

CHAIR: As long as it is relevant that is entirely correct.

Mr Walsh: Can I have Dr Ashby come forward to talk about those two downtimes?

Dr Ashby: Good morning. In response to the story on Channel 9 last week, that referred to an unplanned outage that occurred on 17 May. Contrary to that report, there was no patient incident associated with that outage. The outage did not result from any failure of the electronic medical record system but, in fact, two other technical events that occurred sequentially within the infrastructure of Queensland Health. It started with an internet outage. When that occurred Queensland Health technical staff tried to do a workaround so that we could maintain internet access for the organisation by rerouteing the system to a third-party provider. Unfortunately Queensland Health is so large that the number of transactions quickly overwhelmed that system. It took a couple of hours to get the system back up. There has been no total ieMR system outage at all ever. We have had some partial outages as a result of technical uplift and some partial outages as a result of changes to the production application.

Ms BATES: Can you clarify how many unplanned?

Dr Ashby: There have been a total of 21 partial incidents, but in respect of the ieMR and the Princess Alexandra Hospital there has only been two what are called P1 instances which is a high priority incident affecting a major tertiary hospital in an enterprise system. I would emphasise, to follow on from the director-general's comment, that there has been no report of an adverse patient event related to the ieMR in Queensland since we went live with the exemplar hospital at PA in 2015 and that is in a system where we are running 10 million transactions a day within that system by 8,000 concurrent clinical users.

CHAIR: Thank you. Are there any other points to raise on that? We will move on to the next question.

Ms BATES: My next question is to the director-general. Director-General, Dr Richard Ashby is the head of that agency. Can you confirm for this committee whether the CCC or Queensland Health Ethical Standards Unit is undertaking any investigations in relation to the rollout of the ieMR and specifically regarding Dr Ashby?

Dr MILES: Point of order, Mr Chair. This is a grubby attempt to smear the reputation of a very senior bureaucrat. I would urge you to rule that questions related to an individual CCC investigation are entirely inappropriate.

CHAIR: Thank you, Minister, you are entirely correct. The investigation is ongoing. I rule that particular question out of order. Member for Mudgeeraba, members of the standing committee can also ask a question in this block such as the member for Nicklin or the deputy chair. Can we move on to something that relates to the estimates process, please?

Ms BATES: My question is to the director-general. Can the director-general confirm that staff in the Medical Cannabis Unit within Queensland Health have been under investigation by the Crime and Corruption Commission in the past year?

CHAIR: Member, I will ask you to rephrase the question.

Ms BATES: Can the director-general confirm that staff from the Medical Cannabis Unit within Queensland Health have been under investigation by the Crime and Corruption Commission in the past year and is that investigation ongoing and what were the natures of the allegations raised?

CHAIR: Member, thank you for repeating the question. How is that question relevant to the appropriation bills that are before us today?

Ms BATES: The Medical Cannabis Unit is funded by Queensland Health.

CHAIR: I would ask you to move on to your next question. That has no relevance to the appropriation bill before us. Could I ask you to move on to another question?

Mr McARDLE: Point of order, Mr Chair. It has every relevance. The member has outlined that the members of this particular department are paid from the public purse. If there is a situation that has arisen that compromises that spend of money we have every right to question the reality of that or otherwise. It is a simple question that the director-general can answer yes or no to. Either there was or there wasn't.

Ms BATES: Or neither of them.

Mr McARDLE: Or neither.

CHAIR: Can I confirm with this particular question, if there is an investigation I do not want any compromise of that particular investigation occurring. I do not know if the minister can add anything to that.

Dr MILES: The only observation I would make is that the LNP had an opportunity to ask the CCC questions during their estimates hearing. That still probably would not have been an appropriate place to raise these questions, but to expect officials here to outline the details of individual CCC investigations—

Mr McARDLE: Point of order, there is no request to outline details. Was there an investigation or not? Yes or no?

Dr MILES: Often times even to confirm an investigation—

Ms BATES: We will take that as a yes.

Dr MILES:—one way or the other would be to compromise the investigation.

Ms BATES: I am happy to continue, Mr Chair.

Mr McARDLE: You ruled it out of order, Mr Chair?

CHAIR: I am going to rule this question out of order. Can we move on to a question that is directly relevant to the budget estimates?

Ms BATES: Director-General, can you outline whether there has been any allegations of inappropriate relationships between staff in eHealth Queensland and Cerner?

CHAIR: Before you answer that—

Ms BATES: Are you kidding me?

CHAIR: I have said repeatedly that we are here to question the budget estimates in the Health portfolio.

Ms BATES: With all due respect, Cerner is a multimillion dollar project.

CHAIR: You are continually raising allegations about staff in the department. I am ruling that question out of order. I am asking you to proceed with questions that are directly relevant to the budget, please.

Ms BATES: Fine, thank you. I would like to call the Chief Executive Officer of Metro South Hospital and Health Service. Dr Ayre, can you guarantee that there were no direct or indirect adverse patient outcomes, including the death of a patient, as a result of the outages at the PA Hospital or any other issues with the rollout of the ieMR?

Dr Ayre: Yes, I can confirm. We have not seen any incidents that have resulted in a patient death.

Ms BATES: We understand that someone did die as a result of an allergic reaction whilst a system outage occurred at the PA Hospital. Can you confirm or deny that?

Dr Ayre: I can deny that. We have looked in great detail at all of the deaths that occurred since that allegation was made. We are unable to find any deaths related to the ieMR.

Ms BATES: What feedback have you had from doctors and other hospital staff about the use of this technology and their concerns, similar to what I have just raised with you?

Dr Ayre: The introduction of any new technology and change is sometimes difficult for some members of our staff. Universally, however, we have seen very positive feedback from our staff. People have raised issues, but nobody would go back to a paper based record since the introduction and their exposure to the ieMR at the Princess Alexandra Hospital.

CHAIR: Member for Nicklin or Deputy Chair, do you have a question?

Ms BATES: I was not finished. You have not had any feedback from any doctors in your hospital that they are concerned about patient safety in the event that the ieMR system goes down while it is being rolled out? You have not had any concerns from any medicos?

Dr Ayre: We are always concerned when there are issues within our system, and we very carefully monitor the situation when there are unexpected downtimes and even when there are planned downtimes. When there are movements between information systems, backwards and forwards between paper and digital, there are always issues of safety that we are aware of. However, we carefully monitor that and we have not seen any concerns.

Ms BATES: To reiterate, you can guarantee that there have not been any adverse patient clinical outcomes?

Dr MILES: She has asked that question a few times and it has been answered now.

CHAIR: I take your point of order. There is no relevance. You have asked the question and I ask you to move on to the next question.

Ms BATES: Sure. Minister, were you aware of any investigations into impropriety with the rollout of the electronic medical record?

Dr MILES: As I have outlined, Mr Chair, I am not going to go to the claims from the member for Mudgeeraba. They are below even her.

CHAIR: That is fine. We will move on to the next question, please.

Mr McARDLE: It is astounding that the minister can make commentary sledging a member of the committee but if we made a comment the minister would be over it like a rash.

CHAIR: Member for Caloundra, you have no point of order. Can we move on to the questions that are relevant to the budget estimates, please.

Ms BATES: My next question is to the director-general. I refer to page 6 of the SDS in relation to government election commitments. Director-General, can you confirm to this committee when the first new bed will be available for patients as part of the government's Building Better Hospitals election commitment?

Mr Walsh: The election commitments for Building Better Hospitals included a range of initiatives, and the planning processes need to ensure that they work with the clinicians involved in the operating of those hospitals. Always in the first step we work locally with the clinicians in order to be able to plan the layout, the operation and how the initiatives will intersect with the existing operating hospital. Therefore, the first process is to plan out how that will be completed. After that we work out the schedule, ensuring that the initial plans will work and that we are able to change the timelines to be able to respond to those. The Building Better Hospitals program includes the Logan Hospital, the Caboolture Hospital and the Ipswich Hospital, as well as the Logan Hospital maternity services ward. The planning processes of those and the business cases are being undertaken at the moment, as the staff would know, because they are involved in those. They will determine the final program of when the services will come online.

Ms BATES: I refer to page 6 of the SDS, in relation to the government's election commitments and the upgrade to the Ipswich Hospital. I request to table pages 19 and 20 from the secret business case for the Ipswich health precinct upgrade. It details what will be provided for the upgrade of stage 1A, worth just over $124 million, including a new acute mental health inpatient facility with six additional beds and a 201-bay car park. Minister, why is your government spending over $124 million for a hospital upgrade that provides only six additional beds?

CHAIR: Before you answer that question, Minister, we are going to get a copy of this particular document for you to look at. We will take a minute to read through it. Member for Mudgeeraba, can you confirm if this is a publicly available document?

Ms BATES: No, it is a secret business case.

Dr MILES: What the member seeks to table does not say anything. What in this document that you seek to table goes to that?

CHAIR: You might need to explain what the document is that you are seeking to table here, member for Mudgeeraba.

Ms BATES: It is the preliminary business case before the election was called.

Dr MILES: It is not, though. It is a cover page and a foreword.

CHAIR: Yes. I do not think this is something that we can support as being tabled. It is not on the public record.

Dr MILES: I am happy to address the question, but the document does not relate at all. The committee should consider whether they will accept the tabling of it.

CHAIR: I put it to the committee whether we accept it.

Ms BATES: It is the delivery of a business case.

Dr MILES: I am happy to answer the question, though, because it is all on the public record.

CHAIR: We can consider this document later, if you are prepared to answer the question.

Dr MILES: Yes, I am. The fact is that the hospital redevelopment programs would be more advanced if we did not have three years of no new planning for this kind of capital investment. I note also that the LNP opposed this hospital upgrade prior to the election, so to have them on the one hand

saying 'you should not upgrade the hospital' and on the other hand saying that the hospital upgrade is not big enough is ironic. That was the then health spokesperson, John-Paul Langbroek, opposing the Ipswich upgrade redevelopment, which is no doubt one of the reasons Labor was so successful in the Ipswich region.

Stage 1A of that project delivers a range of things, including six additional beds and 44 new beds, which is a total of 50 beds in that investment, which is the new mental health building. I know that Ipswich residents are most excited about—and it is included in our budget—the addition of an MRI machine for the Ipswich Hospital. That means no longer will they need to send patients to other hospitals for MRIs. That is important for patients and it is also important for the flow of patients through the hospital. It means that patients will have greater options to receive care closer to home and inpatients will have ready access to imaging that will accelerate clinical pathways and allow patients to go home sooner. It will also result in a significantly reduced workload for Queensland's Ambulance Service, which currently transports inpatients who need MRI examinations.

While they opposed this hospital, the LNP did not commit to a single rebuild or new hospital facility at the last election. It is not as if they have much of a leg to stand on when criticising Labor for building new and better hospitals. It is pretty clear that that is what we do.

CHAIR: Minister, I believe you have answered the question. We have a procedural matter in front of us, if we can have a moment. Member for Mudgeeraba, are you still seeking to table this particular document?

Ms BATES: I am sorry, Mr Chair: that is just the cover page. I am withdrawing that one and tabling pages 19 to 20 in relation to the Ipswich secret business case.

CHAIR: We will take a moment to look at that document.

Dr MILES: Are there 10 copies?

CHAIR: Can we have a copy for the minister?

Ms BATES: Yes. Can I move on to my next question?

Dr MILES: I think we should address this matter.

CHAIR: We will go through this procedural matter for a moment.

Ms BATES: You answered the first one about the six additional beds.

CHAIR: We will give the minister a moment to look at this particular paper, and for us to do so as well. The member is seeking leave to table this particular document. You have answered the question. Can we confirm if it is a public document?

Dr MILES: It is not a document that I have seen. I will ask the director-general to advise on that.

Mr Walsh: I would have to go and look at that and provide that advice back to the minister in the time frame of the hearing.

CHAIR: We will hold off on that decision until we get that advice.

Dr MILES: Can I add: whether or not that document is public, the details that the member has referred to from it are all public. They were included in a press release that the Premier and I issued when we made the announcement at the Ipswich Hospital.

Ms BATES: Minister, further to that, why are you spending $124 million on a hospital upgrade that provides 33 times the amount of new car parks than it does new beds?

Dr MILES: Largely, I have answered that question. I am happy to answer it again, though. The investment in Ipswich Hospital delivers the facilities that the West Moreton HHS is seeking in stage 1A. It is the very first stage of a much larger program. It is incorrect and misleading for the member to say 'six new beds' when it is, in fact, six additional beds in a 50-new-bed unit that is replacing an existing facility. Of course, hospitals are not just beds. People do not go to hospital to go to bed. They go to hospital to see clinicians, to get MRI scans. Often they drive there. When you redevelop a hospital, you have to consider all of those needs and stage those needs.

I am happy to get the chief executive of the hospital and health service, Kerry Freeman, who can talk more to how this new mental health building will benefit the community, how the car park will benefit the community, how the MRI will benefit the community, why this is stage 1A and where she hopes to go from there.

Dr Freeman: Can I hear the question again, please?

Ms BATES: The question was: why is the government spending over $124 million for a hospital upgrade that provides only six additional beds but provides 33 times the amount of new car parks than it does new beds?

Dr Freeman: West Moreton as a region is experiencing the fastest relative growth in the state. In fact, we are predicting for the population to more than double, to around 600,000 people by 2036. What we have done is embarked on a 15-year master plan. It is no use putting short-term thinking into what is a long-term challenge for the growing population and the health needs of the population. The stage 1A that we have talked about today is the first phase of that 15-year master plan and sets us up for a significant program of work going forward in order to meet that demand. As the minister has said, whilst bricks and mortar are important, contemporary service models to deliver care outside of a hospital setting are equally as important and that is reflected in our master plan.

Certainly, the $124.5 million is not just for the six beds. It is, as the minister said, also for an MRI, much needed for Ipswich Hospital and much anticipated by our clinical staff as we send over a thousand people a year outside of the hospital for MRI scans. We certainly want to be able to deliver that service through our clinical staff in house. It is also going to deliver an integrated community and outpatient facility. We very much want to grow the services we deliver closer to home into the Ipswich and West Moreton community rather than just building additional beds.

CHAIR: The time for non-government questions has ended. We will move on to government questions for the remaining 15 minutes before the lunch break. As the member for Thuringowa and having an extensive health record with the Queensland Ambulance Service, I enjoy a very good working relationship with the Townsville Hospital and Health Service as do the members for Mundingburra and Townsville. I note that Kieran Keyes, the CEO, is here. We think the Townsville Hospital and Health Service is fantastic. Just recently we were at the new paediatric ward opening with the Premier. Could you please update the committee on the new paediatric ward at the Townsville Hospital, including the total funding for this important project?

Dr MILES: I can. I know, as the member for Thuringowa, that you understand how much this new paediatric ward means to the people of Townsville and Far North Queensland. I was with the Premier and your good self when she officially opened this wonderful new facility at the Townsville Hospital on 24 May 2018. It was a really great day.

It is a testament to the significance of this project for the whole Far North region that we were also joined by the Minister for State Development, the Minister for Communities, the member for Hinchinbrook and the Townsville mayor. The previous children's ward opened in 2001 when the Townsville Hospital relocated from North Ward to Douglas. In its first full year of operations just over 2,000 children were admitted to the ward. Of the 23 beds, 18 were in multiple occupancy rooms of either four or six beds.

Now 17 years later, the refurbished Townsville Hospital children's ward is on track to admit more than 3,000 children during its first year. In 2014 the Townsville Hospital also opened its paediatric intensive care unit, caring for the sickest children. It is the only unit of its kind in North Queensland. Many of these children will also stay in the new children's ward as they transition out of the hospital.

With respect to funding, I can advise the committee that the total cost of the new children's ward was $8 million. Some $6.6 million was awarded through the Palaszczuk government's $180 million Significant Regional Infrastructure Projects Program. The Townsville Hospital Foundation contributed $1.2 million towards the project through money raised by the Townsville community. I thank the foundation and the people of Townsville for their hard work and generosity. No doubt the member for Thuringowa took part in some of those activities.

CHAIR: I had to wear a floral jacket in the parliament.

Dr MILES: I recall the floral jacket. Perhaps there were some sausage sizzles and/or a fun run at some point as well. With $8 million of funding the ward was able to be expanded and refurnished, with more beds and more areas that help make hospital stays as comfortable as possible for families.

Construction began on 12 October 2016 and was completed on 11 December 2017. Some 33 local companies were involved during the construction phase. Our Buy Queensland policy, led by the Minister for Housing and Public Works, is continuing to ensure the benefits of projects like these are delivered to working Queenslanders and Queensland businesses.

There are now 30 beds in the children's ward, an increase of seven beds. There are now 13 single rooms in total, making treatment much more private for children and their families. There is one four-bed bay, one three-bed bay and five two-bed bays. The additional capacity and more appropriate treatment spaces will position the Townsville Hospital to meet growing demand, with an expected 13.5 per cent increase in the child population in the Townsville HHS region by 2026.

A paediatric annex has also been constructed. This is home to the redeveloped schoolroom, the Ronald McDonald House family room, an external fenced play area and an administrative area for clinicians. The Ronald McDonald House family room provides a relaxing space for families away from the clinical environment where recreational, kitchen, laundry and rest facilities are available.

CHAIR: As a regional member, it has been noted in the media that there has been ongoing issues with a syphilis outbreak affecting our Aboriginal and Torres Strait Islanders in North Queensland. Can the minister inform the committee what strategies are in place to address this issue?

Dr MILES: I thank the member for what is a very, very serious question. I say at the outset that the Palaszczuk government recognises that sexual health is vital to a person's overall health and wellbeing. The current rates of syphilis and other sexually transmitted infections amongst Aboriginal and Torres Strait Islander people in North Queensland remains unacceptably high.

The syphilis outbreak currently impacting Aboriginal and Torres Strait Islander people in North Queensland is due to a failure of primary care which might have been avoided if public sexual health services had not been axed under the LNP. Having dedicated, nonjudgemental testing and treatment services is key to protecting Queenslanders from this disease.

Syphilis was effectively eradicated in Queensland in 2012. This was before the LNP's funding cuts shut down programs focused on Indigenous sexual health. In 2011 authorities were told that rates in remote communities had become so low that there was a chance of eradicating the disease if firm action was taken. Instead of taking action and continuing to invest in primary care, Campbell Newman and the LNP axed Queensland's sexual health teams, undoing all of the progress that had already been made. After their cut, little of the previous work was able to be effectively handed over or carried forward.

In 2008 there were two syphilis notifications in Queensland. In 2017 there were 1,084. This is unacceptable. It is a tragedy. Decisions we make in this place have consequences. It is about time the LNP started to accept that their decisions had consequences. When the *Australian* asked Campbell Newman about this he said, 'I reject that the answer to better health is putting more money into health.' I say that the answer is not taking more money out of health.

The outbreak is now affecting the four hospital and health services of Cairns and Hinterland, North West, Torres and Cape and Townsville. With limited access to primary health care in many communities additional public health services are required to fill the gap. Some 99 per cent of all syphilis notifications in Queensland in 2017 were in Aboriginal and Torres Strait Islander people and the majority, 66.7 per cent, have been among young Indigenous people aged 15 to 29. That is why in 2016 the Palaszczuk government committed $15.7 million over three years to enhance screening and public health education and promotion to address this outbreak.

Queensland Health is working with five North Queensland HHSs and other key health stakeholders who are well placed to promote screening and treatment in primary care facilities. This includes Aboriginal and Torres Strait Islander community controlled health organisations. Investment of over $1.4 million is being made across Aboriginal medical services in North Queensland to support their increased efforts to tackle this outbreak. This includes $1 million to the Queensland Aboriginal and Islander Health Council and $0.5 million to Gidgee Healing in Mount Isa.

We are also providing additional prevention investment of $16 million over two years to the Institute for Urban Indigenous Health to expand the Deadly Choices program, which I was pleased to talk to earlier. This will include a sexual health component and be implemented right across North Queensland. This investment will support increased local and regional coordination, testing, treatment, contact tracing, health promotion and community engagement activities as well as clinician education, enhanced data collection and surveillance of syphilis cases.

The Newman government's syphilis outbreak is also spreading to other states. A multijurisdictional syphilis outbreak group of the Communicable Diseases Network Australia is ensuring a coordinated response with other states affected by the syphilis outbreak caused by the Newman government. Despite this significant effort, the syphilis outbreak is not yet under control.

Ms BATES: That is not what causes syphilis.

Mr HUNT: You always have to have someone to blame. You have been in government for five years.

CHAIR: Order! Members!

Dr MILES: Sacking the entire sexual health workforce is what caused the outbreak to go from eradicated to an outbreak.

Ms BATES: No-one believes that.

Dr MILES: We need a clear, long-term investment from the Commonwealth. That is why I have written to federal health minister, Greg Hunt, requesting financial support in the federal budget for an enhanced national response. Tomorrow I am flying to Alice Springs for the COAG Health Council meeting with state and territory health ministers. At that meeting I will be pushing for cooperation to improve health outcomes for Aboriginal and Torres Strait Islander people, including dedicated funds to reverse Campbell Newman's syphilis outbreak.

Mr HUNT: At what point do you take responsibility?

CHAIR: Order!

Mr HUNT: It is provocation—

CHAIR: Order! Member for Nicklin!

Ms LINARD: I want to go to mental health services for a moment. You recently attended my electorate, along with the mental health commissioner, to open a very valuable mental health service in Nundah—Nundah House. That is obviously a community based service and a step-up, step-down facility which I think is extraordinary. I thank you for making the time to come and for the investment in that service. Can you please advise the committee how the Palaszczuk government is investing in innovative services to assist people with mental health issues in their recovery?

Dr MILES: I know how passionate the member is about this project and how it is delivering the highest quality mental health service in her electorate. It was great that you could be there on 11 April when we visited and opened Nundah House—a 10-bed, purpose-built, step-up, step-down facility for adults living with mental illness. Nundah House is an innovative, recovery focused service that reflects the community need for services that will help adults manage severe and complex mental health issues in a safe environment and as close to home as possible.

We also know that mental health issues affect one in five people in our community every single year. This means we all know somebody who is dealing with a mental health issue. That is why the Palaszczuk government is proud to have invested $5 million to deliver a facility that provides short-term residential support to help people manage a change in their mental health or transition back to living in the community.

The best results are found when people's recovery is supported in their own community, close to their family, friends and existing support networks. With that in mind, the focus of Nundah House is on achieving safe and positive outcomes in mental health recovery, prevention and community re-engagement. By offering this treatment option we can remove much of the trauma and stigma associated with episodes of mental illness.

Nundah House is one of the first of many facilities being established by the Palaszczuk government across Queensland that offer alternatives to hospital admission. Short-term residential support services address a service gap between inpatient and community care and are often the best option to promote recovery. For some patients at Nundah House this support can be the best option following hospitalisation or if their mental health is at risk of deteriorating.

Instead of cutting funding to community based services like the LNP chose to do while in government, this government is investing in alternative models of care to help keep people out of hospital and reduce the pressure on our health system. Expanding and improving mental health services are priorities for the Palaszczuk government and Nundah House is a wonderful example of how a commitment to delivering important services that help better the lives of all Queenslanders become a reality.

It shows just what can be achieved when government and health services work together with community organisations to provide positive outcomes for mental health consumers. Services like Nundah House provide an important link between our hospitals and the community. Its personalised and recovery-centred approach not only supports people to manage their illness but helps to build resilience, independence and social connectedness.

Addressing and treating mental health is a critical area of community focus and concern for the government. That is why we always need to look at new ways to deliver better ways of mental health treatment and support. In areas where this step-up, step-down model of care have already been implemented we have seen reduced admissions to hospital. We are also seeing patients recover in a way that allows a much smoother transition back into the community and to work.

I am confident that Nundah House will continue to achieve great results for the patients who use the service thanks to the dedicated clinicians and staff. I am very proud of this investment. I thank the member for her commitment as well.

CHAIR: We need to deal with a procedural matter quickly before we break for lunch. Government members have had time to look at the pages that the member for Mudgeeraba wishes to table. Leave is granted for the tabling. We will break for lunch. When we return at 1 pm we will examine the ambulance section of the Health portfolio. Thank you very much, Minister and all those who assisted, with this morning's session.

Proceedings suspended from 12.15 pm to 12.59 pm.

CHAIR: Welcome back, Minister. I acknowledge the Commissioner of the Queensland Ambulance Service, Russell Bowles. The committee will now continue its examination of the estimates for the portfolio of the Minister for Health and Minister for Ambulance Services. This is a section that is particularly important to me as a former paramedic, having hung up the stethoscope, so to speak, only in February this year when I wrote to the commissioner and to the minister. I would like to acknowledge all of the fine men and women who make up the Ambulance Service, whether that is the patient transport officers, our communications staff, our administration support and our managers—the men and women who do this every single day, 24 hours a day, right across our vast state. I think it is wonderful to have heard about a record budget. I look forward to this session where we will ask questions on the Ambulance Service specifically. I start with non-government questions. Opposition members, I call for your first question.

Ms BATES: Can I please call the CEO of Metro North HHS?

CHAIR: We are examining the Queensland Ambulance Service portfolio, member for Mudgeeraba.

Mr McARDLE: Point of order, Mr Chair: the agenda between 1 pm and 2 pm refers to HHSs and QAS.

CHAIR: I will allow one question and see where it goes.

Ms BATES: I refer to page 145 of the SDS relating to the delivery of public hospital and health services for the Metro North community. Mr Drummond, can you confirm whether currently or at any time in the last year, 2017-18, Ward 6B South, which is a maternity ward at the Royal Brisbane and Women's Hospital, was closed at all?

Mr Drummond: It has not been closed at all.

Ms BATES: Was it slated to be closed?

Mr Drummond: At any one time our clinical specialties flex in occupancy. We have about a thousand beds at the Royal Brisbane hospital. Maternity, which is the ward that we are talking about, traditionally has a large number of outliers who are female patients from other areas of the hospital while their occupancy is flexed up. At the time we had about 30 beds of occupancy across the whole hospital and we went into discussions with the staff and clinicians around whether we would consolidate all of that occupancy into one ward, as opposed to having three or four beds spread across many wards of the hospital.

Ms BATES: My next question is to the director-general. Director-General, I refer to page 5 of the SDS regarding strengthening maternity services. Can you advise the committee whether the Chinchilla Hospital is still on maternity bypass, which has been the case since December last year, I believe?

Mr Walsh: Can I seek clarification? There is nothing that I am aware of about a policy around maternity bypass, so I am not sure what that means.

CHAIR: How is this relevant again, member for Mudgeeraba?

Ms BATES: The Chinchilla maternity unit is funded by Queensland Health and therefore in this budget. My understanding is that Chinchilla Hospital has not been taking cases. It has not necessarily closed but it has been directed that it is not taking cases and is sending them off to other hospitals.

Mr Walsh: I would need to ask the chief executive, Peter Gillies, who operates the Chinchilla Hospital, to come forward to respond specifically to that question and talk to the specifics around Chinchilla Hospital.

Dr Gillies: Yes, that is correct. Since December, the Chinchilla Hospital has been on bypass for maternity. That decision was made from a patient safety perspective primarily as they had an issue with midwifery and nursing recruitment to that hospital.

Ms BATES: Director-General, are you aware of any other regional maternity services that are set to close?

Mr Walsh: No. I am not aware of any others that are set to close, no.

Ms BATES: Dr Gillies, do you know if there are any plans to restore those important front-line services for pregnant women in that region?

Dr Gillies: Absolutely. The board and I met with the local community in April to gauge their views which, unsurprisingly, were very supportive of the service restarting. We have tried our best to get the service up and running. What we have come across is a challenge around the theatre nursing staff. In order to have a level 3 maternity service, you have to be able to do emergency caesars if required. That requires operating theatre nursing staff as well as the midwives. Unfortunately, the director of nursing has been very unwell. She is a midwife and was able to cover the on-call to an extent. Another long-serving midwife has had personal issues as well and is on six months leave. We managed to recruit medical staff towards the end of last year, so we have the medical staff now to restore at least a partial service. Unfortunately, we have these issues now with the nursing and midwifery staff.

We were hoping to restart on 31 July, but we have not quite been able to get there. We are still consulting with the local staff and the union in particular that is concerned. They believe that the length of time that the hospital has now not had birthing means that we need to go through the same process as starting a new service as opposed to restarting a service. We are just working through those issues with the union and with the local staff. We are putting a lot of effort in and we hope very soon to get it restarted. Our priority is always to make sure that the service is safe, so we do not want to start a service where we put mums and babies at risk. The hospital is in relatively close proximity to Dalby Hospital, which is a larger hospital with a more established service. That is an 85-kilometre drive away. It is not ideal but that is the current approach. We are hoping to get it restarted soon.

Ms BATES: You are hoping for that to happen sometime this year?

Dr Gillies: Sometime this year, yes—hopefully within the next month or two, yes.

Ms BATES: Could I call the CEO of Metro North HHS?

Dr MILES: While Mr Drummond makes his way forward, I would like to advise the committee that he is quite ill, suffering from viral bronchitis. He has come in off sick leave to be here. I hope people appreciate it.

Ms BATES: Thank you, Mr Drummond. I will be gentle with you. I refer to page 7 of the SDS, which makes reference to closing the gap in health outcomes of Indigenous Queenslanders. Mr Drummond, can you confirm that the Director of Cardiology at the Prince Charles Hospital, Dr Darren Walters, is still currently suspended and under investigation for fraud allegations and the administration of the Indigenous Cardiac Outreach Program?

CHAIR: Mr Drummond, before you answer that, if there is a current investigation underway, member for Mudgeeraba, and we are naming people—

Ms BATES: That is what I am asking. I am asking if there is one. Can the CEO actually answer the question?

Dr MILES: Sorry, I—

Ms BATES: My question is to Mr Drummond.

Dr MILES: I understand that, given the individual in question has publicly disclosed that, it is not inappropriate for the CE to answer the question.

Mr Drummond: Yes, an investigation is going on at the moment. That has not concluded, so I am not at liberty to add any further detail other than to say that an investigation is occurring.

Ms BATES: Who is actually conducting that investigation?

Mr Drummond: We have an external investigating organisation that we have contracted to off the panel—BDO.

Ms BATES: My understanding is that they are allegations of fraud. Why wasn't the Crime and Corruption Commission the investigator?

Mr Drummond: The matter was referred to us and the CCC have determined that it is appropriate for the health service to investigate it.

Ms BATES: So investigate yourself, effectively.

CHAIR: Can we move on to the next question?

Ms BATES: Can you confirm, then, that there have been previous investigations conducted by the CCC into the Indigenous Cardiac Outreach Program and, in fact, in that situation someone was dismissed?

Mr Drummond: We have had previous investigations by the health service into our cardiac outreach program.

Ms BATES: There has not been any previous investigation by the CCC?

Mr Drummond: With regard to these matters, a matter may be referred to the CCC and then referred back to the health service for investigation because it is determined that that is the most appropriate body to perform the investigation.

Ms BATES: The other part of that question was: was someone dismissed previously?

Mr Drummond: I would have to confirm that. I cannot quote off the top of my head whether they were dismissed or not.

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

Dr MILES: I am happy to try to come back before the end of the session. If we cannot by then, we can take it on notice.

Ms BATES: Thank you, Minister. I appreciate that. I am assuming that the answer is yes. What lessons have been learned from that previous investigation and were those risks addressed for what is currently being investigated?

CHAIR: Member for Mudgeeraba, you have asked a question specifically about a CCC investigation.

Ms BATES: I do not know whether there is a CCC investigation.

CHAIR: Member, we are here to examine the budget estimates for Health. This is a matter for the CCC and investigations. Mr Drummond has answered the question. I suggest we use our valuable time that is left to examine the budget estimates before us. Can you move on to your next question, please?

Ms BATES: Thank you very much. My next question is to the director-general. I refer to page 45 of the SDS in relation to employee expenses. Director-General, can you confirm for the committee that the health agreement known as MOCA 4 started in November 2015?

Mr Walsh: I can inform you that MOCA 4 is the Medical Officers' (Queensland Health) Certified Agreement (No. 4) 2015. It is the enterprise bargaining agreement that we negotiate to cover the doctors in our service. In terms of the exact dates of the agreement, I would need to refer to documentation.

Ms BATES: 30 June 2018.

Mr Walsh: I would need to confirm whether it was November 2015. Is that what the question—

Ms BATES: It started in November 2015. My understanding is that the agreement expired on 30 June 2018. I just wanted to know whether that agreement is current or whether it has been superseded.

Mr Walsh: I can confirm that, in line with the industrial relations arrangements in Queensland, we are in bargaining with the relevant unions and MOCA 4 is still in place as of today beyond 30 June 2018.

Ms BATES: Director-General, have any concerns been raised by SMOs about the emergency department allowances that have not been paid?

Mr Walsh: Can you specifically identify which allowances?

Ms BATES: The emergency department allowances.

Mr Walsh: We do have a matter currently before the Industrial Relations Commission, so it would be inappropriate for me to talk about that matter.

Ms BATES: Director-General, from what you are aware, though, what is the nature of the concerns that have been raised by the doctors? I do not want you to comment specifically—

CHAIR: Member for Mudgeeraba, it is a matter before the Queensland Industrial Relations Commission.

Ms BATES: It is not a criminal case; it is an industrial relations case. It is not sub judice. I am just asking: what concerns did the doctors raise about that allowance?

Mr Walsh: As you would see from the documentation lodged in the Queensland Industrial Relations Commission, they sought to have the payment paid to them.

Ms BATES: As I understand, this relates to the Beaudesert Hospital. Are there any other hospitals that you are aware of that are having the same concerns?

Mr Walsh: The case in the Queensland Industrial Relations Commission has been brought by ASMOFQ, the Australian Salaried Medical Officers' Federation Queensland. It could relate to any hospital that they chose for it to relate to.

Ms BATES: Do you know where the dispute is up to? I know you have said that it is in front of the Queensland Industrial Relations Commission. Can you guarantee that there will not be any potential impacts on front-line services while all of this is going on?

Mr Walsh: I am not aware of any impact on front-line services as a result of this. That is how the industrial relations arrangements are established so that parties can negotiate, talk through and arrive at an outcome with these processes within a framework that keeps the services operating while those discussions, negotiations and issues are going on. I am not aware of that. I am aware that staff at all hospitals continue to work towards providing the best care they can for patients who turn up for their services and continue to support the communities in which they are located. I can provide a guarantee that that is what people will be doing. They will be turning up to hospital and ensuring that those services are provided to the best of their ability.

CHAIR: Member for Mudgeeraba, it is bordering on hypothetical asking him to guarantee something that has not yet been established. Could you move onto the next question?

Ms BATES: I will take that on board. Could I please call the Chief Executive of Metro South HHS? I refer to page 155 of the SDS in relation to the Redland Hospital services. Can you outline the palliative care budget for Redland Hospital in 2018-19 and how it compares with last year's budget?

Dr Ayre: No, I cannot answer that directly.

Ms BATES: Why not?

Dr Ayre: I do not have that information with me.

CHAIR: Is the minister able to take that on notice?

Dr MILES: Yes, we will take that on notice.

Ms BATES: I refer to page 58 of the SDS in relation to QAS staffing, and I ask: Commissioner, can you provide for this committee the number of paramedics who have been medically retired in the last year?

Commissioner Bowles: The number of staff medically retired in the 2017-18 financial year is 13.

Ms BATES: How does this compare with the target set by the QAS?

Commissioner Bowles: We do not have targets for medical retirements. That would not be appropriate. It is a process whereby—

Ms BATES: I should probably rephrase that: rather than a target, ones that you anticipated because of ill health.

Commissioner Bowles: Can I just say in general that one person, no matter what their role within the organisation, who has to be medically retired is probably one too many, but the fact of the industry is that from time to time people are unable to continue on in the workplace. We try to do a lot of things before we medically retire anyone. If you look at the numbers, that is 13 out of the FTEs in the 2018-19 year which will be 4,507. As you can see, it is a very small percentage in comparison to the workforce. In saying that, it is 13. We work with these people and we try to find them alternative duties within the organisation.

We have a number of people who maybe five years ago may have been medically retired who now work within Kedron Park and fulfil jobs within the administrative structure within the organisation and who do so very functionally. To end someone's career is not something as an organisation that we take lightly. We have the utmost respect for the injured individual and we will continue to always do that.

Ms BATES: What was the total amount of entitlements paid out to these officers?

Commissioner Bowles: Entitlements are based on what leave they have accrued at that time and what long service leave they would have at that time. It is not something that I could answer right now to tell you how many weeks someone had accrued in long service leave or annual leave.

Ms BATES: Minister, will you take that on notice?

Dr MILES: Yes.

Ms BATES: Mr Bowles, have you or your office undertaken an audit of the main causes of medical retirement and how has this changed over recent years?

Commissioner Bowles: Yes, we constantly review medical retirements. As I said before, it is not something that we take lightly. If you have a look at the 13 medical retirements, nine of those were for psychological injury and two of those nine were post-traumatic stress disorder. We constantly review our workforce and the reasons for medical retirement, not as a one-off but as an ongoing process.

Ms BATES: We have been contacted by several officers who are concerned about how they were treated after a number of years—in some cases many decades of service. Do you a have a breakdown of that audit which is available for the opposition, and is the minister able to take that on notice?

Commissioner Bowles: What you are saying is that you have been contacted by some of the 13 people who were medically retired?

Ms BATES: Yes

Commissioner Bowles: It would not be appropriate to release the details of people's medical conditions, whether it is here or anywhere. At the cornerstone of health care, as you would be aware, is privacy and confidentiality.

Ms BATES: I am happy for it to be redacted. It is just the issues that led to their medical retirement, not their personal issues.

Commissioner Bowles: As I said, I let you know why the people were medically retired.

Ms BATES: Commissioner, can you confirm whether patients are being moved from ambulances to chairs when they get to hospital so that the ambulance ramping statistics are effectively managed?

Commissioner Bowles: As you would be aware, in August 2012 the MEDAI recommendations went to parliament and were approved and implemented on 1 January 2013. One of the recommendations—from memory, I think there were 15 recommendations; it was a little while ago—for clinically appropriate patients was that they could be taken from the back of the ambulance and placed in a waiting room but that is part of the unload-offload policy.

Ms BATES: Is that happening at every hospital—

CHAIR: Member for Mudgeeraba, your time is over—it has been exceeded—and we are going to move on to the member for Maiwar for a question.

Mr BERKMAN: Following the legalisation of medical marijuana, a number of patients who have approached me have reported that they are still having extraordinary difficulty in accessing specialised medicines. In some cases they are still having to travel internationally and are returning home with very small amounts that they are allowed to import at one time. What steps is the government taking to ensure patients have access to the wide variety of cannabis based medicines that are now available in meeting a range of patient needs?

Dr MILES: I thank the member for his question. It is an important one. When this parliament passed laws to allow medicinal cannabis we were at that time leading the country with the most progressive laws in the country. Those laws continue to operate and they provide that the decision to use medicinal cannabis is made by the patient's doctor on a case-by-case basis. At its heart, it is a clinical decision-making process about whether it is an appropriate treatment.

I have been contacted probably by some of the same people you have and they have raised with me concerns about the time it takes to get approval and to receive treatment. The first stage in addressing that and further reform came into effect yesterday. At the COAG Health Council states

agreed with the Commonwealth to have a new single online portal that would satisfy the approval requirements of both the state laws and the Commonwealth laws. That is in place now. In the process of doing that, all of the jurisdictions had to agree that they would approve those applications made through the online portal within 48 hours. That should dramatically speed up that component of the process and allow for both those approvals to happen in parallel rather than one slowing down the other. I will be keen to see how that new process works and whether it addresses the bulk of the concerns that have been raised. If it does not and if there is more we need to do, we will continue to monitor that and take advice on that.

In addition to the process by which people can get a doctor to prescribe them medicinal cannabis and acquire it, the state also funds a trial for medicinal cannabis for children with severe treatment resistant epilepsy. That has been underway for over a year at Children's Health Queensland. There are currently 36 children in that trial. All up I think there have been 46—a few more than that—who have participated. That is one way the state can further assist patients where there is a relatively well-proven link between medicinal cannabis as an appropriate therapy for that illness.

Mr BERKMAN: As I have understood your answer, much of what you have discussed goes to the question of getting the prescription and the authorisations required. My understanding from these folks who have approached me is that getting their hands on the medicine is one of the most substantial barriers. Is there any plan underway for ensuring that they are available, even for domestic production and provision of those medicines?

Dr MILES: There is. The problem at the moment is that we do not yet have a developed local industry to provide those products, and until we do they will continue to be potentially hard to access and often quite expensive. Last year the Commonwealth agreed to allow for bulk importation of supplies of medicinal cannabis to be brought into Australia by individuals or businesses who have been approved by the Office Of Drug Control to import medicinal cannabis products. I am advised that this has already significantly reduced the time taken for patients to receive their products. However, when a local industry is established the Commonwealth has indicated that Australian manufacturers will be required to meet Australian demand as a priority prior to being able to export their product so they would have to provide the Australian market first. However, I am also advised that, while the steps taken by the Commonwealth so far go some way towards addressing supply issues, affordability continues to be a major issue for patients. It is not subsidised under the PBS as other drugs are and that means patients are paying the full cost except where they are on things like the clinical trial with us.

CHAIR: We will move on to government questions. My question is in relation to the Ambulance Service. Minister, with the great state welcoming its five millionth Queenslander, would the minister please detail how the government is expanding the Queensland Ambulance Service to meet its demand?

Dr MILES: I thank the member for his question. I got to meet with little Elizabeth—I think it is Elizabeth—the five millionth baby at the RBH with the Premier. It was indeed a very happy day.

Ms BATES: Are you changing her name too?

Dr MILES: Was that not her name? My recollection was that it was Elizabeth. I will stand corrected if not. I will report back to the committee before the end of proceedings. The Palaszczuk Labor government has always made it a priority to meet the growing demand for emergency services in Queensland. The Palaszczuk government has delivered a record budget for the Queensland Ambulance Service, an $800.3 million investment in rebuilding front-line paramedic services for Queenslanders. This includes a $32.5 million capital budget, an additional 100 front-line staff and 85 new and replacement vehicles. These new and replacement ambulances contain the new power assisted stretchers which are already proving their worth through a significant reduction in manual-handling injuries.

The Queensland Ambulance Service have recently completed a comprehensive review of demand for emergency health services across the state—and I am advised it is Elizabeth, member for Mudgeeraba. Last financial year, paramedics responded to 378,227 code 1 emergency calls. This is a 5.84 per cent increase on last financial year. To meet this demand we are putting on more front-line QAS staff. In the 2018-19 state budget the Palaszczuk government allocated additional resources to the Queensland Ambulance Service to support the recruitment of 100 new ambulance officers. Not only will these new officers meet rising demand in our booming state; they will enhance roster coverage so that there is a lower risk of burnout for Queensland's ambulance officers. This is yet another example of the Palaszczuk government's commitment to restoring the front-line services that were cut by the Newman LNP government during their tumultuous years in government. Thirty-six per cent of those

new ambulance officers will be stationed outside South-East Queensland. I am sure the honourable members for Caloundra and Nicklin will be pleased to know that 10 of these full-time-equivalent positions have been allocated to the Sunshine Coast local Ambulance Service network and the member for Mudgeeraba will be pleased to know that the largest individual allocation is headed for the Gold Coast. I am sure that residents on the Gold Coast will appreciate the extra 19 ambulance officers now caring for them.

Ms LINARD: Minister, my question for you is in relation to infrastructure. Chair and committee, with your indulgence, I want to thank Commissioner Bowles and the QAS. Recently my son underwent an emergency respiratory issue the onset of which was so quick. The ambulance arrived in five minutes. Lady Cilento did an extraordinary job. He was there for five days, but he is healthy and causing trouble for my husband at home now. I just wanted to thank the service and you, Minister, as a regular mum and not as a member of parliament. To see how you operate in practice was a very proud moment for me and a great relief. Thank you. I thank you, committee, for your indulgence in letting me mention that. Minister, I am very interested with regard to infrastructure. Clearly, it is a priority in the SDS that the government is investing in. Could you please outline the infrastructure allocation for the Queensland Ambulance Service?

Dr MILES: I was not aware you had been through that, but it is good to know that our ambos and the staff at the children's hospital looked after you very well, by the sounds of it. In the 2017-18 financial year the Palaszczuk government embarked on an extensive infrastructure program for the Queensland Ambulance Service to ensure we have the right level of service in the right place at the right time. A total of six new and replacement stations were opened, benefiting communities from Torres and Cape down to Wide Bay, Sunshine Coast, Metro South and Gold Coast. While these important capital and building works were budgeted to cost $27.3 million, I am pleased to announce that actual expenditure came in under budget, at only $22.7 million. In 2018-19 the Queensland Ambulance Service will invest $32.5 million in capital expenditure including $4.9 million for major capital works planning. This will provide brand-new ambulance stations in Hervey Bay and Drayton and a replacement ambulance station at Mareeba.

In addition to building new and refurbished stations, the Palaszczuk government is also equipping our ambos with the latest technology to help them continue to perform at their best. Under the Palaszczuk government, the QAS began rolling out powered stretchers in 2015. In the year prior to the rollout, the QAS recorded a total of 233 lost-time injury claims. Of these, 190 related to manual-handling incidents. As of May this year, the QAS has recorded a total of 146 lost-time injury claims and, of these, manual-handling incidents were down to 109 from 190. That is a reduction of 37.3 per cent, keeping our ambos safe and healthy and on the road helping members of our community in crisis situations.

The new $4.6 million ambulance station at Hervey Bay will have six ambulance bays, office space, a day room, patient care store, rest and study rooms, write-up area, training space and other modern staff amenities. More undercover parking will be provided for operational vehicles as well as onsite staff car parking. Planning approvals are currently being progressed, with the project likely to go to tender next year.

The new $1.8 million Drayton Ambulance Station will have four ambulance bays and patient care store, office space, day room, ride-up area, training space, and rest and study rooms. It will also have plenty of undercover parking for operational vehicles and onsite staff car parking. This project includes a new local ambulance service network office, meeting room and staff amenities. Planning approvals and design will be finalised this financial year, with the project expected to proceed to tender next year.

The Palaszczuk government is investing $5.6 million to upgrade the Cairns Ambulance Station and operations centre. The redevelopment will include a complete refurbishment to modernise the existing building and an expansion. The existing building also accommodates the Queensland Fire and Emergency Services communication centre, which will remain in the redeveloped facility. Planning approvals and design will be finalised this financial year with stage 1, the new QAS and Firecom operations centre, expected to progress to tender during the next year. The second stage, the refurbishment of the existing building, will commence on completion of stage 1.

In Rockhampton the ambulance station and operations centre will be refurbished. The $5 million centre will be redesigned to improve operational capability and functionality and provide appropriate amenities for staff. Final designs and planning for construction are currently being finalised, with the project expected to proceed to tender in early 2019. I look forward to travelling to Rockhampton and turning the first sod with the member for Rockhampton.

The new $4.6 million ambulance station at Yarrabilba will have six ambulance bays, patient care store, office space, a day room, write-up area, training space, rest and study rooms, and staff amenities. Acquisition of land will be finalised during this financial year along with site investigations, planning approvals and designs for the centre.

Our election commitment to replace the existing ambulance station and relief quarters at Mareeba is well underway. This is a $1.8 million project. The replacement of the relief quarters was completed on 6 July 2018. Master planning for the replacement of the ambulance station has commenced. The replacement ambulance station will include four ambulance bays, patient care store, office space, day room, ride-up area, training space, rest and study rooms and staff amenities. Final designs and planning approval will be finalised this financial year, with the project expected to progress to tender next year.

The Palaszczuk government is also investing $6.2 million to upgrade the Gold Coast operations centre and the Southport Ambulance Station. This will deliver better functionality and staff amenities, optimise the space and provide for future growth.

As always, we are committed to making sure our ambulance stations are as user friendly as possible so our ambos can focus on their jobs. That is why we have allocated $5.5 million for minor works across the portfolio for minor refurbishments and upgrades to sites and services as well as extensions and additional infrastructure.

CHAIR: My final question is ambulance related. I start by acknowledging those who are watching the proceedings today from the Townsville local area service network. I give a shout out to them. I know they will be watching these proceedings. Kirwan station is in my electorate of Thuringowa. Would the minister please advise the committee about the upgrade of Kirwan Ambulance Station and how this will benefit the people of my electorate in Thuringowa?

Dr MILES: I, too, would say g'day to everyone watching up there in Townsville. I know that this particular project is very close to your heart. The current Kirwan Ambulance Station in Townsville was built in 1979, almost 40 years ago. Lots of things have changed in Townsville in 40 years. To start with, the population has increased by nearly 40 per cent. This means that Townsville ambos are treating more people than ever before. The Kirwan Ambulance Station response area includes Kirwan, Alice River, Bluewater, Bohle, Condon, Kelso, Pinnacles and Thuringowa and provides support into the greater Townsville city area. This station has experienced an average of 6.6 per cent growth per year over the past five years. In fact, 23 per cent of Townsville incidents occur in this area. It is time they got a new station.

That is why in the 2017-18 state budget the Palaszczuk Labor government made the replacement of Kirwan Ambulance Station a priority. We have allocated $5 million to the project, and I am pleased to say that detailed design work is currently underway. The new purpose-built station will feature eight to 10 ambulance bays, an additional covered area to park vehicles in a cool place and a modern facility that is designed with QAS staff in mind. This will be a state-of-the-art facility that will not only meet the immediate needs of a growing community; it will allow for future growth and expansion as the population and demand for ambulance services grow.

The use of environmentally sound design will be an important aspect including the extensive use of natural light. The project has also been nominated as an Indigenous project, which means 1.5 full-time equivalents, or 10 per cent, will be met by Indigenous trainees working for contractors on this project plus a minimum of $150,000 will be allocated to an agreed Indigenous economic opportunities plan. This project will create 15 full-time jobs over its life.

Mr O'ROURKE: What programs have been funded in this year's record Health budget that will help patients in Central Queensland be treated closer to home?

Dr MILES: I thank the member for his question and his continued advocacy on behalf of the people he represents, particularly in relation to the healthcare services they need in Central Queensland. I know you would be aware that the Central Queensland HHS has a service footprint that is almost twice the size of Tasmania, stretching from west of Emerald to the Gladstone coastline and from Theodore to the Capricorn Coast. This makes reducing patient travel a key focus for this government. Given the impact that travel has on the patient, their families and their overall healthcare experience, we are working hard to ensure that patients can access health care as close to their home as possible, because we know this is important to regional and rural Queenslanders.

The Central Queensland HHS is aiming to reduce the incidence of patient travel by 10,000 trips. To do this, the HHS has introduced a range of new services and innovative delivery models and expanded its very successful telehealth program. These initiatives are delivering outstanding results.

Telehealth is a video link between patients and health professionals from smaller rural hospitals either to specialists in Rocky or to more specialised teams in Brisbane or other tertiary hospitals. As I have travelled around regional Queensland I have seen firsthand the impact that telehealth is having, connecting patients to specialists, doctors and nurses to provide both timely and first-class healthcare services.

Central Queensland HHS is one of the biggest users of telehealth in Queensland. Telehealth has saved the people of Central Queensland an estimated 2.4 million kilometres of travel through over 11,000 telehealth sessions. Through the innovation and hard work of our healthcare staff, the HHS has developed the ability to deliver telechemotherapy at Theodore, Biloela and Emerald. This can save an entire day of travelling each way for a patient needing chemo.

During the past year there have been an additional 15 new telehealth services added. The telehealth team has even more exciting plans such as introducing inpatient telehealth, expanding maternity and antenatal telehealth services, and introducing teledentistry and telerehabilitation. In addition to telehealth, patients in Emerald are also being trained to receive home renal dialysis in a new service for the Central Highlands, and the Biloela Hospital has been accredited as a rural generalist training facility, which means they can now deliver more local services, particularly maternity services, to that community.

Under agreement with major health facilities in Brisbane, Central Queensland Hospital and Health Service is also providing urology services in Rockhampton, which means that children with cancer can come home to Rockhampton much sooner so that they can be closer to family and friends. Plans to reduce patient travel even further during this financial year are even more exciting and include more community mental health treatment services, more endoscopies, expanded maternity services including 24-hour nursery and a high-dependency unit at Gold Coast Hospital and even more cardiology and paediatric services across Central Queensland.

The Palaszczuk government is committed to delivering health care closer to home where they are safe and sustainable. We are proud to be embracing innovation and the use of technology to ensure all Queenslanders have access to the best health care regardless of where they live.

Mr O'ROURKE: Minister, I ask this question on behalf of Joan Pease, the member for Lytton, who could not be here today. Could you please update the committee on the construction of the new ambulance station at Wynnum?

Dr MILES: That is an excellent question. I am sure the member for Lytton will be very grateful that you represented her community here in her stead. While the member for Nudgee has made a fantastic contribution, we have all missed the member for Lytton here today.

In the last financial year alone, the Wynnum Queensland Ambulance Service station has responded to a total of 3,395 code 1 emergency situations. Code 1 is classified as a critical condition where paramedics use both lights and sirens to help them get to the person in need as soon as possible. To make sure the Wynnum QAS station can continue to deliver exceptional emergency health care and keep up with growing demand in the Brisbane bayside region, the Palaszczuk Labor government identified the station's replacement as a priority.

In the 2016-17 state budget $3 million was allocated to fund this critical health infrastructure. The new purpose-built facility boasts a total of 10 ambulance bays in addition to modern staff amenities. Our Wynnum paramedics now have access to state-of-the-art training facilities, a new kitchen, locker rooms, rest areas, study areas and meeting facilities. The site also provides additional undercover ambulance parking which will be used for the three new vehicles that were allocated to the Wynnum QAS station in the 2016-17 state budget. The new station has been built on the same site as the Metro South Hospital and Health Service operated Wynnum-Manly Community Health Centre, which is also known as Gundu Pa. The new Wynnum QAS station perfectly complements Gundu Pa's 24-hour primary care centre, which is designed to treat minor injuries and illnesses.

These two significant health investments, both delivered by the Palaszczuk Labor government, will support the growing health needs of the Wynnum bayside region. Construction of the new Wynnum QAS station was completed in June, with approximately 14 construction jobs generated. The new station is budgeted to employ 19.7 full-time-equivalent QAS staff members, including one officer in charge, two patient transport officers and 16 paramedics. I know that the member for Lytton is looking forward to the official opening next week. I am looking forward to it too. She assures me that not even her current injury will keep her away.

Ms LINARD: Minister, can you similarly please advise the committee on how QAS are servicing the needs of the growing Redlands community?

Dr MILES: I thank the member for the question. I think the member for Capalaba is probably in the room; he has taken a very big interest in the Redlands community. I am sure he is appreciative of you asking this question. The member for Nudgee is right to say that the area is booming, and that is why the Palaszczuk government has added more critical care paramedics to the bayside area. This has been supported by strong advocacy from the member for Capalaba, as I just mentioned, and also the member for Lytton and the member for Redlands.

As part of the staffing announced in the Queensland budget in 2017-18, 5.25 full-time-equivalent critical care paramedic positions, including relief staff, were allocated to the Capalaba Ambulance Station. This important addition to their workforce will reduce response times and help our ambos provide more lifesaving support to the growing community. Critical care paramedics are trained to provide a high level of care in the most serious emergency situations. They can access a greater range of medicines and interventions, and they can provide support and advice to advanced care paramedics attending critical cases. These additional staff started on 25 December 2017 and have been providing local residents with 24-hour critical care coverage via an eight-line day-night roster. These critical care ambos have already responded to 757 callouts from the Capalaba Ambulance Station since they commenced in December. The Palaszczuk government has invested $1.022 million in these new positions to cover annual salary and related costs at the Capalaba Ambulance Station.

Special ambos need specialised equipment. That is why we have also invested in an additional Santa Fe emergency response vehicle for the Capalaba Ambulance Station for use by critical care paramedics. The Santa Fe emergency response vehicle is a sedan-like SUV that has greater capacity to navigate traffic due to its greater manageability and smaller size. It carries enhanced critical care equipment including: intubation equipment that will assist a patient's breathing when they cannot breathe on their own; additional critical care drugs that can assist the heart rate of a patient; and drugs that can support the heart during a cardiac arrest. A fully equipment critical care response vehicle is costed at $96,000 and, as I mentioned earlier, this vehicle will be stationed at Capalaba.

CHAIR: As a former critical care paramedic, I concur with your remarks. It is indeed a specialist skill. We are going to move to non-government members for some supplementary questions.

Ms BATES: Minister, I refer to page 44 of the SDS in relation to staffing and I also refer to question on notice No. 509, which was asked on 3 May 2018. Minister, there has been a significant increase in assaults on staff in places like the Gold Coast, metro south, south-west, Sunshine Coast, Torres and the cape, and Townsville and Wide Bay. Minister, what are you doing to address the issue of increased assaults on our hospital and front-line staff?

Dr MILES: I thank the member for the question. Abusive and violent behaviour by anyone—patients, relatives or visitors—towards our health services workers is unacceptable. No doctor, nurse, paramedic or health worker should ever be the victim of violence in the workplace. The Palaszczuk government has implemented strong action based solutions across Queensland in response to key recommendations from the Paramedic Safety Management Committee and the Occupational Violence Implementation Committee. These measures include: more security officers; installing more CCTV cameras; better reporting of incidents; and de-escalation training for staff. Body worn cameras are now worn in 17 health facilities across Queensland. We are also implementing personal duress alarms in rural hospital and health services. A peer support program has been developed and trialled at the Mackay Hospital and Health Service. In a 10-month period, in excess of 500 employees accessed the program. Queensland Health is working on implementing that particular program statewide now.

In terms of the QAS, we have implemented strong action based solutions across Queensland in response to key recommendations of the Paramedic Safety Taskforce. Since the task force began in 2015 the number of incidents has declined, which is good to see, but of course there is more to do. On 1 July 2017 a new occupational violence safety training program was introduced by QAS for all operational paramedics. QAS has rolled out Droperidol to allow advanced care paramedics to chemically sedate violent patients.

The Palaszczuk government invested $250,000 to enhance the analogue radio network in regional Queensland, which will give paramedics the ability to quickly alert their colleagues of a potentially dangerous situation and seek urgent assistance. Enhanced safety features have now been incorporated into all Queensland Ambulance Services vehicles, including duress alarms. The QAS also uses an electronic system that allows for near real-time sharing of incident information with the Queensland Police Service. That became operational in July 2017. Of course there is no excuse for

abuse. Our paramedics and health workers deserve respect and gratitude for the important work they do in our community, and the Queensland government is committed to reducing the risk of harm they face as they carry out their duties.

Ms BATES: Minister, surely you cannot be satisfied with the increase in violence against staff. Nurses and paramedics are going to work in fear of their safety, and it is not good enough. You may recall that I am responsible for the zero tolerance petition for paramedics and for minimum mandatory sentencing for assaults on paramedics. I am sure you are well aware that I have family members on the front line in our hospitals. What other measures are being considered such as mandatory sentencing and having police beats collocated? Have those sorts of things been considered by your government?

Dr MILES: I appreciate the member's question. As I outlined, there is a continuing advance of initiatives here, but I agree with you that any health worker experiencing violence in the workplace is one too many and we will continue to work until that is eradicated. I would ask that Commissioner Bowles address the question of mandatory sentencing and what we have seen recently in relation to assaults, because I think it is interesting to get his perspective.

Commissioner Bowles: As the minister said, I would like to reiterate that one assault on any health worker is one too many. As you may be aware, in 2015 the ambulance service put together a Paramedic Safety Taskforce in conjunction with United Voice. The task force made 15 recommendations, and all of those recommendations have been implemented. By way of background, let me explain. ICEM stands for InterCAD Emergency Messaging. Previously when a paramedic was in trouble we would ring the police. We did that about 90,000 times a year. The police would ring us for assistance about 94,000 times a year. One of the recommendations of the task force was to introduce InterCAD messaging, and that has cut phone calls by 66 per cent. Now the actual message goes to the police instantly so that it pops up on their CAD and they are able to respond, and it is exactly the same when they request an ambulance.

The minister also mentioned the introduction of Droperidol, and we are very proud of that. We are leading the nation in that space: we use it approximately 1,100 times a year. It is much safer for the patient. In fact, we just presented a paper at the Paramedics Australasia International Conference and it won the paper of the conference. One of the other recommendations concerned the ongoing work of the task force, so after its 15 recommendations were implemented we did not disband it: we kept it going. It meets every two months and discusses the latest trends and what is going on in the world.

If you follow Twitter and Facebook you will see that we are constantly messaging the community. I am probably showing my age a little bit here, but if you remember back to the early 1970s and the introduction of seatbelts—I was probably only eight or nine years old at the time—now it is seen as inappropriate not to wear a seatbelt and it is frowned on by society. That is the journey we are on, but it is not something that emergency services can do all by ourselves. We have to bring the community with us, like with drunk driving and seatbelts. There are a whole range of initiatives that have come out of the task force and the same recommendations are also within the broader health system.

CHAIR: Commissioner, I am sorry to stop you there, but we only have a couple of minutes to hear the minister's final comments and any other information he can provide in relation to the questions raised today.

Dr MILES: With regard to the matter raised by the member for Mudgeeraba in relation to investigations into staffing the Medicinal Cannabis Unit, I have taken advice on what is appropriate for me to disclose. I can say that allegations were made regarding a former employee of the Medicinal Cannabis Unit, and these matters were referred to the CCC. No response has been received back from the CCC, so therefore any further questions should be directed to them.

With regard to the document that the member for Mudgeeraba sought to table regarding the Ipswich Hospital preliminary business case, I would like to inform the committee that this is a Queensland Health document and I have no issues with the two pages being tabled.

CHAIR: We did table them, thank you.

Dr MILES: With regard to the palliative care budget for the Redlands Hospital, I am advised that the entire palliative care budget for metro south is $13.6 million. Of that, the bayside node—which is, I assume, what the member is seeking details of—received $3.56 million in this budget, which is an increase from $3.2 million in the prior budget.

I am going to ask the director-general to address the question regarding the dismissal of staff in the Indigenous Cardiac Outreach Program. I believe the commissioner now has figures regarding the payout entitlements of the 13 paramedics who retired due to ill health.

Mr Walsh: In relation to the investigation into the former state manager of the Indigenous Cardiac Outreach Program and whether the person was dismissed, I can confirm they resigned while the investigation was ongoing in June 2017.

Commissioner Bowles: With regard to payments received by individuals for the 13 medical retirements, can I also just place on record that of the 13, 10 were for psychological reasons and not nine, as I stated. It will depend on individual circumstances such as balance of leave owing, payment of any WorkCover Queensland insurance payouts and/or the total of permanent disability payouts as part of their superannuation entitlements. These entitlements are in line with industrial agreements and it would be inappropriate to detail the arrangements, just as it would be inappropriate to detail fortnightly salary payments for individuals in line with individual requirements.

Ms BATES: I did not ask for individuals: I asked for the total.

Mr McARDLE: Point of order. We are after the total amount. There is no breach involved in that. We are not asking for individual member's figures to be disclosed. What is the total amount that has been paid out or will be paid out? That will be calculated.

Ms BATES: Perhaps if it is taken on notice.

Commissioner Bowles: You would never really know the total. Superannuation arrangements are something between the individual officer and the superannuation company, and it would depend on what level of insurance they have. There are default levels of insurance, but it is up to individual as to how they insure themselves.

Mr McARDLE: With respect, Mr Chair, the commissioner can provide the committee with figures that he is aware of. He can then add an addendum and say that these figures could vary, depending on the TPI entitlements of individual members. The commissioner can provide the committee with what figures he is aware of or could be aware of.

CHAIR: Your point is taken, Mr Deputy Chair. The commissioner has answered in detail. There is limited scope for a further answer, given superannuation entitlements and all the rest of it. I think that the information we have to date is relevant, and I am happy to conclude the questions. We have one minute left.

Dr MILES: To the member for Caloundra's point: let me take on notice the question of aggregate payouts to those 13 officers with the proviso that, given it is a very small cohort, nothing we would do there would disclose something personal.

Mr McARDLE: No, exactly.

Dr MILES: We can work on that.

Mr McARDLE: Thank you.

Dr MILES: By my record, we have addressed all of the other matters. I want to correct the record on one matter. In one of my answers to a government question I said that the Drayton Ambulance Station would cost $1.8 million. That is for a stage of the station. The total budget is $4.6 million, so I am sorry about that error. Mr Chair, I only have a very brief closing statement if you would not mind me running over time.

CHAIR: Yes.

Dr MILES: I want to thank you and all of the committee members for the interest you have shown in my portfolio areas today. I very much appreciate it. I also appreciate the contribution of those other members who sought to appear—the member for Mudgeeraba and the member for Noosa. Please let me thank the Director-General, Michael Walsh, and Commissioner Russell Bowles and your teams and all of the chief executives who are here today and their teams, as well as the estimates team in the Department of Health, including Leah Farrell, Gemma Clark, Laura Kanaris and Helen Borradale. I want to thank Robert Hoge and his team and the executive team for their role in helping me to prepare for today's hearings.

I would also like to thank those of you who have been on hand this morning at Parliament House to assist behind the scenes—namely, Jasmina Joldic, Gemma Hodgetts, Dawn Schofield, Kyle Fogarty and Shelley Phillips from the office of the director-general and the staff from that office who came in at midnight last night to answer a last-minute question that I sent them; Jane Virag and Paul McGuire from the Strategy Policy and Planning Division; and Dee Taylor-Dutton and Maria Parker from the Queensland Ambulance Service. I want to especially thank all of my ministerial staff who really did put in an enormous effort to make sure that we were able and equipped to answer the committee's questions here today. I also thank my Chief of Staff, Danielle Cohen, and our entire team.

I want to acknowledge that in the gallery is my father, who is the only person who sat through all of this and was not paid to do so. I think that should be acknowledged and recognised.

Finally, I want to express my thanks to all staff across Queensland Health and hospital and health services who have contributed to the preparations for these estimates and especially and finally all of the hardworking doctors, nurses, paramedics, midwives and healthcare workers right across Queensland who every day do a tremendous job looking after Queenslanders when they are sick. I am sure I speak on behalf of all MPs and all Queenslanders when I thank them for their efforts.

CHAIR: Hear, hear! Thank you very much, Minister. The time allocated for the consideration of the proposed estimates of expenditure for the Health and Ambulance Services portfolio has expired. On behalf of the committee, I thank the minister, the director-general and officials for your attendance. A proof transcript of this session of the hearing will be available on the Hansard page of the parliament's website within two hours. The committee will now adjourn for a break. The hearing will resume at 2.15 pm.

Proceedings suspended from 2.04 pm to 2.15 pm.

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

In Attendance

Hon. CJ O'Rourke, Minister for Communities and Minister for Disability Services and Seniors

Ms C Nicholas, Chief of Staff

Department of Communities, Disability Services and Seniors

Ms C O'Connor, Director-General

Mr T Hayes, Deputy Director-General, Disability Services

Mr N Singh, Acting Chief Financial Officer, Finance, Procurement and Property Services

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CHAIR: Good afternoon. The committee will now examine the proposed expenditure contained in the Appropriation Bill 2018 for the portfolio areas of the Minister for Communities and Minister for Disability Services and Seniors. Welcome, Minister. The committee will examine the minister's portfolio until 4 pm. The visiting members present are Sandy Bolton, member for Noosa, and Dr Christian Rowan, member for Moggill.

I remind those present today that these proceedings are similar to parliament and are subject to the standing rules and orders of the parliament. I also remind members of the public that, under the standing orders, they be admitted to or excluded from the hearing at the discretion of the committee. It is important that questions and answers remain relevant and succinct. The same rules for questions that apply in parliament apply here, and I refer to standing orders 112 and 115. Therefore, 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 the relevant issues can be explored 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, officials and members of the public to the hearing. I now declare the proposed expenditure for the portfolios of the Minister for Communities and Minister for Disability Services and Seniors open for examination. The question before the committee is—

That the proposed expenditure be agreed to.

Minister, if you wish, I invite you to make an opening statement of up to five minutes.

Mrs O'ROURKE: Thank you, Chair. I am pleased to be appearing before the committee today, but before I make some opening remarks I would like to respectfully acknowledge the traditional owners of the land on which we gather this afternoon and pay my respects to elders past, present and emerging. I also want to take the opportunity to thank the members of the committee and the representatives from my department. I would also like to thank the Auslan interpreters—Maree Madden and Amy McCusker—who are here today providing people who are deaf or hard of hearing the opportunity to be engaged with and participate in our democracy.

I want to use my opening remarks today to update the committee and the people of Queensland on some of the exciting developments being undertaken by the Department of Communities, Disability Services and Seniors. Since the creation of this new department in December last year, we have been focusing on the encompassing theme—our overarching vision—of thriving communities. Thriving communities is at the heart of everything that we do as a department, and through this vision we will create a Queensland where communities are vibrant, empowered and resilient and a place where vulnerable Queenslanders can participate and contribute. We want a Queensland where people of all ages, backgrounds and abilities can participate, be included and resilient and enjoy high levels of social and economic wellbeing.

We bring together all levels of government, service providers, community members and stakeholders to collaborate on solutions to help communities thrive. When we harness the power of our partnerships with government agencies, NGOs, communities and the business sector, we build

community resilience and connectedness. Everyone wins when communities are more inclusive and accessible, and that is why I am so proud of the work being done by my department to make our vision of thriving communities a reality.

The Queensland government provides funding to non-government organisations to manage 124 neighbourhood centres or community centres across the state. These vital centres provide information, services and referrals to vulnerable Queenslanders. We are expanding our network of centres even further, with an extra $12.7 million in funding announced in our 2018-19 budget. This will go towards the purchase of land and the design and the construction of new neighbourhood and community centres in Moranbah, Inala, East Murgon, Bowen, Wilsonton, Kallangur, Yarrabilba and Thursday Island and upgrades to our existing centres. We are also supporting communities to thrive through our Thriving Queensland Communities grants, where we will provide a total of $550,000 in one-off grants payments in 2018-19 for neighbourhood centres to run events or projects or to purchase equipment to support community engagement activities.

Of course, the rollout of the NDIS across many regions of Queensland has also been at the forefront of our efforts this year. In 2018-19 Queenslanders will benefit from more than $2 billion in financial support from the Queensland government for people with disability and the NDIS rollout. In fact, it is the biggest year of funding ahead of the full rollout of the NDIS by 1 July 2019. The rollout of the NDIS in these regions does not negate our responsibility to provide support to Queenslanders with disability. In fact, in the 2018-19 budget we committed funding to support people with disability, including $9.5 million over three years to provide peer-to-peer advocacy for people with disability who have entered the NDIS, $1.2 million over three years to support a nationally consistent worker-screening database, $10 million to continue to fund community nursing services for people who have transitioned to the NDIS, and $6.2 million in aids and equipment and vehicle modifications to assist people with disability access and participate in their communities.

I also want to highlight some of the great work that we are doing for our Queensland seniors, in particular our work on our age-friendly space. Our Advancing Queensland age-friendly community grants have been very successful across the state, providing $1 million annually. Our first year of the grants saw a number of exciting projects come to fruition including a seniors fitness trial on Magnetic Island and our Our Care Journal app. The second round of the grants program has attracted a significant amount of interest, and the successful recipients are due to be announced during Seniors Week in the middle of August. Another exciting age-friendly initiative that we have been working on is the B.OLD short film competition, which invites Queensland filmmakers to bring to life short films that will challenge stereotypes of ageing. We have received 40 great entries and look forward to announcing the winners later in the year.

There are a number of other highlights in our 2018 state budget that I would like to mention as well, including $1 million in funding over the next four years to expand Foodbank Queensland's successful school breakfast program in Queensland schools, $200,000 for the Bundaberg Men's Shed, $6.5 million per year for the Better Budgeting initiative, and $3.3 million for the delivery of safer night precincts support services in 15 Queensland communities. I want to once again thank the committee for their time and I look forward to answering their questions and highlighting the great work that the department is doing to help Queenslanders thrive in our communities.

CHAIR: Thank you very much, Minister. We will move to a block of questions from the opposition. Member for Moggill?

Dr ROWAN: Thank you, Chair, and good afternoon, Minister. I refer to the SDS at page 6 and the NDIS transition. Minister, I understand the Palaszczuk Labor government has provided and continues to provide to the NDIA and the Commonwealth the names and contact details of Queenslanders eligible for transition to the NDIS scheme; is that correct?

Mrs O'ROURKE: Yes.

Dr ROWAN: Is it true that several hundred such records that were provided by the Queensland government to the Commonwealth were for people who were already deceased? If so, how did this happen?

Mrs O'ROURKE: I thank the member for the question. As a requirement of the work that we are doing collaboratively with the Commonwealth and with the NDIA—it is part of the requirement to provide data in accordance with the recommendations that have been provided. In relation to the data that we do provide and the times in which we provide that, I will ask my deputy director-general to provide some further information on that.

Mr Hayes: The matter that you raise is in relation to some data that was worked through with the NDIA prior to Christmas last year. The normal process the NDIA goes through is that they go through a filtration process at the very end where they compare across all of their databases in the Commonwealth, including Centrelink and various other national databases, but also an update which they need to do as part of Births, Deaths and Marriages. On this occasion they failed to do that particular step at the end, so therefore what happened leading up to 22 December 2017 is that letters were sent to people who had deceased. The NDIA, I understand, took immediate action to reach out to families and apologise. There were written responses put to them as well. This was an adverse event that occurred on the eve of Christmas and leading up to Christmas. The NDIA were very regretful of the situation, but it came down to the final checks that needed to be undertaken in response to what needs to happen prior to letters going out to people encouraging the NDIA to make contact et cetera.

Dr ROWAN: That was based on inaccurate data from the Queensland government being provided?

Mr Hayes: The data provided by the Queensland government on all occasions meets the appropriate data standards at the time. Data standards do change over time. The data is also a mechanism that is fed well in advance of access periods. As you would probably appreciate, the approval of plans starts at a point in time. Six months prior to that, data is loaded into their production system so people can access the NDIA and there is history and knowledge of the people who are existing clients. On the basis of that, the data would have been at least six months old in terms of the feed but also it is reflecting periods that were prior to that in terms of cut-off dates for data cleansing et cetera. For each data load there is actually a lead-up time well before that, but it is also loaded six months in advance. It is incumbent upon the NDIA as part of its normal business processes to make sure that anyone who has passed away, moved or otherwise is looked at through that process by checking its databases and the state databases in terms of Births, Deaths and Marriages.

Dr ROWAN: Minister, given that there was data on deceased Queenslanders passed across, which the deputy director-general has confirmed, does that mean that your department was potentially paying financial assistance from the state into the accounts of deceased Queenslanders and/or actively managing the cases of deceased Queenslanders—

CHAIR: Member for Moggill, I bring you back to the relevance of this question to the Appropriation Bill. Obviously it has been answered by the deputy director as to what occurred. I am trying to understand how this particular line of questioning is relevant to the Appropriation Bill that we are examining today.

Dr ROWAN: With reference to the SDS at page 6, we are talking about the potential expenditure of dollars in Queensland by the state government being paid into the accounts of deceased Queenslanders if their data is inaccurate, which has been confirmed given that they are being paid by the Commonwealth. Given that there was inaccurate information, are they actively case managing deceased Queenslanders and/or benefits being paid into the accounts of deceased Queenslanders? This goes to the heart of the management of the department. I am referring to the SDS at page 6.

CHAIR: I will allow the question on this. Minister?

Mrs O'ROURKE: I thank the member for the question. I will refer further to the deputy director-general, but ordinarily on a Queensland government basis services provided to Queenslanders in receipt of disability services are generally through a service provider. I refer to the deputy director-general in relation to that.

Mr Hayes: The first issue is that, as people—and it is identified to the department—pass away, funding is ceased at that moment for all the right reasons. There is a process that we follow with service providers to then look at the alternative use of those dollars for all the right reasons as well. Sometimes that can be to have an alternative person who might be waiting for services in the service system to have services provided by that NGO, or it could be, depending on the circumstances, that that money might be redirected to another provider in that area, or it might be returned to the department for reallocation for priorities going forward.

Our process of updating our systems is very diligent in terms of timing. We go through that process thoroughly and in a timely manner. I think the important point that we are working through here is that, when you feed the data to the Commonwealth for the transition period, it is data that is at least six months in advance of where we are going to be. People will pass away. When you are talking of tens of thousands of people—and year 3 is the biggest year, so we are talking about data that was loaded for the period commencing 1 July 2018—the data feed that occurred last year, in that last period

of November, December, was massive. It was huge, because it was planned to have up to roughly 30,000 people coming into the scheme who would be existing and potentially up to 30,000 who would be new people, which, obviously, we would not have data on.

The data feed at that time was massive. Therefore, if there had been a period of time when people had passed away, our adjustments inside our systems would adjust that straightaway. We are not paying people twice. We do not pay for people in the NDIS or in the state system if they have passed away. If someone has passed away, they are not going to be transitioning into the NDIS. Certainly, they would be cut off on our side. It would then be a process of reconciling those things down the track, because that is normal custom and practice with these changes and the nature of how data feeds through these large change processes.

Dr ROWAN: I refer to page 6 of the SDS and the Queensland Audit Office National Disability Scheme report. I ask: why were the National Disability Insurance Scheme whole-of-government structures for Queensland, as recommended by our expert consultants, ignored?

Mrs O'ROURKE: Could you repeat the last part of that question?

Dr ROWAN: I ask: why were the National Disability Insurance Scheme whole-of-government structures for Queensland, as recommended by expert consultants, ignored?

Mrs O'ROURKE: I thank the member for the question. Firstly, in relation to the Queensland Audit Office's report, this was a report that was due to be conducted in the 2018-19 year, but it was a report that we asked to come forward to provide us with some very relevant information in relation to the rollout of the third year. We welcome the report, because it has provided us with some very vital information in relation to our management and governance frameworks.

We started working towards making some changes to governance arrangements and structures prior to the tabling of that report in May. I can go through some of the actions that we have implemented in relation to some of the structures that are going forward. These include things like the regular reporting to government, an updated NDIS program plan and an updated agency transition plan for those agencies that are a part of the NDIS transition. We have strengthened the RLG terms of reference. We have established readiness criteria. We have updated and strengthened the reporting to the RLG, which is the reform leaders group. We have sought assurance from the Commonwealth minister and the CEO of the NDIA in relation to their resources and infrastructure being in place before the rollout of year 3. We have also strengthened the information flow between the reform leaders group, the transition steering committee and our advisory groups to ensure that everyone is across all of the challenges and the work that is being done.

We have approved a mechanism with regard to the sharing of risks between those groups. We are currently working with the Department of the Premier and Cabinet and Treasury in relation to the negotiating parameters. We are also working very closely with the NDIA and the Commonwealth in relation to mainstream interface issues. That is just to name a few in relation to what we have been doing. Director-general, did you want to add anything to that?

Ms O'Connor: I can advise also that I have written to the CEO of the National Disability Insurance Scheme, Mr Rob De Luca, seeking assurances from Mr De Luca in relation to the NDIA's capability to implement in Queensland and what needs to be put in place. I have received those assurances from Mr De Luca in relation to their ability to deliver. That, though, as he points out, was contingent on the Queensland government being able to assist them by seconding some 35 to 40 staff to make sure that the access processes were in place. I also sought assurances for the most remote areas of the state to make sure that Aboriginal and Torres Strait Islander Queenslanders could transfer into the scheme. Mr De Luca has once again assured me that they have whatever they need to get that in place.

Dr ROWAN: In relation to the Queensland Audit Office report, a number of things were concluded—cabinet level oversight simply not being there and senior bureaucrats not fulfilling their responsibilities in relation to the reform leaders group. I seek leave to table page 36 of the Queensland Audit Office report.

CHAIR: Can we look at that, please? You might provide a copy to the minister. If it is the audit report, it should already be tabled.

Dr ROWAN: I am just tabling it for reference.

CHAIR: Is leave granted? Leave is granted.

Dr ROWAN: I quote from page 36, where it says—

The most recent update about whole-of-government progress was provided by DCDSS to Cabinet in October 2017. This was the first general update about readiness since July 2015.

CHAIR: Member for Moggill, I am struggling to keep up with your question. Could you just slow down your rate of speech? I am keeping up with you as best I can.

Dr ROWAN: I will try to make sure you keep up, chair. Why was there a gap of over two years between cabinet briefings on an ongoing multibillion-dollar program like the National Disability Insurance Scheme?

Mrs O'ROURKE: I thank the member for the question. Aside from having regular engagement with my cabinet colleagues and the relevant ministers in relation to the rollout of the NDIS, as I said, we specifically asked for the QAO report to come forward to provide us with a review of how things had been operating and what needed to be strengthened in the lead-up to year 3. We have welcomed that report, because it has provided some information for us. We have had cabinet submissions on specific issues go to cabinet. There has been a recommendation, as you would be aware, in the QAO report in relation to regular contact with cabinet, which we are in the process of establishing.

Dr ROWAN: You are saying that, since the report has been handed down, that work has now been progressed around the regular briefings. Why was there a gap of over two years between cabinet briefings on an ongoing multibillion-dollar program like the National Disability Insurance Scheme?

Mrs O'ROURKE: As I said before, we had individual conversations with relevant ministers and relevant agencies in relation to specific issues. There were cabinet submissions that went to cabinet in relation to specific issues and these issues have been worked across-the-board with the reform leaders group and the transition steering committee. We have had conversations with the Treasurer and the minister through Disability Reform Council meetings as well as several phone hook-ups with the federal ministers.

Dr ROWAN: Why did it take the impending arrival of a scathing Queensland Audit Office report for the department you lead to finally act and look at how the National Disability Insurance Scheme transition was being managed across government here in Queensland?

Mrs O'ROURKE: I thank the member for the question. Firstly, this was not an impending arrival of a scathing report; it was a report that we requested 12 months early and we requested it for specific reasons—to make sure that we had governance structures correct to roll out the final year successfully. We have worked very closely with the NDIA and the Commonwealth to make sure that we had the structures in place and we have welcomed the report.

The one thing that I would like to highlight that I find quite interesting and heartwarming in the report is the fact that the report identifies that 90 per cent of participants have experienced a satisfactory level during the planning process, which is a really great outcome, because we are looking at a percentage of people who have not before received any disability supports whatsoever and who are now experiencing a completely different change of life.

In the lead-up to the final year of the transition, it was also very timely for us to assess and fine-tune our transition management processes. That was the reason we asked the Audit Office to bring its reporting forward—to give us that information. It was important to note that the Queensland Audit Office also acknowledged that the report's focus included the significant work already undertaken to successfully transition 15,000 Queenslanders to the NDIS.

CHAIR: Thank you very much, Minister. We will move to the government block of questions. I will start with the member for Rockhampton.

Mr O'ROURKE: Minister, will you outline to the committee what outcomes the Towards an all abilities Queensland plan has created for people with disabilities since it was launched in July 2017?

Mrs O'ROURKE: Absolutely. I thank the member for the question. The Queensland government is upholding its commitment to the inclusion of people with disability through the All Abilities Queensland: Opportunities for All plan. Through All Abilities Queensland, partnerships are being developed across all levels of government, business and community to change the way people with disability experience life in Queensland.

Under the plan's first priority of communities for all, significant progress is being made towards accessible places and spaces. We have seen that with Queensland successfully hosting the first inclusive Commonwealth Games on the Gold Coast this year by enabling the equitable participation of people and athletes with disability in sport and enabling accessible places and spaces. The Queensland

government has continued listening to the lived experience of people with disability. For example, the Queensland Building Plan includes actions to make public toilet facilities accessible for adults with disability. That includes the provision of a hoist or a swing rail, appropriate changing facilities and continence bins.

An outcome of the Towards an all abilities Queensland plan in your home town of Rockhampton has been in supporting communities to be welcoming and inclusive by enabling businesses and community groups to come together and create a more inclusive culture for the Rockhampton and Capricorn Coast communities. This has been seen through the Disability Community Event Grants that have funded Disability Action Week events or International Day of People with Disability events in Rockhampton in 2017.

This is ongoing. This year, we have with similar events planned and they include the Beach Day Out, an annual inclusive free community event, which was held last year on 15 September. It is an all-inclusive event for people to participate and enjoy, with accessible amusements such as inflatables, wheelchair access to the beach and into the water, a petting zoo, stage acts and guest speakers. It was held at Bell Park, Emu Park, with approximately 4,000 people attending. The funding contribution to this event assisted with transport requests from schools across the region as well as group requests for individuals, their families and carers. It provided 17 charter buses for approximately 1,200 seats to and from the event and two maxi taxis for those who could not access the bus service.

We also funded a service provider to hold a stall at the event, which was the creation of environmentally friendly re-usable tote bags and tie-dyeing and screen-printing them on the day. People with disabilities and their carers and support staff made the calico bags by cutting and sewing the bags before the event and, on the day, tie-dyeing the bags and taking them home as their souvenir and re-usable shopping bag.

The All Abilities Playground at Appleton Park, Yeppoon, was first opened in 2010 by the then minister for disability services, Curtis Pitt, with a significant funding contribution to the playground. This playground was enhanced in the last year and now provides additional playground items and landscaping for the picnic area, enhanced car parking and disabled parking bays. The playground provides the opportunity for all children to learn and play with others. The social setting not only allows for the children to interact with each other but also provides the same opportunity for parents and carers of those children with disability to have some time out while observing their children at play and also develop social networks with other parents.

People with disability must have the services and supports they need to live inclusive and fulfilled lives. All Abilities Queensland is a plan for all Queenslanders. As I said earlier, everyone wins when communities are more inclusive and accessible.

CHAIR: Thank you for your very detailed answer.

Mr O'ROURKE: Can you update the committee as to how you hear and act on advice from Queenslanders about the NDIS?

Mrs O'ROURKE: I thank the member for the question. It is a very important question. This is a government that listens and takes action. We have a very strong commitment to connecting with our partners and stakeholders across the state. We are committed to the smoothest and most successful transition to the NDIS for Queenslanders with a disability. We have advisory bodies that provide critical advice and insight not only to me but also to my department. These include the NDIS Queensland Transition Advisory Group and the Queensland disability advisory council as well as seven regional councils.

The Queensland Transition Advisory Group represents an important stakeholder engagement and consultation process for me and was established in May 2015. In February this year we extended the work that they are doing for an additional term, through to 30 June next year. The group provide strategic advice on issues and challenges in relation to Queensland's transition to the NDIS and they do that in the context of the views of people with disability, families, carers, providers and, of course, peak bodies. Membership includes people from organisations that represent people with disability and carers, including advocacy groups, providers of specialty disability services and/or networks of such providers with representation of small, medium and large statewide providers and, of course, disability peak bodies. The members are invited based on their knowledge, experience and representation in the disability sector as well as their ability to access a range of different networks. The membership is voluntary and meeting fees are not provided. I am the chair and I attend the meetings to provide the latest update on the transition and to hear any particular issues members wish to raise.

The current members are engaged until the end of the transition on 30 June 2019 and will give consideration to the nature and provision of the support and stewardship role post transition. The members have raised issues regarding the allocation of transport assistance funding in the NDIS participants' plan, and this supported the reinstatement of the Taxi Subsidy Scheme by the Queensland government. QTAG is also instrumental in planning the NDIS industry briefings which were held in September and October last year and more recently in July this year. These were hosted by the department in order to share information drawn from the first year of transition and to inform and support service provider planning for the transition in year 2 and year 3. Members raised the need for access to translators throughout the assessment and planning processes for people from CALD backgrounds which was subsequently addressed by the NDIA.

Our Queensland and regional disability advisory councils are councils that support Queenslanders to prepare for and transition to the NDIS. Their suggestions for priority areas and activities to include in plans will make a real difference for people with disability. For example, council members have suggested new ways for departments to frame their employment policies, including offering other ways to interview people, such as opportunities through video link, Skype or over the phone. At the regional level, members have worked with their local councils to help improve how people with disability can access and be included in their communities, such as wider doorways, adding of ramps, connecting of footpaths to make the whole of journey accessible and the creating of accessible toilets in parks.

CHAIR: Minister, could you provide advice about the funding for advocacy services and what this will mean for people with disability?

Mrs O'ROURKE: I thank the member for the question. As we know, advocacy services are incredibly important. This is something that the Queensland government is absolutely committed to for people with disability in Queensland during and after the NDIS transition. Essential disability advocacy services ensure that people with disability can make choices and access services in a way that the rest of us take for granted. While the responsibility for funding disability services is transitioning to the NDIS, the Queensland government will continue to have an active interest in the implementation of the NDIS in Queensland now and into the future.

Under the NDIS the number of Queenslanders receiving disability supports is expected to grow to more than 90,000. As a result, the need for advocacy services will continue, to ensure Queenslanders with disability exercise choice and control over their supports and assist them with wider access and a range of supports. We understand that advocacy will always be needed for people with disability and our goal is to always support advocacy services. Advocacy services empower people with disability to be in control of the supports that they receive. The Queensland government currently funds 14 advocacy organisations in Queensland—over $3.85 million to deliver advocacy services to people with disability. We have committed $8.7 million over two years, from 2019 to 2021, to continue funding disability advocacy services after Queensland's full transition to the NDIS. This includes funding of $73,245 per annum to Independent Advocacy in the Tropics to provide advocacy services to people with disability in the Townsville area, including people who live in Thuringowa.

CHAIR: Hear, hear!

Mrs O'ROURKE: Independent Advocacy in the Tropics has accepted the offer to continue to deliver advocacy services for a further two years post transition. This support will help people with disability to continue to access the NDIS as well as help NDIS participants to work through the NDIS plan review process.

The Queensland government has also committed an extra $750,000 in 2018-19 for the Queenslanders with Disability Network to provide peer-to-peer advocacy for people with disability who are yet to enter the NDIS. This service commenced in July, and trained peer advocates will soon make contact with people with disability to help them understand and complete the NDIS access and registration process. The peer-to-peer advocacy service will increase the number of new and existing clients to enter the NDIS by supporting an estimated 900 people through one-to-one support advocacy and approximately 500 people through small group sessions.

By continuing to fund advocacy services after the NDIS transition, we will provide certainty and clarity regarding the future of advocacy services in Queensland for people with disability. It is crucial that the Queensland government continues to advocate for the rights and inclusion of people with disability in all aspects of Queensland life. This will be achieved post the full scheme through the work being undertaken across Australia on the National Disability Strategy post 2020. The resulting priorities for people with disability in this work will be reflected in Queensland through the state plan and each government agency's disability service plans.

Following the full transition there will be a range of avenues for the Queensland government to continue to advocate for persons with disability. These will include, as minister, exercising rights as an NDIS shareholder responsibilities through a future COAG Council of Disability Ministers; representing Queensland to resolve national policy and legislative issues; participating in national work to develop a refreshed national disability strategy beyond 2020; and working across Queensland departments to prepare and drive subsequent state disability plans as well as progressing relevant disability legislative amendments.

CHAIR: In relation to NDIS transition and the trial sites, I am so glad that we had it in our region, including Palm Island, Townsville and Charters Towers. In relation to the register of need, can you please update us on how many people remain on the register in areas that have transitioned?

Mrs O'ROURKE: I thank the member for the question. I am proud to advise that in the areas that have fully transitioned to the NDIS, the number of people on the register of need is zero. A sum of $2.177 billion has been provided for Disability Services in 2018-19, and that is an increase of 11.9 per cent on the 2017-18 adjusted budget. It is evident that this government remains committed to continuing to assist people to get the supports that they need before the NDIS is available to them. Any available funding is reinvested to people with the greatest unmet need.

The register of need records information collected during a person's assessment and it records the number and relative priority of Queenslanders with disability either receiving no supports or services or limited supports and services. The Queensland government recognises that there are many people with disability whose ongoing needs are not intended to be met by the NDIS. The people on the register of need will either transition to the NDIS or, if they are ineligible for the NDIS, they can apply to access supports provided by the Queensland government as part of mainstream services.

At 30 June 2018 there were 15,826 people on the register of need in the areas yet to start in the NDIS transition. This was a reduction of 2,388 people, or 13.11 per cent, from 30 June 2017, when there were 18,214 people waiting for supports and services. Some $8.7 million of capacity has become available and has been reinvested in 2017-18 to assist 210 new and existing clients on the register of need through individual funding allocations as at 30 June 2018. By full transition on 30 June 2019, the government expects all current clients with disability to have transitioned to the NDIS and there will be no-one remaining on the register of need.

I can confirm that the people from Thuringowa successfully transitioned on 31 January 2017 and there are zero people on the register of need. As at 30 June the NDIA reports that there are currently 2,901 participants with a NDIS approved plan and 28 children between the ages of zero and six are currently being supported through the Early Childhood Early Intervention pathway in the Townsville area. Disability Services existing client data is supplied to the NDIA more than six months prior to the location commencing transition and this means that the NDIA can use this data to start contacting existing clients ahead of the location commencing transition and working with them to streamline their access to the NDIS.

I can confirm the NDIS will not have a register of need. If a person with disability is found to be eligible for the NDIS they will receive the disability supports and services they need as these will be included in their NDIS plan.

Ms LINARD: Minister, you will be surprised to hear that obviously I am particularly interested in regard to services offered in my electorate of Nudgee. Could you please explain what steps were taken to ensure that Disability Services clients in the electorate of Nudgee were supported by quality services right up until they transitioned to the NDIS?

Mrs O'ROURKE: I thank the member for the question. I do understand and am aware of how passionate you are about this. I can confirm that the Queensland government and NDIA are working with people with disability, their families and carers and providers to ensure disability supports and services continue during the transition to the NDIS, which started on 1 July 2018 in your electorate. The transition is due to be completed by 30 June 2019. This has included a participant readiness initiative through which seven non-government organisations were funded to deliver a range of workshops, resources and activities in Brisbane in 2017-18—and six workshops were held in the Nudgee electorate between July 2017 and March 2018 with a total of 141 participants.

People will continue to receive the Queensland government funded disability services that they currently receive until they become a NDIS participant with an approved plan or by the end of the transition period in the area in which they live, which, of course, is 30 June 2019 in your area. People living in the Nudgee area can make an access request with the NDIA now as the first step in becoming

a NDIS participant. For children aged zero to six who have a developmental delay or disability, the family can contact the NDIS Early Childhood Early Intervention community partner, which is the Benevolent Society for the Brisbane area, to work out the best early intervention supports for the child's needs and goals. The department obviously will also continue to work closely with the NDIA to ensure that clients are supported to access the NDIS to benefit from the opportunities that the scheme provides.

As clients receiving funded supports move to the NDIS, service agreements with providers will be varied to concurrently reduce or cease funding and contracted services. Over the next year the department will continue to provide funding to non-government organisations providing specialist disability support services until full transition to the NDIS is complete. Other disability services funded by the department in the Nudgee electorate during 2017 are $8,866,682 to 17 service providers delivering disability services from 51 outlets and $3,729,062 to six service providers delivering community care services: Nudgee Meals on Wheels Inc. to subsidise the preparation and delivery of meals; Nundah Activity Centre Inc. to provide low-intensity basic maintenance and support services; St John Ambulance Australia to provide low-intensity basic maintenance and support services; Technical Aid to the Disabled Queensland to provide low-intensity basic maintenance and support services; the Corporation of the Synod of Diocese of Brisbane to provide low-intensity basic maintenance and support services; and the Corporation of the Trustees of the Roman Catholic Archdiocese of Brisbane to provide low-intensity basic maintenance and support services.

CHAIR: Thank you, Minister. We will move to the member for Noosa.

Ms BOLTON: I refer to SDS page 3. Minister, has there been any increase in funding for Sunshine Coast community organisations and pilot programs that provide emergency and transitional relief, such as accommodation and food for our homeless and vulnerable, as well as the associated wraparound services that are essential for successful outcomes?

Mrs O'ROURKE: I thank the member for the question and fully appreciate her commitment to her local area. As a government, we are absolutely committed to providing support and services to vulnerable Queenslanders through a commitment of $1.7 million in emergency relief funding that is provided to 83 organisations across the state. That is distributed to non-government or community-based organisations, with 100 per cent of the emergency relief funds provided going directly to those in need. A large number of the providers work through neighbourhood centres or community centres, along with churches, community organisations, housing and accommodation organisations and women and youth centres. The two largest providers of emergency relief are St Vincent de Paul and the Salvation Army.

We know that there are people in Queensland who are finding it difficult to meet cost-of-living expenses, which quite often can occur simply through the loss of a job, an unexpected expense arising on top of everyday expenses and things such as accidents and illness, which can put some additional stress on families' incomes. The Queensland government's emergency relief funding is there to assist those people during times of need. This comes in one-off assistance such as cash payments, food parcels or vouchers, or third-party payments. We do not specifically provide support for emergency housing. Generally, the people who present with homelessness or housing services will, in the first instance, make contact with government or non-government organisations funded by the Department of Housing and Public Works. However, they can use one of the one-off cash payments to make a rental payment, if they chose to do so.

As I said, emergency relief is about providing some additional short-term cash or food vouchers. However, the funded emergency relief organisations do set their own criteria to ascertain a client's eligibility for assistance. Those services aim to prevent future financial crisis. It is about identifying what current circumstances those people and their families are experiencing and maybe providing them with an additional emergency relief payment, but also connection to other services that will provide them with assistance, maybe in the form of help with finding employment opportunities or training opportunities, maybe connecting them with Centrelink assistance and so forth, to actually help and empower that particular person or family to get out of the situation that currently they might find themselves in.

We also provide assistance in relation to natural disasters. That is in the form of emergency relief payments under the disaster and relief management system.

With regards to some of the additional support that is offered to people, this comes under our Financial Inclusion Plan. I said earlier, this is about supporting families to work towards having a more secure financial future. We have committed $6.5 million per annum over three years to the Financial

Resilience program, which is the key plank of that financial plan. That enables people to have access to financial counsellors or resilience workers, to help them understand better budgeting and positioning themselves for a secure future. We have also provided an additional $266,000 in 2018-19 to enhance the emergency relief funding.

Clients who receive financial and material assistance from the financial and resilience services are required to attend an appropriate education session, to give them that knowledge and understanding about how they can better contribute to their life moving forward. I have had the opportunity of meeting some people who have received support from some of those centres, which originally they went to to get a loaf of bread. I have heard many stories about those who have been able to actually get back into work and have the opportunity to support their families in a more productive manner.

Ms BOLTON: Minister, in reference to page 6 of the SDS, referring to support of initiatives that create inclusive communities, how does the not-for-profit sector access funding for modifications to allow disability access?

Mrs O'ROURKE: I applaud the member for being so interested in thriving communities. This is something that the Queensland government is absolutely committed to. Our neighbourhood centres play a pivotal role in supporting some of our vulnerable communities to contribute and be more productive. We know that providing that support helps build their social and economic input into their local community. One of the ways that they can access support is through the recently announced thriving communities grants, which I mentioned earlier. This is a one-off payment of up to $10,000 from the grant program of $550,000. That enables them to purchase equipment, run events or improve their facilities to make sure that they are providing access to all people within the community.

Dr ROWAN: I refer to SDS page 6, and the Quality and Safeguarding Framework. Minister, in relation to funding contracts that the department has for both disability and non-disability service related non-government organisations, can you outline what specific performance measures are included in such contracts?

Mrs O'ROURKE: I absolutely agree that the importance behind safety and quality disability service is absolutely paramount to all people with disability, who have the right to receive supports and services in a safe way. We have contributed quite heavily with the transition to a national framework. This is about bringing all states and territories into a national framework. That will commence on 1 July next year, if not sooner. Currently, all service providers in receipt of Queensland disability funding are required to be accredited against the Human Services Quality Framework. That is an external audit done on the services that are delivered under a particular framework. These frameworks make sure that the providers are operating within six different standards. Those standards are governance and management; service access; responding to individual need; safety, wellbeing and rights; feedback, complaints and appeals; and, of course, human services. I can confirm that more than 560 providers funded by either my department or the Department of Child Safety, Women and Youth or transitioning to the NDIS are required to demonstrate their compliance. Of those, 213 are Disability Services only, 298 are Communities services and Child Safety services, and 50 are funded across all three. I can also confirm that my department has pre-certified 285 organisations to register for the NDIS, with a further nine completing full certification.

The non-government organisations that do deliver direct services, as I said, undergo independent third-party quality audits. The effectiveness of corrective actions that are assessed by the independent auditing bodies are monitored by my department. When an organisation is assessed as not meeting the standards, that is dealt with thoroughly by the department. Auditing bodies and the department actively monitor organisations that need to make improvements, to ensure that they meet the time frames. Where there is a concern about an organisation's ability to meet the time frames, the department uses the contract to ensure that clients receive continuous services from another suitable provider. Systems are in place to ensure that significant matters of client safety and wellbeing, including abuse and neglect, are risk managed and escalated for further investigation.

To reduce the burden for NGOs, the framework is applied flexibly, with only a self-assessment required for lower risk, lower funded providers and recognition of provider accreditation under other quality systems where possible. To further assist organisations, the Queensland government has recently increased the funding threshold where organisations can lodge a self-assessment instead of undertaking a full third-party audit, which is from $127,000 to $250,000 per annum. This only applies to organisations providing lower risk services.

Dr ROWAN: Minister, to follow up, in relation to auditing against those standards that you have outlined in relation to those contracts, you have confirmed it is a combination of internal and external auditing. Presumably you are regularly informed of any noncompliance?

Mrs O'ROURKE: We have had advice from the department of matters if they are raised with us. I can refer the matter to the director-general in relation to anything that has come through to the department.

Ms O'Connor: Member, were you asking the question in relation to a specific issue?

Dr ROWAN: I will come to that. I am asking specifically about the combination of internal and external auditing of contracts against the standards that the minister has outlined. Is the minister regularly briefed on noncompliance in relation to service providers and funding that comes from the department for contracts that it has in place? Is the minister regularly briefed on noncompliance?

Ms O'Connor: In terms of the briefings that I provide to the minister, in relation to HSQF, I can say that if there was an instance, for example, in relation to a matter of noncompliance, I would brief the minister. Other than that, the reports come in to the department and the department oversees the contract and works with the providers to remedy the situation.

Dr ROWAN: I will move on to the next question, which really comes to the point of this. Minister, when were you first aware that FSG—Freedom, Social Justice and Growth—were making losses and/or going into voluntary administration, given that your department has been funding over 50 per cent of their revenue?

Mrs O'ROURKE: I can confirm for the committee's benefit that I was made aware of the situation with FSG on 3 May. From that moment on, I worked very closely with the department and organised for an independent assessment to be undertaken of FSG. That was conducted by BDO. We engaged BDO, which conducted a financial investigation. The report was provided to the department within two weeks, which was on 25 May. BDO found that FSG's financial issues were due to the over delivery of the services approved by the board and not funded by the government. As you would be aware, we purchase services from FSG and other like organisations.

Predominantly, the downfall of FSG was the direct result of decisions made by the management and the board, and not decisions made by the Commonwealth government or the Queensland government. The financial investigation by BDO also found that there was no evidence of fraud or misuse of Queensland government funds identified to date. Primarily, throughout the whole process of FSG, my main concern was the continued and uninterrupted delivery of services to clients with disability, as well as support and constant updating of information to the staff.

We worked very closely with the board of FSG and worked very closely with CPL, which undertook to provide the continuation of services to clients with disability. We also worked very closely with the staff. I will take a moment to thank the department for the enormous effort it went to to make sure that what was a terrible situation ended up with a reasonably positive result. Clients continued to receive support and services throughout the entire process. We ensured that staff received their wages, had their entitlements paid and were kept up to date with all the processes as they were gone through.

Dr ROWAN: FSG had made a loss of a million dollars in 2015, $2.29 million in 2016 and $5.225 million in 2017. I take it from your answer that neither you nor the department was aware of the—

CHAIR: Member for Moggill, the minister answered the question in great detail prior to this supplementary question on the same subject. Can I caution you—

Dr ROWAN: Point of order, Mr Chair: I am just wanting the minister to confirm that, despite the substantial financial losses over a number of years and with annual reports via the Australian Charities and Not-for-profits Commission, no-one in the department nor the minister were aware that there were significant financial issues within FSG. This is despite significant taxpayer dollars being allocated through a contract to this entity.

CHAIR: Your point of order is noted. I question the relevance of the question regarding this particular non-government organisation.

Dr ROWAN: It is the fact that funding is coming from the Queensland state government to this entity which was going further and further into financial strife. Over 50 per cent of its funding came from the state government and yet no-one over a three-year period seemed to realise that it was going further into financial strife, despite public reports through the Australian Charities and Not-for-profits Commission. It is an extraordinary situation.

CHAIR: The minister has answered in detail. If the minister wants to take it any further she can.

Mrs O'ROURKE: I can add to that. I understand that this is something very important to the member. I will highlight a couple of things. Firstly, the FSG board actually incorporates some very highly qualified people—there are about seven of them in total—who should by rights have the skills and abilities to conduct themselves in a very professional financial manner.

With regard to the requirements for organisations in terms of meeting their obligations to the department, at the end of each financial year all funded organisations are required to provide independently audited financial statements to the department. These financial statements come with a notification from the independent auditor and with information provided directly to the department. Those particular statements have stated that there was no identified concern. This information is then under the act and assessed appropriately by the department.

Following on from the FSG matter and also in relation the machinery-of-government changes that the department has recently undertaken, I have worked very closely with my director-general to make sure she has had a close look at all of our reporting mechanisms and financial matters to ensure we have the most robust actions in place. I will hand over to the director-general to talk to that in more detail.

Ms O'Connor: As the minister has said, the question being asked also relates to a machinery-of-government change which has, as you would be aware, changed the structure and footprint of the department. The other influence from the external environment is the NDIS in Queensland. Many of the providers that we are funding are entering their final year of providing for the state. We want to make sure they are in the best position possible to transition.

Upon my appointment the minister made it very clear that she wanted me to manage both financial risks and any risks to clients. I do have that obligation under the accountabilities of the FAA. As the minister has said, providers also have contractual obligations under their service agreements regarding the financial requirements upon them. We monitor them. We ask them to submit their performance report for analysis. The purpose of doing that and looking at their director certifications and their annual audited financial statements is to make sure that they are in fact financially sound in order to deliver our services.

In terms of the FSG analysis, as the minister said, we became aware of the situation on 3 May. That was in fact two days after the department had fully separated from the bigger department. We became aware because a bank had withdrawn support for FSG. BDO has confirmed that in previous examinations of their financial health KPMG was able to say that—and I have the quote here—'There are reasonable grounds to believe the company will be able to pay its debts as and when they become due and payable'. KPMG did not signal any material issues in terms of financial liquidity.

However, Westpac bank withdrew that line of credit and of course that triggered the request from FSG for financial support of up to $10 million. Under the Financial Accountability Act I made an assessment that we needed to immediately investigate that. BDO did a review of FSG, as the minister has advised. Around the same time I asked BDO to have a look at the existing service providers that deliver services for the department—there are 256 service providers—just to make sure they were financially sound in terms of their ability to continue to deliver for our clients.

We engaged BDO to do that work. They assessed the department's existing processes. They developed a financial matrix. They looked at a financial viability assessment. They also had a look at things like the reliance on the department's funding—to what extent they were funded solely by the department or departments of the Queensland government.

They had a look at seven key metrics—things like wages as a percentage of total income, operating profit, cash assets, acquit position, the current ratio and cash coverage. They had a look at 256 annual financial statements for existing service providers. Through that methodology I also asked them to overlay a risk hierarchy to make sure that service providers who provide services such as accommodation support—where clients might have an almost total reliance on that service provider for where they live and how their lives play out—were considered first. On that basis, I am currently seeking information from a number of providers to follow up in areas where they have not provided information to the department. We will have a closer look at a number of them too.

Dr ROWAN: Given what has been outlined there, Minister, I point out that FSG also ran a program called Justice Journeys, which had the aim of connecting communities that are not in the demographic region—an overseas poverty support program. Were any taxpayer funds used to support that program—that is, allocated via the state government to FSG?

Mrs O'ROURKE: Decisions made in relation to programs or projects run by FSG itself are decisions that are made by either the CEO or the board. From a Queensland government perspective, we provide funding in accordance with a service agreement. In that agreement there are specific outcomes that services are requested to adhere to and also reporting responsibilities that they are expected to provide to the department following the delivery of those services to people with disability. I can confirm that my advice is that the funding provided by the Queensland government was funded directly to front-line disability services for clients.

CHAIR: We will move on to government questions.

Ms LINARD: Seniors play a significant role—I appreciate not across my electorate of Nudgee but across the state too—in families and that social structure but also disproportionately as volunteers in community groups. That is the case certainly within my community groups and I am sure it is the case in many other electorates. Could you outline the purpose of Seniors Week each year and what activities are planned to occur this year?

Mrs O'ROURKE: Seniors Week is a very exciting week. It occurs from 18 to 26 August this year. It is an opportunity to celebrate and acknowledge our wonderful older Queenslanders who live in our state. The week aims to promote positive community attitudes towards older people and ageing and facilitate community participation and enhanced community connections and intergenerational relationships.

The Council on the Ageing Queensland receives funding to plan, run and distribute subsidies of $100,000 to community organisations across the state just for Seniors Week. In 2017 Queensland Seniors Week was held from 19 to 27 August and we provided subsidies to 114 organisations of up to $1,000 to contribute to their events. There were 723 registered events on the Council on the Ageing Seniors Week events calendar, which is amazing.

The range of events held were culturally diverse and had strong representation across Queensland regions, including rural and remote areas and Indigenous communities. As an example, Baralaba Community Aged Care in the Banana shire in Central Queensland held one of the successful events. Their 'Our bush connection for the young and the young at heart' consisted of two events. The first event was hosted by the state school. They invited seniors and grandparents of the students to attend a morning filled with entertainment by all the classes. This intergenerational event created interaction between the seniors in the community and the Indigenous and non-Indigenous children and staff. The second event was a visit to Myella Farm Stay which again had an intergenerational focus and enhanced the wellbeing of our seniors to combat social isolation which can happen in rural and remote communities.

This year for the first time we are holding a Seniors Week special event in conjunction with the Queensland Ballet and the Council on the Ageing—a Queensland seniors ballet class with world-renowned ballet dancer and Queensland Ballet's Artistic Director Li Cunxin, whose remarkable life inspired the film *Mao's Last Dancer*. This free ballet class will be held at the Ithaca Room in Brisbane City Hall from 8.30 am to 11 am on Sunday, 26 August and includes a morning tea, meet-and-greet with Li Cunxin and a tiny dancers ballet class for the grandkids. Interested seniors can register their interest on the Queensland Ballet website or phone 30136666.

These events, which include an age-friendly display at the Ekka, will provide a great opportunity to recognise the contribution that older people make in our communities. I am looking forward to attending bigger and better Seniors Week events this year, particularly in rural and regional areas. This year we are supporting 107 groups and organisations to hold 112 events and activities right across the state. We will see events from open days to community celebrations, consisting of tech support for our seniors, outdoor games, music and singing lessons, and exercise classes such as weights, Zumba, tai chi and yoga.

Seniors Week is the perfect opportunity for older Queenslanders to explore programs and services, events and activities and connect with people of all ages and all backgrounds. It is also about celebrating the many contributions older people make every day in their communities to help them thrive. We want to bring generations together to share their experiences, which aligns perfectly with this year's theme 'Celebrating a Queensland for all ages'.

Seniors Week will help build stronger communities through the many events and activities held during the nine days—too many to fit into just one week. I encourage all Queenslanders, young and old, to get out and about and attend a local Seniors Week event or activity in their area. You will not regret it. It will be incredibly exciting. For more information on local events you can contact the Queensland Seniors Week website, which will provide you with that information.

Ms LINARD: Thank you, Minister. That sounds lovely, particularly having Li. I think that will be a great opportunity for those grandparents and for them to bring their little ones along too. My second question is in regard to financial inclusion. I note that financial inclusion is an imperative part of the portfolio. Could you please outline what role do Good Money stores play in providing no-interest loans?

Mrs O'ROURKE: I thank the member for the question. It is a very important question because some Australians do find themselves excluded from access to financial services and products and more vulnerable to financial hardship and, unfortunately, predatory lending practices. The Queensland government has developed the Financial Inclusion Plan to ensure a strengthened financial future for Queenslanders. That is why we have committed $6.5 million per annum for the financial resilience program, which is a key plank of the Financial Inclusion Plan. This program delivers on Queensland's goals to ensure everyone is supported to be able to bounce back from financially stressful life situations.

The program is a key deliverable of the Queensland Financial Inclusion Plan and provides funding for 27 financial resilience workers and financial counsellors, enhanced emergency relief funding and the establishment of two Good Money stores—one on the Gold Coast and one in Cairns. Staff from the services report that they are creating a great rapport and trust with clients. They have increased their access to safe financial products and services, and they are building financial literacy and resilience skills into every appointment that they have with their clients. They are also helping to end the downward spiral of increasing debt by providing accessible alternatives to payday lenders or rent-to-buy schemes.

The Good Money stores have been operating since April last year and play an important role in this. They are operated by Good Shepherd Microfinance, with capital loans provided by National Australia Bank. The Good Money stores offer no-interest or low-interest free loans to vulnerable Queenslanders on low incomes. They also provide safe alternatives to the unscrupulous payday lenders. In the 12 months from April 2017 to March 2018, Good Money stores responded to 3,843 inquiries and approved 915 no-interest loans. The loans do not charge an establishment fee. Through the Good Money stores and the financial literacy and resilience services delivered through the Queensland government funded community organisations, we are now diverting some financially vulnerable people away from the predatory lenders and other schemes.

Rent-to-buy customers can end up paying thousands more for a product over the course of their rental agreement. For example, a customer who purchases a washing machine through a well-known rent-to-buy premises with a recommended retail price of $585 will end up paying over $2,070 over the course of 24 months. That is an extra almost $1,540 in interest and fees.

I have witnessed firsthand the difference the Good Money stores make to the lives of financially vulnerable Queenslanders. On a recent visit to the Good Money stores in Cairns I had the opportunity to meet Rhonda, who is a repeat client of the service. She told me that she has been able to buy essential items such as white goods with the loans. She was very proud to report that she had repaid her loan on time without the burden of excessive interest charges and that her sense of accomplishment had given her the confidence to use the service again to purchase other essential items that she needs. She has recommended the Good Money store to her daughter as well.

Amendments to the National Consumer Credit Protection Act 2009 to better protect vulnerable consumers accessing small loans have been awaiting action by the federal government. In April 2018 I wrote to the federal Treasurer and urged him to do his part to better regulate payday lenders. Payday lenders will continue to be a burden for struggling Queensland families until our federal government acts on the issue.

Mr O'ROURKE: Minister, can you outline the details of the age-friendly grants that have recently been announced and what the purpose of these grants are?

Mrs O'ROURKE: The age-friendly community grants program, which is a feature of our age-friendly action plan approved by the government in June 2016, is a resounding success in the community. Over three years, commencing in 2017-18, $1 million per annum is available through three annual open funding rounds through the Advancing Queensland: an age-friendly community grants program. The purpose of the grants program is to seed fund innovative, age-friendly projects involving partnerships between local government, community and other organisations to develop, implement and promote innovative and sustainable age-friendly projects.

Grants of between $25,000 and $100,000 are available for innovative projects. Each year the focus of the grants program changes across the eight age-friendly domains identified by the World Health Organization. In 2017-18, the grants program focused on the age-friendly domains of transport,

outdoor spaces and buildings, and housing. The first round received 96 applications and funded 12 organisations, and these projects are progressing well. Four of the 12 grant projects were awarded to local government.

One of the projects from the 2017-18 community grants program that is supporting seniors in an innovative way was undertaken by the Gold Coast based Village Community Services. Their project, titled 'We'll get you there', is developing individualised transport solutions for seniors on the Gold Coast. I am encouraged to know that the program has opened up many avenues for seniors accessing travel options on the Gold Coast through the development of personalised travel maps, information and support to meet their travel needs. This new approach to work directly with seniors to develop their own simplified transport solutions makes a big difference in getting out and about and being able to access social and recreational opportunities and other necessary supports and health services in their local area. The project has worked with TransLink, G:link, Volunteering Australia, medical centres, Guide Dogs Australia, retirement villages, the Gold Coast City Council and neighbourhood centres to connect with and support seniors in that area. Seniors now have increased confidence and peace of mind to use public transport services on the Gold Coast.

Other projects under the age-friendly grants program include the 'Driving On' project, a driving awareness program on the Fraser Coast to support seniors to enhance their driving skills by assessing their driving, providing information on updated information on road rules, vehicle modifications and the impact of health and medication on their driving ability. The Ageing Revolution's 'The Care Journal' project is developing a new mobile app to assist older people and their carers remain in their homes much longer. The app provides carers with a central repository of information about their loved ones who wish to live at home. This can include things such as medications, appointments, key contacts, nutrition, habits, life stories and even photos that can all be kept and shared between authorised carers. In Townsville, the city council is developing a new fitness trial specifically designed for seniors on Magnetic Island.

The 2018-19 grants program focuses on the domains of civic participation and employment, community support and health services, and respect and social inclusion. I announced the opening of this year's program on 15 May and the grants program recently closed on 25 June. I understand that 128 applicants were submitted over the three domains which is over 30 per cent higher than last year. The applications are now being assessed by a panel and are expected to be announced during Seniors Week. A further $1 million will be allocated to this program in 2019-20.

Mr O'ROURKE: Minister, it is unfortunate in Queensland that we have natural disasters most years. In relation to community recovery, can you explain what role the public servants will play in the community recovery activities?

Mrs O'ROURKE: Absolutely. Before I start though, Chair, I want to correct an error in an earlier answer to the member for Rockhampton's question. I inadvertently referred to funding from Queensland to the NDIS as $2,000 billion; I meant $2 billion. My apologies.

Again, I thank the member for this question. Community recovery is a really important plank in particularly Queensland's approach to natural disasters. As the Minister for Communities, I am committed to helping people in Queensland to get back on their feet following natural disasters. These can include catastrophic events such as weather events, bushfire, biological hazards and other significant incidences.

Queensland government staff play a very important role in assisting communities to respond and recover in times of natural disasters. We all know that, when a disaster strikes in Queensland, the police, Queensland Fire and Emergency Services and the Ambulance Service are there to provide an immediate front-line response. As part of disaster management, recovery is equally important. Within the human and social recovery context, the Department of Communities, Disability Services and Seniors has a lead responsibility for the coordination and/or provision of information, psychological, social, emotional and financial hardship assistance, and supporting community members to access other practical support or donated goods.

To deliver this service the department manages the Community Recovery Ready Reserve, a pool of Queensland public servants who come from nearly all Queensland government departments, including a number of government instrumentalities, to help their fellow Queenslanders get back on their feet after a disaster. Following a disaster, ready reservists are deployed into the seriously impacted areas when it is safe to do so, providing affected residents with information, connecting them with support services, assisting people to apply for financial assistance and generally being a support and

a listening ear. I acknowledge all of those ready reservists for the amazing work that they do each and every time they are called on. I have had the great opportunity to meet many of them, and they are a great, passionate, dedicated bunch of people.

Earlier this year I had the opportunity to visit the Hinchinbrook area and parts of the Cassowary Coast that were affected by severe flooding and later that month a number of communities in Far North Queensland that felt the severe effects of Tropical Cyclone Nora. Approximately $2 million in grants has been distributed through the joint Commonwealth-state Natural Disaster Relief and Recovery Arrangements, assisting more than 8,638 people affected by these events. In response to these events, 410 community recovery ready reservists were deployed across the affected areas. More than 4,400 calls were received on the Community Recovery Hotline. Ready reservists may operate from the community recovery hub, as they did recently in Ingham in response to the North Queensland flooding and in Pormpuraaw and Kowanyama following severe Tropical Cyclone Nora.

From 13 March to 15 March this year, I visited Ingham and Innisfail after floods to meet with locals, the council, community groups and the ready reserve staff to discuss the local recovery efforts. Ready reservists also participate in outreach where accompanied by a recovery partner. They visit people in evacuation shelters, in their own homes or in temporary accommodation, providing access to the same services as provided in the community recovery hub. Others work behind the scenes either in the affected area or in central office here in Brisbane to support those at the front line as well as members of the public. These staff provide support in terms of ensuring the teams on the ground have the information, staff and equipment that they need. They support members of the public in terms of grants administration and public information and communications.

The support provided by ready reservists to affected communities usually ranges from days to several weeks. However, in large disaster events it can continue for months. As at 1 July 2018, there were 2,025 approved and trained ready reservists from across government. I understand that a substantial online training program for community recovery ready reservists is to be rolled out progressively from August this year. This additional online training ensures that our ready reserves are trained and ready with the right skills and knowledge to provide support to the community as soon as they arrive in the disaster affected areas. In response to the recent North Queensland flooding and Cyclone Nora, 410 ready reservists were deployed.

CHAIR: Minister, I have one final question before we move on to the opposition. It is about a neighbourhood centre that I know that you know very well that is in my electorate of Thuringowa, and that is the Upper Ross Community Centre, now called Community Gro. I place on record the outstanding work that each of the team members under Susan Perry has done in the Upper Ross Community Centre. Minister, I understand there has recently been a case study at the Upper Ross Community Centre. What were the results of that particular case study in relation to the neighbourhood centre?

Mrs O'ROURKE: I thank the chair for the question and absolutely agree with him with regard to the level of commitment from the staff within that neighbourhood centre and also neighbourhood centres across the state. The government is committed to building thriving communities, as I have mentioned before. We have invested $16.3 million in service delivery funds to 124 neighbourhood centres which provide fundamental social services and infrastructure in cities and towns across Queensland.

Neighbourhood centres support people of all ages and backgrounds. They help people access specialist services; they help them to fill out a Centrelink form or to recover after the devastating impact of a natural disaster. As Minister for Communities, I understand the importance of neighbourhood centres and their contribution to building and sustaining thriving communities. Since taking up the communities portfolio, I have had the great pleasure of being able to visit many of them including the one in Upper Ross. I have also visited neighbourhood centres in Gailes, Sarina, Innisfail, Yeppoon, Leichhardt, Cannonvale, Hinchinbrook, Cairns and Atherton and have seen firsthand the significant impact they make in supporting vulnerable people within their local community.

In the 2018-19 budget I have committed to building an additional two neighbourhood centres and will replace or refurbish a further six. In addition, I recently announced funding of $1.6 million with Community Services Tablelands towards the construction of a new centre at Atherton. CST will now seek matched funding from the Commonwealth government to build the centre.

There are many examples of how these centres are providing a vital service to vulnerable community members, particularly the Upper Ross Community Centre. Some of these examples include a single mother attendee at the Upper Ross Community Centre who was experiencing issues at home and showing signs of deteriorating mental health. The client needed the help of support services and

some assistance in completing documentation related to her circumstances. In the distressed state that she was in, working through these tasks without help was practically impossible for her. The Upper Ross Community Centre was able to assist her with paperwork and connect her with the services that she needed to get her family and herself back on track. As a result, the family stayed together and reported an improvement in their general functioning as a family and their wellbeing. The client now also benefits from a range of other support groups offered by the centre that help keep her connected and included in the community.

Another example is a young mother who visited the Upper Ross Community Centre with a range of complex issues including struggling financially to put food on the table and other family legal matters. The centre was able to help the client identify the support she required and connect her with financial, parenting and legal support services. Due to the work of the Upper Ross Community Centre, this family was helped to get back on their feet and get the support that they needed. This important support provided through the Upper Ross Community Centre also helped keep this family together and enjoy a better outlook on life than they previously had.

These examples are but two of many that we are hearing within these community centres. These community centres across the state play an invaluable role in helping individuals, families and communities face and triumph over the trials and tribulations of life.

I recently announced the community grants program of one-off funding from a pool of $550,000. This will enable neighbourhood centres like the Upper Ross Community Centre to apply for grants of between $2,000 and $10,000 to hold events or to link with community or purchase equipment that will help the centres become key institutions in their local communities. The grants process is being managed by the Queensland Families and Communities Association.

CHAIR: We will move to questions from the opposition.

Dr ROWAN: The minister has been referencing neighbourhood centres, so I refer to pages 3 and 4 of the SDS and ask: with regard to the Cloncurry Community Support Service—the neighbourhood centre—what plans does the government have to renew the service agreement due to cease on 30 September 2018?

Mrs O'ROURKE: I thank the member for the question. As I have stated before, neighbourhood centres within local communities are a foundation of our thriving communities agenda. I am more than happy to take that information and work with the department on the renewal of contracts.

Dr ROWAN: Are you happy to take that on notice and come back to the committee?

Mrs O'ROURKE: Yes, we are happy to take that on notice and come back to the committee.

Dr ROWAN: Can I confirm that the Cloncurry Community Support Service reports through to Mackay?

Mrs O'ROURKE: I would have to confirm for you.

Dr ROWAN: Could you take that on notice as well?

Mrs O'ROURKE: Yes.

Dr ROWAN: I would like you to come back with whether that is appropriate or not from a governance perspective, if you are happy to take that on notice too. Director-General, I refer to page 15 of the SDS and staffing for Disability Services. Can you please detail the stated reasons for departure of the 424 full-time-equivalent employees—without revealing any personal details—who have departed between 2016-17 and 2017-18?

Ms O'Connor: I expect the member is referring to information that was provided in a question on notice; is that right?

Dr ROWAN: Yes.

Ms O'Connor: You will be aware with the introduction of the National Disability Insurance Scheme that the department itself is contracting and will by 30 June 2019 have done away with its service delivery arm. Its contracts will all transition or the providers will seek to register as providers under the NDIS. Staff have been assisted during this period to make sure they have clarity around their destinations. They have been supported to make choices around future careers. They will be supported to find placements in other government departments. Some of them may opt for a voluntary redundancy. There are a number of long-serving members of the department who have chosen to stay possibly longer than they had originally planned to make sure that we can get the NDIS in and they may retire after 30 June. This is a planned reduction and it is being done in collaboration with the Public

Service Commission and every state government department to make sure that we can place people where they want to go but that we retain the staff in order to deliver the services in the time that we have to.

Dr ROWAN: Of those 424, how many have transitioned across to the NDIS and how many of the 424 were front-line staff?

Ms O'Connor: I do not have the exact figures as to how many have gone to the NDIA. I did make reference before about a number of secondees to the NDIA to help them set up and establish the NDIS in Queensland. There are a number of staff from the department who are now in key NDIA positions, and that option has been exercised in a planned way between the NDIA and the Queensland government so that offers of employment are made to our staff in some cases. The DDG might be able to provide some more detail about the numbers and the destination of those staff.

Mr Hayes: The destination is across a couple of different pathways for staff. This is the transition to date, which is the first group of people in the first two years: 187 staff members have been placed in other Queensland government departments. Those who have been placed who have taken opportunities within the NDIA are 46 at the present moment. There is also another group that have resigned or stepped out to set up their own business et cetera and there are also some who have taken redundancies.

Ms O'Connor: Can I make one last comment? There are no forced redundancies as part of this. If people want a redundancy it is a voluntary arrangement. It is a planned transition that is done in a very thoughtful and careful way. There has also been a lot of funding invested in the development of skills for staff over the last couple of years.

Dr ROWAN: Minister, I refer to page 3 of the SDS. In relation to the government promoting and administering concessions for eligible Queenslanders, given that we have recently found out that many seniors and concession card holders were not aware of the concessions available, what specific additional strategies—apart from a website—is your department implementing to rectify its communication to eligible seniors and pensioners about such concessions?

Mrs O'ROURKE: I thank the member for the question. Knowing that the cost of living is and can be a significant issue for seniors and that the ability to access concessions is very important to them, making sure they are aware of every concession that they are entitled to is something that we are absolutely committed to. I can confirm some of the additional strategies that we have undertaken in order to make seniors aware of eligible concessions. Part of that is by making the application process for some concessions easier. We have done that through the process of applying for Seniors Cards and concessions online. That is a project that we are starting to roll out.

We have also rolled out digital meters in card operated meter communities which enable Aboriginal and Torres Strait Islander people in communities to access the electricity concession quicker. We have also promoted the concessions through a variety of channels—through our smart savings website, our service centres and our offices through state and federal members. We have information that we readily give to people in the community about concessions and what concessions they may be entitled to.

We have staff from the cards and concessions team that attend various events and provide information on those concessions and eligibility. We have a campaign being run through social and mainstream media to raise awareness in relation to concessions and eligibility and also via a variety of community service organisations and information provided during Seniors Week. Making sure that everyone who is eligible can access these concessions is something that we are absolutely focused on.

CHAIR: Minister, we have four minutes left if you want to address any questions that have been posed to you, if you have additional information or if you have a closing statement.

Mrs O'ROURKE: I have a quick closing statement. I would like to thank the chair and members of the committee and all the attending guests who have participated this afternoon. I would also like to thank our Auslan interpreters, who have done—and can I say they always do—such a wonderful job. I would also like to thank Clare O'Connor, the director-general of my department, the deputy and assistant directors-general, and the departmental staff who have worked so diligently on preparing the material for estimates.

I also understand there are a number of disability services staff who have agreed to stay on to see us through the transition of the NDIS to full scheme. This may be the last estimates for some of them and I want to take the opportunity to wish them well.

I would also like to thank my ministerial staff—Leata Nolan, Richard Cleal, Ben Mulchay, Clare Webster, Emma Knudsen and especially my chief of staff, Carolyn Nicholas. I cannot forget Kyle Walker in Townsville who has supported me through this process.

Finally, I would like to take this opportunity to thank and pass on my appreciation to all the disability and community workers and carers who have dedicated their lives to working with people who are vulnerable and supporting them within Queensland. We have no advice on the Mackay reporting issue. We will follow up, but my understanding is that there is no advice to date. I have a memo pending approval for five years more funding for Cloncurry.

CHAIR: Minister, thank you very much for your contribution today in such an important area. The time allocated for the consideration of the proposed estimates of expenditure for the Communities, Disability Services and Seniors portfolio has expired. On behalf of the committee I thank the minister, the director-general and officials for their attendance. The proof transcript of this session of the hearing will be available on the Hansard page of the parliament's website within two hours.

There was one question taken on notice. I remind you that the deadline for questions on notice and clarifying material is 5 pm on Thursday, 2 August 2018. The committee will now adjourn for a break. The hearing will resume at 4.15 pm for the examination of the estimates for the portfolio of the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence.

Proceedings suspended from 4.00 pm to 4.15 pm.

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

In Attendance

Hon. DI Farmer, Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence

Ms N Quadrio, Chief of Staff

Department of Child Safety, Youth and Women

Mr M Hogan, Director-General

Mr A O'Brien, Assistant Director-General, Corporate Services

CHAIR: Good afternoon, everybody. The committee will now examine the proposed expenditure contained in the Appropriation Bill 2018 for the portfolio area of the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence. The committee will examine the minister's portfolio until 6.15 pm. The visiting members present are Stephen Bennett, member for Burnett; Sandy Bolton, member for Noosa; Jon Krause, member for Scenic Rim; and David Janetzki, member for Toowoomba South.

I remind those present today that these proceedings are similar to parliament and are subject to the standing rules and orders of the parliament. I remind members of the public that under standing orders they may be admitted to or excluded from the hearing at the discretion of the committee. It is important that questions and answers remain relevant and are succinct. The same rules for questions that apply in parliament apply here. I refer to standing orders 112 and 115. Therefore, questions should be brief and relate to one issue and should not contain lengthy or subjective preambles, argument or opinion. I intend to guide today's proceedings so that the relevant issues can be explored and to ensure that 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, officials and members of the public to the hearing. For the benefit of Hansard, I ask officials to identify themselves the first time they answer a question. I now declare the proposed expenditure for the portfolio of the Minister for Child Safety, Youth and Women and Minister for 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 wish, you may make an opening statement of up to five minutes.

Ms FARMER: Thank you, Chair. Thank you, committee members and other members who have joined us today. I appreciate the opportunity to appear before you. Across all my portfolio areas of Child Safety, Domestic and Family Violence, Youth and Women we face the consequences of poverty, homelessness, hunger, disability, substance abuse, violence and sometimes depravity. We see aspects of the human condition that the average person could never envisage. Across all my portfolio areas we are undertaking bold reforms that are transformational. Based on evidence of what works, we are restoring and improving our child safety, domestic and family violence and youth justice systems to make things better for a whole new generation of Queensland children and families.

In Child Safety we are at the beginning of our fifth year of fulfilling the Carmody reforms, investing $556 million since those reforms began. We have added more than 450 staff over three state budgets and we are seeing the benefits of our investment with seven consecutive quarters of improvements on key measures. We are focused on early intervention. We have grown our foster and kinship numbers, with kinship numbers alone up 7.5 per cent in the last year. We have created groundbreaking IT solutions to better connect children in care, carers and Child Safety officers with solutions like Our Child, Carer Connect and kicbox. There are around 84,000 children known to Child Safety at any given time and our focus is on them. We are distressed if any single one of them comes to harm. Our dedicated staff work day in, day out to do their best for them.

As we take stock of where we are at in terms of the Carmody reforms and see our commitment starting to deliver real results for kids, the effect of the LNP years on the child safety system could not be more stark. They ripped $200 million out of the system and cut 225 permanent and 177 temporary Child Safety jobs. Who would ever have thought that a government in question would sack a Child Safety worker? They slashed funds to front-line government services and NGOs in the housing, disabilities, health, education and community sectors, placing pressure just where it has the highest impact on our most vulnerable people. We can only imagine how many more kids would have been kept from harm if the Newman years had not occurred.

In our fourth year of the Palaszczuk Labor government, we have implemented an historic reform of the youth justice system so that 17-year-olds charged with offences are treated under youth justice. We have invested $200 million to help break the cycle of offending to keep communities safe and to change the story for our troubled young people. We are investing in solutions that evidence says works with a focus on early intervention and on programs like restorative justice conferencing and Transition 2 Success that direct our young people to more positive options in life. We know we cannot keep on doing the same thing year after year in Youth Justice and expect the results to be different. The report prepared for me by former Police Commissioner Bob Atkinson lays the groundwork for a new approach.

We are in our fourth year of work on our massive $328 million commitment to implement the recommendations of the *Not now, not ever* report. As well as significant investment in services, we have created DV high-risk teams and changed the public conversation about domestic and family violence. We are maintaining our commitment to, and investment in, addressing sexual violence while acknowledging the mammoth task to achieve generational change. Now in our second year of implementing the Our Way strategy, we continue our commitment to addressing the overrepresentation of Aboriginal and Torres Strait Islander people in our systems.

When it comes to pioneering leadership opportunities for women, we are setting the gold standard as a government, with now 46 per cent of female representation on government boards, up from 31 per cent when we took over from the LNP. Unlike the LNP, we do not base our important work on slogans that we think will be politically opportunistic and we do not use children and young people or vulnerable men and women as political pawns. We do not pretend to the Queensland people that there are quick fixes. This is serious work and it takes serious commitment and long-term interventions based on evidence to make real differences in people's lives.

I pay particular tribute to the staff of my department, who carry out life-changing work every day, often in the face of human misery that would break most hearts. Our carers are simply magnificent. To our many government, non-government and private sector partners I say thank you. I thank my predecessors Shannon Fentiman and Yvette D'Ath, who did such important work. Despite the progress we are making, there is always so much more to do. We are intent on doing it, as members will see from our commitments in the 2018-19 budget. I look forward to the questions from the committee today.

CHAIR: Thank you very much, Minister. Such an important area of the portfolio you cover is around youth justice, child safety and domestic and family violence prevention. The government will be asking the first block of questions today. My first question is: could you update the committee on the government's response to the recommendations of the royal commission into institutional sexual abuse and redress?

Ms FARMER: I thank the member for his question. It was a very proud moment for me to stand behind the Premier, Annastacia Palaszczuk, on 30 April this year to announce that the Queensland government will participate in the national redress scheme. This scheme recognises the failings of the past that led to children experiencing horrific abuse in institutions that were supposed to care and protect them. We will provide eligible applicants with a monetary payment, access to counselling and psychological care, and the opportunity to receive a direct personal response from the responsible institution. When I meet the people who have been fighting for this recognition for decades, it is incredibly moving. On that day in April it was an honour to have Mary Adams standing alongside us—you are about to say something.

Mr McARDLE: Point of order. It goes to anticipation of the bill before the House. I did not think that was waived for the estimates and Appropriation Bill, not for a bill before the chamber.

CHAIR: I understand your point of order. If this is around the distinct points about the royal commission in the federal sense—and we do have a bill before us, as you are aware—for information sharing and a number of other things that we cannot anticipate, I ask that we do not talk to those particular aspects of the bill that is before us.

Ms FARMER: Thank you for your guidance, Chair. I will speak to the scheme, which as you know is a national scheme. We estimate the scheme will enable approximately 10,000 people abused in Queensland institutions to apply for redress, including 5,000 from Queensland government run institutions and a further 5,000 if non-government institutions also participate in the scheme. However, this redress scheme is about so much more than money. It is about healing, recovery and recognising past wrongs and doing what is right.

Following the release of the report on redress and civil litigation, the Royal Commission into Institutional Responses to Child Sexual Abuse released its final report on 15 December 2017. The report was the culmination of five years of a detailed inquiry into institutional responses to child sexual abuse and related matters. I cannot overstate the resilience and the bravery of those people who appeared before the inquiry in sharing their childhood experiences and fighting for recognition so that we do not repeat the unacceptable mistakes of the past. The process has brought the issue of child sexual abuse to the public consciousness and awareness that it is a responsibility the whole community must take on board. It has created a public conversation about sexual violence and abuse that we must continue.

During the inquiry many survivors spoke of their traumatic childhoods and the abuse they suffered at the hands of people who were entrusted to care for them. The royal commission revealed the widespread incidence of sexual abuse in our institutions and the failure of these institutions to act when it was disclosed. While the focus of the inquiry was on historical abuse—and the stories of survivors spanned the previous 90 years—it found that child sexual abuse is not confined to the past; it continues today: it continues in homes, in communities and in institutions today.

The final report recognised that for children to be safer from sexual abuse, our communities need to be safe. The inquiry considered there was a lack of understanding in the Australian community about the nature of sexual abuse. It found beliefs in communities can encourage or normalise abusive behaviour towards children. The Palaszczuk Labor government has provided a comprehensive response to the findings of the royal commission and we will make sure that those findings matter. There is much we can all learn from this, there is much to be done and we are committed to taking action.

Ms LINARD: Minister, could you please update the committee on how the government is addressing youth sexual violence issues in West Cairns and Aurukun?

Ms FARMER: I thank the member for her question. I know of her interest in youth sexual violence and addressing it. Youth sexual violence and abuse is an issue that affects children and young people in all parts of Queensland and Australia, from urban centres to regional and remote towns and communities. It is a confronting issue, it is a difficult and complex problem and it is disturbing.

In 2012 the Bligh Labor government commissioned Griffith University to undertake a report into youth sexual violence in West Cairns and Aurukun. The resulting report, *Preventing youth sexual violence and abuse in West Cairns and Aurukun: establishing the scope, dimensions and dynamics of the problem*—and this is known as the Smallbone report—was received by the former Newman LNP government in 2013. This report revealed a systemic issue of sexual violence and assault which was largely unreported. The official records of sexual offences were reported as being the tip of a large iceberg.

Despite this, the LNP government, of which people sitting in the committee here today were members, sat on the report. They did not release it and they took no action. The then members of parliament representing those communities, Mr Gavin King, who was the member for Cairns, and Mr David Kempton, who was the member for Cook and the assistant minister for Aboriginal and Torres Strait Islander Affairs, and responsible for looking after the people of West Cairns and Aurukun, did nothing either and it was shameful.

In 2016 the Palaszczuk government released the Smallbone report and announced the Youth Sexual Violence and Abuse Steering Committee to review and report on the efficiency and effectiveness of activities by all tiers of government in response to youth sexual violence and abuse. The Youth Sexual Violence and Abuse Steering Committee delivered two reports. The first was delivered in September 2016 and focused on youth sexual violence and abuse in West Cairns and Aurukun. The government accepted all recommendations in that report and committed to take action to address youth sexual violence and abuse in West Cairns and Aurukun.

The Commonwealth government had provided funding between 2013 and 2016 for the design, development and evaluation of programs delivered by the Griffith Youth Forensic Service to address youth sexual violence in Aurukun. Funding was to cease in September 2016 but was extended to 31 March 2017 to allow for an evaluation. There was never an intention by the Commonwealth to continue funding to deliver the programs.

Following the release of the first report of the committee, the Queensland government committed further funding to the Griffith Youth Forensic Service from April 2017 to 30 July 2018 following cessation of Commonwealth funding. This funding includes $400,000 in 2017-18 to continue to deliver a suite of youth sexual violence prevention initiatives in West Cairns and Aurukun as part of a $1.2 million package over three years for youth sexual violence.

Programs delivered in Aurukun include the Professionals Protect, Teachers Protect and Cape Parents Protect programs, which educate and support professionals, teachers, parents and carers to identify and respond to concerning sexual behaviours. Programs that the government has delivered in West Cairns include the Friends Project and the Protect and Protect Me programs, which build the knowledge, safety and resilience of young people and prevent revictimisation.

Other initiatives delivered in North Queensland aimed at preventing and responding to youth sexual violence include the Speak Up, Be Strong, Be Heard program, which is led by the Queensland Police Service in partnership with Child Safety and Education; providing a principal adviser for child protection, which is co-funded by my department and the Department of Education; and the Strong Proud Healthy and Safe sexual health and relationships program in North Queensland state schools, which is developed by the departments of education and health. So far the Speak Up, Be Strong, Be Heard program has been delivered to over 7,400 people, both adults and children, in 230 different community groups, government and non-government agencies and the private sector.

I want to take this opportunity to acknowledge Derek Walpo, the mayor of Aurukun, and Bob Manning, the mayor of Cairns, for their dedication, hard work, strong leadership and advocacy in supporting their respective communities. I have the great privilege of being ministerial champion for the community of Aurukun. I recently visited Aurukun and saw firsthand the response of the community to youth sexual violence and the range of issues they have experienced in the last 18 months.

Members may be familiar with the whole-of-government package which has been invested in Aurukun. I have to say that the local police, government and community leaders are extremely proud of what they have been able to achieve together. I congratulate them and acknowledge what a community can do. They say to me that that issue is now not the crisis that it was at that particular point of the report, and I was absolutely delighted to hear that from them and to see it firsthand. Although the second and final report of the committee found that while youth sexual abuse and violence is more prevalent in communities with high levels of disadvantage, it can occur in any community. We will continue to prioritise actions for those communities.

Mr O'ROURKE: Minister, can you please update the committee on the new funding initiatives to respond to young people who have experienced sexual violence?

Ms FARMER: I thank the member for his question. We know that there is a critical need to invest in prevention, early intervention and response to protect children and young people into the future. Today I am very pleased to announce that the Palaszczuk government will invest a further $12 million into new and expanded initiatives across Queensland to fight the scourge of sexual violence. This investment will underpin the next stage of this government's commitment to ending sexual violence in this state. We have shown an extensive and ongoing commitment to this issue since being elected in 2015, and now we are doubling down on what needs to be done.

Since that time we have: released the Smallbone report into sexual violence in west Cairns and Aurukun; instituted $1.2 million in initiatives in response to the issues in those communities; established the Queensland Women's Strategy; released the first Queensland Violence Against Women Prevention Plan; delivered the Respectful Relationships program and made it available in every Queensland school; commenced multi-agency service responses in Townsville and the Gold Coast; commissioned the Youth Sexual Violence and Abuse Steering Committee and commenced many of its recommendations; introduced the sexual assault counselling privilege; established the Queensland Anti-Cyberbullying Task Force; received and responded to the final report of the Royal Commission into Institutional Responses to Child Sexual Abuse; signed up to the national redress scheme for institutional victims of child sexual abuse, committing $500 million, including $22 million for counselling; and committed $328 million over six years to implement the recommendations of the *Not now, not ever*

report on domestic and family violence. The government has committed to do more to reduce the number of people who have been physically and sexually assaulted, naming it a priority under our Advancing Queensland priorities of keeping communities safe.

We have also increased funding to sexual assault services to just over $14 million for the 2018-19 year. As with all of my portfolio areas, this funding and the funding we have applied since 2015 have had to play catch-up after the cuts of the LNP to this particular aspect of the sector. We have seen a range of cuts right across Queensland, including: the Wide Bay Sexual Assault Association; Zig Zag Young Women's Resource Centre; Micah Projects; the Women's Centre in Townsville; Tableland Rape and Incest Crisis Centre; Whitsunday Crisis and Counselling Service; the Gold Coast Centre Against Sexual Violence; Bravehearts; Sunshine Cooloola Services Against Sexual Violence; WWILD; the Sexual Violence Prevention Association; and the Centre Against Sexual Violence. These are all critical local organisations that are doing an absolutely brilliant job trying to address this terrible issue, so I am very pleased that we have been able to increase our funding in consecutive years for these services.

Our next step must start with an open conversation with the Queensland people. In the age of #metoo and #timesup, we cannot stand by while another generation of women and girls lives in fear of sexual attack. We cannot accept that Indigenous people are twice as likely to suffer sexual violence or that women and girls with intellectual disabilities have a 90 per cent chance of being sexually assaulted. We hope that this conversation will focus attention on the experiences of women and girls and start to make the change we all need to see.

I have faith that Queenslanders are up to the challenge of taking part. The government and I are going to keep having this conversation everywhere it needs to be had—with the services, professionals and experts who deal with traumatic cases of abuse each and every day. It is with families, teachers, nurses, doctors, office workers, unions and businesses. Even more vitally, it is with and between young people themselves. To help facilitate this conversation, today I am releasing the final report of the Youth Sexual Violence and Abuse Steering Committee, headed by Justice Stanley Jones, and the government's response to that report. I table that report.

CHAIR: Leave is granted.

Ms FARMER: This is another piece in the puzzle: more evidence of the scale of sexual violence in our state and the work we need to build on to put an end to it. It is now time to put this together with the other pieces of the puzzle, such as the royal commission's final report, and now work with Queenslanders to end sexual violence. I understand that for many thousands of Queenslanders who have suffered sexual violence this conversation could be traumatic. I say to those people: please take heart from the victims of childhood sexual abuse who appeared before the royal commission. They spoke for themselves, but they spoke for you as well. I want those people to know that we will hear them. We care, and we will do everything we can to support them. It is important to know that there are people you can talk to about this, and as we begin this conversation with Queenslanders I urge anyone needing to talk urgently to call 1800811811.

Before I finish answering this question I want to direct some comments to the member for Maiwar. I read in today's paper that the Greens are now campaigning for the closure of all prisons. Councillor Sri is using money for local multicultural programs to campaign for the closure of all prisons. I think the parliament would be interested to know whether the member for Maiwar supports the closure of all prisons. What is his alternative to jail for people who commit rape, commit sexual assault or breach domestic violence conditions? What might that be? I have to say that it is a terrible message to send to young women and women everywhere that there are no consequences for committing grave sexual assault. That is what discourages people from reporting. We know that 70 per cent of sexual assaults go unreported. I understand that there are many young women, including university students, who live in the member's electorate. I urge him to please make it clear to young women that if they report sexual assault, if they are raped or sexually assaulted, or if they are injured in domestic violence, there are consequences. I hope that the member for Maiwar can share his views on this with the people of his electorate, because I am sure that they will expect imprisonment to be the last resort to protect victims of sexual assault and domestic violence.

CHAIR: Thank you, Minister. The time for the government's block of questions has ended. That is sound advice that you have provided. Member for Burnett?

Mr BENNETT: I refer to page 8 of the SDS, specifically the 2018-19 service area highlights that refer to the response to the report of the Youth Sexual Violence Taskforce. Director-General, when did the department first provide advice to the minister with regard to the recommendations in Justice Jones's report, which has just been tabled?

Mr Hogan: I can advise the committee that we brought the minister's attention to Justice Jones's report. Up until that point it had been led by the Department of Aboriginal and Torres Strait Islander Partnerships. After the machinery-of-government changes we arranged between my department and DATSIP to advise the ministers that that report responsibility transitioned to Minister Farmer. We recommended that, and that advice was provided following the machinery-of-government change.

Mr BENNETT: Director-General, given that the final report of the committee should have been delivered a year and a half ago, can you provide an update to the committee on the status of the report and the specific initiatives that have been implemented as a result of the final report?

CHAIR: Member, can you repeat the question, just so I can pick that up? I did not quite hear it, member for Burnett.

Mr BENNETT: Director-General, given that the final report—which has just been tabled—should have been delivered a year and a half ago, can you provide an update to the committee on the status of the report and the specific initiatives that have been implemented as a result of the final report?

CHAIR: Can I just ask the member on a point of relevance: how is this relevant?

Mr BENNETT: Really?

CHAIR: Yes, I am asking: can you please identify how the report that you are referring to is part of this Appropriation Bill?

Mr BENNETT: In my first question I referred to page 8 of the SDS, which makes reference to this particular document. May I pose the question a third time, if you are happy, Chair?

CHAIR: Yes.

Mr BENNETT: I did make reference to the page number, but thank you for the interruption.

Mr Hogan: I thank the member for the question. As the minister has indicated, in terms of the status of the report it has now been, with the leave of the committee, tabled for parliament and, as the minister has indicated, it will be publicly released today. I am pleased to update the committee on some of the actions that have been implemented since the report has been received. I would also note that, as the minister said in her answer to a previous question, the Royal Commission into Institutional Responses to Child Sexual Abuse also made a number of recommendations related to contemporary experience by children and young people of sexual abuse, not only in institutional settings. The consideration of the report from Justice Jones was done in conjunction with the consideration of the report by the royal commission and the government's response to the Royal Commission into Institutional Responses to Child Sexual Abuse.

The minister has already given an indication of a number of the measures that are already underway. For example, an increasing investment in sexual assault services across the state for both young women and girls has been funded in both 2017-18 and 2018-19. We have provided additional funding for child sexual abuse counselling. As the minister mentioned, we have commenced trials of multi-agency responses to child sexual abuse in both Townsville and the Gold Coast. Over the last 18 months we have rolled out a network of 33 Aboriginal and Torres Strait Islander Family Wellbeing services, and they include dedicated workers to deal with family and sexual violence. The government has continued to implement the Queensland Sexual Health Strategy and, as the minister mentioned, has implemented the $1.2 million committed to youth sexual violence initiatives.

The government has also invested in commencing the trial of the First 1000 Days initiative in Caboolture and Townsville—one of the key recommendations and themes from Justice Jones's report around investing in prevention and early intervention—and the First 1000 Days initiative has been commenced in those two locations. They are some of the examples of the initiatives that are already underway.

Mr BENNETT: Thank you. On the same report, which is the one I have referenced from the SDS at page 8, could you direct us to the report by Justice Jones into youth sexual violence and abuse in those communities that we have been discussing? Given that the report was 16 months ago, I ask you to update the committee as to whether it has been updated to ensure that it is accurate with the latest available data?

Mr Hogan: I thank the member for the question. The report is as it was provided by Justice Jones. One of the key themes in Justice Jones's recommendations and from the steering committee was the need to continue to build the evidence base and to improve the collation of information about the experience of young people with sexual violence. That is one of the commitments that the government has agreed to and it is one of the commitments that we will be working on with our colleagues in other departments to give effect to.

Mr BENNETT: Director-General, in relation to the preventative program being delivered by Griffith University in West Cairns and Aurukun, is there funding guaranteed past the 2018-19 financial year?

Mr Hogan: I thank the member for the question. That funding is administered through the Department of Aboriginal and Torres Strait Islander Partnerships. I understand that the funding has been committed for at least three years to the initiative. That particular detail would have to be directed to the responsible minister.

Mr BENNETT: Thank you, Mr Hogan. I have a question to the minister on the same SDS reference at page 8. Minister, why did your government wait 16 months to release this final report at today's committee hearing?

Ms FARMER: I thank the member for his question. As the director-general referred to just a minute ago, our responses to the Jones report have been really done alongside the responses to the royal commission into institutionalised sexual abuse of children. As I outlined earlier and as the director-general outlined earlier, since 2015 we have been very aware of this issue and in fact have an extensive time line of initiatives which we have been putting into place since that time. Again, as the director-general referred to earlier, I took over responsibility for this report in April this year after the machinery-of-government changes and it is my view as the minister and certainly the view of the government that, given that we are doing an enormous range of things in this area—including some quite significant initiatives like the Sexual Health Strategy, like the Women's Strategy, like the *Not now, not ever* task force implementation—it is time that we put all of the government initiatives together in that we are able to describe them in one place and that we are coordinating them.

The government's response to the royal commission was the final piece in that jigsaw puzzle as I said today and, as you know, although the report was delivered in December of last year, along with every other premier and the Prime Minister the Queensland government delivered our response to the royal commission recommendations in June of this year. That now completes the piece of the jigsaw puzzle. I have been able to secure this $12 million in funding now and we move forward from this point. In terms of timing, now is as good a day as any to do it. In fact, we have had conversations with a number of stakeholders just prior to this—that is, people with whom I have been speaking on a regular basis since I became minister and in fact well before I took over responsibility for this particular report. It has been made very clear to me by a number of stakeholders working in the sexual assault and sexual violence area that they are wanting a really strong framework which describes all of the work that the government is undertaking. This is a piece in the puzzle—a very important piece—and, as I said, they have been absolutely delighted that we are announcing it.

Mr BENNETT: Thank you, Minister. I have one more question to the minister about the same issue. Given the shocking youth culture of rape and under-age sex that has been exposed in this report, will the Palaszczuk government allow Justice Jones to make public comments about the report and the government's response?

Ms FARMER: In fact, I am sure Justice Jones would. In fact, my director-general spoke to Justice Jones this morning. I will not speak on his behalf—and you are welcome to ask the director-general yourself—but I understand that Justice Jones spoke to my director-general and said to him that he does speak quite often about it. It is an open book and we want to have a conversation. It is important that in whatever way we can we have a conversation.

As I said earlier, what is the really alarming thing among many alarming things about this piece of work is that sexual violence and sexual assault are grossly under-reported. We estimate that probably 70 per cent to 75 per cent of offences actually go unreported. We are talking about statistics like one in six women over the age of 15, one in, I think it is, 16 or 20 men over the age of 15 and one in six women under the age of 15 have experienced sexual assault, and I referred earlier to the statistics for women with intellectual disabilities who have a 90 per cent chance of being sexually assaulted. I think all right-minded Queenslanders are absolutely horrified and shocked by those sorts of statistics, so we welcome the conversation from everyone who wants to take part in it. We want people to be talking about it. We need to bring it out of the shadows.

Mr BENNETT: Thank you.

CHAIR: Have you got anything further?

Mr BENNETT: Yes, Mr Chair. With reference to page 9 of the SDS specifically relating to funds allocated for youth services and the Queensland Youth Strategy, Mr Hogan, can you please advise the current status of the Queensland Youth Reference Group to the committee?

Mr Hogan: I thank the member for the question and his interest in the Queensland Youth Strategy. As the member may be aware, the strategy was released in May 2017 following statewide youth consultation where young people shared their priorities and concerns. Through the strategy and actions young people are being supported to have a voice and participate in government decision-making; to actively participate and contribute to Queensland's future; to build healthy, active, strong and resilient futures; secure safe, stable and affordable housing options; and gain the knowledge and skills needed to get ahead and to prepare for their future life in the job market.

Since the member asked the question in relation to the Queensland Youth Reference Group, the department has delivered on a number of key actions to continue to engage Queensland's young people. That includes the creation of a virtual youth engagement eHub which now has 1,149 young members aged 13 to 25 joining the platform and over 120,000 page visits. That is part of a virtual platform to engage Queensland's young people. This year we also held the inaugural Queensland Youth Week, a statewide campaign from 6 to 15 April celebrating the achievements and contributions of young people and encouraging them to make their voices heard.

The government's engagement efforts, as I have said, have advanced significantly. As the member is aware, the department also supports and partners with the YMCA in relation to the conduct of the Queensland Youth Parliament and we are very proud of the recent really successful program the Queensland Indigenous youth leaders program. The member may also be aware that the Queensland Family and Child Commission have recently established a Youth Advisory Council and the Minister for Education has established a Ministerial Student Advisory Council.

Building on those opportunities, we will work across those forums to establish a youth engagement panel. We are really excited about the opportunity to bring representatives together, both the young people who are using the virtual platform and those young people who are participating in those other fora like the Queensland Youth Parliament, like the Indigenous Youth Leadership Program, like the QFCC's youth advisory panel, like the PCYC's state consultation group where 1,000 or so young Queenslanders are involved. We are taking a more flexible, virtual and, we hope, a more agile and interesting set of arrangements to engage young Queenslanders.

Mr BENNETT: Thank you for that update. On that issue, would it be fair to say that no progress has been made on the Youth Charter as part of that which was tasked to be completed by December 2017?

Mr Hogan: I thank the member for the question. Work on the Youth Charter will continue and, as we put these engagement arrangements in place, that will be a key priority focus for our engagement with Queensland's young people.

Mr BENNETT: Please excuse me, Mr Hogan, but is it fair to say that the Youth Charter has not progressed as it was meant to be from December 2017?

Mr Hogan: Some work has commenced, but given the election and machinery-of-government changes and the change of arrangements that I have just outlined about the way in which we want to engage a lot more young Queenslanders, we think we are going to get a much stronger voice for young people and a much more robust input into the development of the Queensland Youth Charter. We have rescheduled the delivery for that and we look forward to engaging young people in shaping that charter.

Mr BENNETT: Thank you, Mr Hogan. Just to be clear for those young people who are engaged in this, it is fair to say that it has not been abandoned and it is clear that that will be part of the agenda for the department going forward?

Mr Hogan: I thank the member for the question; absolutely. We are really looking forward to engaging young people in that project.

Mr BENNETT: Thank you.

CHAIR: Do members have any other questions from opposition?

Mr BENNETT: Yes, thank you, Mr Chair. Director-General, I want to move to Child Safety if I may. Regarding the Gold Coast baby twins who recently suffered unexplained head injuries and whose parents are under intervention and parental agreements, I ask the DG this: why were the twins released when Child Safety had concerns about the parents with drug use and their ability to cope please? I seek approval to table today's media about this.

CHAIR: I just remind members that if it is identifying particular children—

Mr BENNETT: It is redacted.

CHAIR: I ask for a copy to be given to the minister to consider before we accept tabling it.

Mr Hogan: I thank the member for the question. As I am sure all of the committee will appreciate, harm to any child is unacceptable and the safety of children is always our paramount concern. I am sure the member and the committee are also aware of the confidentiality provisions of the Child Protection Act and it is not appropriate for me to discuss the detail of this matter other than to note that the Queensland Police Service and Child Safety are working closely together. I would also indicate that this is a matter that is currently under investigation by the Queensland Police Service. Can I just say that—

Mr McARDLE: I raise a point of order, Mr Chair. As I understand, the man has been charged and is to be sentenced, not under investigation. The investigation has closed by the police; is that correct?

Mr Hogan: Sorry, member, and thank you for the question. I understood that the member for Burnett was referring to the Gold Coast matter.

CHAIR: Yes, the one he has tabled.

Mr BENNETT: Yes, that is the one. We talked about the twins, but we put this on the record so we can have a review of this particular case as well. This one is about the Gold Coast twins. Yes, that is my question I did ask.

Mr Hogan: Thank you. As I said, Deputy Chair, I understand that that matter is under police investigation and the same constraint needs to be exercised of course if it is also the subject of criminal proceedings if an investigation is finished, so it is not at all appropriate for me to comment on the particulars of that case.

CHAIR: Thank you, Director-General. Before we move on, we just have a procedural matter. The member for Burnett tabled this particular item. Is leave granted? Leave is granted.

Mr BENNETT: Thank you.

CHAIR: Do you have any further questions for the minister?

Mr BENNETT: Certainly.

CHAIR: You have a couple of minutes.

Mr BENNETT: Minister, with reference to the document that has just been tabled, is it wise to take children away from relatives who are willing and able to take care of them and put them into foster care?

CHAIR: Before you answer that, Minister, I draw the member for Burnett back to relevance on this particular point. How is the question that you have just posed relevant to the budget estimates in front of us? I do not think it is.

Mr BENNETT: The first page of the SDS talks about the portfolio overview and the safety of children. It is a child safety issue. I would have thought that would have been fairly obvious. I refer to page 2 of the SDS, child safety.

Ms FARMER: Chair, I am happy to answer the question in general. As the director-general indicated, I am not able to comment on this particular case. I think the member's question was with reference to this particular article. I want to be clear that the comments I make now are general comments and not to do with this article.

The safety and wellbeing of children is always our priority. When it comes to determining the most suitable intervention to address child protection worries, when we are determining whether a child or a young person is safe to remain in the care of their parents, officers undertake a rigorous and balanced assessment of risk, including immediate danger. It includes assessing the harm or risk of harm; consideration of complicating factors and issues that may be impacting the family's functioning or capacity to act protectively; and consideration of the available strength and resources within the family unit and support network that would act to mitigate risk and keep children safe in the family home.

There are circumstances where Child Safety may be working with families on the safe reunification of a child to their care and a decision is made that it is safe for a sibling or another child to remain in the family home prior to that reunification occurring. Such decisions are made only following a rigorous and balanced assessment of the risks and safety needs of each individual child or young person, alongside the consideration of the parent's progress in addressing the child protection worries that led to the original investigation.

I must stress that the safety and wellbeing of children is always our absolute consideration. I also state the obvious: our cases are complex. The matters that we deal with are complex issues. In fact, I recall a conversation the member and I had some months ago about the level of complexity that we are

dealing with in the child safety system. In fact, that complexity increases by the day, by the week. That is a general answer to that question. I am sorry: as you would appreciate, we are just unable to answer on this particular case.

CHAIR: Member, you have three minutes to the end your block of questions.

Mr BENNETT: Thank you. Minister, how many children in foster care have suffered from sexual violence in the last calendar year? Are we aware of those statistics?

Ms FARMER: I will talk to you about the substantiated cases of abuse in care and refer you to the very strong checks and balances that we have to protect children and young people and prevent abuse when they are in care. The abuse or neglect of any child in care is totally unacceptable. We take concerns about children being harmed very seriously. The number of incidents of abuse represents less than 1.8 per cent of the number of children in care, but every case is one too many. If there were even one case in the over 84,000 children whom we see in the department of child safety, it would be one case too many. For the year ending 31 March 2018, there were nine children subject to a harm report from sexual abuse in our system.

CHAIR: Thank you very much, Minister.

Ms FARMER: In terms of the way we categorise these, a substantiated outcome, which is what I am referring to now, does not always mean direct harm by a carer. You will appreciate that we have very uniform ways of recording this data. One of those outcomes, if it is recorded, may reflect that the harm was caused by another adult, a child over the age of 10 years or an unknown person. I just make that clear.

CHAIR: Thank you very much, Minister. Member for Noosa, I believe you have a question.

Ms BOLTON: Thank you, Mr Chair. I refer to page 3 of the SDS. Within the services and objectives of your department, there is no mention of any funding for preventative initiatives or assistance for men either as perpetrators or victims of domestic violence. How will this be addressed?

Ms FARMER: I thank the member for her question and her interest in this area. Every one of us can play a role in helping victims and keeping Queenslanders safe from domestic and family violence. The research tells us that one in six women and one in 16 men have suffered physical or sexual violence at the hands of an intimate partner since the age of 16. These figures show us that women are far and away the more impacted by domestic and family violence and suffer greater consequences, but we know, of course, that domestic and family violence is not acceptable against anyone. As a government, and as a community, we have a responsibility to help victims and be sure that they are never afraid or ashamed to seek help. The member asked a question about a particular area. We are very early in the evidence gathering around dealing with victims and perpetrators. I think the member was asking about both?

Ms BOLTON: Yes.

Ms FARMER: The Palaszczuk government recognises that it is critical that we hold perpetrators to account and provide them with opportunities to change their behaviour. A really important part of the counselling, both for perpetrators and for victims, is referral and support services that are available to Queensland men through the DVConnect Mensline. Mensline provides free confidential advice and assistance in relation to domestic and family violence for men who are victims and also those who are wanting to address their use of violence. In the last financial year, Mensline received 7,498 calls.

My department also funds a range of programs to work with young people at risk of perpetrating domestic, family and sexual violence. Can I say in this space of working with perpetrators that there is no one method that is going to work for everybody, because the reasons for those people being in those situations and for enacting that violence are often quite different. The evidence is still early in Australia and across the world in terms of what is the most effective way to deal with that, but I will give some examples of a few of those. They include—and this is for young men—Carinity ReNew, which is a 20-week program based in Ipswich and Brisbane's south-west that seeks to reduce violence perpetrated by young men against their mothers and siblings. The program focuses on increasing the attachment between mothers and sons.

We have the Griffith Youth Forensic Service. We have referred to them a few times today in the context of sexual violence services. That is a statewide assessment and treatment service for young people found guilty of a sexual offence. We have the Mater Family and Youth Counselling Service that provides a therapeutic intervention for young people who have sexually offended and offers support to their families. We have the R4Respect program, which is an education and prevention strategy that is led by young people in Logan to prevent antisocial behaviour, including violence in personal or intimate relationships.

More broadly, in 2017-18, the Palaszczuk government allocated almost $8 million to 27 service locations across the state to deliver specialist perpetrator intervention programs. In addition to existing services, we are also trialling new programs that have been successful in other jurisdictions. I know that we are still learning and other jurisdictions are certainly very interested in some of the programs that we are running.

I am sure the member will be interested in some of the programs that are being run on the Sunshine Coast and in Noosa. We fund a number of programs that men are able to access. I will tell you a little bit about those. I am very happy to brief the member afterwards if she would like. UnitingCare Community is funded by just over $645,000 per annum for the next financial year. It was just only a very slightly lesser amount—$628,000—in the last financial year. That service provides assistance and information in relation to family and domestic violence matters to respondents attending court. They provide intake and counselling services and perpetrator intervention programs for men on the Sunshine Coast, including at Noosa. Two of these programs support the Walking with Dads trial, which targets fathers or father figures known to Child Safety who have exposed their children to domestic and family violence.

Centacare Scope is funded with just over $1 million per annum in 2018-19 and just under $1 million last financial year as the regional domestic and family violence service. That service provides information, advice, individual advocacy engagement and/or referral, court support and counselling for adults experiencing or using domestic and family violence, including males. There is Laurel Place, which is funded with over $629,000 per annum in 2018-19 and just over $560,000—so an increase from last year—to deliver counselling and support to women and men aged 15 years and over whose lives have been impacted because of sexual violence.

The Palaszczuk government believes that every man, every woman and every child should be able to live in a safe home free from violence. We know that there is still more to be done in this space. We are very pleased that we have been able to invest significant funds—over $328 million—in implementing the *Not now, not ever* task force. Every Queenslander has a role to play. As I said, it is great that you are a member who is really interested in this issue, because that is the way we are going to get people bringing this issue out of the shadows and coming forward, understanding that what is happening to them is not okay and that there are services available. I thank the member for her interest.

Ms BOLTON: Thank you.

Mr BERKMAN: My question is in relation to Indigenous overrepresentation. The research shows that programs designed to divert young Indigenous people away from the justice system are most effective when they are delivered by Indigenous led and community controlled organisations. Can you tell us what percentage of funding directed to youth justice prevention diversion programs is allocated to Indigenous led organisations? Does the government plan to increase this allocation, given the severe overrepresentation of Indigenous youth in the justice system?

Ms FARMER: I thank the member for his question. I do not believe that we have a percentage figure, but I will endeavour to get back to the member by the end of this session if we are able to. If not, we will take the question on notice and return within the required time frame. However, I can say to the member that he is absolutely correct: there is a gross overrepresentation of Aboriginal and Torres Strait Islander people not only in the youth justice system but also in the child safety system, in the domestic violence area and, in fact, in my other portfolio area of Women. It is one of the reasons the Premier put this group of portfolios together—because there is a continuum.

We know that we need to work on early intervention. We know that we need to make sure that Aboriginal and Torres Strait Islander people have ownership of what happens to them. That is why we have instituted significant reforms in our youth detention centres. The member might be aware of the Our Way strategy, which we co-designed. It was with the input of Family Matters and the Aboriginal and Torres Strait Islander community and stakeholders. To its core, it is about Aboriginal and Torres Strait Islander people having ownership of what happens to them.

In fact, in going back to youth justice initiatives, the member might be familiar with the independent youth detention centre review. One of the recommendations of that review is that we do our utmost to make sure that we are establishing and increasing a connection between Indigenous young people and their country and their culture. In fact, when I visit Aboriginal and Torres Strait Islander communities—I was in Cherbourg last week—it is one of the things that the elders talk about quite a lot. They think quite passionately about that. They worry that their young people who are getting themselves into trouble do not have that connection to country. They are strongly advocating for programs that establish that.

In terms of the youth justice system—and this happens within and outside our youth detention centres—some of those things that we have done to respond to the youth detention centre review are: the establishment of the Youth Justice First Nations Action Board to strengthen the delivery of culturally appropriate programs and policies; the creation and expansion of a dedicated youth justice cultural unit to provide expert advice and support to both central and regional youth justice staff, particularly in the implementation of new initiatives; the establishment of a cultural unit at the Cleveland Youth Detention Centre to maintain and support the cultural wellbeing of Aboriginal and Torres Strait Islander young people in detention; cultural mentoring programs; and providing support services to enable Aboriginal and Torres Strait Islander young people to connect back in the community, culture and country and seek to restore family bonds.

We also have elder visits to youth detention centres to strengthen cultural connections. I might also direct the member, if you have not already read it, to the report which former police commissioner Bob Atkinson prepared for me on the way forward for youth justice. He highlights the absolute overrepresentation of Aboriginal and Torres Strait Islander people in the youth justice system and our urgent need to address those matters.

Again, I am very happy for the member to be briefed on that report and on the way going forward. In fact, our response to the Atkinson report will be the youth justice strategy and I welcome your input into that strategy as we welcome the input of all members. We are very happy to speak to you about that and brief you after this session.

I will have to take that on notice. We will not be able to get the information for you by the end of today's session on the actual percentage of youth justice funds to community controlled Indigenous organisations, but we will have that back in the required time frame.

CHAIR: Thank you very much, Minister, for that detailed response. Back to government questions. Minister, could you provide an update on the government's commitment to providing youth bail support and advocacy services?

Ms FARMER: I thank the member for his question. Can I just acknowledge, Chair, your absolute passionate interest in this issue. I think if I do not have a week where you have rung me or come to see me about this issue then I feel like something is wrong because you are absolutely passionate and have been a strong advocate for the young people in your area ever since I have been made minister and I thank you for that and I am sure that the young people in your community thank you for that.

Keeping young people charged with offences out of detention is absolutely essential where possible and appropriate if we are going to change the trajectory of those young people's lives. We know that 83 per cent of the young people in our youth detention centres are there on remand. That is because they do not have a home or a safe home to go to. The average in the rest of the country is 64 per cent. This is not a statistic that we should be proud of in Queensland. Increasing the number of people who get bail as well as decreasing the number of people who re-enter detention is the best way of attacking the high rate of remand in Queensland.

In his report, former police commissioner Bob Atkinson stated that the disruption caused to children by even short periods of time in detention causes disengagement from support services such as family and friends, education, mental health and the community. This type of disruption can lead to offending behaviour as disengaged young people often cannot go to school, they are unable to return home and subsequently they are left homeless or couch surfing with friends and relatives and in these circumstances they will seek other support mechanisms, which is often other children in the same situation, and invariably they will commit an offence because they are hungry, they are cold or they are encouraged by others.

Chair, I want to illustrate what we are talking about here. I am just going to pass around, which I believe is allowed, some photos to the members.

CHAIR: I understand it is not being tabled but is just for the members to view.

Ms FARMER: No. It is for the information of the committee when I make this point.

CHAIR: In the context of the question. Thank you. Perhaps when you finish answering this we will hand them back to you.

Ms FARMER: I do not know if members realise what they are seeing there in that photo. These are nits. I want to tell you the story of where these nits came from. I do not want to identify the place, but this was one of the many places I visited as a minister. I was speaking to a local police officer and she had picked up a young boy who was aged 11 who had broken into a shop because he was cold and he needed a jumper. She picked him up and she took him to the watch house and she gave him a

bit of a clean up. She combed his hair and she combed out those nits from his head. I do not know if any of the members have had kids with nits—I certainly have. I think we all have. Nits are very tiny. These nits had been there for a very long time. She promised the little boy that he could have a chocolate bar if he was good and let her comb out the nits. He got his chocolate bar but when he was eating it his mouth started bleeding. She looked in his mouth and his gums were raw. He could not remember the last time he had cleaned his teeth. He was not able to go home because his house was a party house and because he was afraid he would be assaulted. She took him up to the hospital to get his gums treated and they realised that he had pneumonia.

This little boy would go to a detention centre because he has no home to go to. That is it for him. That sort of little boy enters the youth justice system through no fault of his own and because he does not have the support systems. I want to illustrate that point because that is what we are talking about. That is not an uncommon story. We need to provide appropriate levels of support when a young person is arrested. When they subsequently appear in court it is important to ensure they have every opportunity of obtaining bail and being kept out of detention if possible.

Bail support and advocacy services assist young people to become reconnected with support services and to comply with bail. We have been putting some moneys into bail support and advocacy services since the transition of 17-year-olds and we are seeing young people like this young man being able to be connected up with services that can support him to get a roof over his head, to get a feed, to keep warm and to not have to go into detention. These services can help parents and families strengthen supervision of their children. Bail support services work best when the young people participate voluntarily, they are engaged immediately in court and are supported holistically to meet their individual needs such as education or housing or addressing substance abuse or mental health issues.

In the 2018-19 budget we have committed $17.1 million over three years to extend bail support and advocacy services to assist young people to obtain and meet bail conditions. This is part of a $40.7 million package of initiatives to reduce the level of remand of children and young people in custody. The location of these new services will be based in areas where there is the highest remand numbers and gaps in existing services across the state. I was very pleased last Wednesday to go out to Cherbourg and announce funding for bail support of $280,000 in that town. The elders and the local council and all of the community leaders we met were really delighted that we were going to be providing that level of support in addition to the police support that we are providing there. The remaining locations out of that package I will be announcing in the coming days.

So far the bail and advocacy support we have been providing is yielding results. I referred earlier to the work that we have been doing in the last four months of the financial year. Sisters Inside supported 66 young girls between April and the end of June; 40 of whom had a successful bail applications. Legal Aid Queensland Youth Legal Advice Hotline provided 242 legal advices to young people involved in the youth justice system between November 2017 and 30 June 2018. Over recent weeks, as I said, the bail support and advocacy initiative is one of a range of non-infrastructure initiatives we are putting in place to manage the number of children on remand in youth detention centres. The numbers in the Cleveland Youth Detention Centre have actually fallen below capacity. In fact, if we compare apples with apples—that is, numbers in the Cleveland Youth Detention Centre before 17-year-olds were transitioned—the numbers are the lowest that they have been for some time.

The evidence is showing that supporting young people where they most need it will result in safer communities. We are keeping young people accountable, but we are making sure that we can change their story as well.

CHAIR: Thank you very much, Minister. Your response clearly demonstrates the importance of providing those supports for vulnerable children. I do not think there would be a member on this committee sitting here today who would not be shocked at the tragic, sad state that that young man was found in. We can only hope that he is on a better pathway with support and advocacy services. Thank you very much, Minister.

In the same light, my next question would be to ask you to update the committee on some of the outcomes of young people in supervised community accommodation houses in Queensland and the learnings from those programs?

Ms FARMER: I thank the member for his question. As the member knows, there are two supervised community accommodation houses in Townsville. These services are designed to help young people make positive changes in their lives by helping them to re-engage with family and the community and education or work as well as to reduce the frequency and the seriousness of their offending. In an SCA, and I will call it an SCA now because that is easier and shorter to say, a young

person is given wraparound services to make sure that they engage with schooling and family. Medical issues, such as mental health issues, are addressed and, importantly, the young person complies with their bail requirements. They were established as part of a suite of reforms during the transition of 17-year-olds into the youth justice system and facilities were established—two in Townsville, one in Logan and one in Carbrook. As I referred to earlier, about 83 per cent of young people in our detention centres are on remand. Some days 100 per cent of the girls in youth detention centres are on remand. It is a disgrace that I believe we need to provide urgent attention for.

The SCAs provide supported accommodation to young people who are remanded on bail or who are at risk of being remanded in custody. Keeping them out of a detention centre is a significant part of reducing the risk of young people reoffending. In fact, we know that if we put people into the criminal justice system they are almost 100 per cent guaranteed to reoffend. We know also that young people in the youth justice system have experienced trauma. The classic profile of a young person in the youth justice system is that they have been exposed to poverty, homelessness, domestic violence, abuse, neglect, disengagement from education and that they are unlikely to have ever had or ever had for very long a single person who can advocate for them, who can be by their side. As a result of that, Chair, they often have very challenging behaviours. They have trouble settling into a routine. It takes time to realise that the people at the SCA are going to be supportive of them and to provide positive outcomes for them.

However, we have had many successes with the SCAs. I want to tell about a couple of those, because it illustrates exactly what the SCAs are about and the wraparound services. They are not just a roof over a young person's head; they are about transitioning them to better opportunities for their lives. We had one young boy who, during his stay at an SCA, completed his resume, obtained a learner's permit, was 100 per cent compliant with his conditions, participated in a school holiday program and had a positive reconnection with family and friends. He learned about budgeting, cooking and hygiene. He completed a two-day work trial in parks and gardens as a landscaper and was offered short-term paid work with a genuine prospect of an apprenticeship. That is where we want our young people to be going.

The second story is that of a young girl who left the SCA as soon as she entered it. She committed several offences. Contributing to her offending behaviour was the fact that she had actually dropped out of school. She had a history of substance abuse and had disconnected from her family. Understandably, when she first entered the SCA she just wanted to be with her family and friends, but her family were not willing or able to provide her with a home. The youth workers at the SCA kept in contact with her after she left and encouraged her to come back. She returned without committing another offence. On her return she began a PCYC boxing program and personal training sessions with Anglicare youth workers and community agencies. She started the Sisters Inside art program and drug and alcohol counselling. Youth Justice and Anglicare partnered with the young girl to help her rebuild relationships with her aunt and uncle. After hearing of her great achievements and the positive steps she had achieved at the SCA, her aunty said she was willing to accommodate her. The girl transitioned out of the SCA to stay with her aunty. That is what the SCAs are designed to do.

I think all of us believe that every young person in Queensland deserves the same hope and opportunity and the SCAs are about that. They are about stable and safe accommodation, and support with wraparound conditions. There have been some challenges with the SCAs as well as successes, as with any new service model. This is a trial. We have four and we are not planning on any more at this stage. They will be evaluated. Currently we are negotiating with the staff of the NGOs to look at extending the wraparound services to young people who may not actually want to be in that accommodation but who nevertheless can be supported by those same wraparound services that are provided to the young people who are living there. Our early indications are that there are some very good opportunities for us to do that.

CHAIR: Thank you, Minister, for your comprehensive response.

Mr O'ROURKE: Minister, can you provide an update to the committee on the overall performance of the child safety system and, in particular, the latest performance data?

Ms FARMER: I thank the member for his question and for his ongoing interest in the child safety system. The member will recall that my very first visit as the minister—I think it was within the first four or five days of becoming the minister—was to Rockhampton to open the Act for Kids office. It has been great to see the member's work with that organisation and other similar organisations. When I went to Rockhampton it was made very clear that, from the member's previous role in Housing, he was more than acquainted with the really big issues facing our young people and the services that are offered there. I believe the member has a lot of fans in that sector.

I am very happy to talk about the Child Safety data. In my opening statement I said that for the seventh consecutive quarter we are experiencing improvements in our data. In fact, we have a 93 per cent response figure for child safety notifications and child safety cases that need a 24-hour response, which is actually the best result we have had since 2009. That means more kids are being kept safe, and that is what we are all about. That result is because of a very clear decision by the Palaszczuk government to invest in additional child safety staff. It is having an impact where it matters. As I said, it is about getting to Queensland's most vulnerable children faster. I referred earlier to the decision by the LNP to slash 225 positions from the child safety system. I cannot help but think how many more kids would be kept from harm if we had those 225 positions, plus another 458 that we have committed to the system. It is very sad to think of the number of kids who were not able to be kept from harm because of those cuts.

We have seen improvements in the proportion of five-day and 10-day investigations that have commenced on time. For members of the committee who might not be aware, Queensland is the only state in Australia where the investigation is not considered to have commenced until we physically sight the child who is the subject of the report of harm. In most cases we have already started the investigative work, but we do not say—and this is what goes into the figures—that the investigation has officially commenced until the child has been sighted.

We are very pleased with the improvements we have seen, but we are still seeing significant demand pressures on the system. In the year to March there were more than 115,000 reports of concern or harm about children in Queensland. Almost one in three children admitted to the department has one or both parents who are affected by ice. It is causing terrible damage to families and leaving young children, most often under the age of five, exposed to neglect and abuse.

I mentioned earlier that our number of kinship carers continues to rise. It is up 7.5 per cent in the year to March. That reflects the important work we have done to place children with kin, wherever that is a viable option. From an average case load of more than 20 children per child safety officer, the figure has now fallen to an average of 17.4 children per child safety officer. Of course, that means we can see more kids and we can spend more time with those families

Since January 2015, more than 60,000 families have made inquiries to our Family and Child Connect services. Almost 18,000 families have been actively engaged and connected to services. An increasing number of them have referred themselves for help, showing an increased awareness among struggling families that the help that they need is there when they need it.

There is more work to do and we are getting on with that work. Our child safety officers are out there every day doing incredible work to keep our vulnerable young children safe. I know that the member knows that. I know that he knows of the significant challenges and confronting situations that they face, but they are doing the work. They are getting it done and they are incredibly dedicated. I acknowledge the work that they do.

CHAIR: Thank you very much, Minister. We will move to non-government questions and the member for Toowoomba South.

Mr JANETZKI: My first question is to the minister. Minister, prior to the election last year, the government committed to the establishment of nine youth bail houses around Queensland. You have confirmed again tonight that the establishment will stop at four. There is nothing in the budget this year for any further establishments. Why is that the case? Is this another example of a broken election promise?

CHAIR: Minister, before you answer that question, on relevance, member for Toowoomba South, please show me where this even—

Mr JANETZKI: Point of order, Chair. The minister has just spoken about this at length. This is ridiculous.

CHAIR: Excuse me, member, while I speak briefly. Your last comment was about 'is this another example of an election promise that has failed'. I will have to check *Hansard*. I am asking you to rephrase the question without the imputation.

Mr JANETZKI: Why have the Labor government and the minister changed their minds as to the further rollout of the youth bail house program?

Ms FARMER: We took the remaining package of SCAs forward in terms of budget priorities. Since that time we have really done a lot of work on bail and advocacy support and a range of other packages. In terms of priorities, we considered that they were going to be the ones that we really wanted to focus on. I think that pretty much answers the question.

Mr JANETZKI: Thank you, Minister. My next question is to the director-general. Director-General, can you please describe the level of security at a youth bail house facility?

Mr Hogan: I would like to clarify for the committee that the supported supervised community accommodations are not locked-up facilities. They are about supervision, support and wraparound services. The young people agree to go there. They are on the conditions set by the court and they agree to abide by the rules of each of the providers, which include a curfew. They are not secure facilities; we do not lock them in. We endeavour to engage them in activities and programs, get them to school, facilitate positive community engagement, engagement with their families, training, getting their learner's permits and a whole range of activities in the community, but we keep them very busy. We give them some structure, some regime and some behaviours, habits and attitudes in their lives, because they often come from very chaotic backgrounds. The intent of the model is to actively engage them and tire them out, keep them busy, keep them engaged, keep them occupied and keep them from offending.

Mr JANETZKI: On how many occasions has curfew been broken in youth bail houses around Queensland?

Mr Hogan: Since the SCAs commenced operating in January—and I note that there was a staggered rollout from December, January, March and April—across that period there have been—I will have to check. I have information in relation to the number of incidents. There have been 16 critical incidents at Townsville SCA 1, 19 at Townsville SCA 2, three at Logan and three at Carbrook.

Mr JANETZKI: Director-General, during the occasions of critical incidents—during those breaches—how many offenders were reoffending?

Mr Hogan: Of the 33 young people who have spent some time in a supervised community accommodation, five have been charged with new offences.

Mr JANETZKI: Director-General, are there currently any youth offenders under the age of 14 in youth bail house accommodation around Queensland?

Mr Hogan: I would have to take that one on notice and we will check if we have that information. I might return to your previous question and say that none of the young people who have been spending time at the supervised community accommodation have returned to court for breaching bail conditions.

CHAIR: Minister, for clarification, are you happy to take that last question on notice?

Ms FARMER: We may be able to get it for the committee, but if not we will take it on notice.

Mr JANETZKI: Director-General, what would you classify as a critical incident? What is the level of risk that would cause you to call something a critical incident?

Mr Hogan: A critical incident could involve quite a range of behaviours. It may involve noncompliance with the structured activities that are organised. It might involve confrontation with staff or between residents. It may involve not coming back on time but coming back half an hour or an hour late. There are a range of issues that are identified as an incident. They are dealt with through the protocols and procedures, the policies and arrangements that we have with the service providers.

Mr JANETZKI: A breach of curfew may qualify as a critical incident?

Mr Hogan: Indeed.

Mr JANETZKI: Would all breaches of curfew be reported? I understand that it would be a requirement to report all breaches of curfew to the QPS.

Mr Hogan: It may be that a young person breaches a curfew, but that could be a house rule and not a bail condition. As I said, none of the young people who have been living in the SCAs have been returned to court for breaching bail conditions. The curfew is the expectation, the condition, on which a young person participates in the program. If they come back half an hour late or an hour late it is a breach, but it is not a criminal offence.

Mr JANETZKI: Director-General, can you just explain for us what an average day may look like for a youth offender in a youth bail house?

Mr Hogan: An average day for a young person participating in the program in SCA would involve getting up at a reasonable time. As the minister indicated and as I have also indicated, we would be actively working with that young person to re-engage them in education. As the minister said, most of them have been disengaged from school or even alternative education.

The routine of the day will be about getting ready for school, getting their own breakfast, tidying up their room and preparing a meal to take to school—as we would do with our own children. After school they would be involved in activities and programs such as the ones we have outlined—getting a learner's permit, participating in community events, getting their white card; whatever the program is that has been individualised for that young person.

Mr JANETZKI: There would be an obligation, for instance, to attend some educative program? If you were in a detention centre there would be compulsory education. In a youth bail house environment is there an obligation for residents to participate in schooling or some formal education program?

Mr Hogan: There is certainly an expectation that we are re-engaging that young person in education or training or even a work placement. Some of the young people are over school age. It would not be appropriate for them. It is often the case that these young people have missed so much school and that participation in mainstream formal education has not worked for them and is not working. Our staff will do their very best with non-government organisations and local alternative education providers to commence an education program. That may include tutoring in the SCA as a pathway back to some participation in education. Sometimes this takes extended work, not only while the young person is living in the SCA but after they have left the SCA. We arrangement with the SCA providers that they continue to support and engage a young person even if they have finished their stay.

Mr JANETZKI: Is it true to say that it could be possible, given the challenges a lot of these young offenders have faced, that there could be long periods of time or a period of time where they do not undertake any formal education program?

Mr Hogan: As I have tried to indicate, most of these young people are disengaged from education. They have often had lengthy periods of time never being at school and not participating in alternative education arrangements. Our youth justice staff organise education activities, including in our youth justice service centres, to try to get these kids back on a pathway to school.

We think the most effective intervention we can make with many of these young people is re-engaging them in some form of education activity. That may be very informal. It may be adventure based. It may be work based. It may be through a youth justice service centre or an alternative education provider like Edmund Rice, Carinity, Shaftesbury or one of the many terrific organisations that provide alternative education programs supporting these young people.

Mr JANETZKI: Have there been any complaints from neighbours in respect of activities at youth bail houses around Queensland?

Mr Hogan: I am aware of one particular matter of concern from neighbours. Before the supervised unit accommodation places opened there was a very active program of engaging local neighbours, seeking their feedback, explaining to them the service model, introducing them to the service providers and providing information and contact details if they had any issues, concerns or questions. We have continued to engage, particularly through the service providers, with local neighbours.

Mr JANETZKI: The minister spoke briefly about the capacity levels. Am I correct in assuming that currently Cleveland in particular is not at capacity? There is an 85 per cent capacity target in the SDS. Has that been breached at the moment? I think the minister suggested that it has not. Director-General, could you confirm that for me?

Mr Hogan: As the minister indicated, as of today there are 199 young people in the two detention centres—68 in Cleveland and 131 in the Brisbane Youth Detention Centre.

Mr JANETZKI: When measured against the 85 per cent, where does that stand?

Mr Hogan: The safe capacity benchmark is 85 per cent. That is desirable, but the numbers fluctuate and have always fluctuated. There will be days of the year when they are over and days of the year when they are under.

Mr JANETZKI: As at today is it over?

Mr Hogan: As at today it is under that capacity in Cleveland and over that capacity in Brisbane.

Mr HUNT: Can the minister please inform the committee how many 17-year-olds as of today are currently sitting in adult prisons in Queensland?

Ms FARMER: As the member will be aware, on 12 February we enacted the legislation which actually transferred 17-year-olds to the youth justice system which brings us into line with every other state in Australia and aligns us with the UN Convention on the Rights of the Child. At that time we had

been facing an unprecedented spike in youth detention centre numbers. I made the decision that all but the 17-year-olds in adult prisons at that particular time would transfer to the youth justice system and that the 17-year-olds who were in adult prisons—and there were 62 at that time—would actually remain so that the director-general would have some discretion about not overstretching capacity at the youth detention centres and pose any risks to staff or the young people. Today there are five 17-year-olds in the adult system. By the end of October we are expecting there to be none.

We were aware that a number of the young people who were in the adult system as at 12 February were going to make the choice to actually stay in the adult system. That can be for a number of reasons. Sometimes it is because they are actually located in a correctional facility that is close to home and close to their own community. Sometimes they want to stay with friends. Sometimes it is because they are engaged in some kind of educational training program that they really want to finish. As I said, there are five today and we are expecting there to be zero by the end of October. We have an answer to a question asked previously.

CHAIR: We might go to that whilst it is relevant.

Mr Hogan: I take this opportunity to come back to the member's question about the number of young people under 14 in SCAs. At the moment there are none.

Mr KRAUSE: In 2016 the department of child safety tried to close the Beaudesert Child Safety Service Centre. With my help and community lobbying it was saved. Your predecessor refused to guarantee its future. Minister, will you guarantee that the Beaudesert Child Safety Service Centre will remain open into the future?

Ms FARMER: I am afraid I am not acquainted with the details around the Beaudesert Child Safety Service Centre so I may need to refer that question to my director-general if that is all right with the member.

Mr KRAUSE: I was simply asking whether you would be able to guarantee its future.

CHAIR: The question has been put, the minister has answered and has referred the question to the director-general. Please allow the director-general or minister to reply.

Ms FARMER: The director-general has just been able to confirm for me that there are no plans to change the location of that centre.

Mr JANETZKI: Director-General, can I just return you to the youth bail house accommodation. Can you easily quantify the cost comparison between a day for a youth offender spent in a youth bail house environment compared to a youth detention environment?

Mr Hogan: At this stage it is not easily possible to do that. As the minister mentioned, these are a new service model. It is fairly early days in terms of implementation of these four supported community accommodation facilities. We will see a fluctuation in the engagement of young people in these services. We expect that that will grow overtime until we get to a point—and this will be a matter for the evaluation—where we see that this is a mature service model. Then we will be in a better position to compare the relative costs of a typical day and use of a SCA as against a youth detention centre.

Mr JANETZKI: What is the current cost of a youth in detention per day at the moment?

Mr Hogan: The latest data I have is from the report on government services, which is Productivity Commission's report. The cost per day of a young person in youth detention supervision at that point—these are 2015-16 figures—was $1,491 per day.

Mr JANETZKI: Just returning briefly to the Cleveland Youth Detention Centre in Townsville, my understanding is there are 12 new beds being developed in that centre. As you have said there is a fluctuation as to numbers from time to time. Firstly, how much has been expended thus far on the development and provision of those additional 12 beds? How much is still to be expended?

Mr Hogan: A total of $13.1 million has been allocated toward further zonal fencing within the Cleveland Youth Detention Centre as well as the additional 12 beds at the Cleveland Youth Detention Centre. That was a decision made earlier this year by the government. We have been working with our colleagues in the Department of Housing and Public Works in relation to the planning for the commencement of that work. That project is underway. I do not have a figure to date of what has been expended toward the extra 12 beds at Cleveland. Of the total figure, $9.017 million has been allocated for the additional accommodation at Cleveland.

Mr JANETZKI: Given the fluctuations in detainees and also what might be described as a tacit giving up on the youth bail house program if there are to be no more developed and established, does the department have confidence that those additional 12 beds will meet demand in North Queensland?

Mr Hogan: I refer the member to some of the remarks the minister has made in response to previous questions. The department is pursuing a number of strategies, both non-infrastructure initiatives as well as infrastructure initiatives, with a view to managing detention population numbers in the short, medium and long term. The provision of an additional 16 beds at the Brisbane Youth Detention Centre which were commissioned earlier this month and which the member probably saw when he visited the Brisbane Youth Detention Centre a few months ago, as well as the build of an additional 12 beds at Cleveland, are making provision for the medium and long term, not just the short term. As the member said, the numbers will fluctuate.

As part of the youth justice strategy that the minister referred to, we will do further work on a long-term infrastructure plan for youth justice in Queensland and we will continue to pursue the non-infrastructure initiatives such as the community based bail support investment. That is a significant commitment in the 2018-19 budget. We look forward to engaging stakeholders, organisations and communities right across the state as we develop the youth justice strategy on what the full suite of evidence based initiatives will be that can be considered by government as that youth justice strategy takes shape but will help manage demand for both community based youth justice services as well as detention centre based youth justice services.

Mr JANETZKI: Director-General, I am interested in where the concept of youth bail houses came from? Has it been adopted in any other Australian jurisdictions or any other equivalent jurisdictions? I am interested in where that came from.

Mr Hogan: Indeed, one of the precedents that informed the model developed in Queensland was the youth bail hostels in Western Australia. They have operated for a number of years. We also reviewed the evidence in relation to successful bail interventions and supports. Some of this work was done of course by the predecessor when youth justice was with the Department of Justice and Attorney-General. There was a very significant report by the Australian Institute of Criminology, reviewing the evidence about successful bail support in 2017. As the minister has indicated, we are very committed to ensuring that any investment is an investment in an evidence informed service model. We would certainly look to precedents in other jurisdictions like Western Australia, with the youth bail hostels, and to critical pieces of work like the work by the Australian Institute of Criminology on what works—what are the conditions for success with community based or residential bail support?

CHAIR: Member, the time for questions for non-government members has expired. We are returning to government members to finish the session. Minister, could you outline the steps taken by the department to improve access to government services by foster and kinship carers?

Ms FARMER: I am always really happy to speak about the amazing work that is done by our almost 5,300 foster and kinship carers in the system who look after our over 8,000 kids who are in care and unable to live at home. I want to acknowledge our appreciation for everything that they do, opening up their hearts and their homes to these young people who often can be quite challenging. In fact, every time I go out and visit one of our child safety centres, I always try to take the opportunity to meet some of our foster carers. I am always amazed when I ask them why they took on the job in the first place. They usually say things like, 'Because I can,' or you hear amazing stories.

I was talking to one gentleman in Hervey Bay just a couple of weeks ago who told me that he went to a meeting and they asked him if he could take home four kids to take home to his four kids just for two weeks and he still had them four years later and loved them. I asked the same gentleman, 'How do you cope, how do you manage yourself, when you know that those kids might have to leave you and go back to their own parents? How do you stop it from breaking your heart?' and he said, 'You just have to love them unconditionally.' There are so many stories about our young people turning their lives around because they have a loving person like that who has taken them on board.

As I said, it can be very challenging to be a foster carer. We want to make sure that we give them as much support as we possibly can. Last year my predecessor, Minister Fentiman, ran a series of forums called Partners in Care which were held across the state. They were aimed at talking to foster carers about what their issues were, how we could support them better and what things we need to know about that we could improve on. As a result, we have a great package of around 30 recommendations of things that we need to work on. I want to outline for the committee what some of those are.

I had the great pleasure a couple of months ago of meeting with foster carers. I want to thank Foster Care Queensland for facilitating that—Bryan Smith and all of his workers and volunteers. That is another organisation that had funding cut by the LNP. How you could do that to Foster Care Queensland I do not know. Anyway, they managed it. It was a really honest and frank conversation we

had that day. I think we had tears on both sides. They were very appreciative of having the chance to talk through what some of their challenges are—and they are from state governments and Commonwealth governments as well.

These are some of the things that we are doing—and this is in direct response to what they raised with us. We are giving them access to Get Started sporting vouchers so they can help the kids join a sporting or an active recreation club. We are giving them resources to promote safety and support networks so they can better meet the needs of their kids. We are making it easier for them to access health care. We have legislative changes to enable greater access to vaccination of children in care which was previously quite a circuitous process. In fact, it was one of the issues that came up most frequently on the day that I met them. That has just come into play in the last couple of weeks.

We have rolled out an app called kicbox, which is a mobile-friendly app for kids in care who often do not get a chance, like all of our kids do, to keep their memories. I know that my daughter often gets out what she calls her memory box to look at photos of grandma and look at her birth certificate and look at the prize she got for year 2 netball or something like that. It is all part of the story of her life that she brings with her. Kids in care are often moving from one place to another and they do not get to take those memories with them. Kicbox is a wonderful app which helps the carers to keep all of those important documents and access them when they are taking a child on. It also helps the child to retain their memories.

We are also a trialling a Carer Connect portal, which helps carers, child safety officers and the young people connect up with each other. It is going to make it quicker and simpler for them to access information. A lot of those ideas have come from the kids themselves or from our staff. I want to acknowledge the director-general for creating an environment where those sorts of ideas—the things that will really make a difference—can work their way up through the system and become very practical.

I recently attended a Commonwealth community services ministers meeting in Canberra with my colleagues in the same area and Minister Dan Tehan. We did spend quite some time talking about how the Commonwealth government could improve circumstances for carers. They do experience some significant hurdles. I spoke to the minister and spoke at the meeting about reducing the waiting time for contacting Centrelink, expanding the grandparent carer line, making it easier to find out what the 1 July changes to child-care subsidies will mean for carers. In particular, carers were raising with me eligibility around after school hours care, which stops at a certain point. It stops at 12 or 13, I recollect. We all know that kids who are in care often may be chronologically 12 or 13 but have the challenging behaviours of children much younger than that. There were some challenges there.

I spoke about not means testing foster and kinship carers for family tax benefits and allowing foster and kinship care to count towards the 15 hours of voluntary work as any part of the Commonwealth mutual obligation requirements, and a number of other things. All of the community services ministers were talking about the same issues and urging the Commonwealth government to help address them. I thank Minister Tehan for agreeing to do so. I am very pleased, but I hear that the Commonwealth government has been guaranteeing to look at some of these things for quite some years now. I would like to see them taking some action. These people are absolute saints, and we should be supporting them in the best ways possible.

CHAIR: Minister, I know that both the members for Rockhampton and Nudgee had final questions. However, we have just five minutes to go. I just wanted to comment on your last response. As someone who has family in foster care, albeit in another state, looking after five children aged between two and 12 with a range of challenges, I know exactly what you mean. We got to meet Foster Care Queensland last year. They do an amazing job. I concur with your statements. They are an amazing, dedicated bunch of people. Minister, we have five minutes left. Would you like to make some closing remarks? I am not sure whether you answered that question on notice. Could you provide any further information on that question on notice?

Ms FARMER: Yes. I think we are talking about the same thing, but I will let the director-general make a comment.

Mr Hogan: Can I come back to the question that the member for Maiwar posed about the proportion of investment in youth justice services that is directed to Indigenous led organisations? At the moment, 22.5 per cent of the outsourced investment in youth justice services and 24.5 per cent of investment in diversionary programs is through Indigenous led community controlled organisations and Indigenous organisations. Yes, as is our commitment in the Our Way strategy, we look forward to working with Indigenous organisations across the state to grow the proportion of investment in

community based organisations to provide that strong cultural connection and capability in working with Aboriginal and Torres Strait Islander families and their children and young people where those young people are involved in youth justice. That will be, I expect, a key feature of the youth justice strategy.

CHAIR: I invite you to make some final remarks, Minister.

Ms FARMER: Chair, I would like to thank you and all of the committee members and the members who are visiting today. Estimates is a really important process for accountability and transparency of government. I have welcomed the opportunity to be here to answer questions today. I also want to acknowledge all of the Parliament House staff. This is a massive couple of weeks for parliamentary staff. As members, we are all very aware of the extent that they go to make our work and our personal lives easier. I want to acknowledge all of them today.

I want to particularly thank all of the staff in my department. I mentioned that in my opening statement, but I just want to say it again. I visited over 20 of the centres across the state where our staff work. I feel like I grow enormously every time I see them. I am amazed by their dedication and their commitment.

As part of our looking at where we are with the Carmody reforms, one of the things we were looking at is where we are in terms of staff trends and HR issues. I was really amazed, yet not, to find that the retention rate amongst our permanent child safety officers is 98 per cent and that at 3.48 per cent we actually have a lower rate of absenteeism than the Public Service average. For staff who are faced with the challenges that they are faced with every single day, that shows how committed they are to their work and achieving those good outcomes and it is absolutely amazing. I just want to say to all of them, if they ever read the *Hansard* or see this hearing, that they are absolutely magnificent.

For the purposes of preparing for estimates, I also need to acknowledge a few people who have been working night and day. I do not think that they have ever gone home in the last couple of months. I want to specifically mention Kirsty Saunders, Leah Goldsworthy and Kirryn Lewis, who went above and beyond to help me prepare for today's hearing.

I want to acknowledge the director-general, Michael Hogan, Fergus Hogarth, the executive team and all of the staff from the department who are here today and who have spent so much time preparing and supporting me for today. I want to thank my chief of staff, Noela Quadrio, and all of my staff who work enormous hours and are doing their jobs because they are really dedicated to this cause. I thank everyone very much again for this opportunity.

CHAIR: Can I too thank the secretariat, Hansard and everybody for assisting today. It has been a long day with three ministers. I will say, Deputy Chair, it has been a significant and pleasant departure for the last two remaining sessions from this morning which were slightly disruptive.

Mr McARDLE: I do apologise, Mr Chair.

CHAIR: I have found the last two sessions quite respectful, and that is what I asked for at the beginning of the day. I thank our government members—the member for Rockhampton and the member for Nudgee, Leanne Linard, who stepped in for Joan Pease, the member for Lytton.

The time allocated for this hearing has expired. The proof transcript of the hearing will be available on the Hansard page of the parliament's website within two hours. On behalf of the committee, I again thank Hansard, the secretariat and all attendants for their assistance. Thank you, Minister, Director-General and departmental officers, for your attendance. I declare this public hearing closed.

The committee adjourned at 6.16 pm.