THURSDAY, 25 JULY 2019

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
Mr BL O'Rourke
Ms JE Pease

Members in Attendance

Ms RM Bates
Ms SL Bolton
Mr SSJ Andrew
Dr CAC Rowan
Mr SA Bennett
Mr DC Janetzki

In Attendance

Hon. SJ Miles, Minister for Health and Minister for Ambulance Services
Ms K Wright, Acting Chief of Staff

Department of Health

Mr M Walsh, Director-General
Ms K Forrester, Deputy Director-General, Strategy, Policy and Planning Division
Dr J Wakefield, Deputy Director-General, Clinical Excellence Queensland

Hospital and Health Services

Mr S Williamson, Health Service Chief Executive, Central Queensland Hospital and Health Service
Mr F Tracey, Health Service Chief Executive, Children's Health Queensland Hospital and Health Service
Mr R Calvert, Health Service Chief Executive, Gold Coast Health Service
Ms J Whitehead, Health Service Chief Executive, Mackay Hospital and Health Service
Ms J Hanson, Health Service Chief Executive, Metro North Hospital and Health Service
Mr K Keyes, Health Service Chief Executive, Townsville Hospital and Health Service
Dr P Gillies, Health Service Chief Executive, Darling Downs Hospital and Health Service
Mr S Drummond, Health Service Chief Executive, Metro South Hospital and Health Service

Office of the Health Ombudsman

Mr A Brown, Health Ombudsman

Queensland Mental Health Commission

Mr I Frkovic, Commissioner

QIMR Berghofer Medical Research Institute

Professor F Gannon, Director and Chief Executive Officer

Queensland Ambulance Service

Mr R Bowles, Commissioner

The committee met at 8.58 am.

CHAIR: Good morning everybody. I now declare this 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 land upon which we meet today. I am Aaron Harper, member for Thuringowa and chair of the committee. With me today is Mark McArdle, member for Caloundra and our deputy chair; Mr Michael Berkman, member for Maiwar; Mr Marty Hunt, member for Nicklin; Mr Barry O'Rourke, member for Rockhampton; and Ms Joan Pease, member for Lytton. The committee has granted leave for non-committee members to ask questions at the hearing today and so other members may be present over the course of the proceedings.

Today the committee will consider the Appropriation Bill 2019 and the estimates for the committee's areas of responsibility. I remind everyone present that any person may be excluded from the proceedings at my discretion as chair or by order of the committee. I ask that all mobile phones or pagers now be switched off or to silent. I also remind everyone that food or drink is not permitted in the chamber. The committee will examine the portfolio areas in the following order: health and ambulance services from 9 am to 2 pm, communities, disability services and seniors 2.15 until 4 pm, child safety, youth and women and domestic and family violence prevention from 4.15 until 6.30 pm.

The committee will now examine the proposed expenditure contained within the Appropriation Bill 2019 for the portfolio areas of the Minister for Health and Minister for Ambulance Services. The committee will examine this until 2 pm. The committee will suspend proceedings during this time for breaks at 10.30 am to 10.45 and from 12.15 until 1 pm. The visiting members present are Ms Ros Bates, member for Mudgeeraba, and Ms Sandy Bolton, member for Noosa.

I remind those present today that the committee's proceedings are proceedings of the Queensland parliament and are subject to the standing rules and orders of the parliament. It is important that questions and answers remain relevant and succinct. The same rules for questions that apply in parliament also apply in this hearing. I refer to standing orders 112 and 115 in this regard. Questions should be brief and relate to one issue and should not contain lengthy or subjective preambles, arguments or opinion. I intend to guide proceedings today so that relevant issues can be explored fully 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 this hearing. For the benefit of Hansard I ask officials to identify themselves the first time they answer a question referred to them by the minister or the director-general. I now declare the proposed expenditure for the portfolio area of health and ambulance services open for examination. The question before the committee is—

That the proposed expenditure be agreed to.

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

Dr MILES: Thank you. I welcome the opportunity today 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.

It is always an honour to talk about the amazing work that is done every day in Queensland's health system. Our doctors, nurses, paramedics, allied health professionals and all the other thousands of staff who make the system work are caring for more Queenslanders than ever before. They are doing it safely and in a system that is world class. More patients are coming to our public hospitals for care

than ever before. Our public hospitals have provided more care to more patients, with more care being provided within the clinically recommended time frames. Between 1 July 2018 and 30 June 2019 almost 54,700 more patients presented to an emergency department and over 47,600 more patients were seen in the clinically recommended time upon their arrival compared to the same time last year. Over this same period, the system provided almost 59,000 more initial specialist outpatient appointments and over 1,400 more elective surgeries. At the same time, over 25,200 more patients received their first specialist outpatient appointment within the clinically recommended time and over 1,300 more elective surgeries were provided within the clinically recommended time in a Queensland public hospital compared to the prior year.

The Specialist Outpatient Strategy has enabled more patients to access specialist outpatient services. When the Palaszczuk government came to office there were more than 104,000 Queenslanders waiting longer than clinically recommended for their first specialist outpatient appointment and more than 5,100 had been waiting more than four years. As at 1 July 2019 this has reduced to 49,119 where 45,851 are ready for care and no patients are waiting longer than four years. Even more significant has been the reduction of the number of patients waiting more than two years for their first appointment, down from 21,986 in March 2015 to just 73 ready-for-care long waits as at 1 July 2019. The Endoscopy Action Plan has seen an expansion of services and improved access during the last financial year. Over 10,900 more patients received their endoscopy within the clinically recommend time than last year.

The numbers speak for themselves, but behind those numbers are the stories of people whose lives have been changed by the great work done in our hospital and health services. Before we move further into the proceedings, I would like to correct the record. There is a misprint on page 9 of the Queensland Health Service Delivery Statements. It says –

By 2018-19, the ieMR Program had resulted in an average 56 per cent reduction in the time taken to record vital signs and a 74 per cent reduction in diagnostic imaging.

That should read—

… a 7.4 per cent reduction in diagnostic imaging.

I would like to introduce Michael Walsh, the director-general of the Department of Health. May I ask the committee's indulgence for a minute and reflect on Mr Walsh's recent retirement announcement. It has been a great pleasure to work with Michael since my appointment as health minister. This marvellous health system is populated by tens of thousands of decent, hardworking dedicated staff and by any measure Michael is first among equals. I have not met anyone more dedicated to the health and wellbeing of Queenslanders. He has been an incredible leader of Queensland's fantastic universal, free public health system and he leaves the health system in much better shape than when he was appointed in 2015. Being Queensland Health's director-general can sometimes be a thankless job. I would like to convey to him my thanks, the thanks of the government and the thanks of every Queenslander whose life is saved or changed by Queensland Health every day. I look forward to the committee's questions.

CHAIR: Thank you very much. Hear, hear! Some big shoes to fill. We will move to non-government questions. We will start with the member for Mudgeeraba.

Ms BATES: Director-general, I refer to page 9 of the SDS in relation to the rollout of the integrated electronic Medical Record. Can the director-general advise whether there were any adverse patient outcomes from an outage or recorded incident or failure with the technology in 2018-19?

Mr Walsh: As the Auditor-General identified in its independent performance review of the integrated electronic Medical Record, the rollout of the digital hospital program is delivering benefits for patients across Queensland. There have been no identified patient harms from any of the incidents that have resulted in unavailability of the ieMR.

Ms BATES: The Auditor-General's report published in December last year, which you just alluded to, digitising public hospitals raised concerns with many things, including the need to revisit governance arrangements for the program. Can the director-general explain whether the current ieMR rollout operates across the whole state or whether each hospital and health service is responsible for undertaking its own rollout?

Mr Walsh: The Queensland Auditor-General did identify, as I have indicated, that benefits for Queenslanders are being delivered through the digital hospital program. As members of the committee would also know, the Auditor-General identified that some of the planned benefits, such as inpatient length of stay, have reduced. There has also been reduced pathology testing. Reduced diagnostic

imaging has been achieved. There were also some other benefits that were not originally forecast in the business case, such as faster access to medical records and more legible records and system functions made easier to do the right thing, and reduction in patient falls. There were a number of benefits that have been identified by the Auditor-General as a result of the rollout of the ieMR.

In terms of the response to the Auditor-General's report, we did use the useful information from the report to say that as the large complex statewide program moves from a small number of rollouts to the point where you have more than 50 per cent of the proposed rollout sites operating under the ieMR you need to change your governance to be able to manage the business-as-usual environment and also the rollout program. We moved the senior responsible owner to be the Chief Clinical Information Officer for the state which has a role both in the business-as-usual of supporting the optimisation and continuous improvement of the system as well as the rollout of the system across the state.

The program is a statewide rollout of the program. The senior responsible owner, as the chair of the steering committee for the program, oversees the entire rollout of the program. The important element of that is that every single go-live at every single hospital is, in fact, a commitment by the clinicians to make the transformational change from using paper records to moving to the digital platform. In relation to those decisions, it is important that they are engaged and lead that transformation.

I have the opportunity to visit every single hospital site prior to go-live. I ask them a range of questions that are on the public record in relation to their readiness to make that transition. As a go-live comes up, they make the decision to actually move, because it is important that it is safe to move—that they have the training, the processes and the steps in place to move to the new platform. However, it is a statewide rollout overseen by the senior responsible owner.

Ms BATES: Does each hospital and health service have a final say in when their rollout begins?

Mr Walsh: Absolutely. I should say that in some of those instances those conversations have been really constructive. There may be a date that is forecast for the go-live, but when the clinicians say they wish to vary that date that is absolutely supported, because it is important about going safe and moving to that transition, not sticking to a fixed date.

Ms BATES: I take it that each HHS issues an individual patient with their own respective patient record number, rather than each Queenslander having their own number regardless of where they live? Effectively, it is a unique number that always belongs to them and to them only?

Mr Walsh: It is important to understand the difference with the integrated electronic Medical Record, which contains a patient's clinical information. That is information about every episode of care in a hospital, the progress notes and case notes that occur with those, the diagnostic imaging reports, the pathology reports, medication ordering and dispensing and administration and so forth, as well as things such as diagnosis alerts, allergies and so forth. That is in the clinical realm, looking after a patient. All of the patient related data such as date of birth, unique identifying number, address—those elements—is in the patient administration system, which is separate to the integrated electronic Medical Record system. Those two systems operate together. It is not the ieMR that holds the unique identifier for the patient; it is the patient administration system.

Ms BATES: Director-General, we have been provided with information by local clinicians that late last year there was a case where a patient in the Townsville Hospital received a medication that was intended for a patient in the Princess Alexandra Hospital because they had the same patient record number; is that correct?

Mr Walsh: I am happy for the member to provide us with those details. We will look into that and provide some information back on that. I would like to get those details, thank you.

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

Mr Walsh: I will need to check with the minister.

Dr MILES: We cannot take it on notice until the member provides enough information for us to investigate it.

Ms BATES: I call the CEO of the Townsville Hospital and Health Service. Mr Keyes, can you advise if there have been any adverse patient outcomes relating to any error with the electronic medical records and, in particular, the comment that I just made of a concern about a patient in Townsville?

Mr Keyes: The Townsville Hospital and Health Service has been on a progressive go-live of the integrated electronic Medical Record since 2015, when we first began with the deployment of the PowerChart, which is the documented notes where people make their recordings of entries while people

are inpatients. Subsequent to that, in 2016 we rolled out FirstNet and then the orders entry and results reporting modules for the ieMR. In July and August last year, we went live with the Enterprise Scheduling Management, which is the capability that allows us to book and manage outpatient appointments and also the SurgiNet system, which records intraoperative information and how patients move in and out of the operating theatres.

In July this year, we went live with the final part of our advance release, which was the deployment of the anaesthetic module—the SAA—the research support module and also the medication recording module. This capability for Townsville, as it is with all of the other sites, allows the opportunity for clinicians across the state to provide continuing care and support for clinicians and patients wherever they may be. In fact, recently I was talking to one of our neonatologists and he shared with me what I thought was a very powerful anecdote that the integrated electronic Medical Record allowed him to provide support to neonatologists and doctors elsewhere in the state while a neonate was being transferred to the Townsville Hospital. I think that is a capability that is unparalleled.

Ms BATES: That is very admirable, but my question was: are you aware of a patient in the Townsville Hospital receiving medication—

CHAIR: Before you answer that, Mr Keyes—

Ms BATES:—that was intended for a patient at the Princess Alexandra Hospital.

CHAIR: Thank you, member for Mudgeeraba. What is the relevance of your question to the Appropriation Bill before us? You are going down a line of questioning around something that I cannot draw to the Appropriation Bill. Do you want to rephrase the question?

Ms BATES: I am speaking to page 9 of the SDS, Mr Chair.

Dr MILES: Mr Chair, we are very happy to take questions about the ieMR. Mr Keyes is doing a good job of outlining it at the Townsville Hospital.

Mr McARDLE: Will he answer the question that was put by the shadow minister, please?

Ms BATES: The question was not put to the minister.

Dr MILES: Mr Chair, it is impossible to answer a question about a hypothetical situation with no detailed information provided.

Ms BATES: It is not a hypothetical question.

Mr McARDLE: Point of order, Mr Chair. Mr Keyes can answer a question based upon his own knowledge as CEO of the relevant HHS. He can either say yes, he does know it and provide details or say no and take it on notice himself, with the minister's consent.

CHAIR: We have already gone down this line of questioning. It is hypothetical.

Mr McARDLE: It is not.

Ms BATES: It is not hypothetical.

CHAIR: Mr Keyes, would you like to move to answer the question?

Ms BATES: Are you aware; yes or no?

Mr Keyes: At this point in time I do not have any of the details that the member may be referring to. I would be happy to take it, with the minister's permission, to have the ability to research that question thoroughly. However, those details are not in front of me at the moment.

Ms BATES: Thank you. Will the minister allow that to be taken on notice?

Dr MILES: I will allow Mr Keyes to make some contact with people within the HHS and see if they know of any instance. If the member has evidence of an occurrence, she should provide it. If it is a patient name that cannot be disclosed in the open hearing, she is welcome to provide us with that detail in the break. However, a rumour is not sufficient to make an allegation.

Ms BATES: it is not a rumour, Minister.

Mr McARDLE: Point of order, Mr Chair. The minister can answer yes or no. He cannot then run on with a preamble. It is agreed already that Mr Keyes can take it on notice.

Dr MILES: No, he has not.

Mr McARDLE: That should be the end of the matter. Can the shadow minister move on with her questioning?

Dr MILES: Mr Chair, I have agreed to allow Mr Keyes to look into it during the hearing and we will return to it.

Mr McARDLE: Thank you. That is the end of the matter.

Dr MILES: It is not taken on notice.

CHAIR: I will run the estimates, thank you, Mr Deputy Chair.

Ms BATES: I call the CEO of the Gold Coast HHS. Mr Calvert, I refer to page 100 of the SDS in relation to delivering safe, effective and efficient services. We have also received information from local clinicians that in May this year at the Gold Coast University Hospital a patient received an incorrect blood type or there was an issue with a blood transfusion as a result of an ieMR issue. Can you shed any further light on this incident?

Mr Calvert: I do not know anything about that.

CHAIR: Again, member for Mudgeeraba, you are going down a line of questioning where there are no facts put. As the minister said, during the break you can provide to the minister any details that you cannot disclose in the hearing, and that can be taken as answered then. Minister?

Dr MILES: Yes, Chair. If the member has any details that would allow those allegations to be properly investigated, we would welcome them. Otherwise, it appears to be just rumours.

CHAIR: You have that opportunity in the break, member for Mudgeeraba. Do you want to go to another question?

Ms BATES: Given the ieMR only went live in April, was there any reason you considered halting the rollout of the ieMR?

Mr Calvert: The ieMR process in our hospital was run by a project team comprising over 100 clinicians and others. As the DG explained earlier, every HHS is visited. He personally comes and asks a series of questions—and they are quite searching questions. The room is full of clinicians. I made sure that the room, at both sites that he came to, was full of clinicians who were not just part of the project team but from wider afield. I made sure that those clinicians that I knew about who had any concerns about the ieMR were also in the room. We had good debate about our readiness. We were in control of that date. We took the decision locally to go ahead, and it has been very successful.

Ms BATES: Director-General, I refer to page 9 of the SDS in relation to the rollout of the integrated electronic Medical Record and ask: can the director-general outline the reasons for the departure of the former CEO of eHealth Queensland, Dr Richard Ashby?

Mr Walsh: It would be inappropriate for me to make any comments about a matter that is currently under the responsibilities of the framework of the CCC.

CHAIR: Would you like to move to your next question?

Ms BATES: I do not believe that estimates precludes you from talking about an issue before the CCC rather than the ethics—

CHAIR: Member, we will start with the rules. Standing order 115 relates to arguments. This is not the place to argue the point. Please move on with your next question.

Ms BATES: What was the payout figure to Dr Ashby as a result of his separation?

Mr Walsh: Dr Ashby, as was communicated publicly, resigned. Dr Ashby received the entitlements as a resignation that were due to him under his contract of employment.

Ms BATES: Did Dr Ashby resign or was he terminated?

Mr Walsh: He resigned. It is on the public record.

Ms BATES: Noting the ethical standards and corruption investigations, were there any performance concerns from your point of view?

Mr Walsh: Chair, as I have indicated before, this is a matter that relates to a CCC consideration and it is inappropriate for me to make comment on that.

CHAIR: Thank you, Director-General. Can you move onto something more relevant to the Appropriation Bill, please?

Ms BATES: In relation to the ongoing rollout of the ieMR, which hospitals were green and which hospitals were amber on the gate 4 reviews prior to going live with the integrated electronic Medical Record?

Mr Walsh: All of what are called the gate 4 reviews that are undertaken as the last external independent assessment of the program prior to go live are undertaken by an external body. They outline the state of readiness for the program and also those elements that need to continue to be

focused on. Whether the program is green or not there may still be elements that the program needs to actually ensure are done because the gate 4 review happens a short period before go live. There are still things that are scheduled to be done that still have to been done, whether it is green amber, amber, amber red or so forth. All of the gate 4 reviews prior to a go live indicated that the go live was something that could happen successfully with the actions that needed to be taken as a result of the gate 4. Those particular elements of the gate 4 review are important for the steering committee locally to look at.

All of the clinical leads of a hospital are part of a gate 4 review and are then also part of implementing all of the initiatives that come out of a gate 4 review. It is an opportunity to focus on what elements and what actions need to be completed in order to finish it. The statewide committee also receive a copy of that gate 4 review. I also get to read those. It is part of the discussion that I have with clinicians prior to going live—to cover the elements that a gate 4 review identified.

The important thing about a gate 4 review is not whether it is green amber or amber, it is about whether the actions outlined in a gate 4 review are done prior to a go live. That is what the clinicians commit to and that is what the clinicians then focus on as they move up to the go live time.

Ms BATES: Could I call the CEO of the Mackay HHS.

CHAIR: We have one minute left, member for Mudgeeraba.

Mr McARDLE: One minute 30, Mr Chair.

Ms BATES: Can the CEO advise if the ieMR went live on a green on a gate 4 review? Can the CEO advise if there was any impact on surgical waiting times for categories 1, 2 and 3 patients when the ieMR system went live last year?

Ms Whitehead: I do not have the information with regard to the gateway review, so, with the minister's permission, I would like to take that question on notice.

Dr MILES: We will get the answer during the session and come back to you.

Ms Whitehead: We went live in October 2017 and we planned to slow down our activity in both our outpatient department and in our theatres in order to make sure that our staff had adequate time to be fully happy with the processes as part of ieMR. We did plan to go a little slower at the early stages.

By the end of the financial year we had fully caught up on all of our contracted activity and we had fully achieved the activity that we were asked to do. We saw over 300 more emergency surgeries through our theatres in that time and I think our staff did an absolutely excellent job to continue to provide great services for the population of Mackay during that period of exceptional demand.

CHAIR: The time for non-government members' questions has expired. We will move on to government members' questions. Minister, how will the investment in new and expanded hospitals in this budget improve access to health care for Queenslanders and how does it compare to previous years?

Dr MILES: The Palaszczuk government is building bigger and better hospitals right across Queensland. Our capital investment program in 2019-20 totals $777 million. This investment is supporting more than 1,200 full-time-equivalent jobs this financial year. New capital initiatives in this year's budget included nearly $40 million to construct a new 22-bed mental health inpatient unit at Hervey Bay Hospital and convert the existing inpatient unit at Maryborough Hospital into a subacute mental health unit for older persons. We also announced a $46.6 million multistorey car park for Caboolture Hospital, $16 million for a MRI machine and second CT scanner at Redcliffe Hospital and $6.7 million for the detailed business case for a new Bundaberg Hospital.

The Palaszczuk government's capital program includes the largest hospital expansion project ever announced in Queensland—a $460.9 million expansion of the Logan Hospital. Together with the $352.9 million expansion of the Caboolture Hospital and $127.5 million for stage 1A of the Ipswich Hospital expansion, these three projects alone total $941 million. Together with major investments in regional and rural hospitals like Roma, Kingaroy, Atherton, Cairns, Hervey Bay and Gladstone, we have a plan for delivering the bigger and better hospitals our communities need.

The LNP cannot make up its mind whether it is strongly opposed to our infrastructure projects or whether we are not delivering them fast enough. During the 2017 election campaign, the member for Surfers Paradise attacked our election commitments to expand the Logan, Caboolture and Ipswich hospitals. Now the member for Mudgeeraba complains about how long it is taking to do the proper planning and deliver the projects. It is no surprise that the LNP do not know how long it takes to plan and deliver big hospital infrastructure projects because they never planned any and they never

announced any. The biggest Health built infrastructure project they announced in government had a budget of $11.6 million. In fact, the 10 largest Health built infrastructure projects they announced totalled less than $100 million and they were all funded from existing funding in the Queensland Health capital budget.

In comparison, the 10 largest Health built infrastructure projects announced by the Palaszczuk government total more than $1.4 billion. The Palaszczuk government is continuing Labor's strong tradition of investing in major health infrastructure projects. The last five budgets of the former Labor government delivered more than $4.8 billion in additional funding for Health built infrastructure projects.

What did we see from the three budgets of the Newman LNP government? In the 2012-13 budget, their budget measures had the overall effect of reducing funding for Queensland Health built infrastructure projects by $2.3 million. In the 2013-14 budget, their budget measures provided only $2 million in additional funding for Queensland Health built infrastructure projects. In the 2014-15 budget, their budget measures provided no additional funding for Queensland Health built infrastructure projects. The overall impact of the budget measures in their three budgets was to reduce funding for Queensland Health built infrastructure projects by $0.3 million. It is no surprise then that the Newman LNP government was doing no planning for major health infrastructure projects to address Queensland's future needs.

The LNP still have no policy to build or expand hospitals. During the last state election they did not commit funding to deliver a single hospital upgrade. The Leader of the Opposition's budget reply speech shows that nothing has changed. She did not even mention health in her budget reply speech. It is only Labor governments that deliver the bigger and better hospitals our state needs.

Ms PEASE: Thank you very much, Minister. It is fabulous to hear about the investment in health. I know that my electorate of Lytton has certainly benefited from that commitment. Can the minister please update the committee on the Palaszczuk government's planning and delivery of additional beds?

Dr MILES: I thank the member for Lytton for her question. It is always great to visit Lytton and your health facilities there. We were at the ambulance training facility at Whyte Island just recently. The Palaszczuk government has opened 888 additional hospital beds across the state over the four years to June this year. In the past 12 months this has included the Redcliffe Hospital's new inpatient ward, with 32 beds, and the Hervey Bay emergency department expansion, with 12 additional beds.

Over the next four years the Palaszczuk government's hospital infrastructure program will deliver a further 756 additional beds. We are increasing hospital capacity right across the state with substantial investments in Logan, Caboolture, Ipswich, Nambour, Kingaroy, Gladstone, the Fraser Coast and several paediatric facilities. In addition to these extra beds in our hospitals, the Palaszczuk government is also investing in extra beds in step-up step-down facilities in Gladstone, Bundaberg, Mackay, Caboolture and Logan.

Since coming to office, the Palaszczuk government has been planning the new hospitals and expansion projects that will be required to meet future health needs. We understand that major health infrastructure projects take between five and 10 years to plan and deliver and that state governments need to continuously plan for and commit to major projects to ensure the public health system can meet future needs.

Preliminary business cases were commenced for the Logan Hospital expansion in the second half of 2015, the Caboolture Hospital expansion in early 2016 and stage 1A of the Ipswich Hospital expansion in the second half of 2016. The 2017-18 budget included the budget measure titled 'Health Infrastructure—South East Queensland—planning for growth' as an initial investment for a major program that would enhance public hospital capacity and services in South-East Queensland. This measure included additional funding of $103 million for detailed planning and preparatory works for the proposed redevelopments at the Logan, Caboolture and Ipswich hospitals and also internally reallocated $9 million for the preparation of detailed business cases for these redevelopments. We have since committed to deliver these major hospital expansion projects at Logan, Caboolture and Ipswich with an investment totalling $941 million. We are currently doing the planning work required for major new hospitals in Toowoomba and Bundaberg and an expansion of the Redland Hospital.

The Palaszczuk government has a plan to deliver the bigger and better hospitals our state needs, in contrast to the former LNP government. Between 2012 and 2015, the Newman LNP government did not initiate any planning activities for major health infrastructure projects to address Queensland's future needs. The LNP government rode on the back of Labor's infrastructure planning, opening major health infrastructure projects like the Gold Coast University Hospital and the Queensland Children's Hospital that had been planned and announced and funded by the former Labor government. The former Labor

government also planned and announced the new Sunshine Coast University Hospital, along with significant expansions of the Cairns Hospital, Mackay Base Hospital and Robina Hospital. It also jointly funded significant expansions of the Townsville Hospital and Rockhampton Hospital in partnership with the former federal Labor government.

All up, the Rudd-Gillard government committed more than $1 billion for Queensland Health infrastructure projects. In comparison, the Abbott-Turnbull-Morrison government has only committed around $150 million for Queensland Health infrastructure projects. In fact, before the last federal election campaign, the Abbott-Turnbull-Morrison government had committed just $9 million for Queensland Health infrastructure projects.

The last state election showed that the Liberal National Party still have no interest in doing the proper planning required to deliver major health infrastructure projects. Not only did the LNP fail to commit funding to deliver a single hospital upgrade at the last state election, but they also failed to commit the funding required to even do the proper planning. Proper planning means funding a preliminary business case to first do a preliminary evaluation of the options and then a detailed business case that does the detailed analysis including a schematic design of the project. This planning is essential to determine the right facility to meet the local community's needs as these community assets will support the delivery of healthcare services for generations to come. This includes analysis of the future health needs of the community, the services that should be provided and the workforce implications.

The Palaszczuk government understands that if you are serious about delivering major health projects you need to fund the proper planning. That is why one of our election commitments in 2017 was to provide $3 million for a preliminary business case for a new or substantially refurbished Bundaberg Hospital. Did the LNP match this commitment? No, they did not. They think that all you need to do is say that you will do some master planning and release an artist's impression of a new hospital that looks something like my son could make on *Minecraft* rather than proper planning. Here we have the one that they did for Bundaberg Hospital. I table those documents for the benefit of the committee. Did the LNP actually commit any funding to do the proper planning work required? No, they did not. Did the LNP commit any funding for a single hospital upgrade? No, they did not.

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

Dr MILES: The LNP's only election commitment that related to hospital infrastructure was to provide—

Mr McARDLE: I did say that I raise a point of order, Mr Chair. I would ask you to call the minister to task on that issue.

CHAIR: Thanks, Minister. A point of order has been raised, and we do need to procedurally table those documents.

Mr McARDLE: My point of order is this: whilst the minister is elaborating wildly and widely, this is his budget. I am finding it difficult to relate his commentary to his budget and to espousing, as he sees it, the benefit of this budget to the community. We have a wideranging dissertation on the history of health in this state which does not correlate to his own document. If he wants to act in that way, it flies in the face of what he should be doing. I ask, Mr Chair, that you direct the minister to come back to the budget in front of him and direct his comments to the budget document and the contents thereof.

CHAIR: Thanks, Deputy Chair. You might not like the answer that the minister is providing, but I think it is completely relevant and I want to hear about the investments.

Mr McARDLE: That would not surprise me.

CHAIR: I do not need running commentary either, Deputy Chair. Please continue, Minister.

Dr MILES: Thank you, Chair. As you say, I am not surprised that the member for Caloundra does not want on the public record the LNP's failure to plan for hospitals or the fact that—

Mr McARDLE: Sunshine Coast University Hospital—$1.8 billion.

CHAIR: We do not need your commentary, Deputy Chair.

Mr McARDLE: The challenge was put out by the minister.

Dr MILES: A fantastic Labor project—

Mr Hunt interjected.

Mr McARDLE: The challenge was put out by the minister—$1.8 billion for Sunshine Coast University Hospital.

CHAIR: Thank you, members.

Mr Hunt interjected.

CHAIR: Order, members on my left!

Dr MILES: Planned for and delivered by Labor. What is important to note is that the pipeline of investments in this budget is built upon previous budgets.

Mr McARDLE: The LNP's.

Dr MILES: The projects that we are building now would be more advanced if the previous LNP government had done the proper planning for Caboolture, Logan and Ipswich.

Ms Bates interjected.

Mr McARDLE: Like Caboolture—what a disastrous result that was from Bligh and Beattie.

CHAIR: Members!

Dr MILES: The fact that they did not has put the project pipeline behind. We are pleased to be continuing to correct—

Mr HUNT: Nambour is three years behind.

Mr McARDLE: Yes, that is right.

Dr MILES:—the errors made by the LNP government when they failed—

Ms BATES: 'Dog ate my homework' excuses just do not cut it anymore, Minister.

CHAIR: Minister, I will get you to continue in a minute. I will pull up proceedings for a moment. This happened last year whenever you were answering government members' questions. The running commentary is designed to interrupt the minister. I ask non-government members to restore some order and decorum to the estimates process and allow the minister to answer the question in silence. Minister, do you seek leave to table these particular documents?

Dr MILES: I do, yes.

CHAIR: What are these documents?

Dr MILES: This is the extent of design and planning the LNP put into their election commitments last time.

Mr McARDLE: Look for a note.

CHAIR: Is leave granted procedurally?

Ms BATES: Yes.

CHAIR: Leave is granted. Please continue, Minister.

Dr MILES: Mr Chair, the LNP's only election commitment related to hospital infrastructure was to fund a hospitals planning commission with $1.4 million over three years. Their document says—

Given the success of the Schools Planning Commission—

Ms Bates interjected.

CHAIR: Member for Mudgeeraba!

Dr MILES: It continues—

a Tim Nicholls-led LNP Government will also establish a Hospitals Planning Commission ...

No hospitals—just a hospitals planning commission. Given that the schools planning commission, which they hailed as a great success, planned to close schools, we can only assume they needed a hospitals planning commission to decide which hospitals they would like to close. Fortunately, they were not elected. The one thing we can be certain of is that $1.4 million for that commission could not have gone anywhere near doing the planning work needed for a new hospital in Bundaberg. Only Labor governments deliver big new hospital projects, and the Palaszczuk government is continuing Labor's strong tradition.

Following completion of the $3 million Bundaberg preliminary business case, the Premier recently announced that we have allocated $6.7 million for a detailed business case for a new hospital. Work is now underway to identify the best greenfield site in Bundaberg for that hospital. Work is continuing on the $9 million detailed business case for a new Toowoomba Hospital on the Bailey Henderson site and the $1.5 million preliminary business case for an expansion of the Redland Hospital.

Mr O'ROURKE: Minister, can you please outline for the committee how the community will benefit from capital projects that have been completed or are underway in regional areas of Queensland?

Dr MILES: I thank the member for Rockhampton for his passionate advocacy for health care in Rockhampton. I have been up there at the hospital a few times lately opening the new car park and talking about new facilities. As the member for Rockhampton knows, we face significant challenges delivering health care to a state as decentralised as Queensland, but regional Queenslanders trust the Palaszczuk government to deliver those services for regional centres right across the state, and for the last two elections Queenslanders have demonstrated that trust by voting for the Palaszczuk government.

Investing in regional health services is not just about delivering health services: it is about delivering jobs for people in these communities. When we hire more doctors, nurses and paramedics we are employing more people in regional centres. It is the same when we build new health infrastructure like new hospitals, new ambulance stations and new facilities. The committee chair, the member for Thuringowa, will be pleased to know that the Townsville Hospital's second MRI machine will be turned on and ready to go next year. This $4.7 million project will reduce wait times and increase the accessibility of imaging services in Townsville. Combined with the $10.4 million clinical services redevelopment, people in Townsville can be assured that the Palaszczuk government has their backs.

The member for Rockhampton also knows that it is only the Palaszczuk government that invests in health projects in his electorate. Rockhampton has hit hard by the Newman government's cuts, and they have benefitted immensely from rebuilding our front-line services. We have already delivered for Rocky. I know just how excited the member for Rockhampton was when we opened the new four-storey car park at the hospital: it is still your Facebook cover photo.

CHAIR: The member for Rockhampton had to take me past it just to show me.

Dr MILES: We are also going to deliver a 42-bed drug and rehab facility in Rockhampton, which is a project that will improve people's lives and tackle the scourge of ice addiction in Central Queensland.

In Cairns we are investing $70 million to build a new mental health unit on the Cairns Hospital campus which will replace ageing infrastructure with a modern, safe facility. In Cairns we have partnered with the Far North Queensland Hospital Foundation to provide $2.8 million for the new cardiac catheter lab, and we are going to deliver a new $900,000 BreastScreen van to decrease breast cancer rates in Cairns and increase survival rates. In 2020 we will finish the $3.7 million investment in the Cairns Hospital's hybrid operating theatre, and the member for Mulgrave will be pleased to know that the $12.9 million Cairns South Health Precinct will be operational.

In Hervey Bay we have opened the new emergency department at the hospital. This is a $42.5 million project which will hugely benefit the growing population across Wide Bay. If you live in Wide Bay not only will you have access to Hervey Bay's amazing new ED or the Maryborough Hospital's refurbished specialist outpatient unit but next year you will also be able to access Maryborough's refurbished emergency department. This year's budget committed nearly $40 million to construct a new 22-bed mental health inpatient unit at the Hervey Bay Hospital and convert the existing inpatient unit at the Maryborough Hospital into a subacute mental health unit for older persons. In Gladstone the construction of the new $42 million emergency department will be completed next year. In June we opened the Mackay adult Step Up Step Down facility to improve mental health outcomes in Mackay. Across the state we are delivering new health services, hiring more doctors and nurses, and employing Queenslanders to build the health services our community needs for the future.

CHAIR: Thank you, Minister. There is a lot going on. Can you please outline for the committee how the community will benefit from capital projects that have been completed or are currently underway in rural and remote areas of the state?

Dr MILES: The Palaszczuk government has always been of the view that every corner of Queensland deserves access to the best possible health services. From the Torres Strait to Charleville the Palaszczuk government is delivering those health services. Rural and remote Queenslanders were particularly hard-hit by the Newman government's cuts to front-line services and even more so their sackings of frontline workers. When you have small communities of only a few thousand people or less removing nurses, doctors or paramedics rips the guts out of these communities. They felt the LNP's cuts harder than people in the south-east did. People lost their jobs, they lost their livelihoods and they lost their access to world-class health services. It is disgraceful that members of the opposition lecture

this government on providing services to remote communities when they themselves cut them. We have spent years rebuilding those services so that all Queenslanders, not just those in the south-east, can access the best possible health care. We are committed to maintaining those services.

In Aurukun we have completed the $8.1 million redevelopment of their primary healthcare centre, including new staff accommodation. In a community like Aurukun these upgrades are game changing when it comes to improving health outcomes. The member for Thuringowa joined me earlier this year as we visited the new Palm Island Primary Health Care Centre. It is operational and delivering services from maternity and general health services to social support programs. This is another game changing investment in our remote communities.

Keeping up our theme of building primary healthcare centres, Boulia's new $7.2 million centre is on track to be finished in the first half of next year and will see it start to deliver the same type of services. The $5 million CT scanner for the Mareeba Hospital will mean that people in and around Mareeba will not have to take the trip to Atherton. I am sure that the member for Cook is looking forward to this critical project being completed next year. On Thursday Island the hospital and primary healthcare centre there is getting a $46 million upgrade to make health services more accessible for people living on Thursday Island.

I certainly hope that the member for Warrego appreciates the hard work of the Palaszczuk government, as we are investing $98.1 million in the Roma Hospital redevelopment. We are also investing $73.9 million into the redevelopment of the Kingaroy Hospital and $70 million into the redevelopment of the Atherton Hospital. With other redevelopments spanning places like Sarina, Blackall, Julia Creek and Mer Island, remote and rural communities know that it is the Palaszczuk government that invests in their futures and builds the health infrastructure they need.

CHAIR: Thanks very much, Minister. We will probably move to the member for Maiwar, but I am just mindful that the member for Noosa may want to ask a question. It is up to you. I believe that the member for Noosa had time constraints.

Ms BOLTON: My question is to the minister. I refer to page 6 of the SDS, which refers to the need for alternative care settings to reduce the growing demand for public hospital services. As a matter of urgency will the minister please commit to partner fund with our not-for-profit Katie Rose hospice from the $17 million announced in the budget for community based palliative care? This fully-accredited 24/7 facility has lovingly provided end-of-life care to 30 Noosa residents in recent months and has, as of this week, had to suspend its services indefinitely due to a lack of funding assistance. This is unacceptable to our community and those who wish to pass at home in our community and not be sent elsewhere.

Dr MILES: I thank the member for Noosa for her question. I know this is a matter that we have discussed previously. I want to thank the staff and volunteers of Katie Rose Cottage for their commitment to caring for people on the Sunshine Coast who are approaching the end of life. That is why the Palaszczuk government was pleased to provide the cottage with a one-off funding allocation of $110,000 to help it achieve accreditation and improve governance. NGOs currently receiving government funding to deliver community palliative care are mostly located in South-East Queensland, with two of the eight services on the Sunshine Coast. The Sunshine Coast HHS also provides inpatient palliative care at Dove Cottage, a 10-bed facility in the grounds of the Caloundra hospital.

Mr McARDLE: It is a wonderful facility.

Dr MILES: It is a wonderful facility. A key finding of the recent palliative care services review—which I think we organised a briefing on for the member for Noosa—was a need for better access to palliative care services right across Queensland. As a result, we allocated $17 million in the budget to increase access to community palliative care, especially in rural and remote areas. Given that many of the services provided by Katie Rose Cottage have a primary healthcare focus, they may wish also to seek further funding from the federal government. Member for Noosa, I was not aware of that recent change to the services at Katie Rose. I am happy to undertake to discuss with the director-general how Katie Rose can bid for some of that $17 million allocation.

Ms BOLTON: Just to confirm, I did notify the department so they were fully aware of the urgency of this situation. It was the passing of Cassie that they were waiting for, and sadly that has happened. As I said, this is a matter of urgency. I would like your commitment.

Dr MILES: I am very sorry to hear that, member for Noosa. As I said, we have funding allocated in the budget for services like Katie Rose. The last discussion we had was about getting the accreditation and the committee governance up to a standard where we could be confident in funding

them. I have not had an update on where that work is up to. Certainly, provided we can achieve that level of confidence, there should be an opportunity for Katie Rose to seek some of those funds. I am happy to work with you to see if we can achieve that.

Ms BOLTON: That is wonderful. Thank you.

Mr BERKMAN: Chair, with your indulgence, while we have the chief executive of the Metro North HHS in the room, I want to put on the record my sincere gratitude to all of the staff at the Royal Brisbane and Women's Hospital birth centre for all of their support in seeing us through the safe delivery of my daughter less than a month ago. I particularly want to say thanks to the midwife team—Kelly, Nicole and Corinne—who offered exceptional care. They truly deserve the gold standard moniker that goes with midwifery-led continuity of care.

Along those lines, I want to ask a question of either the minister or the director-general. I expect you are both well aware of the substantial and growing body of evidence that midwife-led continuity of care—often referred to as that gold standard of care—delivers better health outcomes for mothers and babies and costs significantly less than the standard medical model of maternity care. What is the government doing to address the reality that midwife-led continuity of care is still available through so few oversubscribed services and is largely inaccessible outside major centres?

Mr McARDLE: Chair, can I clarify who he is asking the question to? It is fairly important in relation to the standing orders.

CHAIR: I think the minister can—

Dr MILES: I am more than happy to take that question. I thank the member for Maiwar for it. I congratulate him and his partner on that wonderful news. I was not aware that your new little one had been delivered at one of our fantastic public hospitals, but I am really pleased to hear that she was and even more pleased to hear that the service was first-class. I will be sure to pass on to the team there your feedback.

The Palaszczuk government is really pleased to support the expansion of our midwife delivered maternity services in the context of choice—in that expectant mums and their families should have the greatest range of choice available to them. We have greatly expanded the services offered by midwives. We committed at the last election to employ 100 midwives in this budget. We made those 100 midwives permanent staff. At the moment, Toowoomba, Gold Coast, Sunshine Coast, Ipswich, Logan, Redlands, Royal Brisbane and Women's, Caboolture and Redcliffe hospitals all offer women the choice to have their baby in a public hospital with their nominated private midwife. In terms of where we offer services with public midwives, I might just seek some information. As I understand it, the member is seeking information about how we are seeking to address demand that exceeds current services for MGP.

Mr BERKMAN: That is right, and specifically for midwife-led continuity of care.

Mr McARDLE: Would it be appropriate for the minister to take it on notice at this stage and come back during the session perhaps?

Dr MILES: Yes. We will get some more information about it. Suffice to say, we are employing more midwives. We support more women having the choice of having continuous care from a midwife that they know and trust.

Mr ANDREW: Minister, how many executive level staff members within Queensland Health corporate and hospital and health services are on 457 visas?

CHAIR: I might just pull that one back, member for Mirani, and give it a little bit of thought. You are asking to clarify who is on a 457 visa? How—

Mr ANDREW: If there are 457 visas in play within that realm, is there no-one in Queensland or Australia who can fill these roles?

CHAIR: I would probably say to you, member for Mirani, that that is not really appropriate for the Appropriation Bill.

Mr ANDREW: It is part of the cost, I thought, Chair.

CHAIR: That part of the question is not related to the Appropriation Bill that I can see.

Dr MILES: I am happy to address it, though, and hope that I can do so sufficiently for the member. There would be very few executive level positions on 457 visas. There are 2,658 medical staff and 2,656 nurses on visas. Our hospital and health services prioritise recruiting locals into clinical roles, but where that is not possible they do recruit internationally in order to get the staff that we need in the places that we need them. That is most often in areas of need, rural and remote parts of the state.

Some of those people on visas will have actually trained here. They come here and do their medical training on a visa and then stay on a visa to complete their training in our hospitals. Often they have spent a significant amount of time and a significant amount of money in our universities and deliver very good services to those places. In fact, we have had concerns that changes to the visa arrangements might make it harder for us to recruit those folk and particularly keep those locally trained international students, because they do an important job.

CHAIR: The time has expired for that section. We will return to government questions and the member for Lytton.

Ms PEASE: Thank you very much, Chair.

Mr McARDLE: It is still only 10 o'clock. We have just passed 10 minutes in relation to non-government questions. There is still a lot of time flowing through the morning.

CHAIR: We have a block of—

Mr McARDLE: I thought we should continue the 20 minutes allotted to non-government questions.

Mr ANDREW: I do have another question.

CHAIR: Stand by, thank you.

Mr McARDLE: It is not the end of the day.

Dr MILES: There is more time for crossbench questions.

CHAIR: We will go to another question from the member for Mirani.

Mr McARDLE: Point of order.

CHAIR: We are in the crossbench section. Thanks, Deputy Chair.

Mr McARDLE: No, with all due respect, Mr Chair, I think it is incumbent upon the shadow minister to now move into her questions, given that she is the shadow minister for health, in relation to the estimates before this committee. We should now be dealing with that issue.

CHAIR: With respect, Deputy Chair, we have two non-government members here at the table. They have been allocated time, and every time we interrupt that we eat away at that time. We do have time allocated for the member for Mudgeeraba after the break of 20 minutes. At this stage I am going to return to the member for Noosa, the member for Maiwar or the member for Mirani. Who would like to take the question?

Mr ANDREW: In relation to Aboriginal and Islander health, at the moment Aboriginal women are overrepresented in terms of issues with birthing. What is the Queensland government doing to assist those people to ensure they have an easy transition in terms of the birth rates and to reduce the incidence of those issues?

Dr MILES: That is a really good question and I welcome the chance to address it. I, too, share your concern about particularly Indigenous women living in remote communities and their access to maternity services as close to their country as possible.

I was in Pormpuraaw, Normanton and Karumba last week where Indigenous mums have to travel away from their community for many weeks to wait to give birth. Obviously one of the ways we deliver the safest outcome is by getting them to a bigger health service, but the more we can do to improve their access to maternity services closer to home, the better. One of the tasks for the Rural Maternity Taskforce has been to assess how we can deliver new and different models. That might mean women still have to travel to give birth but it also might mean we are able to deliver wider maternity services in community. I would love to see that. I have also said that all of the HHSs will review their current maternity offerings in all of their rural and remote settings. I think that will see more maternity services, particularly in larger remote centres. We have announced that Weipa is most likely to be the next place to reintroduce local birthing for low-risk births, and that will open up a chance to birth closer to country for those in that western cape area.

The member should be assured that it is a challenge we are conscious of and passionate about. It is one of the things that the new Chief Aboriginal and Torres Strait Islander Health Officer will work on as well in conjunction with the Rural Maternity Taskforce, and the Clinical Excellence division has been leading that work.

Mr ANDREW: Given the current contract for the community funded helicopter medical rescue service continues until 2024, can the minister please confirm the additional annual funding allocated per base to cover increasing operational costs given the government is requiring an upgrade to helicopters? How much support through additional funding will be made available immediately to providers of these services? That backs onto the previous question given the situation in that area.

Dr MILES: We did increase funding to community helicopter providers in part to address their pursuit of new and better aircraft. In this latest budget our expenditure will reach $58.8 million. That is up from $36 million when we were first elected. We have been consistently increasing funding to those providers to make sure that they can continue to deliver what are pretty amazing services when you think about—

Mr ANDREW: Very essential.

Dr MILES:—what they do, particularly through the west and the north of the state.

CHAIR: I will move to the member for Mudgeeraba for a question in relation to the OHO—

Ms BATES: Can I call the Health Ombudsman, please?

CHAIR:—because he is here for this session.

Dr MILES: I understand. I have an answer to one of the member for Mudgeeraba's earlier questions when you are ready.

Ms BATES: Page 213 of the SDS shows that only 69 per cent of investigations were finalised within 12 months compared with the target of 80 per cent. Without delving into the details of the investigation, can you advise a time frame for when the investigation into Dr William Braun will be completed?

Mr Brown: That is a difficult question to answer. Certainly a lot of resources have been put into that matter. I would anticipate that it would at least be another few months before that is finalised.

Ms BATES: In relation to the investigation into Dr Braun, did your office ask for additional resources to cope with the number of complaints that were coming in? How many complaints have you actually received?

Mr Brown: We have not asked for additional resources. We consider that the budget we have received for this financial year is sufficient. We received 8½ thousand complaints last financial year and over the course of a few years we have significantly improved our performance across all our key performance indicators, including the rate at which investigations are closed. While 69 per cent does fall short of 80 per cent, it is up from 40 per cent in previous years. We consider we are on track to improve on that again this year.

Ms BATES: How many complaints have you received about Dr William Braun in total? Had you received any complaints prior to my statements in the parliament?

Mr Brown: I do not consider that it is appropriate for me to discuss the ins and outs of that investigation in this public forum. I am not inclined to talk about how many individual complaints we have received—

CHAIR: Thanks, Mr Brown. I think that is a very appropriate answer.

Ms BATES: Under what rule of parliament?

Mr McARDLE: We ask Mr Brown to explain why he cannot tell an estimates committee the number of complaints. It is not a difficult question—

Ms BATES: We are not asking who they are from or the detail.

Mr McARDLE:—nor are we asking for the detail.

Mr Brown: I am happy to take that question on notice. I cannot tell you the exact number of complaints we have received. Our investigations are undertaken in private and are generally confidential. That was my concern in relation to talking about—

Ms BATES: I was not asking about the specifics of the complaints, just the total number and if the minister would be happy for—

Dr MILES: About an individual clinician?

Ms BATES: No. We are asking about the number of complaints that have been received—

Dr MILES:—about Dr Braun?

Ms BATES: Yes.

Dr MILES: About one individual clinician?

Ms BATES: Yes.

Dr MILES: I would have to seek advice.

Mr McARDLE: Mr Brown has indicated he is prepared to take it on notice but he cannot do so—

Ms BATES: He cannot do it unless you do it.

Dr MILES:—subject to clarifying confidentiality arrangements. I would note that the committee has other opportunities to interrogate Mr Brown as well.

Ms BATES: Thank you.

CHAIR: Minister, do you want to respond to the question?

Dr MILES: I do. First of all, I would like to congratulate the Health Ombudsman on the work—

CHAIR: Outstanding work.

Dr MILES:—he has done in clearing that backlog of complaints. Dealing with these matters in a timely way is important to both the complainants and the clinicians who are being complained about. I know the committee has taken a strong interest in the work of the OHO and we have invested more than $12 million in extra funding to make sure that he can do his work. His leadership has been really important.

I return to an earlier question asked by the member for Mudgeeraba. She asked if late in 2018 there was a patient at the Townsville Hospital who was given medication that was actually meant for a patient at the Princess Alexandra Hospital. In late 2018 the Townsville Hospital was using paper based medications. The ieMR medications management functionality was only implemented in July 2019. Because the system was not functional at Townsville Hospital in late 2018, Townsville Hospital clinicians would not have had the ability to administer medications to a patient based on information from the ieMR. Since July 2019, all medications prescribed and administered at the Townsville Hospital have been monitored through the use of electronic medication safety dashboards. At an individual patient level, all medications are administered with the use of positive patient identification, PPID. PPID is the scanning of a barcode on the patient's armband, and the ieMR solution correctly matches the patient to the drug being administered.

Ms PEASE: I acknowledge the great work that goes on in the community by palliative care doctors and nurses and their whole team. I am very fortunate to have a great service in my electorate. Minister, can you please update the committee on the Palaszczuk government's increased investment in palliative care?

Dr MILES: Palliative care has been and continues to be an interest of many in this House, more so than perhaps in the past. I think that is a very good thing. We know that Queensland's growing and ageing population, combined with an increasing rate of chronic and life-limiting illnesses, will see demand for palliative care services continue to grow. Queenslanders choose where they get married, where they go to university and what car they buy, and it is just as important that they have choice and control over how they spend their final days. Right now, only around 10 per cent of Queenslanders wanting to die at home are able to. The Palaszczuk government wants to help people achieve that wish.

This year alone, hospital and health services will spend approximately $114 million providing palliative care services. Non-government organisations will receive a further $9 million. In 2018, the Department of Health undertook the Queensland Health Palliative Care Services Review to identify current and future palliative care service needs. Based on the review, the Palaszczuk government has boosted the funding provided to seven non-government palliative care organisations by approximately $10 million over the next four years. An additional $17 million will also be provided to hospital and health services over 2019-20 and 2020-21 to invest in community based palliative care services, with the main aim of improving services in rural and regional areas.

From August, Queensland Health will ask hospital and health services to put forward funding proposals. We will ask HHSs to champion projects that will help increase access to palliative care services in local communities and support Queenslanders to stay close to home and out of hospital at the end of their lives if that is their wish.

A substantial funding boost of almost $500,000 over two years has been given to Palliative Care Queensland to assist its statewide role as the peak body for palliative care services. On 2 September 2018, the Premier announced a parliamentary inquiry by this committee into aged care, palliative care

and end-of-life care. Queensland Health has provided the parliamentary inquiry with information about the findings from the Queensland Health Palliative Care Services Review. The outcome from the review and the parliamentary inquiry will help shape the future delivery of palliative care services across Queensland.

Today I was delighted to announce that Queensland Health and the Queensland Ambulance Service have partnered with Palliative Care Queensland to provide start-up funding to a new program known as Wish Ambulance Queensland. Wish Ambulance is an innovative service that aims to give Queenslanders at the end of their lives the chance to create memories and enjoy an outing to somewhere meaningful for them, whether it is a trip to the beach, a visit to their favourite ice-cream shop or travel home to see their family or to spend time with a treasured pet. Wasn't it wonderful to see Betty heading off on her trip this morning? I even enjoyed the passionfruit ice-cream! By giving $50,000 in seed funding and donating a decommissioned ambulance, it is my hope that Palliative Care Queensland will attract ongoing corporate sponsorship for Wish Ambulance. We wish Queenslanders did not need palliative care, but when they do we want to make sure they have the very best choices and support so they can focus on making memories with their loved ones.

CHAIR: Hear, hear! It was a wonderful announcement, Minister.

Mr O'ROURKE: Minister, can you please update the committee on the Palaszczuk government's commitment to establish a health promotion agency to reduce the impact of chronic disease on the health of Queenslanders? Are there any other strategies?

Dr MILES: I thank the member for Rockhampton for his question. I know how much he values preventive health and prevention efforts as a way of keeping people out of hospital. We have an obesity crisis in Queensland. Two in three adults and one in four children are classified as overweight or obese. As it stands, 1.26 million Queenslanders are overweight or obese. That is far too many people who are at risk of disease, early death and poor quality of life. Just as with so many health concerns, our First Nations people are disproportionately affected.

It is estimated that obesity costs the Queensland health system almost $750 million a year through health costs, with many millions more lost in productivity and wellbeing. Queensland's struggle with overweight and obesity affects people we all represent from all of our communities, which is why the Palaszczuk government took the lead after the LNP Newman government took an axe to nutrition and preventive health services while in power, putting Queenslanders at risk. Cutting frontline nutrition positions and decimating the nutritionist workforce across the state has consequences.

The Chief Health Officer report 2018 reported that 37 per cent of total daily energy intake is consumed from unhealthy food sources. We have since tried many new things, including menu-labelling legislation, healthy tuckshop choices, school nutrition and physical activity programs, parent education, cooking programs, campaigns and workplace initiatives, but we need to do more and we have done more. In 2017, the Palaszczuk government went to the state election promising to establish a health promotion agency. We have delivered on this commitment. On 1 July this year our new statewide health promotion agency, Health and Wellbeing Queensland, commenced operation. That is six months ahead of schedule.

The budget delivers $158 million over four years to help Health and Wellbeing Queensland reduce the burden of chronic diseases by targeting risk factors such as low physical activity and poor nutrition and reducing health inequities through targeted, place based interventions. The agency will adopt a new way of working and partnering with local communities, academic institutions and government agencies. It will develop partnerships with public health experts, health professionals and community organisations as well as local and federal government agencies. Health and Wellbeing Queensland will be able to issue grants for evidence based activities and innovative ideas that will improve health outcomes for Queenslanders to change the conditions in which they live, work and play. It is well on the way to establishing partnerships and activities in areas that need it most.

I am pleased to inform the committee that the first order of business was to appoint an interim chief executive officer. The board appointed Mr David Conry AM. Mr Conry has significant business and community service experience and was honoured in 2007 as Queensland's Australian of the Year in recognition of his founding of the national disability group Youngcare. He is well placed to lead the establishment of Health and Wellbeing Queensland. We have also appointed an interim board of directors to provide strategic direction to help guide the agency through its establishment phase. Board members have been carefully selected for their expertise and knowledge across a range of sectors. The appointments are: Mr Preston Campbell, founder of the Preston Campbell Foundation; Professor Amanda Lee, Professor of Public Health Policy at the University of Queensland; Dr John Pickering,

Chief Executive Officer and Chief Behavioural Scientist of Behaviour Innovation; Mr Stephen Ryan, Director of Grow, a community based mental health support service; Ms Jo Whitehead, a health service chief executive, Mackay Hospital and Health Service; and Associate Professor Robyn Littlewood, Director of Health Services Research at the Queensland Children's Hospital Centre for Children's Health Research.

The board appointments also include the incumbents of the positions of director-general of Queensland Health and director-general of the Department of Housing and Public Works, given its responsibility for sport and recreation. We now have commenced advertising for the permanent chief executive and board members to take Health and Wellbeing Queensland forward. It is this action that affirms the Palaszczuk government's commitment to preventive health. We are building up a preventive health workforce to undo the damage done after Campbell Newman and the LNP axed 177 positions from Queensland's preventive health teams, undoing all of the progress that had been made.

After their cuts, little of the previous work was able to be effectively handed over or carried forward. We have also taken the lead in providing healthy drink options in our healthcare settings. Our hospitals are places where we want people to get better. It is up to us to use the spaces and partnerships available to us to support people to make healthy choices. I am pleased that we are ensuring that no matter which public healthcare facility you may walk into there will be increased availability and promotion of healthier options.

CHAIR: Thank you very much, Minister. My next question is of interest to this committee given our current inquiry around aged care. Can the minister please advise the committee how the actions of the Commonwealth government in relation to aged care are impacting on the availability of beds in our Queensland public hospitals?

Dr MILES: This is an important question and one that has been a significant focus recently. Every single Queenslander deserves to live with dignity and to have the best possible care, regardless of their age.

CHAIR: Hear, hear!

Dr MILES: It is clear that the federal government is failing Queenslanders in the aged sector and it is having disastrous impacts on patients, families and health workers across our state. At any given point in time there are elderly Queenslanders stuck in hospital, well enough to leave but unable to be discharged somewhere better suited to their needs due to the federal government's failures. This puts an unacceptable strain on our hospital system, occupying beds for patients who would be much better off in residential aged-care facilities. Scott Morrison and his government are weighing down our hospital system while hurting some of our most vulnerable Queenslanders in the process.

Last year I wrote to the then federal minister for aged care Ken Wyatt to express concern about how federal government policy and a lack of funding is leaving elderly Queenslanders behind. Some aged-care providers are making big profits and being subsidised by taxpayers but not delivering the services the community expects. The recent appalling situation at Earle Haven in Nerang where 71 frail and elderly residents were abandoned by their care provider is a clear and tragic example of this. Many of the older Queenslanders who built our state now need care and protection. The federal government has utterly failed to ensure that they receive that care and protection by consistently underfunding, under-regulating and understaffing the aged-care sector. Earle Haven is the direct result of that failure. I am just proud our hardworking Queensland Health and QAS officers were able to pick up the slack in an emergency where federal government regulations failed.

Queensland Health estimates that on average there are 250 people in Queensland hospitals each day who no longer require medical treatment but cannot be discharged because they are waiting to receive an aged-care service. That is a whole hospital about the size of Caboolture that could be freed up every night. As at 31 March 2019, there were 129,000 older Australians waiting on the national prioritisation queue. Of these people, 53,000 were offered a lower level package while they waited for their approved level and 75,000 had not been offered any package while they waited for their approval level. Despite requesting the information, the Commonwealth no longer provides a breakdown of this data by state and territory as it has done in previous reports so I cannot share with the committee how many of those people waiting are Queenslanders, but this is obviously unacceptable. With an ageing population, any shortage of aged-care services or reduction of funding for aged-care assessments is going to be a ticking time bomb for our hospitals.

Meanwhile, more and more Queensland nursing home residents are being dumped in public hospital emergency departments. Once an elderly patient is admitted to hospital, they may never leave, saving the nursing home from the costs of their care and allowing them to bring in new residents who

require less medical attention. This practice places additional pressure on ambulance services and public emergency departments already dealing with increased demand. In the last five years, the number of patients taken from aged-care facilities to public hospitals by ambulance has skyrocketed to almost 127,000.

In order to address these federal government failures and reduce the risks they cause for older Queenslanders, the Palaszczuk government has done significant work to identify best practice models to improve the safety and quality of care for older people. These models include GEDI, the Geriatric Emergency Department Intervention, which makes sure that older people presenting at hospital can get a frailty assessment quickly, have their care needs prioritised and be fast-tracked through the emergency department. There is the residential aged-care facility acute care support services which partner with residential aged-care facilities to treat people in place and reduce unnecessary transfers to hospital, and then there is the inpatient geriatric model of care which aims to reduce delays and prevent deconditioning of older people in hospital.

The Palaszczuk government has stepped up to protect the older Queenslanders who built our state by committing $20 million each year to implement these new models in participating hospital and health services. Elderly Queenslanders and their families should not have to wait for the outcome of a royal commission to see action from Scott Morrison. The Morrison federal government is shirking its responsibilities to Queenslanders and particularly to older Queenslanders who built this great state. I was concerned to learn just this morning in the wash-up of the Earle Haven disaster that the federal minister for aged care announced that aged-care facilities across the Gold Coast were currently operating at an occupancy rate of just 88 per cent. That is a substantial fall in occupancy over recent years but at the same time—

Ms BATES: There are no beds to send those patients to.

Dr MILES:—there are 19 patients—

Ms BATES: No beds.

CHAIR: Thanks, member for Mudgeeraba.

Dr MILES:—in our hospitals awaiting one of those places.

Ms Bates interjected.

Dr MILES: There is a significant problem—

CHAIR: Member for Mudgeeraba.

Dr MILES: There is a significant problem in that patients in our hospitals ready for discharge are not being offered those places that are currently available under the system funded and regulated by the federal government.

Ms BATES: Have they been ACATed?

Dr MILES: For the benefit of the member for Mudgeeraba, I table the reports today in the *Gold Coast Bulletin*.

Ms Bates interjected.

CHAIR: You need to seek leave to table that.

Dr MILES: I seek leave to table those.

CHAIR: We will deal with that in a minute. Member for Rockhampton.

Mr O'ROURKE: Minister, can you please advise the committee how the actions of the Commonwealth government in relation to the NDIS are impacting on the availability of beds in Queensland public hospitals?

Dr MILES: I thank the member for Rockhampton for his question and I know that there are people in Rockhampton currently in this situation. The NDIS was developed by the federal Labor government as one of the most ambitious, most revolutionary and game-changing policy proposals this country has seen in decades, but unfortunately it has been mismanaged by successive dysfunctional coalition governments such that it now represents an even bigger problem than the aged-care failures that I outlined earlier.

At this stage 17 per cent of Queensland Health's existing clients have yet to enter the scheme while hundreds more are trying to transition or have been denied access. The 2019-20 federal government budget saw an unprecedented attack on the wellbeing of these Queenslanders as the Morrison government raided NDIS funds in order to prop up a shonky election year budget. They claimed a fake surplus based on a $3 billion underspend in the NDIS for this financial year—

Ms BATES: No-one believes you. Stop your 'dog ate your homework' excuse!

Dr MILES:—and that is on top of a $3.4 billion underspend last financial year.

Mr McArdle interjected.

Dr MILES: Mr Morrison and his government—

Mr McArdle interjected.

CHAIR: Sorry, Minister, but I ask the members on my left to stop with the running commentary designed to interrupt the minister in his response to the member for Rockhampton.

Mr McARDLE: If it were based on fact.

CHAIR: Thank you, Deputy Chair.

Dr MILES: I can understand their shame, Mr Chair. We all know there are thousands of Queenslanders who are being let down by the NDIS right now, including in your electorates, and we in the Palaszczuk government are doing our best to try to support them until the Morrison government gets their act together. Despite our best efforts, Queenslanders living with a disability who could live healthy, happy, productive lives under a well funded NDIS are forced to stay in hospital. Right now between 400 and 450 Queenslanders are in hospital when they should be in more appropriate accommodation.

The 2017 Productivity Commission report on NDIS costs stated clearly that delays are due to process failures in the federal agency. Meanwhile, the Queensland Audit Office found discharge delays of 172 days per patient. The federal government's refusal to pay for catheter care, wound care, mealtime management, assessments for home modifications and insulin medication has left the public system in many cases to step into the breach to ensure Queenslanders living with a disability have the supports that they require.

The Palaszczuk Labor government is doing its best to ensure that no-one is left behind. In last month's state budget we announced $52.9 million in additional funding to respond to these service gaps. This has included interim arrangements to allow state funded supports to continue for people unable to obtain support through the NDIS right now. We are still providing services such as the Medical Aids Subsidy Scheme, an initiative that should be funded by the federal government now, even though the funds for these services were cashed out under the NDIS deal signed by Campbell Newman and the LNP.

I would love to continue addressing this question, but I note that it is 10.30 am. Prior to the break, I want to advise the member for Maiwar that currently there are 27 maternity group practices operating throughout the state. Our HHSs are planning to expand that to deliver more. I would be pleased to organise a briefing for him with the chief nurse to know which services are prioritising the MGP.

CHAIR: There are two things I want to deal with before we adjourn. The first is the tabling of the *Gold Coast Bulletin* article titled 'Gold Coast elderly forced to wait in hospital for nursing home places'. Is leave granted? Leave is granted.

Secondly, I hope the break brings some sensibility back to the members on my left. I will start warning people under the standing orders if interruption during the minister's reply continues in the next session.

Proceedings suspended from 10.31 am to 10.45 am.

CHAIR: Welcome back, Minister. We will move to a block of opposition questions.

Dr MILES: Do you mind if I address one of the questions asked earlier?

Mr McARDLE: Provided it is not taken as part of the opposition's block.

CHAIR: I will add it to the time to allow—

Dr MILES: It is answering a question from the opposition. The member for Mudgeeraba asked how many complaints had been received about Dr Braun by the Office of the Health Ombudsman. The Health Ombudsman advises me that, under section 272(8) of the Health Ombudsman Act, information about the number of individual complaints against a specific practitioner is confidential information. Confidential information means information that is not publicly available and is in a form that identifies a person who is or was a health service provider. An exception, though, under section 272(6) allows for confidential information to be disclosed to this parliamentary committee. To give effect to section 272, this information can and will be disclosed privately to the committee in writing. The committee can then call for a private meeting with the Health Ombudsman, if they so choose.

CHAIR: Thank you very much. Member for Mudgeeraba?

Ms BATES: Could I please call forward the CEO of the Central Queensland HHS. Can you advise the committee if there have been any instances where clinical staff at the Rockhampton Base Hospital incorrectly administered insulin to a baby born at the hospital in the last year?

CHAIR: Before you answer that, member for Mudgeeraba, what is the relevance to the Appropriation Bill? You are asking about—

Ms BATES: Page 64 of the SDS.

Mr McARDLE: It is the HHS and how it operates.

Dr MILES: I am happy for the CEO to answer it, but I just note that all of our hospitals see thousands of patients. Expecting our CEOs to know the experience of each individual one—

Ms BATES: I can elaborate further on this one, Minister. Trust me.

Dr MILES: Perhaps you should and then the CEO can answer.

Ms BATES: I am not asking you the question; I am asking Mr Williamson the question.

CHAIR: Thank you, member for Mudgeeraba.

Mr Williamson: The overall priority for the Central Queensland Hospital and Health Service is the safe delivery of care and the safe delivery of services. Our most recent national accreditation survey, in June 2019, assessed that every single one of the services in every single part of the Central Queensland Hospital and Health Service met all standards in every part of the HHS. That is a great reflection of the outstanding care that staff deliver across that service.

Ms BATES: That is great, but could you answer the question, please? It was a pretty straightforward question. Was a baby incorrectly administered insulin at your hospital in the last year?

CHAIR: Member for Mudgeeraba, he is answering your question.

Ms BATES: Yes or no?

CHAIR: Please continue.

Mr Williamson: It would not be appropriate for me to comment on an individual case that is subject to an individual investigation. I do not think it would be appropriate for me to answer that question.

Ms BATES: Thank you. I have a further question.

Mr Williamson: I would be very happy to have further information—

Ms BATES: Sure. That is fine.

Mr Williamson:—and then to consider whether any more information can be provided.

Ms BATES: I will give you some more information. I understand that there was a baby born at the hospital in July last year who was transported to the Royal Brisbane and Women's Hospital with extremely high blood insulin levels. Did the HHS investigate concerns about incorrect procedures at the hospital and what was the result of this investigation?

Mr Williamson: Again, it would not be appropriate for me as health service chief executive to comment on an individual case that is subject to an investigation. I am not able to provide—

Ms BATES: There is an investigation?

Mr Williamson: I am not able to provide a comment on that case.

Ms BATES: Have the parents been informed of the outcome of the investigation?

CHAIR: Member for Mudgeeraba, the question has been answered in terms of relevance.

Ms BATES: Thank you. I will continue with my—

CHAIR: I am asking you to please move on to another line of questioning.

Ms BATES: Thank you. In relation to this instance, were the parents informed not to make contact with the media or comment on social media about the incident because of fears it would harm the reputation of the hospital or health service?

Ms PEASE: Point of order. I would like to bring up irrelevance and tedious repetition. I think the chair has already given a fairly clear direction on this matter.

Ms BATES: I do not think the family of the baby who had overdosed on insulin think it is irrelevant.

CHAIR: Thank you for your point of order. I say to the member for Mudgeeraba that Mr Williamson has answered this line of questioning. There is currently an investigation. Where you are heading with this particular line of questioning is not appropriate and I ask you to move on to another question.

Ms BATES: I am happy to move on. I call the CEO of the Gold Coast HHS. I refer to page 99 of the SDS in relation to delivering safe, effective and efficient services. It was recently reported that an alleged carjacking occurred in the hospital car park at the Gold Coast University Hospital. It was reported that a nurse arrived at the hospital where a man threatened her with a knife and stole her car. Can the CEO advise whether that incident has been investigated by the health service to determine the level of security breach and what was the result?

CHAIR: I know you mentioned page 99, but I just cannot see how this is relevant to the budget.

Ms BATES: It is about safe, effective and sufficient services for the staff, particularly nurses such as this one who was attacked on her way into work. I think it is very relevant.

Mr Calvert: I cannot answer a question in relation to an individual member of the public who has been charged with an offence in relation to that.

Ms BATES: No, I am not asking about any of that.

Mr Calvert: Can you ask again then? I am not sure if I understood it.

Ms BATES: The investigation by the health service to determine the level of the security breach and what has happened since then to ensure that it does not happen again.

Dr MILES: For the benefit of the committee can I clarify—

Ms BATES: I am not asking the question to the minister.

Mr McARDLE: The minister cannot answer the question. It has not been put to the minister. It has been put to the CEO of a HHS. The minister has no right to answer the question instead of the CEO.

Dr MILES: I can provide useful information to the committee—

Ms BATES: I am asking the CEO.

Dr MILES:—which is that this incident occurred in a privately owned and operated car park.

Ms BATES: I will move on.

Mr Calvert: Do you want me to answer a question about occupational violence in its broader sense, because I cannot talk about that individual case but I can talk about occupational violence and what we are doing.

Ms BATES: That is what I am asking. Since that has occurred what has the hospital done?

Mr Calvert: We do a lot of things in relation to occupational violence. It is very high on our list of priorities. I think you do need to remember that people typically think of occupational violence as something that happens mainly in the emergency department when dealing with drunks or people on ice or what have you, but in fact only 15 per cent of all of our occupational violence incidents in the last year have been in relation to the GCUC ED and four per cent at Robina ED. There is an equivalent number of occupational violence incidents that took place in care of the elderly and rehabilitation wards and by far the bulk of the proportion, 36 per cent, relates to mental health wards. It is not the case that all occupational violence incidents are just drunks in ED just violently assaulting our staff, although of course that does happen and even one incident is one incident too many, we all agree with that.

We have done lots of things. We have had a range of steps, including de-escalation training for security officers from Queensland Police; we have had the Safe Wards initiative in mental health which has made a big difference to way the staff are able to handle incidents. It is a comprehensive program about managing the environment in which patients are dealt with and de-escalation techniques. We were one of the earliest health services to implement body worn cameras.

Ms BATES: Might have been after a visit from me, if I remember rightly, Mr Calvert.

CHAIR: Thank you very much. That is not relevant. Please continue.

Ms BATES: It is an inside joke. It was not an offensive comment, Mr Chair.

Mr Calvert: We do a lot on occupational violence. It is also worth noting that obviously we provide security guards but it is not as simple as just flooding the area with security guards. There are 175,000 square metres at GCUH. You could put a lot more staff there and they wouldn't necessarily be in the

right place when an incident takes place. What we do have is very, very comprehensive CCTV and in this particular case we provided CCTV footage to the police. I think the best deterrent we have—not to the people who are ill or affected by a medicine who cannot help themselves but the people who are just violent, violent by nature or drunk—the best message I can send to them is we have CCTV everywhere and you will not do it unobserved.

Ms BATES: Do you have CCTV cameras in the lifts in the hospital?

Mr Calvert: I honestly do not know if they are in the elevators.

Ms BATES: We are aware of the reports of the nurse being attacked in the car park. Can you confirm that the alleged offender also entered the hospital prior to the carjacking incident and was actually in a lift with a number of nurses and a security guard before he was escorted off the premises?

CHAIR: Member for Mudgeeraba, you are starting to go into an area that is not relevant to the Appropriation Bill.

Ms BATES: It is about security of the hospital and staff security.

Mr McARDLE: Of course it is relevant.

Mr Calvert: It is under investigation by the police so I really do not think I should say anything.

CHAIR: Thank you.

Ms BATES: I have previously called for a police beat to be located at the hospital. Have there been any discussions in relation to whether that will be considered by government to protect staff and patients at the hospital?

Mr Calvert: Obviously I am not from the QPS so I am not sure what their view is. I have to leave that to others.

CHAIR: I would ask the member for Mudgeeraba to come back to relevance to the Appropriation Bill.

Ms BATES: I next call the CEO of the Lady Cilento Children's Hospital. My apologies, the Children's Health Queensland Hospital and Health Service.

Mr McARDLE: No, you were right the first time.

Dr MILES: Whilst Mr Tracey makes his way to the table, this might be an appropriate opportunity for me to congratulate him on his permanent appointment as the chief executive of the Children's Health Queensland Hospital and Health Service. He will do a fantastic job.

Ms BATES: With reference to page 81 of the SDS and the operating budget for the health service, can the CEO advise whether any health service costs were involved in the rebranding of the Lady Cilento Children's Hospital?

Mr Tracey: First can I please acknowledge the fantastic work that all of our staff do every day. The clinicians at Queensland Children's Hospital see over 100,000 of the sickest children across Queensland every year and that equates to over 350,000 episodes of care and we are absolutely delighted with our performance and the work that we do and the work that our clinicians do to have a world-class service for children right across the state of Queensland.

In relation to the Queensland Children's Hospital and the name change, can I say that that work has occurred under both names. I can say that the Minister for Health and our director-general were very clear that there was to be no funding that would be used on clinical services appropriated to the name change or activities associated with the name change.

Ms BATES: Who covers the cost of the change of uniforms and stationery and all of those sorts of things?

Mr Tracey: We have a very planned and focused approach to doing that and what we will do is that we will replace those items as they become redundant. As you might be aware, from a clinical perspective when the uniforms wear out we replace them so we are taking that particular approach. In terms of our signage and our stationery and other matters, we are taking the same approach. As we need to refresh stationery, for example, we will do that and we will rebrand that.

Ms BATES: Parents are still getting letters, referrals, on Lady Cilento letterhead?

Mr Tracey: My understanding is that that is not the case. When I talk about having a very focused approach, what I am referring to is that we look at those matters that are most patient facing and public facing and in the public interest. Those will be the first things that we do to ensure that we reduce

confusion for families, particularly when they are travelling from far across the state, from Mackay or Cairns or Rockhampton. It is really important that they have the information that they need to get to their appointment on time, see the right people and then engage with our volunteers when they come through. We have a very detailed process in place to ensure that is taken care of.

Ms BATES: Terrific; that is good to hear. Where is the old signage that was removed being stored?

CHAIR: I will interrupt.

Ms BATES: That is a cost.

CHAIR: This is absolutely drifting away from the Appropriation Bill. I will rule that—

Mr McARDLE: Point of order, Chair. It is still a cost. If it is being stored somewhere, there is a cost.

CHAIR: Deputy Chair, if you do not mind, I am making a ruling on this. It is not appropriate—

Mr McARDLE: I can raise a point of order in relation to a matter before you make a ruling and put across a point of view and then, in a considered manner, you will make the appropriate ruling. My point of order is that this relates to a cost borne by the—

CHAIR: You are asking about where a sign is stored.

Mr McARDLE: Wait on: again, I am raising a point of order.

Dr MILES: It relates to a cost borne by the Department of Housing and Public Works.

CHAIR: Thank you.

Mr McARDLE: There you go. That didn't hurt, did it?

CHAIR: Please do not dissent from my rulings. Member for Mudgeeraba, do you have another question?

Ms BATES: Yes, I do. Director-General, given the scandal around the integrity of the poll for the change of the name of the Lady Cilento hospital, have you given any directive to Queensland Health staff who participated in that poll and for future polls as to the guidelines of what would be acceptable behaviour for a staff member of Queensland Health?

Mr Walsh: All of the staff who work both in Queensland Health and in all hospital and health services are required to comply with the public sector code of conduct. We regularly inform people that that is part of their requirements. As part of people's induction into the service, they are provided with a whole lot of information, including the code of conduct and their compliance. I would expect that all staff would be aware of how they are discharging their duties to be in compliance with the code of conduct.

Ms BATES: Further, has the Lady Cilento signage been destroyed?

Mr Walsh: I cannot answer a question that is not a matter that is part of this portfolio. I am unable to answer that question.

Ms BATES: I refer to page 127 of the SDS, regarding the Metro South Hospital and Health Service and in relation to the CEO. Director-General, can you advise whether Dr Stephen Ayre remains suspended as CEO or has his termination taken effect?

Mr Walsh: It is inappropriate for me to respond to a question that is currently the subject of consideration by the Queensland Industrial Relations Commission.

Ms BATES: It is not sub judice in regard to the budget estimates. It is not a criminal offence. It is a pretty straightforward question: has he been terminated or is he suspended on full pay?

Mr Walsh: The processes for the chief executive of Metro South are consistent with all of the public sector industrial legislation as well as Public Service Commission directives and contract terms and conditions. The matter is currently part of Queensland Industrial Relations Commission processes, so it would be inappropriate for me to actually make comment.

Ms BATES: When were you first aware that the minister had lost confidence in Dr Ayre?

CHAIR: I will rule this out of order. It has nothing to do with the Appropriation Bill. Do you have another question? You have one minute.

Ms BATES: Let us move on, because those are the questions that no-one wants to answer. I have so many to choose from. I call the CEO of the Metro North HHS. I refer to page 118, which covers the Metro North Hospital and Health Service and specifically the patient experience. Ms Hanson, in

relation to the recent medical record bungle where sensitive medical documents literally fell off the back of a truck and were found strewn across a Brisbane road in a major privacy breach, can you advise when this incident occurred?

Ms Hanson: The incident occurred in the early hours of the morning in early July, at approximately 3.30.

Ms BATES: Early July?

CHAIR: I think the question was the date.

Ms BATES: I am giving her a chance to revisit that.

Ms Hanson: I will find the date for you.

CHAIR: I am sure the member for Mudgeeraba will find some kind of relevance to the question. We will allow a couple of minutes and a bit of latitude.

Ms BATES: It was first reported in the media on Wednesday, 26 June 2019.

Ms Hanson: It was 20 June; my apologies.

Ms BATES: Why did it take so long for the issue to become public?

Ms Hanson: The incident occurred towards the end of the week, over the weekend. We were collecting information and collating all of the information that had been retrieved. That did take us a couple of days. Once we had identified the information and been able to categorise it, we were able to report the incident.

Ms BATES: How many documents were involved and for how many patients?

CHAIR: Member for Mudgeeraba, I can see where you are going with this. There are two things—

Mr McARDLE: She has not had a go with it, Mr Chair. With all due respect, I raise a point of order. There have been a series of questions posed to Ms Hanson. The shadow minister is now coming to the crux of her questioning. You have not taken objection to date, but suddenly it appears that she is getting to a point where it becomes exceptionally relevant and you are stepping in. The shadow minister has clearly identified what she is referring to and how she is referring to it and she is totally in order within her questions.

CHAIR: You can come back to that question, because the time for this block has ended. I absolutely draw the issue of relevance on the questioning anyway. I am moving to government questions and the member for Lytton.

Ms PEASE: Minister, can you outline any recent developments in the delivery of health services to the residents of Wynnum and the bayside? I would love to hear that, as would my constituents.

Dr MILES: I know what a determined advocate the member for Lytton is for the people of the bayside and how eager she is to make sure that they receive the best possible health care. The Metro South HHS has entered into a contract with the Blue Care Wynnum Aged Care Facility for the provision of six palliative care beds at a cost of $899,893 in 2018-19 and a budgeted cost of $924,540 in 2019-20. Delivering palliative care services directly within an aged-care setting ensures that the person is cared for in a familiar, homelike environment that can include personal touches such as soft lighting and their favourite music and flowers. This provides patient centred care when frail and elderly Queenslanders need it most, in the last days, weeks and months of their lives. Thanks to the Metro South Palliative Care Service, more bayside residents have a range of options for care at the end of their lives and can remain in their community, close to their loved ones and support networks.

The Metro South Palliative Care Service benefits older bayside residents with better specialised support and a reduced risk of being transferred to hospital in their last days. The palliative care services delivered in Blue Care Wynnum are much loved by locals and are just one of the many initiatives Metro South is undertaking that make services more patient centred while reducing demand on public hospitals.

The LNP, as the member knows, slashed healthcare services in the bayside by closing the Moreton Bay Nursing Care Unit and cutting the 24-hour primary care service at Wynnum Hospital. It was the Palaszczuk government that restored health services and ushered in a new era of health care for the region when it opened Gundu Pa—the state-of-the-art Wynnum-Manly Community Health Centre—in 2017. It is a genuinely impressive health facility. This state-of-the-art health facility will turn two years old in October. It has flown by. In that two years Gundu Pa has ensured critical health services are retain locally. Gundu Pa is delivering a wide range of expanded services, including a 24-hour primary care centre for treating minor injuries and illnesses.

Weekly specialist outpatient clinics are offered in diabetes and endocrine, gastroenterology, podiatry, respiratory medicine, cardiology, child development and mental health, among many others. Between 1 July 2018 and 31 May 2019, Gundu Pa delivered 4,479 specialist outpatient services to bayside residents living in Lytton, Wynnum, Wynnum West, Manly, Manly West, Lota and Hemmant. Other services include a very popular dental clinic, BreastScreen Queensland, addiction and mental health, allied health and chronic disease services. The Palaszczuk government is ensuring that the future of community health care is bright for residents of the bayside thanks to the efforts of the member for Lytton.

CHAIR: A very good local member, too. Can the minister please update the committee on progress in this year's budget towards meeting the Palaszczuk government's election commitments in relation to nurse navigators and midwives and how these initiatives are benefitting patients?

Dr MILES: As health minister I am proud of the work our hardworking nurses and midwives do every day in hospitals across Queensland. That is in stark contrast to the LNP which spent their three years in government cutting frontline staff in our hospitals. From March 2012 to December 2013, after two Newman government budgets, the Queensland Health nursing and midwifery workforce fell by 1,515 nurses. That is over 1,500 nurses and midwives cut. That is their record in government—sacking the health workers that save our lives and care for our loved ones.

Since coming to government in 2015 the Palaszczuk government has not only restored the frontline health staff decimated while Campbell Newman and the LNP were last in government, but we have added more health workers to Queensland's health system than any other government in our history. Between February 2015 and March 2019 we have hired nearly 6,000 nurses and midwives across Queensland. That is an increase of 21.4 per cent. As health minister, I am not ashamed to back jobs for Queensland nurses and midwives. In last month's state budget we fulfilled our election commitment and made 400 nurse navigator positions and 100 extra midwives permanent.

We created the nurse navigator program in 2015—the first of its kind in Australia. Then in the 2017 election we said we would employ 400 new nurse navigators permanently, and we have. We follow through on our promises. This incredibly successful Palaszczuk government program is the largest single investment in nursing made by a state government in Australia—an investment of $398 million from July 2015 to June 2023.

Nurse navigators help patients with complex health issues to ensure they are seen by the right person at the right time in the right place. As a result of this program we now employ people like Nick who is a home ventilation nurse navigator at the Queensland Children's Hospital. Nick is part of a program that helps 15 children who require ventilation to live their lives outside an intensive care unit in the familiarity of their own homes instead. That is good for the kids, it is good for their families and it is good for the health system.

The program has helped so many people. I am proud to say the Palaszczuk government was able to come through for patients and deliver on this election promise. Our nurses, midwives and nurse navigators are some of the most dedicated, yet undervalued, workers in the state. They provide Queenslanders with critical health services in hospitals and clinics. They work with expectant and new mums to ensure both mum and child can live healthy happy lives. They are working in Aboriginal and Torres Strait Islander communities to help us close the gap in health outcomes. They are working in academia and research to improve patient care and develop jobs in medical research and technology. They work to care for our sick and elderly loved ones, ensuring their final days are comfortable and dignified.

The incredible work of our nurses and midwives cannot be understated. The Palaszczuk government has a strong track record of not taking our nurses for granted. We have backed Queensland nurses since day one and that is one of the reasons I am proud to be the state's health minister.

CHAIR: I had the pleasure of hearing from a nurse navigator in Townsville who had a case study of a type 2 diabetic patient who had called the ambulance more than once a week the year before—48 times. That is completely resolved. The right treatment is getting to the right place. I thought that highlighted the good work nurse navigators are doing.

Mr O'ROURKE: Minister, as you know I am a strong advocate for mental health services. Can you advise the committee how the increase in funding in this year's budget will improve mental health services?

Dr MILES: I can. The member for Rockhampton is indeed an advocate for mental health services. We have discussed the services available in Rockhampton when I have been up there.

Mental health issues affect one in five people in our community. That means all of us probably know someone dealing with a mental health issue. In the past mental health was sometimes not treated as a health issue. Patients might have been stigmatised. People were sometimes afraid or unable to access the help they needed. The Palaszczuk government understands that our mental health is just as important as our physical health.

Just as we are providing oncology, radiology and paediatric services across Queensland, we are also providing mental health services to Queenslanders regardless of where they live. Every loss of life to suicide or every suicide attempt has a ripple effect on family, friends, workplaces, schools and communities. Every death is one too many. Queensland's statistics are far too high.

That is why we announced $61.9 million in last month's state budget to reduce suicide rates in this state. This funding includes $7.5 million over four years for Beyond Blue's The Way Back suicide prevention services. This service has been developed to support people as soon as they leave an emergency department for the three months after they have attempted suicide. During this time, we know they are most at risk of another suicide attempt.

We are investing $10.8 million over four years for safe haven cafes run by NGOs and staffed by mental health clinicians and peer support staff. These safe haven cafes provide an alternative to the emergency department for people struggling with their mental health. As part of our suicide prevention package, we are investing $11.3 million over four years to trial a community based crisis stabilisation facility to support people through the critical initial 24 hours of crisis. Funding these services will play an important role in assisting Queenslanders during a time of crisis.

Community based mental health support services are also vital for people living with severe and persistent mental illness. The Palaszczuk government will also invest $28.1 million over four years to help fill the gap in services for people not eligible for the NDIS but who still require psychosocial support. This funding is on top of our recently announced $227 million investment over five years to community based mental health service providers across Queensland. Without question this funding is strengthening Queensland's mental health services and is making a real difference for individuals, families and communities.

We are not just funding organisations and services, we are also investing in health infrastructure. This year's state budget provided for a new $70 million multistorey mental health unit to be built at Cairns Hospital to provide better care for patients. This new facility will have more capacity to treat more patients and will provide a better environment to help the recovery of mental health patients. It will replace ageing infrastructure with a modern, safe facility, including 10 psychiatric intensive care beds, 10 acute adult mental health beds, treatment rooms and sensory and quiet rooms.

We also announced $40 million in mental health infrastructure on the Fraser Coast at Hervey Bay and Maryborough hospitals. The new unit at Hervey Bay will include 22 beds and accommodation for the acute care team. Meanwhile, Maryborough Hospital's refurbishment will provide a 10-bed subacute older persons mental health unit.

We are delivering on these projects and getting them done right so that these facilities serve the needs of the Fraser Coast community in the future. Our investments in both services and infrastructure will give more Queenslanders access to better mental health supports than ever before.

Mr O'ROURKE: Minister, can you please update the committee on the progress in meeting the Palaszczuk government's commitment to deliver a new alcohol and drug rehabilitation and treatment facility for Rockhampton?

Dr MILES: I thank the member for his question. This has been a matter that he and I and the member for Keppel have been working very closely on, particularly in recent weeks. The Palaszczuk government is investing $14.3 million to deliver the 42-bed residential drug rehabilitation and treatment facility in Rockhampton to improve access to specialist alcohol and other drug services for Central Queenslanders. This delivers on the election commitment we have made to the people of Central Queensland after hearing loud and clear at the ice summit held in Rocky in 2017 that the region needs a facility like this—a facility that will provide specialist treatment and support in a residential setting to people wanting to make positive changes in their life.

This facility will help meet the needs of people not only living in Rockhampton and Central Queensland but also living in nearby regions including Mackay, Wide Bay and the central west. It will include 32 residential rehabilitation beds, eight withdrawal beds, two family units to accommodate parents and children, and capacity for non-residential day programs.

Currently the Department of Health and the Central Queensland HHS are continuing to work through the identification and acquisition of a suitable site for the facility. After considering over 50 potential sites, Queensland Health recently commenced consultation with stakeholders in relation to one site. However, following a public meeting with residents, I have agreed to Queensland Health pausing any further progression on that proposed site while alternative options are considered.

I am pleased that Mayor Margaret Strelow agreed to reopen discussions between the council and Queensland Health regarding a site at the Music Bowl that had previously been actively considered. At that time the council had indicated that it would not part with the parcel of land that would meet the needs of the rehabilitation facility. It is promising to see a breakthrough on that impasse. I understand that the latest news from media this morning is that the council has formally considered that and will now enter into formal negotiations—

Mr O'ROURKE: That is correct, Minister.

Dr MILES:—which is great news. I know that the member for Keppel, Brittany Lauga, and you, member for Rockhampton, have been listening closely to the views of your community and participating constructively in the consultation process on their behalf. I thank you for the time and effort that that has taken.

As with any other form of health care, providing care for people who have alcohol or drug addiction closer to home will improve the lives of those people and their families. I want to make sure that we get the site right and the services up and running as soon as we can. This would be a lot easier if the LNP would stop playing games and politicising the process of selecting a site. This is an incredibly important health service for the people of Rockhampton. It is time for the LNP to put the needs of the people of Rockhampton ahead of their own political pursuits.

CHAIR: Minister, can you please outline for the committee the purpose and role of the new Chief Aboriginal and Torres Strait Islander Health Officer?

Dr MILES: I thank the member for his question. This is an issue that I know is close to his heart. It is certainly something that I am very interested in and passionate about. The creation of the Chief Aboriginal and Torres Strait Islander Health Officer and deputy director-general role is critical to the Palaszczuk government's vision that by 2026 Queenslanders will be amongst the healthiest people in the world.

I asked the director-general to create the role of Chief Aboriginal and Torres Strait Islander Health Officer to be a champion for the change we need if we are to close the gap. In Queensland we have a Chief Health Officer who provides expert clinical advice and leadership on issues of public health. The Palaszczuk government recognises that Aboriginal and Torres Strait Islander people must have a seat at the table across government and at the highest levels if we really want to make sustainable changes in health outcomes for Queensland's First Nation people.

The Chief Aboriginal and Torres Strait Islander Health Officer will help strengthen the representation of Indigenous Queenslanders across the health system and refocus our efforts on closing the gap. They will be an advocate and champion for our Aboriginal and Torres Strait Islander health workforce, making sure we are providing the right opportunities, training, career paths and working conditions to grow our Indigenous health workforce.

This critical role will lead Queensland Health's strategy on Indigenous matters and will oversee the development of future policies and programs. The successful applicant will also focus on maximising local engagement and partnerships between public health facilities and services and Aboriginal and Torres Strait Islander people, communities and organisations. He or she will report to the director-general and will advise me and Queensland Health executives on initiatives to improve health outcomes for Aboriginal and Torres Strait Islander people.

The role has been made an identified position, consistent with the clear expectation of the Aboriginal and Torres Strait Islander health workforce and community that the new chief health officer should be an Aboriginal or Torres Strait Islander person. I look forward to introducing the very first Chief Aboriginal and Torres Strait Islander Health Officer for Queensland to Queenslanders very soon.

CHAIR: I call the member for Maiwar.

Mr BERKMAN: I would like to ask a question, if I could, of the Mental Health Commissioner. Decriminalisation or legalisation for personal use of illicit drugs is increasingly being recognised as an important part of a comprehensive harm minimisation strategy both in discussion domestically and in

implementation internationally. Commissioner, how would you expect a policy of decriminalisation or legalisation of personal drug use to affect the provision of mental healthcare services and addiction support services in Queensland?

Mr Frkovic: In general, my response is that there potentially could be an increase in the utilisation of particularly drug and alcohol services and mental health services as a result of decriminalisation, but we also have to look at that in the context of the bigger picture. In fact, it would take pressure off a whole range of other systems. It would take pressure off our police force. It would take pressure off our court system. It would take pressure off our corrections system. I think you have to look at this on a much broader scale. I think there are some merits around decriminalisation as a concept. I like to use the term more so of providing a health response to people who particularly may have an addiction, keeping them out of the criminal justice system and also providing them with the right health response for them to be able to live a much more fulfilled life.

Mr BERKMAN: Are there any broad observations you can make from experience or research anywhere about that movement to a health model in response to drug addiction and use? Are there any trends in terms of broader reductions in cost in that shift?

Mr Frkovic: Certainly there are international examples where this has occurred. I was fortunate last year to go to Portugal to have a look. They seem to be leading in this space with the opportunities that are provided there. Portugal at one stage had a very high demand on their correctional services. They decided to make a substantial policy shift in terms of people who have a health problem which is an addiction being caught with small amounts of illicit substances only for personal use. They made a deliberate policy decision to keep those people out of the criminal justice system and in fact move them into the health system. They had to increase the funding to the health and drug and alcohol systems to be able to cope with that. Certainly the cost benefit was huge in terms of not having to build as many prison beds and in terms of not only their court system but also their police system.

Mr BERKMAN: While I have the opportunity this session, I would like to ask a question of Professor Gannon, the Director of QIMR. I want to ask a question in relation to work that has been done recently by the World Health Organization. They released a report last year on the health implications of climate change which made findings, among which was the finding that the severity of the impacts of climate change on human health is increasingly clear and that climate change threatens to undermine—

Mr McARDLE: I raise a point of order, Chair. With all due respect to my colleague, he is drawing a very long bow between climate change and the contents of the document before the committee.

CHAIR: Yes. I was about to pull you up on that, member for Maiwar. I will give you a chance to rephrase the question.

Mr BERKMAN: I will go directly to the question. I did not think that providing a little context was too long a bow. The question specifically is: what research, if any, is QIMR Berghofer undertaking into the health implications of climate change in Queensland?

Prof. Gannon: Our work relates to the consequences of it rather than the causes or avoidance of it. There are two major areas that come to mind, and one is in the area of disease. With the pole ward movement, some mosquitos are bringing diseases that were not present in Queensland in the past. They come closer because of climate change or changes in temperatures or movements in general, including transport. We have a very strong program on mosquito vector removal. We monitor the presence of mosquitos all over Queensland. We report to shires about what is happening. First of all, we have monitoring. We provide advice on how to avoid their growth by removing wastewater where these can thrive. We also have evidence and work ongoing in the whole area of treating or stopping dengue or other viruses that may come into the system because of that. That is a very broad area of research that is preventative in both senses and treating in the other.

We are aware of the stress that comes with climatic changes or climatic events in general, and our mental health program is working hard on understanding how stress influences the brain and what happens as a consequence of that.

In addition, nearly inevitably because of our involvement in melanoma research and being leaders in that area we are constantly getting the message out of prevention: how to avoid melanoma occurring, how to protect yourself from getting skin cancers which, of course, will grow with the increase in UV et cetera that comes as a consequence of the changing climate.

Mr BERKMAN: Given the breadth of the other potential consequences of climate change on the health system, is additional research and funding required to adequately understand how climate change will affect the health of Queenslanders in coming years and decades?

Mr McARDLE: Mr Chair, again with respect to my colleague I do not see a reference to climate change in the SDS whatsoever. Though I respect Professor Gannon's knowledge extremely, I do not see the relevance. I cannot see it in the SDS. There is no document that I can see or point that raises climate change as part of the Health portfolio.

CHAIR: I think that with relevance, unless you are prepared to answer maybe in one minute, you can rephrase it and take it out of—

Mr McARDLE: With all due respect, Mr Chair, I have raised the point of relevance. Either it is relevant or it is not. If it is, Professor Gannon can answer the question; if it is not, it cannot be dealt with.

Dr MILES: I would answer that it is relevant. Our hospitals see people every day who have been affected by the impacts of climate change.

CHAIR: Allowing some latitude, I will allow the question. Professor, would you like to answer.

Prof. Gannon: The answer can be relatively short because it covers the same territory again. Our research is constantly evolving. We constantly bring in new research groups. We constantly have shifts in targets in our research. We are very responsive to what is happening in Queensland in particular. As a statutory organisation that is totally appropriate, and we take that seriously. We are also very engaged in regional areas because we know that the north will be more impacted by this at the start than other areas. We are very active in that area, with over 31 different actions ongoing in regional Queensland at the moment from our researchers and our outreach. So we are engaged in all of those matters and we will continue to do so.

CHAIR: We will move back to government questions.

Ms PEASE: Minister, can you please update the committee on the implementation of the Specialist Outpatient Strategy and how it is benefiting patients, and can you please include both specialist outpatient and elective surgery performance?

Dr MILES: 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 waitlist for the waitlist. This year's budget builds on our previous investments in our Specialist Outpatient Strategy with a further investment of $77.4 million in 2020-21. This takes our total investment in the program to $593 million over six years.

This program funds both more specialist outpatient appointments and the flow-on impacts of elective surgeries. Over the past four years more than 2.46 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. For around 30 per cent of those patients seen in a surgical clinic their specialist will have determined that they need to undergo elective surgery, and thanks to our investment they will get their surgery sooner.

Our Specialist Outpatient Strategy is delivering great results for Queenslanders who need to access specialist outpatient services. The number of patients waiting longer than four years has fallen from more than 5,100 to zero; the number of patients waiting longer than two years has fallen from just under 22,000 to 73; and the number of patients waiting longer than clinically recommended has been reduced by more than 55 per cent. This has been achieved in the face of a significant increase in demand.

Over the past three years hospitals have experienced an over 8.5 per cent growth in referrals year on year. In response, our hospitals have increased the number of initial specialist outpatient appointments delivered by 9.6 per cent in the last year alone. Comparing 2018-19 to the previous year, the number of patients who received their specialist outpatient appointment within the clinically recommended time increased from 235,878 to 244,271 for category 1 patients; from 153,503 to 154,849 for category 2 patients; and from 98,520 to 114,005 for category 3 patients. That is over 25,000 more patients in the last year who received their specialist outpatient appointment within the clinically recommended time.

As I mentioned earlier, our Specialist Outpatient Strategy funds not only more specialist outpatient appointments but also the flow-on impacts in terms of more elective surgeries. I am very proud to announce that the number of ready-for-care patients waiting longer than clinically recommended for elective surgery was only 122 at the beginning of this month compared to 172 as at 1 July last year. This result is a credit to the hard work of all of the doctors, nurses, health professionals and support staff in our hospitals. As I travel around the state I have met patient after patient who raves about the wonderful care and treatment they have received from our Queensland Health staff. The Palaszczuk government's Specialist Outpatient Strategy is delivering not only more specialist outpatient

services and more elective surgeries but it is also focused on doing things smarter and improving the experience of patients by making things easier and more convenient. It is providing appointments closer to home, which is especially important for those patients living in rural and remote areas.

Current forecasts indicate that Queensland Health delivered over 105,000 telehealth outpatient appointments in 2018-19, which is 13 per cent more than the year before. The Specialist Outpatient Strategy has also delivered new and innovative models of care aimed at providing the right care sooner, including allied health and nursing-led models targeting specific clinical conditions. For example, one of the new models of care that is improving the patient experience and outcomes and providing more timely access to treatment is called the Skin Lesion Assessment and Management model, or SLAM for short. This model allows non-melanoma skin cancer patients to be seen and treated on the same day, with 64 per cent of patients who are assessed being found to be suitable for treatment on the same day. Not surprisingly, both patients and clinicians have reported high levels of satisfaction with this service.

The Palaszczuk government is focused on improving the entire patient journey, from point of referral through to the finalisation of care with discharge back to the patient's GP. The Specialist Outpatient Strategy is investing in ICT and technology that will deliver smarter, faster and more secure communication between patients, hospitals and GPs. These investments will mean that patients will be able to manage their specialist appointments online through the establishment of a patient portal. GP referrals will be submitted via secure 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 their referrals into the system.

Mr O'ROURKE: Minister, can you please advise the committee on the actions being taken to ensure that the procurement of goods and services within the health system delivers value for money?

Dr MILES: I thank the member for Rockhampton for this question. Each year the Department of Health has oversight of almost $3 billion in expenditure, and Queenslanders deserve to know that the way this money is spent gives them the best health care possible at the most reasonable cost. Within Queensland Health we are implementing a number of strategies to ensure we can deliver more and better health care to patients within the Health budget.

One strategy involves looking at key areas where improved procurement can make the biggest difference, and then we work with our finest clinicians to design specialised statewide procurement models in those key areas. Including clinicians means that Queensland Health can use statewide buying power to reduce costs while also improving patient care. All savings are then reinvested straight back into frontline services. The key areas identified so far include pharmaceuticals, cardiology and orthopaedics.

Clinician-led procurement in pharmaceuticals is delivering baseline cost reductions and enhanced security of supply of medications to Queensland public hospitals. In the 2018-19 financial year alone, savings on pharmaceuticals amounted to $23.1 million as at 31 May. In cardiology, the clinician-led procurement model has reduced expected costs for cardiac intervention consumables by between $4.2 million and $5.4 million a year—all this while maintaining or improving the cost of cardiac prosthetics. Finally, the clinician-led procurement project in orthopaedics consumables is expected to create savings of $1.7 million per year.

Procurement is not just about savings. We are also putting Queensland first by supporting decent local jobs, especially in regional areas. That is why the Palaszczuk government updated the Queensland Procurement Policy in 2017 to include the Buy Queensland principle. We want local businesses of all sizes right across our state to be able to compete on an equal footing to win work with Queensland Health. By using our local benefits test as part of the decision-making process for all significant procurements and inviting regional and Queensland suppliers to apply, we are guaranteeing that more of the Health budget flows through regional economies.

In Townsville we have seen the Buy Queensland policy deliver local jobs through the supply contracts for the Townsville Hospital research and clinical trials centre. Under the Buy Queensland policy, 24 out of the 37 subcontracts awarded to date have gone to local businesses. The Palm Island healthcare clinic is doing even better, with 14 out of 15 subcontracts awarded so far going to local businesses. In Roma, all of the subcontracted works for early works on the Roma Hospital redevelopment have gone to businesses within 125 kilometres of Roma.

The Palaszczuk government also knows that government spending must create decent jobs that Queenslanders can count on with fair pay and safe working conditions. That is why the Buy Queensland policy includes best practice principles, a supplier code of conduct and now an ethical supplier mandate.

We want to make sure that, as well as supporting local businesses, Queensland government spending goes to ethical and environmentally and socially responsible suppliers. The Palaszczuk government is committed to ensuring Queenslanders see the best possible value for money from government spending, and our procurement policies put Queenslanders first by backing in decent jobs in local communities right across the state, including Rockhampton.

CHAIR: Can you please advise the committee how the Palaszczuk government is improving access to renal services in North Queensland and more broadly across the state?

Dr MILES: I thank the member for this question. Improving kidney care is a key priority of the Palaszczuk government, with more than one in 10 Queensland adults estimated to have signs of chronic kidney disease. Last year I announced additional funding of $20 million over four years to deliver expanded renal services closer to home for people living in North Queensland. People who live in regional and rural communities deserve world-class health care, and that is exactly what the Palaszczuk government is committed to delivering.

There was $4.9 million allocated to Hospital and Health Services in North Queensland for the last financial year. Cairns and Hinterland HHS received $1.5 million to purchase three additional dialysis chairs and machines and increase staffing levels at the Innisfail, Cooktown and Smithfield satellite sites. North West HHS received $1.5 million to support the transfer of the management of renal services from Townsville HHS to North West. This is enabling North West to provide the continuum of care to patients with chronic kidney disease closer to home through end-stage kidney failure and dialysis therapy. Mackay HHS received $700,000 to enable it to invest in chairs and dialysis machines and introduce a renal dialysis satellite site at Bowen Hospital. This funding will also enable it to increase staffing levels at Mackay Hospital so it can provide an enhanced renal home therapy unit.

Torres and Cape HHS received $571,000 to employ more clinical staff at Bamaga Hospital to enable the unit to transition from a self-care facility to a semi-supported satellite site. This service will mean that patients currently undergoing dialysis treatment at Cairns Hospital will be able to move back to Bamaga to be closer to their families and community. Townsville HHS received $639,000 to employ more medical, nursing and allied health staff to enable the Townsville Hospital to move to a more preventive model of care and increase the identification of transplant possibilities. This funding is also supporting the expansion of renal services on Palm Island to allow patients to access care closer to home.

The Palaszczuk government has continued to build on last year's commitment with the launch last month of the Advancing Kidney Care 2026 Plan and the announcement of further additional funding of $40 million over four years to expand and improve kidney services statewide. Our kidney care plan was developed following a comprehensive statewide review of kidney services which included the commissioning of a report by Professor Adeera Levin, an international kidney expert from Canada. As part of her work, Professor Levin conducted tele meetings, workshops and site visits to make sure she heard firsthand from consumers, frontline clinical staff and administrators. The plan has four key goals: to prevent chronic kidney disease; to detect chronic kidney disease earlier for better outcomes; to avoid or delay kidney failure from chronic kidney disease where possible; and to constantly improve specialist kidney care to deliver the best access and outcomes for all Queenslanders.

There were 13 HHSs that applied for this additional statewide funding, with $10 million allocated amongst these HHSs for this financial year. In North Queensland, the Cairns and Hinterland HHS and the Torres and Cape HHS each received additional funding of more than $1 million; Townsville received just under $800,000; Mackay received more than $700,000; and North West received more than $500,000. In the south-east corner, we provided more than $1 million each for Metro North and Metro South, just under $700,000 for the Sunshine Coast, $600,000 for the Gold Coast and more than $500,000 for West Moreton. In other parts of the state, Central Queensland received $800,000, Wide Bay received $700,000 and Darling Downs received just under $200,000.

This additional investment will improve care coordination, improve patient choice in treatment options and improve symptom management. It will ensure kidney transplant coordinators are available to give kidney transplant patients the support they need. It will employ more health workers to act as a single point of contact for patients having vascular procedures to help them navigate the health system with ongoing support and monitoring. It will invest in services for people with advanced kidney disease to improve their quality of life.

In order to ensure that the views of consumers and clinicians are at the forefront of the implementation of the kidney care plan, we have established a collaborative that includes not only health service chief executives and senior departmental officers but also consumers and clinicians. The

collaborative will prioritise the work required to achieve the plan's goals and drive these improvements. Importantly, the collaborative will ensure that the needs of rural and remote Queenslanders and Aboriginal and Torres Strait Islander Queenslanders are specifically considered.

As I have travelled around the state, I have seen the additional burden that kidney disease has for patients who need to leave their communities in order to access treatment. Providing care as close to home as possible for people living in rural and remote areas is a never-ending priority of the Palaszczuk government. Aboriginal and Torres Strait Islander people tend to be diagnosed with kidney disease at younger ages and are twice as likely to suffer from kidney disease compared to non-Indigenous Queenslanders. Health gaps like this are unacceptable and we are determined to close them.

For example, up until now there has been no dedicated service provision for patients suffering from chronic kidney disease in the western cape. This is going to change, however, as starting from this financial year we will be providing additional funding of around $300,000 a year to Torres and Cape HHS so they can commence a dialysis service in Weipa. The additional recurrent funding that the Palaszczuk government has announced for kidney care builds on the investments that we did make in our first term of government. In 2017 we committed funding of $4.8 million for the Townsville Hospital to expand the renal unit from 17 chairs to 30. This will increase the capacity for haemodialysis and streamline the hours of operation for patients. Construction commenced in July last year and will be completed next year. The Palaszczuk government is committed to delivering better health services for every Queenslander no matter where they live. This can be clearly seen through our investments in kidney care across the state.

CHAIR: Thank you very much, Minister, for the investment and for expanding the Townsville renal services. We visited the Mount Isa renal service when we were there. It was good. Before we go to non-government questions, the member for Mirani has just joined us and has a question.

Mr ANDREW: My question is to the minister. In 2005 local government was afforded the challenge of holding government assets to account. I believe that hospitals have been failing statutory tests. What are these statutory tests costing the Queensland taxpayer? I believe council has actually issued fines to hospitals for failing statutory tests.

Mr McARDLE: Point of order, Mr Chair. I have no idea what the member is referring to by way of the SDS. If he could point out in the SDS what on earth he is talking about, it may well be able to assist the committee.

CHAIR: I think it would be beneficial to rephrase—

Mr ANDREW: It was a question relating to the overall cost—it was not actually mentioned in the SDS—that I was made aware of. I apologise for that. I asked the question because I want to see if it is costing us money to run our facilities and if we are falling short of statutory requirements.

Dr MILES: Do you know what kinds of tests?

Mr ANDREW: It relates to electrical or mechanical checks that are done in the hospitals to ensure they meet statutory requirements.

Dr MILES: Do you mean like building inspections?

Mr ANDREW: For instance, it might be test and tag for some items as well as other things to do with boilers—all the things that are required statutory-wise by the government that can be held accountable by local government if the requirements are not met.

Dr MILES: Certainly our HHSs and the department endeavour to meet best practice in terms of complying with regulations. I am not aware of any fines such as what the member refers to. Perhaps if you could provide some more information we could investigate it.

Mr ANDREW: There has been some—

Mr McARDLE: Point of order. With respect, I think the health minister has made it quite clear here that it would be physically impossible to collate this data without knowing greater detail, and there are thousands of facilities right across the state, both inpatient and outpatient, that would need to be looked at. If the member wishes to pursue this matter, I suggest he puts a question on notice to the minister and he can deal with it appropriately over a period of time.

Mr ANDREW: I can do that. Thank you, Deputy Chair.

CHAIR: We will move to the last block of non-government questions.

Ms BATES: I call the CEO of Metro North HHS. I want to continue along the lines of the integrity and the safeguarding of the medical records and the patient experience, and I refer to page 118 of the SDS. How many documents were involved and for how many patients—the ones that fell off the back of a truck?

Ms Hanson: Firstly, I would like to advise that all of the staff of Metro North Hospital and Health Service take their responsibility around confidentiality and privacy very seriously. Every staff member who commences in Metro North is given further information around their responsibilities in relation to this. We believe that there were around a thousand[1] pages of documents that had been removed from the Royal Brisbane & Women's Hospital and were being taken away by contracted service.

Ms BATES: Why were the patients not proactively notified of the breach?

Ms Hanson: Given the volume of documentation we issued a media statement. We provided a contact phone number for people who may be concerned to contact the health service for information.

Ms BATES: Public advice from the Privacy Commissioner available on the website says—

... a failure to notify may compound the damage for the individuals affected by the breach and reflect negatively on an agency's reputation. Notification can also demonstrate a commitment to open and transparent governance.

Obviously best practice was not followed because of the number of complaints. Is that—

CHAIR: That is hypothetical.

Ms BATES: No. That is best practice and the previous answer was that there were 8,000—I presume 8,000 patients?

CHAIR: No, it was 1,000 pages, but you are straying—

Ms BATES: I thought she said 8,000.

CHAIR: Member for Mudgeeraba, please allow me to finish. You are straying away from the—

Ms BATES: Thank you for your guidance, Mr Chair. I have another question. On 13 September 2018 it was reported that authorities had launched an investigation into how dozens of confidential Redcliffe Hospital patient handover notes were found dumped in a bin in an apartment complex. It said that on that occasion the hospital had contacted, or attempted to make contact with, the patients whose information was included in those notes. Why were there two different procedures for dealing with—

CHAIR: Before you answer that, again I am really struggling to see where this fits in with the Appropriation Bill.

Mr HUNT: Point of order.

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

Mr HUNT: It relates to integrity and the safeguarding of patient medical records, specifically to the patient experience. If the patient experience in relation to climate change is relevant, I think the security of records is relevant.

CHAIR: You do not have a point of order. Member for Mudgeeraba, could you correct your line of questioning?

Ms BATES: Is the Royal Brisbane Hospital breach that occurred recently being investigated and, if so, by whom?

Ms Hanson: Yes, it is being investigated by the Royal Brisbane Hospital investigations team. We have given an undertaking to have that investigation concluded by 30 August.

Ms BATES: My next question is to the minister. Minister, when were you first made aware of the breach?

Dr MILES: I would have to check my records, but it was not long before it was made public.

Ms BATES: You can get back to me, Minister; that is fine.

Dr MILES: While the member has addressed her first question to me, I will take an opportunity to clarify a couple of matters in relation to this. The first is the different approach between the incident in Redcliffe and the more recent incident at the RBWH. I am advised that the different approach taken there related to the nature of the records. Those in the Redcliffe incident were clinical records; those in the RBWH incident were administrative records and therefore less sensitive.

[1] In correspondence dated 12 August 2019 the minister clarified that there were around 8,000 documents that had been removed from the Royal Brisbane & Women's Hospital, not around a thousand documents. See correspondence here.

While the member has pointed to an element of the Privacy Commissioner's advice, I understand that the Privacy Commissioner also advises against causing excessive or undue public concern where that is not necessary. Those competing concerns need to be considered and balanced in how this is handled. I am happy to come back with precisely when I was notified.

Ms BATES: Thank you, Minister. My next question is to the CEO of the Darling Downs Hospital and Health Service. It seems like deja vu. We are talking about restoring Chinchilla's maternity services again. Have you got a date when services will once again be restored for that hospital?

Dr Gillies: No, I do not have a date. I would like to have a date. I can say that the board, the executive and I are committed to restoring services in Chinchilla. We have been working very hard on doing that. It is really an issue of recruitment now. We have had six rounds of recruitment. We have advertised on social media, in newspapers and with recruitment agencies. We have really tried everywhere.

We have done some work. There were discussions earlier about what we prefer to call a collaborative model rather than midwifery led; it is a group practice or caseload model. We did switch to that model based on consultation with the local community that showed that was a popular model of care and that is what mums are looking for. I think that will make recruiting easier because it is a different way for the midwives to work. If you are rostered in a hospital with very few births I do not think it would be very fulfilling.

We have changed the model and hope that will be more successful. In fact, today we are interviewing four applicants. We desperately hope to get some midwives. We really need four midwives to start with a collaborative model of care. We have two. Unfortunately, one midwife that we recruited and upskilled for two months then had a change of circumstances and had to return to the Sunshine Coast. It really is an ongoing issue of recruitment.

The other important thing to say is that when we reopened the service in December and had to close it again three months later, the very strong feedback from the community was that they did not want it to open and then close. As well as ensuring safety, we want to ensure that the service is sustainable before we reopen it. We have been talking regularly with the community, keeping them informed of our progress. Again, it comes back to not being prepared to open the service unless we are sure it is safe. As I said, the community were very clear that we were not to open it if it was then going to fall over again.

Ms BATES: Just to clarify in terms of the services that you restored last year and then closed, was that because you were looking at the different model of care?

Dr Gillies: No. It was because we had a resignation and, unfortunately, one of the staff members became very unwell.

Ms BATES: What has been the impact on Dalby Hospital of Chinchilla being offline for most of last year and this year?

Dr Gillies: Dalby is capable of handling additional births. I do not believe that has had an adverse impact on Dalby in any way.

Ms BATES: We recently received some information about concerns of staff shortages at Dalby Hospital and that the hospital went on maternity bypass on the weekend of 8 and 9 June; is that correct?

Dr Gillies: No, it did not go on bypass. To be honest, it was close. I am concerned about Dalby medical staffing. With Chinchilla, we have seven birthing services in our health service, six of which are in rural towns. We have been doing this for a long time. One of the people in charge has pioneered the rural generalist program and is extremely experienced in this space. The GP obstetrician market, if you like, is becoming increasingly challenging. I think there is a generational change with doctors who used to work really hard in rural towns, do long hours and lots of on-call. Understandably, the new generation does not want to do that. In our health service we have some hospitals that have run very well for many years with very experienced, dedicated rural doctors. As we get that generational change, we have some challenges to make sure that we can keep recruiting. Dalby is a key hub hospital of ours and it is an absolute priority to keep birthing going. That is absolutely the commitment to maintain that service.

Ms BATES: Thank you. I look forward to visiting there later this month. Are you aware of any do-it-yourself birthing kits being issued in the last financial year?

Dr Gillies: There was some media around that and I understand there were some reports of that. That is certainly not an instruction we have given to staff. If someone lives a long way from a hospital, part of holistic care to a patient is to provide them some clinical supplies if the unexpected happens.

The Rural Maternity Taskforce looked into this. The born-before-arrival numbers are a little higher if people are further away from a birthing service, but the vast majority occur with mums who are within an hour of a birthing service. With a very fast delivery, people can be caught unawares. For example, if someone lives on a property a long way from Dalby, as do many of our mums, providing them some clinical supplies for if the unexpected happens is not an unreasonable practice.

Ms BATES: My next question is to the Mental Health Commissioner. Page 45 of the SDS refers to driving ongoing reforms. Your website details information about Portugal's response to drug related harm and about your visit. What was the total cost of that trip?

Mr Frkovic: Off the top of my head—I do not have details in front of me—I think it was about $8,000.

Ms BATES: What were your findings? Have you provided a report to Queensland Health or to the minister?

Mr Frkovic: The findings were provided in a report to the minister, the department and the broader Queensland community. From my recollection, the report is available on the website. It does provide a whole range of learnings from that trip. I was not on the trip alone. There was a whole range of other people on the trip from the sector, including one person from Queensland Health. There were a number of people from the non-government sector as well.

Ms BATES: Did you recommend decriminalisation as a policy option for government?

CHAIR: Member for Mudgeeraba, you are absolutely straying away from the Appropriation Bill. I ask you to—

Ms BATES: It is not. It is about funding for mental health, which is certainly part of the SDS.

Mr McARDLE: With respect, the person answering the question has already dealt with the issue of mental health as being a prime outcome of pill testing.

Ms BATES: Did you recommend decriminalisation as a policy option for government?

Mr Frkovic: Not at this stage.

Ms BATES: My next question is to the CEO of the Central Queensland HHS. I refer to page 92 of the Capital Statement in relation to the new residential drug and rehabilitation treatment facility in Rockhampton. How many sites have been considered for this project?

Mr Williamson: I understand that 50 sites have been considered in the vicinity of the region of Rockhampton Regional Council. The site is to deliver a 32-bed service with an additional eight beds, which are detox beds, and a further two units which would be family units; that is a 42-bed facility. It is highly needed by people and users in communities in Central Queensland.

Ms BATES: Had the land in Parkhurst been purchased for this site and, if so, when?

Mr Williamson: The conclusion of the assessment at 50 sites identified a site in the Parkhurst region, Birkbeck Drive, as a preferred site. Recently, consultation commenced with the community to engage with community members on their views, input and engagement issues. About 250 members of the community attended that event. All present indicated very strong support for the need for this service. There was a significant concern raised from a large number of the community present about the preferred site. At that point, that was a preferred site. As outlined earlier during the estimates committee hearing, work on that preferred site has been paused following Rockhampton Regional Council's announcement at the consultation event that an alternative site, which is described as the Music Bowl site, could subsequently be made available.

Ms BATES: Parkhurst had already been purchased by this stage?

Dr MILES: I can answer this question.

Ms BATES: Parkhurst had been purchased?

Dr MILES: I know that the member prefers to ask other people, but I can answer this question if she would let me.

Ms BATES: No, I am not asking you, Minister. I am actually asking the CEO. Had the land in Parkhurst been purchased for this drug and alcohol rehab site and, if so, when? Was it prior to any local community consultation? Was it prior to the community being privy to the fact that there were 50 alternative sites? The question is pretty clear: was Parkhurst bought and ready to rock and roll without any community consultation?

Dr MILES: It might be more fun for the member to ask someone not privy to this information, but I know the answer if the committee would let me answer it.

CHAIR: I am more than willing to allow the minister latitude to answer as he obviously has information to share.

Dr MILES: I can share for the benefit of the committee that the Parkhurst site identified is government owned land. It is 14 hectares of government owned land that was retained as a buffer between an industrial zone and a residential zone, so if a health—

Ms BATES: So it was already owned?

Dr MILES: Since the original planning since the sixties.

Ms BATES: Thank you, Minister. Again to the CEO, what is the time frame for construction to commence?

Mr Williamson: Given the announcement by Queensland Health to pause progress on the Parkhurst site whilst the option identified by the Rockhampton Regional Council is progressed, the mayor, Mayor Strelow, identified at the consultation events that the assessment from the council's perspective in respect of the Music Bowl site may take two to three months to conclude. Given that, Queensland Health have announced no further work on the Parkhurst site and I would anticipate that within two to three months that will be clear in respect of the Rockhampton Regional Council site at the Music Bowl. However, there is further progress this morning with a further announcement from Rockhampton Regional Council which has already been alluded to which suggests that that will progress quickly. What I would say is as soon as that outcome from the Rockhampton Regional Council in respect of the Music Bowl site is concluded then the whole development will progress as quickly as appropriate. There was strong support from—

Ms BATES: But obviously it will be a bit behind time because you have had to go back to the drawing board with a new site?

Ms PEASE: I raise a point of order.

CHAIR: Yes, go ahead.

Ms BATES: I am just asking.

Ms PEASE: I raise a point of order with regard to imputation.

Ms BATES: It is not an imputation. It is pretty damn obvious.

CHAIR: Excuse me.

Ms BATES: They have had to go back to the drawing board and start again.

Ms PEASE: What are you implying? That there is some sort of cover-up going on?

Mr McArdle interjected.

CHAIR: Excuse me, members.

Mr McArdle interjected.

CHAIR: Members!

Mr McArdle interjected.

Ms BATES: Thank you. I am happy to move on.

CHAIR: Members! I just warn the member for Mudgeeraba: unparliamentary language should not be used in this setting.

Ms BATES: What unparliamentary language?

Mr McARDLE: What unparliamentary language? What was the term used?

CHAIR: I consider it unparliamentary and I ask you to withdraw.

Mr McARDLE: No-one knows what you are referring to.

Ms BATES: I do not know what you are talking about.

CHAIR: I am not going to repeat it.

Mr McARDLE: Fair enough.

Ms BATES: I withdraw. Can I ask my next question thank you, Mr Chair?

CHAIR: Go ahead.

Dr MILES: Mr Chair, that is 20 minutes of opposition questions.

Ms BATES: My next question is to—

Mr McARDLE: The timekeeper! Are you the timekeeper?

Dr MILES: No, but I have an answer to one of the member's questions.

Ms BATES: My next question is to the minister.

CHAIR: Okay.

Mr McARDLE: With respect, Mr Chair, we had a conversation about this before this session started.

CHAIR: You are now eating into time.

Mr McARDLE: We will go back to the shadow health minister then.

Ms BATES: I was going to ask the minister a question. What a shame!

Mr McArdle interjected.

CHAIR: No.

Ms Bates interjected.

CHAIR: Okay. I am going to pull up proceedings for a minute. The non-government members have had more time than government members in this last session.

Ms BATES: Not the opposition.

CHAIR: You have had significantly more time—

Mr McARDLE: As you agreed to.

CHAIR:—and I am asking now to halt the questions to allow the minister to speak.

Dr MILES: Thank you, Chair. I appreciate the chance to address one of the questions the member for Mudgeeraba put to the CE of the Mackay HHS where she asked whether there were any clinical issues when ieMR went live gate for review and whether there have been any impacts on elective surgery wait times, whether that be category 1, 2 or 3, as a result of the ieMR rollout and implementation.

I can advise in response to the first part of the question regarding clinical views at gate 4 that there were no clinical issues or high risks recorded when Mackay Base Hospital went go-live for Digital Hospital. There was also strong attendance and endorsement by clinicians at the clinical implementation group governance meetings. The status report immediately prior to go-live on 23 October 2017 confirmed a green status to proceed. There was a planned decrease in elective surgery for October 2017.

At the end of the 2017-18 financial year, no patients were waiting longer than the clinically recommended time for elective surgery. In that year Mackay Base Hospital performed a record number of emergency surgeries, a 19 per cent increase of 550 patients from the previous year. In the face of this emergency demand, it is not surprising that there was a slight decrease of 2.8 per cent in the overall number of elective surgeries performed. It is worth noting that in the ieMR go-live month of October Mackay Base Hospital performed a large number of emergency surgeries with 293 emergency cases, which is an outstanding effort by the dedicated staff of the hospital.

Ms BATES: I have one further question.

CHAIR: You have one minute.

Ms BATES: My question is to the minister in relation to the Rockhampton ice rehab facility. Minister, you were recently in Rockhampton on 10 July. Why did you not meet with local residents who were angry about the significant lack of any consultation into the location of this project? Did you cancel a planned media conference because you did not want to face 300 angry locals?

Dr MILES: No, I did attend a meeting with representatives of those locals. I was otherwise engaged at the time at which they were meeting on site, but they came and met with me and representatives of the health service that afternoon, and the member for Rockhampton joined me at that meeting. It was a productive meeting. The commitments I gave to them then—the undertakings I made to them then—have been followed through with and that is what you see happening even today with the update today.

Ms BATES: Thank you.

CHAIR: Thank you very much, Minister. It being 12.15, we will now adjourn for lunch and return at 1 pm. Thank you.

Proceedings suspended from 12.15 pm to 12.59 pm.

CHAIR: Before we move into the next block of questions I would like to allow the director-general, Michael Walsh, to say a couple of words.

Mr Walsh: Thank you very much, Chair. I appreciate the indulgence of the committee for me to make a couple of comments in response to the committee's comments earlier and the minister's grateful speech at the beginning. I would like to thank all the members of the committee for their ongoing dedication to ensure the accountability of the Queensland health system. I am very conscious that there is still an hour of the rigours of estimates to go. Like all people who come before estimates committees, I intend to leave with my dignity, my integrity and my job at the end of this—

Mr McARDLE: In that order!

Mr Walsh:—although there is only several weeks to go of my job. The work of the committee in reviewing the legislation and undertaking policy reviews has contributed significantly to the work of the department. I thank the committee for that. I would like to thank the minister for his ongoing commitment to improve the health of all Queenslanders. The Minister for Health works tirelessly to ensure that all Queenslanders continue to have access to the health care they need right across the state. Lastly, I thank every single person who works across the Queensland health system in whatever role they undertake in that system for their ongoing efforts to ensure that every Queenslander gets the best care when they need it.

I look forward to a more manageable work-life balance and spending more time with my wife, Sabrina. I will continue to remain interested in seeing the Queensland health system continuing to improve over the coming years and decades. I encourage anyone who wants a rewarding and fulfilling career to work in Health and to aspire to be director-general. It is a great honour and I will be forever grateful to the Premier and the minister for giving me this opportunity and for all the people who I have worked with for making it so enjoyable. Thank you.

CHAIR: Thank you very much, Mr Walsh. On behalf of the committee, we thank you for the work that you have done for the state as the director-general of Queensland Health. The interactions that we have had over the last few years have been outstanding. Thank you.

We are now examining the health and ambulance services portfolio. I will call for non-government questions first.

Ms BATES: Could I recall the CEO of the Darling Downs HHS, please? Earlier you talked about clinical supplies being issued. Can you give examples of what type of clinical supplies?

Dr Gillies: I have not personally been involved at that level of detail, to be honest. My understanding is that it is the incontinence sheets, swabs and things that might be needed if—

Ms BATES: Clamps?

Dr Gillies: Clamps perhaps, yes.

Ms BATES: The minister has said that no birthing kits were issued, but it sounds like a do-it-yourself birthing kit by another name. Who is right?

CHAIR: Member for Mudgeeraba, relevance.

Ms BATES: It is relevant.

CHAIR: No.

Ms BATES: I was asking about clinical supplies and whether they are known as birthing kits by any other name.

CHAIR: I am asking you to rephrase your question because it is not relevant to the Appropriation Bill before us, or let us move on to another question.

Mr McARDLE: Point of order. Dr Gillies answered the question in relation to the content of the birthing kits. The issue of the birthing kit is a live issue. The minister has made comment in the past that this form of kit does not exist. It is a clear question to clarify an obvious inconsistency between Dr Gillies' apparent statement and that of the minister. It is clearly within the province of Dr Gillies to make a comment.

CHAIR: That might be an appropriate place in the other chamber when parliament resumes. This is estimates and we are examining the Appropriation Bill.

Mr McARDLE: No, it is not.

Ms BATES: Dr Gillies is happy to answer the question. He is trying to answer it.

Dr Gillies: I was not aware that there were any birthing kits provided.

Ms PEASE: No, and that is not what he said.

Dr Gillies: My understanding is that, for all patients, we will provide customised care, if you like—patient centred care—and what they do and do not need. It transpired that, I believe, one or two of our obstetricians occasionally may have provided a mum who was pregnant with some clinical supplies to assist them—usually someone who has had a history of a precipitate birth, where the labour happens very quickly. My understanding is still that it is not a birthing kit. There may be other situations where you would provide patients, if they have a wound and they live a long way from the hospital and they are capable, with some dressings and things to do their own dressing.

It is a discussion between a patient and a clinician. Clinicians are acting with autonomy and, I think, providing the right care to patients. My initial comment was that there have been no instructions to provide birthing kits. It is not an agreed policy or process, but what I think has happened—perhaps very rarely—is that, on occasion, clinicians have used their autonomy and, in a desire to provide holistic care, have provided some clinical supplies to some mums.

Ms BATES: Which includes clamps et cetera. Thank you. I will move on to my next question. My next question is to the QAS Commissioner, Russell Bowles. I refer to page 47 of the SDS in relation to delivering timely, patient focused ambulance services. Can you explain the process for the rapid off-load policy that is currently operating in several hospital and health services across the state?

Dr MILES: Point of order. The member continually refers to a rapid off-load policy. There is no such policy. There is a rapid transfer policy that aims to transfer patients from ambulances into emergency departments as rapidly as possible.

Ms BATES: Thank you for clarifying, Minister.

Dr MILES: If the member could reword her question, I am sure the commissioner would happily answer it.

Ms BATES: I am happy to reword it.

CHAIR: Please, go ahead.

Ms BATES: I know that, colloquially, the nursing and ambulance staff call it OLI—off-load immediately—

Ms PEASE: Point of order.

Ms BATES: It is a policy that—

CHAIR: Yes.

Ms PEASE: Mr Chair, I think you have already given the member direction on how to deliver the question and she is continuing on the same course. Can you please direct her appropriately?

CHAIR: Thank you, member. Rephrase appropriately, please.

Ms BATES: Can you explain the process that currently occurs in several hospital and health services across the state where patients are taken out of an ambulance and into the ED?

Commissioner Bowles: Yes. I will just start with the great partnership that exists between the health service chief executives and pretty much all of the 90,000 health staff who exist in accepting ambulance patients. As we all know, every health worker is the protagonist for their patient. I especially call out the rapid transfer of care—just the partnership with the health service chief executives. They have been very supportive in this process. In fact, one of the healthcare chief executives said that it would be immoral not to be able to unload patients so that you can respond to someone who is awaiting ambulance care within the community. That has very much been the view of the Queensland Ambulance Service and that has been the view of the health services.

As we know—and having worked in a health environment you yourself would know—that has a direct flow-on to our patients. The availability of resources is a very important component of ambulance services because, as you would be aware, we respond way over one million times a year now and our ability to respond is dependent on the great relationships we have with our hospital and health services.

In fact, if you look at that over the last 12 months, the rapid transfer of care process has clearly assisted in this. Our response performance targets are 16.5 and 8.2 minutes. If we draw a line at 16.5 minutes, we are able to attend to 18,000 more patients who were waiting in the community than we

were in the previous year. At the 50th percentile, or the 8.2 minutes, we have been able to attend approximately another 12,000. Just under 5,000 patients more have been taken off ambulance stretchers in less than 30 minutes than the previous year.

Ms BATES: Just to go back to the rapid transfer of care, wasn't this policy supposed to be in place for the Commonwealth Games only?

Commissioner Bowles: The policy was initiated for the Commonwealth Games but it was a very successful process and worked very seamlessly through the Commonwealth Games, so I went back to the chief executives, mainly within the south-east of the state, and had discussions about how we could continue what this very successful process had been. Since the Commonwealth Games there has been some water under the bridge and there have been lots of iterations of the rapid transfer of care to the point now that it is just very seamless and it is part of everyday ambulance business. That is how we as an Ambulance Service want it to be.

As I say, if there is a person waiting in the community who has not had an ambulance and another patient who is in an emergency department who has been triaged, it is impossible to argue that the person who is in the emergency department is more vulnerable than the member of the community who is waiting.

Ms BATES: Unless you are a triage nurse in the ED.

Commissioner Bowles: That is why this policy is so important to us. Looking more broadly at emergency departments—I have been in this system a long time; in fact, I am a lifer—I have seen emergency departments, as you would have, evolve over time.

Ms BATES: To go back to my question, it was supposed to be for the Commonwealth Games only but you are now saying it is par for the course?

Commissioner Bowles: As I said, and I will go back over, the Commonwealth Games was very successful. It did show us that if we have strong relationships and strong partnerships with our HHSs that we are able to continue this as a process. So we went back to the chief executives—

Ms BATES: So it has been rolled out. Thank you. As you would be aware, earlier this year there was an issue at the Logan Hospital. Can you describe the issues that happened there?

Dr MILES: It is not really the job of Mr Bowles to provide a narrative.

Ms BATES: It is if it relates to the QAS and rapid off-load at the Logan ED.

Dr MILES: Mr Bowles was not there. I do not think he can be expected to provide a narrative on what occurred.

Ms BATES: Fine, I will move on. I seek leave to table an RTI of a ministerial correspondence to the minister from June 2018. It says that the QEII emergency department nursing staff raised issues including that the QAS had gone against their own process with regards to coordination of patient off-loads within the ED. How is this the case?

CHAIR: We might get that tabled.

Ms PEASE: Can I raise a point of order? The member has been directed many times about inappropriate use of commentary and she has just used it again, Chair.

Ms BATES: This is an RTI, it is not inappropriate use of commentary.

Ms PEASE: The off-loading is what I talking about. It is your use of language.

Ms BATES: I am seeking leave to table the RTI.

Dr MILES: Point of order. If that relates to June 2018 that is prior to the period of time being investigated. It should have been raised at last estimates.

CHAIR: Yes. Let us move to another question. Whilst you find one we might move to some government questions.

Ms BATES: I have another one, thank you very much. I refer to page 47 of the SDS in relation to strategic land acquisitions and the planning and construction of ambulance stations throughout the state. Commissioner, there has been some public conjecture about the location of a new station at Ormeau. Can you advise the committee when this site was first purchased?

Commissioner Bowles: I am aware of some media around the purchase.

Ms BATES: Some.

Commissioner Bowles: Yes, around the purchase of a block of land at Ormeau. First of all, I suppose to put it in context, the Queensland Ambulance Service is always looking at opportunities for expansion, especially into the growth areas of the state. If you take an area like Ormeau, all of our modelling and the modelling of relevant agencies shows that the south-east of the state will have a population of about 4.9 million by 2036. It is actually very incumbent on us to plan.

Ms BATES: I get that. When was the site purchased?

Commissioner Bowles: The site was purchased earlier this year.

Ms BATES: Were there any other sites considered?

Commissioner Bowles: We do not just go to one site and say that is the site we are going to buy, we actually do quite a detailed search. You will know that we buy land, as I say, on an ongoing basis especially in these growth corridors: the western corridor, the northern Gold Coast.

Ms BATES: There were other sites considered?

Commissioner Bowles: Yes, but we found it very difficult to find a site that was appropriate to our needs. This site is very appropriate to our needs. You have to remember that we respond to communities and we often—almost universally—buy land near these communities.

Ms BATES: Sure. Is it normal to have an ambulance station in a residential area?

Commissioner Bowles: Yes.

Ms BATES: Were the community consulted on this proposal?

Commissioner Bowles: We followed all government guidelines for the purchase of this property. As you can imagine, if we go out and say we are going to buy a block of land at 23 Smith Street and it has government backing the price of 23 Smith Street has just gone up exponentially.

Mr McARDLE: We are aware of that.

Commissioner Bowles: What we do is we go along and we buy a block of land, then we go through a planning process, and quite a detailed planning process, about the type of facility that we would put on that, and then we go through—this is all part of policy—a detailed consultation phase with the community.

Ms BATES: When is construction supposed to commence?

Commissioner Bowles: As I say, we are into a planning stage now. We obviously have to do the consultation first. As far as the block of land that we have purchased, we will go through the consultation process, we will continue planning, we will then allocate funds in the 2021 year to actually do the planning—providing all the due diligence that we do along the way works—and then in the 2021-22 year we will commence construction.

Ms BATES: Why was there a big rush to demolish the existing property on that land in Peachey Road?

CHAIR: How is this relevant to the Appropriation Bill?

Ms BATES: The Commissioner has already said there were other sites considered.

Commissioner Bowles: I don't know. I have never been a landlord. I drive into my property portfolio each night.

Mr McARDLE: Are you a tenant?

Commissioner Bowles: As long as I am allowed to be. Basically, what we do not want to do is leave a building that is in various states of disrepair that is not occupied to be used for means that it was not otherwise intended for. It went through the necessary approval processes and we had the structure removed.

Ms BATES: Given that the existing house has already been demolished there is obviously no chance of an alternate location for this new station?

Commissioner Bowles: We are very comfortable with the location of this place. It is not uncharacteristic of anything else that we do anywhere else in the state. As I say, we are always looking for opportunities. We do not want to make public safety hazards, we do not want to do anything else. We made a decision that this building should be demolished and removed as a result of this and now we will go into a consultation phase with the community.

Ms BATES: Was there any other location considered, say, for example, near a fire station to make it easier for comms and those sorts of things?

Commissioner Bowles: Which fire station would you be referring to around there?

Ms BATES: I am not sure. I am just talking about co-location.

Ms PEASE: It is hypothetical, perhaps.

Ms BATES: Excuse me! Co-location has occurred beforehand. Historically there was a bunfight years ago, which you would remember, at Nerang when the Nerang Ambulance Station was placed where it was and then later on there was a fire station.

CHAIR: Member for Mudgeeraba, you are really starting to slide away from anything to do with the Appropriation Bill.

Dr MILES: We can add a fire station at Ormeau if you would like.

Ms BATES: Maybe there should be, Minister. Would you be happy to meet with a community delegation about this issue given the current angst in Ormeau?

Dr MILES: I understand that the Deputy Commissioner met with the local MP Michael Crandon on the 24th and that they have continued to meet with local residents since then. That consultation process is ongoing.

Ms BATES: Would you be happy to meet with constituents?

Dr MILES: I do not have a concern with meeting them, but I would need to take advice about where it was most useful in the process.

CHAIR: We will move to government questions

Ms BATES: We have not completed 20 minutes yet. I call the CEO of the Gold Coast HHS. I refer to page 99 of the SDS in relation to delivering safe, effective and efficient services in a sustainable manner. Mr Calvert, as you would be well aware, in May this year it was revealed that a Robina Hospital security breach resulted in multiple drug overdoses for mental health patients at that hospital. At the time the minister said that he was going to investigate—that it was being investigated by police and the health service. Can you provide an update on those investigations?

Mr Calvert: It is true that four inpatients of the Robina Hospital mental health service fell ill between 5 and 9 May 2019 and that there was obvious suspicion that the incidents were related to the ingestion of a drug. An initial review of the incident was undertaken at the unit level. Specific actions completed included focused interventions to raise awareness with clients regarding potential harm and ongoing awareness raising through the established unit based mutual help systems.

I understand the concern about this incident, but it must be remembered that mental health staff are not authorised to search a patient or their belongings unless there are clear grounds to believe that the person has dangerous or harmful items in their possession, so police were called. Police and detection dogs attended the Robina Hospital on 10 May. They conducted a search of the four mental health units and the external environment. They located a small empty plastic bag and some cannabis. All patients were counselled after the incident on the dangers associated with illicit drugs and we have started a review process. That has not yet finished.

Ms BATES: As part of your investigation—

CHAIR: I am sorry, member for Mudgeeraba, but we have gone over time. We will move to government questions. I start by acknowledging the ambulance personnel who are here today as well as the commissioner and deputy commissioner. I do this each year. I know that paramedics out there are watching the estimates hearing. As a former paramedic, I know of the great work that they do in the state, 24 hours a day, 365 days a year. I want to put our thanks on the record and acknowledge the tireless men and women of the Queensland Ambulance Service for the work that they do. Minister, can you please outline to the committee the Queensland Ambulance Service's performance in the face of increasing demand?

Dr MILES: I can, and I thank you for the reminder that you used to be a paramedic. I had almost forgotten. I always appreciate you reminding me. I, too, would like to acknowledge all of the hardworking Queensland Ambulance Service staff. They all do an amazing job out there on the front line, saving Queensland lives every single day. That is why the Palaszczuk government is pleased to be investing to keep building on that service and keep supporting them. Our investment includes a well-funded and well-supported Ambulance Service. In fact, since we were first elected in 2015 we have produced year-on-year record budgets for the QAS.

Queensland has a population that is growing and ageing. The data demonstrates the additional pressure that those changing demographics is putting on our system. In the last financial year, the QAS received 865,493 triple 0 calls, which is a 4.8 per cent increase from last year. However, our investment

in the service ensured that 92 per cent of those calls were answered in under 10 seconds. QAS ambulances responded to 847,961 code 1 and code 2 incidents last financial year, which is an increase of 44,840 on the previous year. The QAS attended 400,971 code 1 incidents, which are lights-and-siren responses for sick and injured emergency patients. That is an increase of six per cent. Meanwhile code 1A incidents, the most serious emergencies, such as cardiac arrest and major trauma, have risen an additional 13.7 per cent over the year before. Despite that increase in demand, our ambos are reaching those critical patients faster. The ambulance officers working in patient transport have had a 4.4 per cent increase in their workload and have responded to 12,194 additional incidents.

Our QAS officers are getting on with the job and we are helping them do that. Those in the opposition should be praising their hard work and achievements, and anything less is an insult to the dedication and skill that our ambos demonstrate every day. We have employed 662 additional ambulance officers and paramedics and have invested in 682 new and replacement emergency vehicles. We are planning for increased demand right across the state, which is why we have invested $41 million[2] in capital works to build new and replacement stations in areas such as Mermaid Waters, Wynnum, Thursday Island, Kenilworth and Yandina. We have also futureproofed areas such as the northern Gold Coast with a new station to be built at Ormeau, as we have just been discussing.

The QAS staff have a very difficult but very necessary job to do. Their performance is consistently outstanding and the Palaszczuk government is willing to invest in their excellence, which is demonstrated by the improved response times over the last financial year. Despite a very substantial increase in cases, from 378,000 code 1s to more than 400,000 code 1s, median response times went down from nine minutes to 8.9 minutes and response times at the 90th percentile went down from 17.3 minutes to 16.1 minutes[3], which is an excellent outcome from our fantastic ambos.

Mr O'ROURKE: Minister, can you please share with the committee the Queensland Ambulance Service's staffing plans to manage increased demand?

Dr MILES: Just recently I was pleased to announce with the member for the Rockhampton the number of new ambos to be deployed in the Central Queensland region. The Palaszczuk government has prioritised jobs and frontline services for Queensland. Nowhere is that more evident than in our health sector, where year-on-year record budgets have been used to employ thousands of staff following the cuts of the LNP. We have employed 662 additional ambulance officers and paramedics and have invested in 682 new and replacement emergency vehicles. We are planning for increased demand right across the state, which is why we have invested $41 million[4] in the capital works that I outlined earlier.

As we announced in last month's state budget, we are increasing the number of QAS frontline staff by 200 this financial year. The Palaszczuk government is clearly backing our ambos right across the state. I thank the member for Cairns, Michael Healy; the member for Barron River, Craig Crawford; the member for Mulgrave and Speaker of the House, Curtis Pitt; and the member for Hill, Shane Knuth, for working hard to improve health services in the far north. Thanks to their efforts, we have announced nine new QAS staff for Cairns and the surrounding hinterland. I thank the member for Cook, Cynthia Lui, for her work. I know that, as a former health worker, she feels passionately about improving health outcomes in the Torres Strait and Cape York. We have been able to allocate an additional ambulance operative to her region also.

Ms PEASE: Minister, can you outline for the committee what measures are in place to ensure that our first responders in the QAS receive the support that they need for their own mental health and wellbeing?

Dr MILES: Our ambos are out there 24/7, working in every region of our state responding to emergencies. QAS staff have extraordinarily challenging jobs that require enormous strength of character and resilience. They are faced with trauma and death every day and they manage to do so with a level of professionalism and compassion that deserves to be commended. However, commendations are not enough. Paramedics and ambulance officers need support services, which is what the Palaszczuk government is delivering. The QAS has in place a comprehensive, evidence based

[2] In correspondence dated 12 August 2019 the minister clarified that $51 million was invested in capital works, not $41 million. See correspondence here.
[3] In correspondence dated 12 August 2019 the minster clarified that response times went down to 17.1 minutes, not 16.1 minutes. See correspondence here.
[4] In correspondence dated 12 August 2019 the minister clarified that $51 million was invested in capital works, not $41 million. See correspondence here.

staff support service known as the Priority 1 program. Priority 1 includes free confidential counselling from over 90 independent registered mental health practitioners from across Queensland. It is a highly developed peer support program and also includes chaplaincy services.

There is also a suite of programs and promotional activities provided at all levels within the organisation aimed at promoting good mental health and wellbeing for staff. The QAS has a specific mental health and wellbeing strategy which provides a holistic organisational approach to address psychological wellbeing both within and outside of the workplace. This works alongside QAS's Critical Incident Management Strategy which identifies appropriate responses to potentially disturbing and dramatic events for ambulance personnel.

QAS staff are supported by a range of policies to support the implementation of these strategies. Staff support services and Priority One have been rigorously researched, reviewed and evaluated over the years. They have shown to be both highly valued and extremely effective. Staff report the programs address the traumatic impacts of exposure to trauma and the unique stresses of working in emergency services.

Last month's state budget provided for eight additional staff councillor positions. Six of these councillors will be located in regional Queensland because we know traumatic incidents occur right across Queensland. We also included an additional 200 ambulance officers across the state, ensuring our ambulance stations are better staffed and alleviating pressure and work stress from our officers.

The Palaszczuk government puts workers and their wellbeing first. No matter what industry Queenslanders are in they have the right to mental health support and services. This is especially true of the people who are charged with saving our lives in an emergency. We are getting on with the job and backing our ambos. While our ambos look after the health and wellbeing of Queenslanders, the Palaszczuk government looks after them.

CHAIR: In Thuringowa I have the Kirwan Ambulance Station. As a committee we had the pleasure of visiting Wynnum Ambulance Station, in the member for Lytton's electorate, whilst doing some other work. Could we get an update on the progress of the Kirwan and Wynnum ambulance stations and any other capital projects that have been completed by the Queensland Ambulance Service or are currently underway?

Dr MILES: If it is not Riverway Drive it is that station at Kirwan that he is always talking to me about. I am sure he is especially keen to hear—

CHAIR: I am so pleased you got Riverway Drive into estimates today.

Dr MILES: I know how excited you are to see your old station at Kirwan redeveloped. Construction will commence on the replacement station which will include an eight to 10 bay plant room, patient care store, rest and study rooms, training space, a write-up area, staff amenities and operational car park. It is long overdue, I am sure you agree. This is a $5 million investment and will be completed late in 2020. This was a station originally built for one paramedic. After this year's budget it will have 53.

The member for Lytton, another keen and passionate advocate for frontline services in her electorate, has seen the opening of the new Wynnum Ambulance Station—a fantastic new station. This is a $3 million investment in the community. It caters for 10 operational ambulances. With upcoming staff enhancements it will see a full-time staff of 31.

The Queensland Ambulance Service has a capital budget of $55.7 million for 2019-20. This includes $24 million for new vehicles and stretchers which will see the commissioning of 122 new and replacement ambulance vehicles and the continued rollout of the fantastic power-assisted stretchers. Funding of $8.8 million is being provided for operational equipment such as chest compression devices and push to talk satellite radios. Digital transformations are always underway, with $6.4 million being invested in 2019-20 for software development projects, including the consolidation of the QAS data warehouse environment and development of dynamic deployment software.

We have completed replacement stations at Wynnum, Mermaid Waters and Thursday Island and built brand-new stations at Yandina and Kenilworth. Key infrastructure projects underway in 2019-20 include the planning and progression of the new and replacement ambulance stations at Urraween, Drayton, Mareeba, Yarrabilba and Kirwan.

The QAS is also progressing the refurbishment and redevelopment of the Rockhampton Ambulance Station and Operations Centre—where we were just recently member for Rockhampton—and the Cairns Ambulance Station and Operations Centre as well as planning for an upgrade to the

Southport Ambulance Station and Gold Coast Operations Centre. This will ensure that the Queensland Ambulance Service can continue to provide a high standard and timely first response healthcare service to these growing communities.

The new ambulance station at Urraween will include a six bay plant room, office space, day room, patient care store, rest and study rooms, a write-up area, training space, staff amenities and car park for operational and staff vehicles. The new Yarrabilba station will include a six bay plant room, patient care store, office space, day room, a write-up area, multifunctional rest and study rooms that can also be used as training spaces and associated staff amenities.

The state-of-the-art Drayton facility will include a four bay plant room, patient care store, rest and study rooms that are multifunctional and can be used as training spaces, write-up area, staff amenities and operational and staff car parking. This project also incorporates a new local ambulance service network, LASN, office, providing office accommodation, a meeting room and staff amenities to provide for future staff growth.

Work will also commence on stage 2 at Mareeba, which is the replacement of the ambulance station and plant room. This is currently being progressed with construction to commence later this year. The replacement ambulance station will include a four bay plant room, patient care store, office space, day room, a write-up area, multifunctional rest and study rooms that can also be used as a training space and associated staff amenities.

Refurbishment of the Rockhampton Ambulance Station and Operations Centre will be underway this financial year. The refurbishment will provide for growth for staff resources and extend the life of the building. The redevelopment of the Cairns Ambulance Station and Operations Centre will also commence this financial year. This project will include the refurbishment and upgrades to modernise the existing building and expansion to improve operational capability and provide appropriate amenities for the Cairns Ambulance Station and Operation Centre and the Queensland Fire and Emergency Services fire command centre. Designs will consider inclusion of a LASN office if space permits.

We will continue the planning for the redevelopment or refurbishment of the Southport Ambulance Station and Gold Coast Operations Centre and commence the planning for a new ambulance station at Munruben. There has also been a strategic land acquisition an Ormeau to build a new ambulance station, as we have already discussed. Overall, we are rolling out an extensive capital program in the Queensland Ambulance Service to support our growing number of ambos and our growing communities.

Mr BERKMAN: I will put this question to the director-general. Can you tell the committee what the rates of coverage and uptake are for school dental services in Queensland state primary and high schools? What barriers are there to getting more kids into the program?

Mr Walsh: I might ask Dr John Wakefield, the who is responsible for the chief dentist, who works in that program to come forward. He will be able to explain the program as it operates. In terms of the exact numbers of uptake and where they are across the state I may need to seek the minister's permission to get back to you in relation to those numbers. Dr Wakefield can start.

Dr Wakefield: In relation to school dental services, in Queensland we have been very fortunate to have a continued investment in the provision of school dental services. I do not have the numbers with me in terms of the specifics.

Mr McARDLE: Mr Chair, it can be taken on notice to provide the answer to the member. It is a question around how many are required. I think that is probably the best way to deal with this issue as opposed to a rambling statement. We could ask the minister whether he would agree to that.

Dr MILES: I am happy to.

Mr BERKMAN: I have a related question for the minister. Has the government considered expanding eligibility for the program to include kids in years 11 and 12?

Dr MILES: That is not something we have actively considered, but I might ask Dr Wakefield to stay there—

Ms BATES: Take that on notice. The question was to the minister.

Dr Wakefield: There is a Child Dental Benefits Schedule which is operated by the Commonwealth. It was introduced in January 2014. It is called Medicare Child Dental Benefits Schedule. That was available last year. It is through a claim process. Either that care can be delivered by the hospital dental services or it can be outsourced. In other words, children can present to private

dentists. Where the health service provides that service directly, I can advise that the revenue from that is approximately $17 million to $18 million. That goes to offset the provision and allow for the provision of greater public dental services.

Ms BATES: I have a question.

Mr BERKMAN: I have one further question, if I might, Mr Chair.

CHAIR: I am mindful of the time. We need to split the remaining time. Go ahead.

Mr BERKMAN: I understand that both Metro South and Metro North hospital and health services have onsite paid car parking managed by for-profit contractors. The response to question on notice No. 20 makes clear that the revenue hospitals receive from those operators is kept secret. Minister, when do the contracts for those private car parks expire and will you consider bringing them into public ownership to make them free for patients at that point?

Dr MILES: Certainly it is the government's preference that those car parks are publicly owned but not necessarily publicly run. I am not aware of when those existing contracts expire. I am happy to look into that for the member and indicate that at that time I would urge the relevant HHSs to consider whether that is the appropriate model going forward.

Ms BATES: Could I re-call the acting CEO for Metro North HHS?

CHAIR: While that official is coming to the table, we are going to split the remaining time and pull it up at about five to for closing remarks and any answers to questions taken on notice.

Ms BATES: Ms Hanson, you mentioned earlier that you sought advice from the Information Commissioner about the documents that fell off the back of a truck. Will you provide that advice to this committee? Will you table that advice?

Ms Hanson: We did contact the relevant authority.

Ms BATES: It is a yes-or-no question. You said that you had sought advice. If you have that advice, are you able to provide that to the committee and table it?

Ms Hanson: We did seek advice from the Information Commissioner, and the advice was that we were able to manage as we had proposed.

Ms BATES: Are you prepared to table that advice? That is the question. Can you provide the advice to the committee?

Ms Hanson: I do not have the advice with me.

Dr MILES: If that advice was in writing—it may have been verbal, but if it was in writing—

Ms BATES: It is in writing.

Dr MILES: We will seek advice from the Information Commissioner regarding their level of comfort in us tabling it for the committee.

Ms BATES: Director-General, I refer to page 36 of the SDS in relation to corporate and clinical support. Can you advise the FTE head count and wages of the department's communications unit?

Mr Walsh: While I am getting the exact number of the strategic communications area in the department, I can confirm that the numbers of staff have remained relatively constant across the years. We currently have 75.2 full-time positions in our strategic communications area. I should point out that those people work across many areas. They are responsible for developing and supporting all of the public communication campaigns. They may relate to campaigns that are developed in relation to tobacco smoking, for instance. The success of those programs, for instance in relation to tobacco, is such that the AMA, the Australian Medical Association, just yesterday announced their awards for tobacco control across the country and Dr Bartone, who is the head of the AMA in Australia, congratulated Queensland on its 'strong consistent record in stopping people from smoking'—

Ms BATES: That is great. Congratulations.

Mr Walsh:—and urged other jurisdictions to follow. The strategic communications area is responsible for programs such as tobacco smoking.

Ms BATES: Has the number increased from the previous year?

Mr Walsh: The number, as I indicated earlier, has remained relatively stable at around 75.

Ms BATES: Have you received any allegations that departmental staff have leaked confidential information to the media?

CHAIR: Can I ask where you are going with that particular question?

Ms BATES: It is about the communications department and the integrity of the department.

Mr Walsh: Can you repeat the question, please?

Ms BATES: Have you received any allegations that departmental staff have leaked confidential information to the media?

CHAIR: I am going to ask the member for Mudgeeraba to rephrase that question because that has nothing to do with the Appropriation Bill before us.

Ms BATES: Director-General, are you aware of any complaints from departmental staff about leaks from your minister or the minister's office to the media?

Mr Walsh: I am not aware of any such complaints. If you have details of complaints then I am happy to look into those.

Ms BATES: I seek leave to table a *Sunday Mail* article titled 'Reparation claim tells of leaks by minister'.

CHAIR: I will let everyone have a look at it first before we approve it.

Ms BATES: It is public document in the media.

CHAIR: We will give it to the minister and the director-general so they can have a look. What is this about?

Ms BATES: I ask my question again.

Dr MILES: I raise a point of order.

Ms BATES: Are you aware of any complaints from departmental staff about leaks from your minister or the minister's office?

Dr MILES: Does this relate to the Doorley matter?

Ms BATES: Yes.

Dr MILES: Right, so it is from someone who worked for me in my prior portfolio. How is that relevant to this hearing?

Ms BATES: I am asking about any leaks from—

CHAIR: No. I am asking you to go back to questions about the Appropriation Bill.

Ms BATES: I will move on. My next question is to the acting CEO of Metro South HHS. I refer to page 127 of the SDS in relation to the Redland Hospital multistorey car park business case. Can the CEO advise the committee when this business case will be finalised?

Mr Drummond: I do not have that date with me, unfortunately.

Ms BATES: Can you get back to the committee with that, if the minister is happy with that?

Dr MILES: Sorry, I missed the question.

Ms BATES: It is the date of when the business case will be finalised for the Redlands car park.

Dr MILES: Yes, we are happy to take that on notice.

Ms BATES: How many car parks are involved?

Mr Drummond: The current Redland Hospital business case provides that we would be looking to build up potentially an additional 500 car parks.

Ms BATES: Will the car park be operated by the HHS or a private operator?

Mr Drummond: That will be subject to the business case process as we go through and explore those options, but we are looking at a government portfolio model. It will be owned by government but, as part of that process, we will assess what is the best method to administer and run it.

Ms BATES: The business case has started?

Mr Drummond: Yes.

Ms BATES: My next question is to director-general.

CHAIR: Sorry, member for Mudgeeraba. We decided to split the remaining time. We have five minutes left and we have a question on the government side.

Mr O'ROURKE: Minister, can you please update the committee on the progress of the Department of Health's review into the scheduling of IT projects?

Dr MILES: I thank the member for his interest in Health IT projects. As committee members would be aware, on 31 January this year I announced that I had asked the director-general to review the scheduling of all IT projects and reprofile the schedule as appropriate. I committed to the AMAQ, the QNMU and other stakeholders that they would be consulted, and they have been. That review is now complete. Today would I like to table an update to the eHealth Investment Strategy for Queensland Health that includes a schedule for the rollout of key IT projects. In doing so, I want to emphasise how successful the ieMR has been.

Queensland is at the forefront of hospital digitisation. People travel from around the country and the world to see the best practice implementation of electronic medical records here in our hospitals. The Metro South HHS's digital hospital project was recognised internationally in 2018 with the prestigious grand award at the International Hospital Federation Awards for its transformation to Australia's first digital health service. Early evidence shows that patient safety has improved. The average length of stay and unplanned readmissions have reduced, as have the number of serious falls and pressure injuries. Independent forecasting also shows that our digital hospitals have already realised $187 million in both financial and economic benefits at the Princess Alexandra, Mackay Base, Cairns, Townsville and Queensland Children's hospitals. Based on existing evidence, this will grow to $1.9 billion by 2027 across 28 hospitals.

The Queensland Audit Office found that digitising Queensland's hospitals is delivering benefits in terms of improving health service delivery and patient outcomes. The report found that the digital hospital program contributed to a significant increase in the early identification of deteriorating patients and a decrease in emergency patient readmissions. Staff can access clinical information faster and patient records are more legible. Doctors, nurses and other clinicians also tell us that it works. I was pleased to be at the Gold Coast University Hospital yesterday to hear just how successful their ieMR rollout has been.

The QAO report also said that it is taking longer to realise the benefits of ieMR than was originally forecast. At the same time, other benefits not included in the original business case are being realised which show the ieMR solution is helping hospitals improve patient safety and how they deliver their service. The anticipated benefits which the QAO found were yet to be fully realised include further reducing emergency department and inpatient lengths of stay and inappropriate pathology testing and diagnostic imaging. The QAO also observed that the ability to analyse patient data to make better clinical decisions is not yet being fully realised. That insight has been incorporated into the strategy update that I have tabled today.

So far this year ieMR has been successfully deployed in the Gold Coast Health and Hospital Service, including the Gold Coast University and Robina hospitals; the West Moreton Health and Hospital Service, including Ipswich Hospital; and the Sunshine Coast Health and Hospital Service, including the Sunshine Coast University Hospital and Nambour General Hospital. Just last week the full advanced ieMR commenced in Townsville Hospital, and I would like to congratulate chief executive Kieran Keyes, board chair Tony Mooney, and the digital hospital team on a seamless rollout. The benefits realised so far primarily relate to individual patients and having more timely access to more accurate data about that patient—things like reductions in falls, hospital acquired pressure injuries and medication injuries.

While we can still improve even further on those measures, the next frontier is analysing the millions of pieces of data now collected in Queensland's hospitals every single day and putting it all together. Every day in our digital hospitals there are 15.9 electronic transactions and over 62,000 medications administered. In a month there are 6.85 million orders across pharmacy, radiology, pathology and other diagnostic services. Thanks to the foresight of my predecessors, we are building an extraordinary, unmatched dataset that is already the envy of researchers throughout the world.

We now need to mine that data. We can use the insights gained to reduce clinical variation, to improve efficiency of care, to make the jobs of our clinicians easier and the outcomes for patients better. We can use the insights from that data to predict what is making a patient sick and develop a treatment plan tailored precisely for that patient. We can use it to attract researchers and investment from around the world to build a global life sciences hub here in Queensland. This focus on optimisation and benefits realisation in 2019 and 2020 will delay the planned rollout of tranche 5 of the ieMR. It will now occur from 2021 onwards pending budget consideration.

The ieMR optimisation stream of work allows for enhancements to be built into the ieMR system that address specific hospital requirements and clinical lessons learned through the implementation process. It is a clinician-led process that allows for building in improvements that reflect each hospital's unique geography, physical infrastructure and clinical service offering, ensuring the locality and centres of clinical excellence are supported. The digital hospital transformation is a high-profile ICT program, but it is not the only large-scale ICT transformation being undertaken by Queensland Health. One of the reasons why I had the director-general review the scheduling of key ICT projects in the portfolio was to ensure that effort was being appropriately distributed across the system and across each project at each point in time.

Queensland Health is also in the process of implementing a new statewide business finance and logistics solution that will replace the existing finance system, which is over 20 years old. The rollout of the new finance system is on track to commence next month. The procurement process for the new patient administration system was terminated by the director-general in January this year. A new procurement pathway is currently being developed and will be considered as part of the budget. A new pathology information system—the core operating system supporting the service provision of pathology, forensic and public health laboratory testing services—will now be rolled out in a phased approach from the end of 2020. I ask that the committee allow me to table that document.

CHAIR: Leave is granted.

Dr MILES: May I address one outstanding matter from the earlier session, Mr Chair?

CHAIR: Absolutely.

Dr MILES: There are two outstanding matters. First of all, with regard to the RBWH lost records, I am advised that my office was first notified late on Thursday, 20 June, that an incident had occurred and that further information would be provided once more detail was available. I was in Cairns on 20 June. I was first advised when I returned to the office on Monday, 24 June, by which stage it had been confirmed that the documents were administrative and not clinical records. At that stage I was advised that Metro North was investigating the incident and had sought advice from the Information Commissioner on appropriate actions. As I have undertaken, we will see whether that advice can be released. On 26 June I personally sought verbal advice from the Information Commissioner to ensure the actions proposed by Metro North were appropriate in the circumstances, and the advice was that they were. Also on 26 June Metro North notified the public and made a hotline available for anyone with concerns to contact.

Regarding the question earlier to Mr Drummond about the detailed business case for Redlands Hospital, it is expected that that detailed business case will be completed by late 2019.

Just to close, the Metro North HHS advised me that the advice they received from the Information Commissioner was provided verbally, and therefore there is no written advice that can be released.

Mr Chair, thank you to you, the committee members and the visiting members for the interest you have shown today in my portfolio areas. Preparing for the annual estimates hearing is an extensive undertaking, and there are people right throughout the health system who have contributed to today's proceedings. I want to thank Director-General Michael Walsh—who I think is probably relieved that this is his last estimates hearing—and Commissioner Russell Bowles and your teams along with the chief executives and statutory officers who have attended today and their teams.

The departmental estimates team, including Helen Borradale, Laura Kanaris and Katie Watts, have once again put in an amazing effort. They have been supported behind the scenes by: Jasmina Joldic, Dawn Schofield, Kyle Fogarty, Sally Gannon and Larin Bligh from the Office of the Director-General; Dee Taylor-Dutton and Nicola Busch from QAS; Jane Virag from the Strategy, Policy and Planning Division; and Robert Hoge and Natalie Patch and their teams. Finally, I thank my ministerial office staff for all of the incredible work they have put in to get us ready for today: my chief of staff, Danielle Cohen, and my acting chief of staff today, Katherine Wright, who stepped in at the last minute and did a great job.

I apologise to the Premier: I missed attending her birthday morning tea to be with you here for estimates. It is an important birthday for the Premier, so let me put on the record my birthday wishes to her.

CHAIR: Hear, hear!

Dr MILES: None of all of this would be possible without the hard work of the 90,000 plus health system employees who deliver world-class care to Queenslanders every single day. For each patient, every appointment and every single thing they do every day, I want to thank them.

CHAIR: Thank you very much, Minister. The time allocated for consideration of the proposed estimates of the expenditure of the health and ambulance service portfolio has expired. I note that a number of questions on notice were taken during the session, and the committee has resolved that those answers be provided to the committee by 5 pm on Monday, 29 July.

Dr MILES: I understand that the only outstanding matter is the dental numbers the member for Maiwar asked for.

CHAIR: Yes.

Mr BERKMAN: I would query whether the contract end dates for the parking operation was another question on notice?

Dr MILES: It may be commercial-in-confidence, but I am happy to take it on notice. If it is, I will come back to the committee.

CHAIR: On behalf of the committee I thank the minister, the director-general and all officials for your attendance today. The committee will now adjourn for a break. The hearing will resume at 2.15 for the examination of the estimates of the portfolio of the Minister for Communities and Minister for Disability Services and Seniors.

Proceedings suspended from 2.01 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 N Singh, Chief Finance Officer, Finance, Procurement and Property Services

Professor K Nankervis, Director, Forensic Disability (Independent Statutory Position)

CHAIR: The committee will now examine the proposed expenditure contained in the Appropriation Bill 2019 for the portfolio areas of the Minister for Communities and Minister for Disability Services and Seniors. The committee will examine the minister's portfolio until 4 pm. The visiting members present are Dr Christian Rowan, the member for Moggill, and Ms Sandy Bolton, the member for Noosa.

I remind those present today that the committee's proceedings are proceedings of the Queensland parliament and are subject to the standing rules and orders of the parliament. It is important that questions and answers remain relevant and succinct. The same rules for questions that apply in parliament also apply in this hearing. I refer to standing orders 112 and 115 in this regard. Questions should be brief and relate to one issue and should not contain lengthy or subjective preambles, argument or opinion. I intend to guide proceedings today so that relevant issues can be explored fully 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. For the benefit of Hansard, I ask officials to identify themselves the first time they answer a question referred to them by the minister or the director-general. I now declare the proposed expenditure for the portfolio areas of communities, disability services and seniors 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.

Mrs O'ROURKE: Thank you. Before I start with my opening remarks, I acknowledge the traditional owners of the land on which we are holding this hearing this afternoon and pay my respects to elders past, present and emerging. It is my pleasure to be here appearing before the committee today. I would like to take this opportunity to acknowledge the members of the committee and the representatives from my department. I also want to say a huge thank you to our Auslan interpreters here today—Mark Cave and Mike Webb. Thank you very much for your participation.

This year marks the beginning of a phase of disability services that I am particularly excited about. I have spoken at length in previous hearings about preparing for the NDIS, starting the transition and continuing to negotiate with the federal government. I am pleased to update the committee that an NDIS full-scheme agreement has been signed by the Premier and the Prime Minister, and I am particularly pleased with this deal—the deal that we have been pushing for for quite some time. Instead of paying $2.03 billion per year from 1 July this year for the Commonwealth's projected 90,000 Queenslanders who would be in at full scheme, we will now only continue to pay for the actual numbers of Queenslanders who have entered the scheme until the Commonwealth identifies and enters all eligible Queenslanders into the scheme. We have committed to pay fixed contributions when full-scheme arrangements and numbers commence in 2021.

From 1 January this year the NDIS has been available in all areas across Queensland. This means that it is time for us as a government, and specifically my agency, to turn our attentions to how we can make an all-abilities Queensland. The NDIS can and does provide choice and control for Queenslanders with disability for their reasonable and necessary supports. It provides the supports that

are needed for people with disability to get out and to be ready for a job, to access the community or to learn new skills. What the NDIS cannot address is the barriers in our community that stop Queenslanders with disability from studying, socialising, accessing public spaces or gaining employment. Talk to any person with a disability and they will explain the constant challenges and battles for acceptance and access that they face.

The one thing I have learned as disability services minister is that able-bodied people are not the experts on these issues. It is people with lived experience who can provide that insight. Going forward, it is the advice of people with disability that I want to be at the core of our agency. They are needed to highlight the best way forward. I am pleased today to announce Disability Connect Queensland, or DCQ, a team of people who will deliver on the sector's strongest demand—'Nothing about us without us'. DCQ has a goal of 20 per cent representation of people with a disability who are engaging with the disability community and influencing service delivery change within government.

Having all-abilities communities is an important part of our broader vision of Queensland having thriving communities. Thriving communities are places where Queenslanders—regardless of their age, ability or personal circumstances—are able to participate and be included in their communities, to be resilient and enjoy high levels of social and economic wellbeing. A key focus of our thriving communities vision is supporting Queensland's network of 124 neighbourhood and community centres. These centres are making a significant difference to the lives of individuals and families in their local communities, providing information, advice and referrals to some of the most vulnerable Queenslanders.

The 2019-20 state budget also includes a further $1.5 million for the expansion of our school breakfast program over the next five years. This will go towards providing meals for school students at up to an additional 70 new schools. I am also proud that we have a strong focus on the agency's delivery of services for seniors. Our concessions program, the work around elder abuse and information services for seniors are second to none.

Finally, we know that in 2018-19 we had our own challenges with the recent weather events and natural disasters. In the community recovery area of my portfolio we have worked with all levels of government and delivered strongly for Queenslanders, and that is what we will continue to do.

CHAIR: For the benefit of those here today, we will start with government questions for 20 minutes, followed by non-government questions and then we will move to the crossbench. Minister, you touched on a final point in your opening statement about community recovery in Townsville. As a fellow member in Townsville, I know what we went through in the monsoonal flooding event in North Queensland. My first question to you is: with reference to page 3 of the SDS, can the minister provide an overview of the work done in Townsville within her portfolio to assist following the 2019 flood event?

Mrs O'ROURKE: I thank you for your question. I know firsthand the work that we both saw taking place during that time afterwards. What we did see in the 2018-19 disaster season was severe and prolonged. The Queensland government has provided intensive and ongoing recovery support to the communities that were affected during this time. This does include Townsville, which received a total of more than $30 million in financial assistance following the unprecedented flooding earlier this year. What we saw from these funds was that they benefited close to 103,000 people. This included $18.27 million in emergency hardship assistance grants.

With regard to the means tested grants, Townsville residents also received almost $9 million in essential household contents grants, $1.95 million in essential services hardship assistance grants, $950,000 in structural assistance grants and $90,000 in essential services, safety and reconnection scheme grants. My department had up to 360 staff working behind the scenes 24 hours a day, seven days a week to make sure that the processing of these grants was done as quickly as possible. We know that recovering from disasters is a long-term process, which is why the community recovery team continues to provide support and assistance at three community recovery referral and information centres still open in Townsville.

Further funding has been secured for Queenslanders affected by the Far North and North Queensland floods under category C community recovery funds. This funding will provide additional support in various areas with two community development officers to be placed in Townsville. Additionally, flexible funding grants of up to $150,000 are now available to help the Far North and North Queensland communities recover from the 2019 monsoonal trough. Funding totalling $4.5 million is available in the first round of these grants. This has been jointly funded by the Commonwealth and Queensland governments.

These grants will support events, activities and programs that drive community recovery activities, increase awareness and build local resilience. Queensland based community groups, local councils, non-government organisations, peak and industry groups, research bodies and for-profit organisations are encouraged to apply. The first round of applications will close on Monday, 5 August.

CHAIR: As you know, we still have a long way to go to get everyone the help they need. Thank you very much for that.

Mr O'ROURKE: Minister, with reference to page 3 of the SDS, can you explain the process undertaken by the department to prepare for the upcoming disaster season?

Mrs O'ROURKE: I thank the member for the question. We know that there is actually nowhere in Queensland that would not possibly face a disaster at some point in time. We do live in the best place on earth here in Queensland—I think we can all agree with that—but we do get our fair share of weather events. As a result people do need to be prepared for possible severe storms, cyclones, bushfires or other severe weather events—and I think we have seen all of the above this season. We know that the better prepared we are as individuals, families and communities, the faster we get back on our feet.

Through our Community Recovery Facebook page, we encourage Queenslanders to review their emergency plans and replenish or refresh the stock items in their household emergency kits. We also promote the benefits of communicating not only with family members but also with friends and neighbours, particularly if they are elderly and may require some assistance in their preparation before a disaster. Research shows that these are the people most likely to help you immediately following a disaster. It is vitally important that we all become part of our local community and grow our personal and neighbourhood networks.

My department is responsible for the human and social recovery aspects of disaster management in Queensland. We focus on the social, emotional and psychological wellbeing of individuals and communities. The community recovery ready reserve workforce is made up of more than 2,000 public servants from across Queensland government agencies. They put their day jobs on hold and leave their families at home so they can travel to disaster zones and help care for community members in their time of need. Anyone who has been in a disaster affected community would be familiar with seeing our dedicated community recovery workers helping people put their lives back together, and we saw plenty of them in the most recent disaster. I have had many conversations with them as well. The dedication and the passion they bring with them is second to none.

When we do get a break between activations—something that has, unfortunately, been quite uncommon this year because we have had so many of them—my department works with our ready reserves to ensure that they are trained and ready for the next disaster. We also know that we can recruit as many ready reserves as possible because we know in a state like Queensland the next natural disaster or severe weather event could be just around the corner.

My department has been retesting and updating systems so that when disaster strikes we are ready to respond. This is a crucial part of disaster recovery. When people have been impacted by disaster they need to be able to get help in a way that is not onerous or time consuming. Our two most effective tools are our online grants portal and the community recovery hotline. Through these two channels we are able to offer choice and efficiency in how people apply for assistance, whether it be in person, online or over the phone.

The online grants portal, which was introduced by the Queensland government in 2017 has allowed us to deliver assistance to people who need it much faster than before. The combination of our portal and hotline has meant that people can apply quickly and can focus their time and energy on getting their household back together and caring for their family.

We maintain a vital network of non-government organisation partners across the state which allows us to get additional boots and expertise on the ground following disasters. Partners like Givit, UnitingCare Community and Salvation Army, just to name a few, are there alongside us during recovery operations. They help provide much needed support to people, whether it is through material aid or counselling and emotional support. Between disaster seasons we continue to work with our recovery partners to ensure that it is all systems go when the time comes.

Mr O'ROURKE: I would like to put on record my thanks to all the community recovery staff, both within the Public Service and also the community organisations out there. They do an excellent job.

Mrs O'ROURKE: They do.

CHAIR: Well said.

Ms PEASE: I would also like to put my thanks on record. There are many members of my electorate in Lytton who have headed out. I acknowledge the great work that they do and how important that work is. Congratulations to your department for organising that. Minister, with reference to page 6 of the SDS can you please outline what protections are available for people with disability who are in the NDIS and Queensland's role in this going forward?

Mrs O'ROURKE: One of the Queensland government's highest priorities is keeping people with disability safe from abuse and neglect. We may be in a new era for disability services in our state, but we are continuing to maintain strong protections for people with disability. From 1 July this year, the NDIS Quality and Safeguards Commission commenced operation in Queensland and has become primarily responsible for regulating the NDIS service providers. The commission now registers new NDIS providers in Queensland. It monitors and enforces compliance with the quality and safeguards framework and receives and investigates complaints about the NDIS supports and services. This means that safeguards for NDIS participants have been enhanced and there is now a nationally consistent requirement with which providers must comply.

The Queensland government has retained key quality and safeguards functions to help protect people with disability, including operating a worker screening system, authorising the use of restrictive practices, and operating a community visitor function. This means that the existing robust Queensland safeguards for people with disability are retained for NDIS participants.

Information-sharing arrangements with the NDIS commission will facilitate the exchange of information as required to ensure the safety of people with disability. To further protect people with disability, particularly those who live in supported accommodation facilities, the Office of the Public Guardian continues to operate the community visitor program. The systems and processes we have in place will help to keep people with disability safe and will ensure their interests and wellbeing are protected.

Recently I was contacted by a parent of two children with high and complex supports needs who are NDIS participants. The children's plans had a significant reduction of supports based on previous funding prior to the NDIS. As the carer, this parent had reached crisis point. My department was able to escalate this matter to the NDIA and connect this parent with advocacy support to assist the reviews of the children's plans. I am pleased that this intervention led to the resolution that rectified the shortfall in the NDIS plan for this family.

Mr O'ROURKE: Minister, with reference to page 6 of the SDS, can you explain the action taken on the interface of Health, the NDIS and state services?

Mrs O'ROURKE: This is one issue that has been the focus of my attention for quite some time, as it is an issue that has caused some people some significant concern. The NDIA has fundamentally not adhered to the roles and responsibilities in the bilateral agreement. This has meant that the Queensland government had to step in and fund the provision of services like wound care and catheter assistance. Otherwise, Queenslanders with disability simply would not have received these services. In many cases, this means that people would have been stranded in hospital for long periods of time just to get the services they should have been getting from the NDIA. This interface issue also created market uncertainty. I have personally spoken to people who deliver wound care services in homes. They were really anxious and unsure as to whether they should continue to try to deliver the services through the NDIS.

From 1 July 2018, the Queensland government has paid for these health services to be delivered to NDIS participants. This is despite the applied principles in our transition bilateral agreement confirming that these were NDIA responsibilities and our government having already cashed out this money to the NDIS. This is costing the Queensland government an additional $24 million. I am very pleased that the federal government, though, is finally doing what is fair. Following ongoing pressure by the Queensland government and other states and territories, on 28 June at our Disability Reform Council meeting these interface issues were resolved. From October 2019, the NDIS will fund the provision of disability related health services including continence support and wound and pressure care supports for participants. The Queensland government has done the heavy lifting for the NDIS in our state to help ensure Queenslanders with disability are not left behind.

CHAIR: Minster, can you explain the steps taken to achieve an inclusive society for Queenslanders with a disability through the All Abilities Queensland: Opportunities for All initiative?

Mrs O'ROURKE: We are committed to a future that enables Queenslanders with disability to have the same access to opportunities as every other person in our state. The Queensland government's commitment to creating an all-abilities Queensland is a key way we are making our state more inclusive

for everyone. All levels of government and the private sector have a role to play in making our communities more inclusive. We are leading the way with our *All abilities Queensland: opportunities for all state disability plan 2017-2020*. It contains key actions to enable the social and economic participation of people with disability. We are making some great progress on an all-abilities Queensland. In particular, the creation of Disability Connect Queensland will focus my department's efforts on supporting and advocating for people with disability, working in partnership with the disability sector to create an all-abilities Queensland, and monitoring the NDIS to ensure it delivers the outcomes we all expect for Queenslanders with disability.

I am particularly excited that DCQ will be made up of a team of people who will deliver on the sector's strongest demand—that is, 'nothing about us without us'. An example contained in the All Abilities Queensland plan is 'Six Simple Steps to Accessible and Inclusive Tourism', published as part of the Embracing 2018 Legacy Program for the Gold Coast 2018 Commonwealth Games, and the transport of passengers in accordance with accessibility requirements during the Commonwealth Games.

The next progress report is due by the end of 2019. I look forward to seeing the ongoing progress of All Abilities Queensland. I recently wrote to all relevant ministers to commend them on their departments' achievements and progress and to seek their continued cooperation in delivering ongoing actions under the *All abilities Queensland: opportunities for all state disability plan*. The All Abilities Queensland plan will finish on 30 June 2020. A new state disability plan will be developed for beyond 2020 to ensure we continue to build a Queensland that is accessible and inclusive for people with disability.

CHAIR: We will move to non-government questions.

Dr ROWAN: Minister, I thank you and your staff for your attendance here today. I refer to page six of the SDS and the service area highlight of 'continuing high-quality care and support of individuals with an intellectual and/or cognitive disability subject to involuntary detention, care, support and protection under a forensic order (disability)'. Minister, what was the reason behind not reappointing the previous director of Forensic Disability?

Mrs O'ROURKE: The term for the previous director of Forensic Disability was due to expire on 30 June. Part of the work that we were doing around ensuring that the service is providing appropriate support and operating in a way that it should is ensuring that we had the right person in the job. Her contract expired on 30 June, and she saw out the full term of her contract. We know that renewals and extensions for contracts are not something that happen automatically and serious consideration needs to be given to the needs of the area and the requirements of the position. In this case, I can advise that the position had been operating at a lower level of director and the director herself had stepped up from a PO6/AO8 level to take the role. It could not be assumed that the previous director could meet the demands of the Forensic Disability Service going forward.

Dr ROWAN: Minister, noting that the 2016-17 annual report by the director of Forensic Disability was tabled in May 2018, when will the 2017-18 annual report be publicly released?

Mrs O'ROURKE: I thank the member for the question. I will take that on notice and provide you with that information.

Dr ROWAN: Thank you for that. Minister, your government received the report titled *Addressing needs and strengthening services: review of the Queensland Forensic Disability Service system* from Swinburne University in March 2018. When will you be implementing the recommendations of that report?

Mrs O'ROURKE: I thank the member for the question. There has been quite a significant amount of work done in relation to the Forensic Disability Service in itself. It is a very difficult area of service delivery and does deal with people who have intellectual or cognitive disability who have committed serious alleged offences and who have been deemed of unsound mind or unfit to stand trial. Through the review of the system itself we are making sure that we have implemented the appropriate terms of reference for the reviews that we have done. We have extended the terms of reference from these reviews to ensure that we have feedback on the operation of the broader Forensic Disability Service system in itself. We are also doing some very detailed work with the Department of Health around the independent system review of how we can best deliver forensic disability services moving forward. This is work that we will still be doing as part and parcel of the decisions moving forward with the new director to ensure that we have the appropriate people moving forward and that the people and the staff within the service are well looked after.

Dr ROWAN: Minister, based on your response, have you ever used your powers under section 87(f)(ii) of the Forensic Disability Act 2011 to request reports directly from the director of Forensic Disability?

Mrs O'ROURKE: Yes, I have.

Dr ROWAN: Were there any matters contained within those reports that were in the public interest?

Mrs O'ROURKE: I can confirm for the committee that, at any point in time, whether it be an annual report or a report provided by the previous director under section 87, anything that was brought to my attention that I had any concerns in relation to were addressed straightaway.

Dr ROWAN: What matters? Can you canvass for the committee what matters were identified and what recommendations were made and the time line of implementation of those?

Mrs O'ROURKE: Concerns around supports for clients and making sure that they were delivered in accordance with the act and identification around some staffing matters. These are all operational matters and I am more than happy to refer to the current director to discuss how those have been handled following how they were raised with me.

Dr ROWAN: Just to clarify, were there any public safety matters that were raised in those reports and actions that had to be taken or delegated by yourself for implementation?

Mrs O'ROURKE: In the actual reports themselves, there were and in terms of everything, as I said, that was raised with me I have referred the matter on for immediate action. I am happy for the DG to talk further and also happy to invite the current director of Forensic Disability up to talk to those matters.

Dr ROWAN: That would be great, Minister, because of some of those community safety matters that were identified and if you would like to ask the current director to come forward. I would be interested asking you as the minister what those community safety matters were, because that goes to the heart of the functioning of the portfolio.

Mrs O'ROURKE: Yes. Do you want the director to come up to talk to you?

Dr ROWAN: I would really like you to answer the question around those serious community safety matters which were identified when you commissioned section 87 reports, but if you wish to delegate that I guess that is your prerogative. I am interested in what you recall was in those reports.

Mrs O'ROURKE: Yes. One matter that comes to mind at the moment is in relation to a supervised community access outing, and that was with one of the clients who at the time on the supervised outing absconded from the supervision of the workers who were looking after them at the time. When that came to my attention, it was raised directly for a response. For the details around that response, I would suggest that that would best come from the current director.

Dr ROWAN: Just to clarify, so there was a client on a forensic disability order who was escorted out and absconded. Was the community notified about that in terms of the risk to public safety?

CHAIR: I am going to pull up that line of questioning. I think it is starting to stray away from the appropriation bills that are before us. With respect, member, I ask you to rephrase or start another line of questioning.

Dr ROWAN: The question I am asking and what I am trying to clarify is based on the response and the operation of the Forensic Disability Service—that is, were there any safety risks given the operation of that position? The director of Forensic Disability had seen fit to obviously raise these matters with the minister and the minister commissioned her powers under section 87. I am trying to understand from the reports that were commissioned that went back to the minister some of the matters that were contained in there in relation to community and public safety. There seems to be at least one matter that the minister could recall. I am just trying to get to the bottom of whether there were community safety risks around that. Again, this is a senior position—the director of Forensic Disability—that is within the department and that is what I am trying to clarify.

Mrs O'ROURKE: Clearly I have a limited amount of power under the act but, as I have said before, any time something has been brought to my attention I have asked for advice and asked for action to follow, and I have been assured that that has happened. In relation to the detail, the director of Forensic Disability is responsible for the operations and decisions that are made, so I would refer the matter to the director.

Dr ROWAN: All right. I ask that the director come forward.

CHAIR: The minister can call the director to come up. I do not know if the member can.

Dr ROWAN: Apologies, Chair.

Prof. Nankervis: In relation to the reports to the minister, I just wanted to say that I commenced this role on 1 July, so I was not the author of those reports so I cannot go into detail about what all of the information is. In relation to that one incident, I am aware of that particular incident.

I think that it is important to first of all be clear that all of the people who are detained at the Forensic Disability Service are there under the order of the Mental Health Court and the Mental Health Court and the Mental Health Review Tribunal set the conditions for what is called limited community treatment, so that is the ability for people to go out into the community for various events, and they set the conditions under which that happens. The limited community treatment is absolutely critical to the functions of the Forensic Disability Service because the service is about making sure that people have habilitation and rehabilitation treatment programs and that they are able to return to the community safely.

In relation to the situation that did arise, that particular person was on the approved limited community treatment. The Forensic Disability Service always ensures that there is a risk assessment that has been conducted and there is a senior practitioner authorisation of each of those events, and that plan that has to be in place occurs for every event.

Again, being mindful that there are confidentiality provisions under the Forensic Disability Act and that there are only seven people at the Forensic Disability Service so it is very easy to breach confidentiality, or give information that identifies people, I will try stay within that. For this particular individual, the risk assessment and the conditions for limited community treatment are quite rigorous. The person was on escorted and supervised leave from the Forensic Disability Service to go out onto the Wacol campus. It was only within the surrounds of the actual Forensic Disability Service.

One of the requirements under the Mental Health Review Tribunal approval of limited community treatment is that anybody who is out on limited community treatment must obey the directions given to them by the escorting staff. In this instance, that did not happen. The staff did lose some line of sight for that particular person. At that time, that was when there was notification back to the management of the Forensic Disability Service. Searches commenced and the Queensland Police Service was notified as well.

At all times during that incident there does not appear to have been any contact with any member of the public. There were no police incidents other than the search. When the person was found and brought back to the Forensic Disability Service, it would appear that they had not left the Wacol precinct at all. There was no contact with the general community.

Dr ROWAN: Minister, is this the only incident that has been brought to your attention?

Mrs O'ROURKE: It is.

Dr ROWAN: Have you ever had raised with you concerns about the permanent seclusion of a client as part of the Forensic Disability Service and, if so, what have you done about this issue?

Mrs O'ROURKE: For the benefit of the committee, I just want to make clear what I can and cannot do in my role under the act. One, I am not in control of the director. I can request information under section 87. My responsibilities are around the tabling of the annual report. Obviously, I must maintain the confidentiality of information and I have a responsibility around the efficiency and efficacy of the act. That is what I can do in my role as minister. As I have said in a previous answer, anytime anything has been brought to my attention, I have requested information or action from that.

I have written to the director to tell her that I disagreed with the interpretation of the seclusion provisions and that it was a matter that needed to be considered. That is the extent of what I can do. I have raised my concerns and I have asked for action.

Dr ROWAN: I also understand that under the act the director of Forensic Disability is required to audit the service every year. That is a requirement as far as compliance with the act is concerned. Can you inform the committee as to whether that has been occurring?

Mrs O'ROURKE: My understanding is that it has.

Dr ROWAN: On how many occasions over the past 12 months has the Public Guardian or the Public Advocate had cause to raise concerns about the Forensic Disability Service directly with you or your staff within your ministerial office?

Mrs O'ROURKE: I have had conversations with the Public Guardian around operations of the service and plans for transitioning clients out. We have worked quite closely with the Public Guardian on that. I can confirm through a lot of the work that we have done with them that we have been able to successfully transition out six clients. I think it is important for the committee to note that none of those six clients who had transitioned out of the service has reoffended. I think that is testimony to the work that is done with the service, the Public Guardian and the director. Moving forward we have strong supports in place that provide those in the service with an opportunity to transition through the service back into the community safely, and the Public Guardian is part of it.

Dr ROWAN: Just to clarify, were there concerns about the length of detention or the quality of care that was provided? What were the concerns that were being raised by the Public Advocate?

Mrs O'ROURKE: They are the same concerns that I have spoken to before that I have raised with the previous director.

Dr ROWAN: Any concerns around quality of care?

Mrs O'ROURKE: Around the seclusion side of things and making sure that people have appropriate access to the supports that they need to support their transition through the service. We have seen since then the six clients transition out successfully, which is a good news story.

Dr ROWAN: Concerns around the services being provided to them as part of their rehabilitation process?

Mrs O'ROURKE: Making sure that they are getting the services they need and that they have a clear plan in place around transitioning out. The whole purpose of the Forensic Disability Service is to provide people with the support to rehabilitate and transition back into the community as quickly as possible, and making sure that we have the right people to do that is where the focus should be.

Dr ROWAN: Can you assure the committee that the Forensic Disability Service under your administration will comply with your own state government's human rights bill?

Mrs O'ROURKE: I thank the member for the question. In moving forward, there is a lot of work being done, I know, in the Department of Justice and Attorney-General around supporting all agencies across the government to make sure they have within their policies and procedures provisions in place that will allow them to meet the requirements under the Human Rights Act. I can pass to the director-general to talk about how the department is moving forward with that.

Ms O'Connor: I note for the committee that the Forensic Disability Act 2011 already contains a number of very important safeguards for the rights, care and protection of people detained to the FDS. In addition to the provisions within the act, I know that there are a number of policies that have been issued by the director that have been developed and written with a strong human rights focus. There are principles set out in the FDA in relation to forensic clients that include that they have the same human rights as the public. The principles promote habilitation and rehabilitation. They must meet individual needs and goals, maintain supportive relationships and community participation, be included in decision-making as far as possible—and I note that the Public Guardian is involved with clients of the forensic service in terms of guardianship—be supportive and informed about exercising their rights and be provided with appropriate confidentiality. In that regard we are working very closely with the Department of Justice and Attorney-General to make sure that there is congruence within our legislative frameworks broadly within the department but also in particular with the Forensic Disability Act.

Dr ROWAN: Director-General, did you have any cause to appoint any authorised officers in 2018 or 2019 to investigate any clinical or human resource matters at the Forensic Disability Service?

Ms O'Connor: Just to be clear, I am in a similar position to the minister in terms of my role. It is limited, but in relation to authorised officers I can appoint, I did ask Professor Jim Ogloff, who had been involved in previous reviews, to come back and make an assessment of progress within the forensic service. I was particularly interested in Professor Ogloff's views in relation to how far we had come with rehabilitation, for example, and throughput.

The original intent of the forensic service was that people would go in there, they would have the courses they need and they would be able to move through the system and have a step-down back into the community if that were deemed to be safe. Of course, that is a decision for the Mental Health Review Tribunal. It is not a decision for me, it is not a decision for the minister and it is not a decision for the director. I wanted his view to make sure that we as a department were supporting the director in every way we could and to see if there was anything else we could do that would be to the advantage of clients within the service to assist them with their rehabilitation.

Dr ROWAN: From the earlier testimony of the director of Forensic Disability, I think there were seven clients that were part of the service. How many staff are located within the Forensic Disability Service looking after those seven clients?

Ms O'Connor: I think it is about 50. I will have to get the number for you. I will get that as we continue, if that is all right.

Dr ROWAN: So, 50 staff. With those authorised officers, the professor that you mentioned before investigating matters, did he identify any breaches of code of conduct around any of the 50 staff that are working there, any issues that were identified?

Ms O'Connor: That was not the purpose of Professor Ogloff's report.

CHAIR: I think it is starting to stray away again into codes of conduct.

Dr ROWAN: Can I finish on this point: were there any matters identified in his report in relation to clinical documentation, clinical information, in relation to the care of the seven clients there?

Ms O'Connor: I will check that for you to make sure that I am answering comprehensively.

Dr ROWAN: Could you take that on notice via the minister?

CHAIR: The minister needs to take it on notice.

Ms O'Connor: The minister needs to take it on notice, but I will try to get it for you in the session. Can I confirm, member, that there are 56 FTEs.

Mr BERKMAN: Referring back to question on notice 18 before this hearing, we can start by accepting that the provider of last resort under the NDIS is a federal responsibility and it is clear that the NDIA will not itself engage in service delivery but has not sufficiently progressed the Maintaining Critical Supports framework. I have got an example of that in my electorate where one of my constituents has no choice but to self-manage his package because he cannot find a suitable provider to support him. The question is: at what point will the state step in to make sure that there is a provider of last resort that could at least partly be funded through NDIS packages to meet the needs of each and every NDIS recipient in Queensland?

Mrs O'ROURKE: I thank the chair and I thank the member for the question because making sure that we do not have any person with disability slipping through the cracks is incredibly important. There has been a very strong focus on clients with high and complex needs, making sure that they have the appropriate supports that they need, and that is part reason why we have continued to provide our government provided accommodation support and respite services because it is primarily there to support high and complex needs clients who may not have support from a market that is not quite mature yet. We will continue to operate in that space. This is about making sure that we continue to provide certainty and some stability to clients and their families as well.

We know that in some cases people are not really sure about how to utilise their plans, particularly in the early stages as this is quite new and can be a quite overwhelming transition for people who have predominantly maybe had all those decisions made for them in the past. We need to make sure they are supported well into the future. We are working very closely with the Commonwealth and the NDIA at the moment to make sure that the focus on the development of the market is as strong as possible. Part of that also is a focus on appropriate and sufficient supported accommodation facilities, which is something that at this point in time is still lacking. This has been an issue that I have raised with the NDIA many times before and at every Disability Reform Council that I have been at.

We have seen in the early days the Productivity Commission report identify the requirement to have specialised disability accommodation and at that point in time that was acknowledged with the requirement of $700 million per year from full scheme commitment. That did not eventuate and was effectively broken down and put into people's packages, but what that has effectively done is leave us in a situation where there is significant uncertainty in the market and the building sector is not responding in the way that it had anticipated.

In the meantime we will continue to work in that space and make sure that we have accommodation services available to people to ensure they are not slipping through the cracks. The federal government has committed to making sure it has a provider of last resort established, which will take some time, and it is working on that at the moment, but in the meantime we will make sure that they are looked after.

Ms BOLTON: Minister, I refer to page 6 of the Department of Communities, Disability Services and Seniors Service Delivery Statements regarding the cost of NDIS infrastructure and services, and further on from comments and questions by other members, could the minister please outline the approach the department is taking with the federal government to address the issues being experienced

associated with the cost of providing infrastructure, including hubs and centres, for our Queenslanders with all abilities who are not accommodated within the NDIS funding structure, as well the expensive audit fees and case management costs for these NDIS approved service providers?

CHAIR: That is a big question.

Ms BOLTON: It is a big question. It is a big subject.

Mrs O'ROURKE: If I can take a moment to clarify, in relation to the infrastructure, are you referring to accommodation?

Ms BOLTON: I am talking also about the hubs. We have within my community Sunshine Butterflies. They are providing facilities, transport and buses and that is not included in any form within the NDIS funding structure. Literally you have to fundraise and sausage sizzle your way through to provide those for our all-abilities sector.

Mrs O'ROURKE: I thank the member for the question. I acknowledge your passion for your community. This is a very important part moving forward. Firstly, if I can address the infrastructure side of things. As just mentioned in the previous answer to the member for Maiwar, accommodation is a huge issue for people with disability. We do have a shortage and there has to be a significant focus. I am pleased that the federal government has made a commitment to work more broadly in this space to make sure that they are supporting the development of the market moving forward.

We can also work more closely with our organisations to ensure that part of the infrastructure work that we as a government do is adhering to obviously all the laws and regulations around accessibility and the Disability Services Act itself. This is actually all about working with community and identifying some of the things I referred to in my opening remarks such as the creation of an All Abilities Queensland. Until we actually start focusing on that we are not actually truly going to be able to deliver in all areas.

We have done a lot of work across agencies. I am very pleased that a lot of the relevant ministers have made a commitment to ensure that everything they do is done through the lens of accessibility and inclusion. We are seeing the delivery of enhancements to train stations, the delivery of design work around new community centres and making sure that they are fully accessible and that being in the forefront of everyone's mind. We are starting to see a lot of work around that. Obviously, of course, more work needs to be done and I am very pleased to say that is the focus of everyone that I speak to these days. There is a lot of work that needs to be done at all levels of government, but also how do we support communities moving forward and that is part and parcel of All Abilities Queensland, as well as the new part of the agency, Disability Connect Queensland.

Ms BOLTON: That will include obviously those existing facilities because we have had one close down, and I will write to you about that because I have great concerns. I have 110 people with disability who have been on a 10-year waitlist for accommodation and that particular site was for accommodation for disabilities and what I am frightened of is that it is not going to be utilised as such.

Mrs O'ROURKE: I am more than happy to take that matter up. As I said, this is a matter that I have raised with the federal government ever since originally coming into this role. In relation to specialist disability accommodation in Queensland alone, we have about 2,000 houses that need to be built to accommodate people with disability.

At the moment we are exploring from a Queensland perspective with the Department of Housing and Public Works and Treasury how Queensland can work in this space. In the past we have had the Elderly Parent Carer Initiative that has provided some support, where we have worked with community organisations to partner and deliver accommodation facilities. We still have a long way to ago. As I said, we are working on a solution from our perspective, but we really need the federal government to step up in this space.

Mr BERKMAN: Minister, you would be well aware that we have more than 42,000 poker machines in Queensland, which is one of the highest numbers anywhere in the world. Your department delivers a program funded by the Department of Justice and Attorney-General called Gambling Help. With a total budget of about $6 million, it is one of the smaller programs you deliver. Does the department, through its broader work, have a grasp on the extent of gambling addiction in Queensland? Do you have any idea whether that relatively small program is helping everyone who needs help in that space?

Mrs O'ROURKE: You are right: this is a significant problem. Unfortunately, we have seen families within our community that have a family member who has an issue with gambling and it has potentially ruined the family—ruined them financially and ruined them emotionally. This program provides significant support for people with gambling concerns. It is a program that we administer on behalf of the Department of Justice and Attorney-General. It is about supporting clients in that area.

The program itself is delivered in nine regions across the state. It is delivered by three major service providers: Relationships Australia, Queensland Centacare and Uniting Care Community. It operates in Brisbane, Redlands, Rockhampton, Central Queensland, Wide Bay/Burnett, Cairns, Far North Queensland, Sunshine Coast, Townsville, Mackay, Gold Coast, Logan, Toowoomba, Ipswich and the south-west. There is a broad cover there, but we should also bear in mind that, as part of the support in the communities portfolio, we also have 124 neighbourhood and community centres across the state. They do some significant work with vulnerable families within local communities. That particular service is focused more around someone who might come in seeking some emergency relief funding that is available to them, but that opens up an opportunity to have a conversation around how they got to that point and how they can get support to get out of requiring emergency relief.

Aside from the Gambling Help program that we administer on behalf of the Department of Justice and Attorney-General, we provide support through the neighbourhood and community centres. We also provide support through our financial counsellors and our Community Connect workers, who are attached to 12 locations across the state.

Mr BERKMAN: Returning specifically to the Gambling Help program, the government brought in about $1.3 billion in gambling taxes last year. The funding for that program amounts to about half a per cent of the revenue from gambling taxes. Do you have an estimate of how much money, out of all of those billions of dollars, you would need to make sure that everyone battling gambling addiction has those kinds of specialist services available to them?

Mrs O'ROURKE: I would not be able to give you those figures off the top of my head. While a gambling problem on an individual personal level can impact a family, it can also become a community problem. This is where we need to support communities to support people within their communities. The policy in relation to gambling and the revenue around gambling is something you need to take up with the Attorney-General.

CHAIR: We will return to government questions.

Ms PEASE: Minister, I would like to talk about page 4 of the SDS. Can you explain what outcomes Foodbank has achieved for Queenslanders?

Mrs O'ROURKE: I know how passionate the member is about making sure children in her community have a great start and get a great education. We know that some Queensland communities show systemic disadvantage and that can have major impacts on our children. The Queensland government is proud of its commitment to helping children get a great start in life. In 2018-19 we provided base operational funding of more than $920,000 to Foodbank for food rescue and the distribution of dried, fresh and frozen food to a variety of agencies including to the breakfast program, welfare and homeless shelter kitchens, food vans and neighbourhood centre food pantries.

Almost 200,000 Queenslanders access food provided by Foodbank. That is extraordinary. In fact, since 2000 Foodbank, which operates in Brisbane, has grown from handling 600 tonnes of food—or 600,000 kilos—to an estimated 12,000 tonnes of food in 2018. That shows the extent of the growth. The organisation operates out of a departmentally owned site at Morningside. They operate on a peppercorn lease of $1.

Foodbank has been delivering the successful School Breakfast Program across Queensland, which means that thousands of Queensland students have been able to enjoy a healthy and nutritious breakfast at their school before the day begins, giving them the best possible chance to learn, and we know that they cannot do that on an empty stomach. I am proud that we have delivered on our 2017 election commitment to expand the program by providing $1 million over four years to reach an additional 70 Queensland schools. This expansion is providing nearly 650,000 additional breakfasts at Queensland schools each year. We also provided an additional $15,000 per year to YMCA for the running costs of a refrigerator truck to grow the reach of the YMCA school deliveries.

In the 2019-20 state budget, we are providing a further $1.5 million to roll out the School Breakfast Program to more schools across the state. A tender to deliver the program to identified regional schools will open in August. The program is expected to start handing out breakfasts at the beginning of term 4.

Mr O'ROURKE: Minister, with reference to page 3 of the SDS, can you outline the achievements of place based approaches for 2018-19?

Mrs O'ROURKE: I know that the member has a very keen interest in place based approaches and a bright future for his electorate. We know that place based approaches can make a real difference in responding to complex and interrelated issues within areas of disadvantage in Queensland. This

includes addressing issues such as social isolation, unemployment, domestic and family violence and child abuse to improve social and community wellbeing. They take a collaborative and long-term approach to building thriving communities in a defined geographic location. In the 2019-20 state budget, we are providing funding of $3.8 million over five years for the continuation of Logan Together. There is a further $3.9 million over five years for the expansion of place based approaches in Gladstone and Rockhampton. That will see matched Australian government funding support.

Logan Together was set up in 2015 and is now the most advanced place based initiative in Australia. It is a partnership between the Queensland and Australian governments, the Logan City Council and philanthropic organisations. Since 2015, my department has provided $255,000 per year to the Logan Together Backbone team, along with in-kind support. This initiative has created strong partnerships that are supporting improvements for Logan families, including Queensland Health community, maternity and child health hubs to improve access to midwifery care; an Aboriginal and Torres Strait Islander child and family centre in Waterford West; Department of Education early years neighbourhood networks to ensure more children arrive at school ready to learn; the coordination of activities to keep women and children safe from violence; and the Department of Housing and Public Works Sure Steps project, which is supporting families with family coaches.

The 2018 progress report has showed that Logan Together has made improvements for families and children such as increased kindy enrolments for small cohorts. We have also seen improved engagement of at-risk groups, including women accessing maternity services such as the Aboriginal and Torres Strait Islander child and family centre at Waterford West.

During the 2018-19 financial year Logan Together established a new Aboriginal and Torres Strait Islander leadership committee which plays a key advisory role and will guide engagement. The committee played a critical role in the planning and evaluation of the highly successful ChangeFest event in November 2018. The committee is also helping to develop a reconciliation plan. Similarly, the Backbone team is working with the Ethnic Leaders Advisory Group to progress the design of an engagement model for families from culturally and linguistically diverse backgrounds. A working party was also established to better understand the resettlement journey of women in Logan Together.

Logan Together is a wonderful example of how we can solve complex community issues through partnerships between the three tiers of government along with communities, industry and philanthropic organisations. We know that it is also the way of the future for community services and supports. That is why we are partnering with the Australian government under the Stronger Places, Stronger People initiative to invest and deliver new place based initiatives in Rockhampton and Gladstone. I first raised the possibility of partnering to create place based initiatives in these two areas with the Commonwealth government in July last year. We have come a long way in those 12 months. In fact, representatives from my department and the Department of Social Services visited the Rockhampton and Gladstone communities this month to meet with the key people, to identify partnership opportunities and to hear more about the work that is happening in this area.

CHAIR: I wanted you to provide an update on the Townsville Women's Centre, but I want to put in some context for the benefit of other members. The work that you have done and the announcement you have made—as a fellow member in Townsville we have met with staff there—not only as the minister but as the member for Mundingburra is to be commended. Are you able to provide an update on that?

Mrs O'ROURKE: We have done a lot of work with the Townsville Women's Centre because they do provide a significant amount of support to women in our area who have experienced challenging and atrocious acts. The support for the Townsville Women's Centre is part of the Queensland government's commitment to create thriving communities across our state. The centre helps so many local women—women who need somewhere to go to rebuild their lives following domestic and family violence and, in some instances, sexual assault. Importantly it offers 24-hour support for women when they need it. This can be support following sexual assault. It can involve counselling and short- or long-term casework support for women seeking safe options when experiencing family related crisis. This includes domestic and family violence or homelessness.

It became very clear that the centre's existing premises were no longer fit for purpose. Dilapidated sections of the building are not cost effective to repair and the centre has simply become too small to accommodate activities and services and to meet the growing demand that it provides. As part of the 2018-19 state budget I was delighted that we were able to commit $200,000 for the scope, design, planning and building options study for the construction of the new Townsville Women's Centre.

Additionally, we committed a contribution of up to $3 million in capital funding towards the construction of the new facility. This funding was to be matched dollar for dollar by the Townsville Women's Centre. We have been able to change that this budget to deliver the entire funds for them.

We recently secured a suitable site in Aitkenvale on a parcel of land adjacent to the Aitkenvale State School. The centre will be offered a long-term lease of the new building to be constructed on this site at a peppercorn rate. We are now working very closely with the Townsville Women's Centre on the design brief. Once the design and delivery brief has been finalised the work will be expedited.

Construction is due to commence later this year with the aim of it being completed by mid-2020 at the latest. Handover and occupancy of the new centre is expected to follow straight after completion mid next year. The new Townsville Women's Centre is very important for my local community. I am glad we have been able to keep it in an area that is close to the existing Women's Centre because that is incredibly important for the people who use the service and important in terms of the support that it continues to provide to the women living there who need the services they provide around sexual assault, homelessness support and emergency relief support.

CHAIR: Thank you very much and well done. You should be proud of that as the member for Mundingburra. This question relates to something that is close to my heart. I put on record that the staff of Community Gro in the electorate of Thuringowa provide significant services to vulnerable people. To Susan Perry and her staff we say thank you. Would you be able to provide an update on the services they provide in Thuringowa?

Mrs O'ROURKE: I share your applause for the work that they do at Community Gro. It is a perfect example of how neighbourhood and community centres function well supporting their local communities. Community Gro is one of the most important and much needed service providers in North Queensland. They deliver holistic services and supports to ensure safety, financial wellbeing and life-changing opportunities for local residents from the Garbutt and Upper Ross community centres. In the 2018-19 financial year, Community Gro received more than $190,000 to operate the Upper Ross Community Centre. This centre went on to provide universal and targeted support on close to 19,000 occasions from 1 July 2018 to 31 March 2019.

Following the success of the Queensland government's Community Connect trial, the state budget included ongoing funding totalling $1.5 million to continue to employ Community Connect workers in 12 neighbourhood centres across the state. This includes Community Gro which will continue to receive annual funding of $125,000 for its Community Connect worker at the Upper Ross Community Centre. This ongoing funding is secured from 1 July 2019 to 30 June 2024 and will allow Community Gro to continue to support individuals and families requiring assistance to access the broader service system. There will be a particular focus on those who experience complex and multifaceted issues.

Between 1 January 2017 and 31 March 2019 the Upper Ross Community Connect worker has facilitated support to 552 adult males and 821 adult females, enabling 2,344 referrals to specialist services. In addition to the Community Connect worker, the centre also offers a broad range of services and activities for local community members. A community garden has been established as a meeting area and resource centre for locals to learn about growing healthy herbs, fruit and vegetables and learn about the importance of recycling food waste.

Other services include school holiday activities, information sessions and a boot camp. Earlier this year the Upper Ross Community Centre offered a back to school program to support families struggling to make ends meet with the additional costs of getting their kids ready for school. It helped cover the costs of school resources such as stationary, school bags, uniforms, shoes and lunch boxes. It also gave the staff the opportunity to connect with these families and provide additional support or referrals to other services that might help them. There is also a playgroup. The kids club held weekly at the Upper Ross Community Centre gives parents, caregivers and children a chance to catch-up and interact.

As part of Get Online Week in October, 12 seniors attended a session to learn more about internet banking, email, social media and how to search for information as well as online security. Since this session computer lessons at the centre have increased and all attendees agreed that they had benefited from learning more about internet security.

The centre's 'Be active, be healthy' program encourages children to learn and participate in fun games and learn about healthy eating. Before the program, up to 20 local schoolchildren would visit the community centre each afternoon and spend most of their time accessing the centre's computers. The

'Be active, be healthy' program provided structured indoor and outdoor activities and an opportunity for the children to learn more about putting together healthy snacks. These programs help the children learn about taking turns and playing for fun rather than being motivated by winning.

Community Gro also host various events to bring the community together. Their work at the Upper Ross Community Centre is a vital part of the Queensland government's commitment to creating thriving communities where all Queenslanders, regardless of age, ability or personal circumstances, can participate and be included.

CHAIR: We will now return to non-government members.

Dr ROWAN: Minister, I wish to return to the Forensic Disability Service briefly—so, again, I refer to page 6 of the SDS. Earlier we heard about 56 staff and seven clients. Has either the director-general or the director of the Forensic Disability Service ever raised Forensic Disability Service staff code of conduct or clinical care provision issues as a part of this service directly with you?

Mrs O'ROURKE: Are you referring to any of the reports that have been given or just in any conversation whatsoever?

Dr ROWAN: Again, have issues been raised by the director-general or by the director of the Forensic Disability Service in relation to the provision of care to clients or human resource issues in relation to the conduct of staff as a part of the service? Has that ever been raised with you by those officers of your department?

Mrs O'ROURKE: I would suggest that they have been raised by the previous director of the Forensic Disability Service in her reports or conversations that I have had with her, and I have responded to those.

Dr ROWAN: Again, to clarify around the code of conduct issues that were raised in relation to staffing, are you able to inform the committee as to what those code of conduct issues were?

CHAIR: I think you are starting to stray, member for Moggill. We are here to examine the Appropriation Bill. I think code of conduct issues are probably a step too far. Do you have another line of questioning?

Dr ROWAN: With respect, Chair, it goes to the functioning of the service, which comes under the Appropriation Bill and under the SDS with respect to the payment of moneys to staff and whether there have been code of conduct breaches in relation to the operation of the service. It comes to the administration of the department under the minister's direction.

Mrs O'ROURKE: As I said, I can confirm that issues have been raised with me around staff. I do not have the detail to hand around exactly what those are.

Dr ROWAN: Would you be willing to take that on notice?

Mrs O'ROURKE: I can refer the matter to the DG.

Dr ROWAN: I would be happy for you to take it on notice, Minister, and come back.

CHAIR: The minister has just referred it to the DG, who might be able to better answer the question.

Ms O'Connor: I can say that if issues are raised in relation to the conduct of staff they are dealt with through our ethical standards area. If they constitute corrupt conduct, they can be referred to the CCC. If they constitute misconduct, there are a range of things I can do. I can talk about that area a bit if you want. I can also answer your other question when we come back to it.

One of the things that we really expect of staff is that they know the code of conduct, and we offer training in it. Across the department—and this includes all areas of the department—last year alone we had 495 employees doing code of conduct training. We also manage all complaints within the integrity frameworks of government. Ethical standards across the department had 148 referrals in 2018-19—111 of those were new referrals and there were 37 matters carried over from the previous year. We look at every single allegation against the corrupt conduct benchmarks of the Crime and Corruption Act.

Dr ROWAN: I raise a point of order, Mr Chair. The question was very specific around the Forensic Disability Service. I know that the director-general is providing some general commentary in relation to the overall function of the department. My question to the minister which was delegated to the director-general was very specific about the Forensic Disability Service.

CHAIR: Yes, and you went a little bit further towards the code of conduct, which I believe the DG is answering appropriately. I will provide some latitude with the answer.

Ms O'Connor: I am trying to see whether I have the numbers on me to answer specifically about the Forensic Disability Service. If I do not have those numbers, I think we can come back to you on that. I have the general numbers around the referrals but not the forensic service separated out.

Dr ROWAN: Could that be taken on notice?

CHAIR: Is the minister happy for that to be taken on notice?

Mrs O'ROURKE: Yes.

Dr ROWAN: We will move on. I refer to the Queensland Audit Office report on the NDIS, report No. 14 of 2017-18, as well as page 6 of the SDS. Minister, recommendation 1 of the report is that cabinet is advised at regular intervals about the Queensland government's NDIS implementation. Can you advise of each date since last year's estimates hearings that cabinet has been advised on the progress of Queenslanders in the NDIS?

CHAIR: I might just get some advice on that. I am pretty sure that cabinet discussions are for cabinet. If you are happy to continue, Minister?

Mrs O'ROURKE: Yes. One of the recommendations out of the QAO report was in relation to governance and reporting back to cabinet on a regular basis. I can confirm for the committee that that has taken place on a monthly update to cabinet. For the committee's notification, that has taken place approximately 20 times since implementation.

Dr ROWAN: Director-General, has the department established formal mechanisms to share lessons learned regularly and routinely as per the Queensland Audit Office report's fourth recommendation?

Ms O'Connor: Yes, we have. We had the Queensland NDIS Transition Advisory Group and we also had the NDIS Reform Leaders Group. We had formal mechanisms put in place to report between those groups and to make sure that DGs heard firsthand what the sector was experiencing during the transition and that the sector had an opportunity to hear back from the directors-general about implementation. There was particular interest in the new entrant process that we put in place to make sure that we could accelerate the number of Queenslanders entering the scheme.

Dr ROWAN: Following the implementation of that, Director-General, what specific actions has the department taken and continue to take to strengthen program management, monitoring and reporting across government when it comes to the implementation of the NDIS here in Queensland?

Ms O'Connor: As a result of the QAO report, we made changes to the NDIS program management office. We had an assistant director-general take the role. We prepared regular reports that were provided to every director-general of government and every minister. We did a matter to note to cabinet on a monthly basis and we will continue to do that now during the transition year.

Dr ROWAN: Director-General, what percentage of Queensland's Aboriginal and Torres Strait Islander peoples living with a disability transitioned to the National Disability Insurance Scheme as at 1 July 2019 and what further increases are anticipated over the next 12 months?

Ms O'Connor: In relation to Aboriginal and Torres Strait Islander Queenslanders, of the 61,000 Queenslanders already in or seeking access to the NDIS, eight per cent identified as Aboriginal or Torres Strait Islander or both. Of the 4,900 Queenslanders already in or seeking access to the NDIS who identified as Aboriginal or Torres Strait Islander or both, 43 per cent of those live in a major city. When we look at the remote communities—of course, it is fewer in terms of the population—12 per cent of the 4,900 live in the remote and very remote communities.

Dr ROWAN: I refer to page 6 of the SDS and the delivery of accommodation support and respite services. Minister, can you tell the committee how many reported incidents of harm, abuse or neglect were received in relation to your department's own accommodation support and respite services in 2018-19?

Mrs O'ROURKE: For the committee's benefit, accommodation support and respite services are provided to clients with a variety of different disability support needs who may not be able to live in their own homes or who have received support through respite at points in time within their lives. We make sure that if there is any situation around complaints that are raised, whether they be through service provision or around abuse or neglect, there is a clear process that is followed to ensure that it is investigated and managed clearly and concisely moving forward. In relation to numbers around those complaints—

Ms O'Connor: I can respond in terms of the FDS numbers now, if you want to go back while we wait for the AS and RS numbers. In terms of the FDS numbers in relation to staff corrupt conduct and misconduct, 25 referrals were managed in 2018 and 23 of those were new referrals. In relation to corrupt conduct during 2018-19, five new matters were assessed as corrupt conduct and referred to the CCC.

Dr ROWAN: Is that within the whole department or the Forensic Disability Service?

Ms O'Connor: No, that is forensic.

Dr ROWAN: The Forensic Disability Service?

Ms O'Connor: Yes.

Mrs O'ROURKE: We are just getting the numbers. We can probably bring that back before the end of the session to provide you with the numbers around specifically AS and RS related complaints.

Dr ROWAN: In relation to those incidents of harm, abuse and neglect, is there a root cause analysis or process internally the department undertakes to investigate those matters in order to not only comply with statutory obligations but also to implement quality improvement processes?

Mrs O'ROURKE: Yes, any matter that is raised through the complaints process that is brought to the attention of the department is clearly taken very seriously, and we have a clear process in place to ensure that everything is investigated very clearly. If the requirement of engaging other agencies is applicable—and that might be the Police Service—that is done. From the moment the complaint is taken there is a clear process that is followed to ensure that everything is investigated in the way that it should be and that any action that is required to be taken is taken as soon as possible.

The process also enables support around the client and support to the family, but also making sure that anything that can be done to improve processes or procedures moving forward is done. Within the new area of the department moving forward we do have a new complaints section which will have a very clear focus on our role with regard to complaints in the new world of the NDIS and making sure that the process itself is also truly accessible to all people, and that is people with disability as well.

Returning to the AS and RS data, I can confirm for the committee's understanding that there were 69 matters of mistreatment. Thirty-seven of those matters have been finalised: eight matters resulted in disciplinary action, 14 matters resulted in management action, 14 matters resulted in no action or were unable to be substantiated and one matter resulted in the subject officer resigning. Thirty-two of those matters remain ongoing.

Mr McARDLE: Minister, thank you for being here today. Page 2 of the SDS states that the department will maximise benefits to Queenslanders with regard to a series of royal commissions, in particular the Royal Commission into Aged Care Quality and Safety. You are clearly indicating that you will take on board the recommendations contained therein as they relate to your portfolio. Are you able to table a copy of the submission the department made to that royal commission?

Mrs O'ROURKE: In relation to making a submission to the royal aged care committee, the actual lead agency was Queensland Health.

Mr McARDLE: Your department did not table a submission?

Mrs O'ROURKE: My department worked with Queensland Health, which was the lead agency on the development of that submission. I will have to provide you with the date as to when that was provided.

CHAIR: Are you happy to take that on notice for now?

Mrs O'ROURKE: Yes. Queensland Health was the lead agency. We worked with them, but it was predominantly their submission.

Dr ROWAN: Chair, I refer to pages 2 and 4 of the SDS particularly relating to neighbourhood and community centres, and I also refer to question on notice No. 831 on the same topic.

Director-General, the average neighbourhood centre in Queensland received around $129,000 per year in funding from the department to service their community in 2018-19. Director-General, how many departmental staff are paid more than $129,000 a year?

Ms O'Connor: Member, I will get the breakdown of staffing rates in the public sector and provide that to you.

Dr ROWAN: If I can come to you again, Director-General: how many senior officers and senior executive service officers do you have in the structure of your department who are not involved in the direct service delivery of accommodation support and respite services?

CHAIR: While the director-general is getting that, procedurally the minister has to take the question on notice.

Mrs O'ROURKE: Yes.

Ms O'Connor: Member, the question you asked me was: how many senior officers and senior executive service officers are there in the structure of the department who are not involved in the direct service delivery of accommodation support and respite services; is that right?

Dr ROWAN: That is right.

Ms O'Connor: I have one senior executive involved in accommodation support and respite. At 30 June I had nine senior executives, so that would be eight. In terms of senior officers, I have 30 as of June and I think that four are involved in AS and RS, so that would take it down to 26. I must comment that we have been in a period of transition, so I had fewer officers on 1 July in terms of the senior officer category than I had at 30 June. I had 24 senior officers at 1 July, which means that I would have 20 not involved in the direct delivery of AS and RS.

Dr ROWAN: Minister, the average operational funding for neighbourhood and community centres rose 0.95 per cent this year when compared to last year. My question is: why did the year-to-year average rise fall well short of the CPI?

Mrs O'ROURKE: I thank the member for the question. We have done a significant amount of work with the sector itself and the peak organisation, the QFCA. We have worked very closely on developing a stronger framework for the implementation of neighbourhood and community centres because we know that not one neighbourhood community centre is the same as another. Making sure they can deliver well and operate well within their community across the state is our main aim. We have done some work with Griffith University to identify how the neighbourhood and community centres themselves operate and how they can contribute to community wellbeing from an economic and social perspective.

From 2013-14, we have increased the overall funding by almost $5 million across the state. We have also introduced the thriving communities grants each year. It enables each community centre to apply for grants of up to $20,000 for specifically identified works or projects within their community centre. There is still more work that needs to be done, and that is part of the work that we are doing with organisations such as QCOSS and QFCA on identifying the strong framework that will support the development and the evidence required to build a stronger financial investment into neighbourhood and community centres. That is the work we are doing with them at the moment.

Dr ROWAN: I think we can all agree that our neighbourhood and community centres are important. I guess the obvious question is: given that car registration rose 2.25 per cent on 1 July 2019 based on an estimated CPI increase, why have neighbourhood and community centres not received a rise equal to this rego increase, based on the same CPI estimate?

CHAIR: I am going to pull you up there. The time allotted for non-government questions has well and truly expired. We have eight minutes left and I think that question was straying anyway. Minister, in the time remaining would you like to answer any of the questions that have been taken on notice?

Mr McARDLE: Eight minutes? There is plenty of time for the minister to answer the question.

CHAIR: Thanks, Deputy Chair.

Mr McARDLE: And also a five-minute wrap-up that we normally give. I can see the minister is eager to get to the question.

CHAIR: There have been a few questions taken on notice. Would you like to answer any of those now?

Mrs O'ROURKE: There was a question on notice in relation to the tabling of the annual report. The act requires me to table the annual report within 14 sitting days from when I receive it. I can confirm for the committee that I have not received the report yet.

In relation to the submission for the royal commission around aged care, our submission that went forward made the following recommendations: to implement mandatory reporting for elder abuse in aged-care services; to develop and implement policy and procedures relating to preventing and responding to abuse in aged-care services; and to consider strengthening the current legislative and policy landscape to safeguard all vulnerable older people, not only those persons with impaired decision-making capacity, from being subject to elder abuse. We will obviously clearly monitor the Royal Commission into Aged Care Quality and Safety for any recommendations that may arise which impact on older people. That submission in itself was done in consultation with the Elder Abuse Prevention

Unit, the seniors interest group and a Queensland based group comprising key stakeholders from Council on the Ageing Queensland, office of the Public Trustee, Office of the Public Guardian, UnitingCare, Caxton Legal, Relationships Australia, Queensland Health and National Seniors.

Mr McARDLE: With the chair's indulgence: Minister, could you table the submission that you are now referring to?

Mrs O'ROURKE: I would have to put a request in to Queensland Health for that.

Mr McARDLE: But it is your document.

Mrs O'ROURKE: I will take it on notice.

Mr McARDLE: Thank you.

Mrs O'ROURKE: Another question taken on notice regarded Professor Ogloff, and I will refer to the director-general.

Ms O'Connor: I think the member was looking to see what Professor Ogloff had to say. Can I preface this by saying that Professor Ogloff's report has only recently come in. He was appointed and his appointment concluded on 30 June, so I got the report around the beginning of July. It is also really important that I do not identify clients from that.

His overarching statement was that, given the nature of clients admitted to the FDS, the progress made reinforces the capacity of the service to help effect change. Moreover, the service has assisted both clients and the wider community by containing the risk presented by those clients. He said there have been a range of clear improvements and it is reassuring to see those continuing within the current work program.

In relation to issues I think the member queried about clients, he talked about continuing to look at ways to address complex habilitation and rehabilitation. He thinks the centre strikes a reasonable balance between humane containment and rehabilitation. He wanted us to also look, now that we have throughput, at systems that could support the transition of clients from the FDS. He made a couple of comments relevant to the earlier discussion around making sure there is clarity in the roles, and there might have to be some realignment of responsibilities, and the need to employ strong, focused and consistent leadership.

Dr ROWAN: Can I clarify something there? Without breaching the privacy provisions or confidentiality provisions around clients, will that report or a section of that report be made public?

Ms O'Connor: I do not think so, because it was something that I commissioned from Professor Ogloff to guide us. I will be talking with the director about that. I do not think it would be appropriate at all to make that public. I think that would be the minister's view too.

CHAIR: Minister, do you have any closing remarks?

Mrs O'ROURKE: I would like to thank the chair and all the members of the committee as well as the attending members who have participated this afternoon. I would also like to thank our Auslan interpreters—Mark and Mike. They are such an important part of the process today. I would also like to thank Clare O'Connor, the director-general of my department; Casey Bloom and Paul O'Driscoll, the deputy and assistant directors-general; and all departmental staff who have worked so diligently on preparing the materials for estimates. I would also like to thank my ministerial team—my chief of staff, Carolyn Nicholas, as well as Leata Nolan, Richard Cleal, Ben Mulchay, Clare Webster, Emma Knudsen and Kyle Walker. Thank you very much.

CHAIR: Thank you, Minister. The time has almost expired.

Mrs O'ROURKE: I have more information for the committee. There was a decision made by the commission for the Queensland Health submission to not be made public and it cannot be tabled.

CHAIR: Thank you for that clarification. The time has almost expired for the consideration of the proposed estimates of expenditure for the communities, disability services and seniors portfolios. I note that a number of questions were taken on notice during the session. The committee would appreciate responses to the secretariat by 5 pm on Monday, 29 July, if there are any outstanding. Are there any outstanding?

Mrs O'ROURKE: No, we have covered everything.

CHAIR: Excellent. On behalf of the committee, I would like to thank the minister, the director-general, all of the officials here and particularly all of those men and women who we saw in the flood event in Townsville. You had discussions there. I was talking with staff who had come up and put their hand up and volunteered. You cannot miss those community support people out there in a time of

great need. I want to express our thanks to every single person who put their hand up to come and help in Townsville and the north-west province during that flooding disaster. The committee will adjourn for a break. We will resume at 4.15 pm for the examination of the estimates for the portfolios of the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence.

Proceedings suspended from 3.59 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

Mr M Smith, Chief of Staff

Department of Child safety, Youth and Women

Mr M Hogan, Director-General

Mr A O'Brien, Assistant Director-General

Department of Youth Justice

Mr B Gee, Director-General

Mr D Hegarty, Deputy Director-General

Ms L Pollard, Senior Executive Director

CHAIR: The committee will now examine the proposed expenditure contained in the Appropriation Bill 2019 for the portfolio areas 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 6.30 pm. The committee will first consider matters falling under the responsibility of the Department of Child Safety, Youth and Women. Then the committee will suspend proceedings for a break from 5.15 pm to 5.30 pm before considering matters that fall under the responsibility of the Department of Youth Justice.

We have some visiting members—the table is long—Stephen Bennett and Ross Bates. Welcome. I remind those present today that the committee's proceedings are proceedings of the Queensland parliament and are subject to the standing rules and orders of the parliament. It is important that questions and answers remain relevant and succinct. The same rules for questions that apply in parliament also apply in this hearing. I refer to standing orders 112 and 115 in this regard. Questions should be brief and relate to one issue and should not contain lengthy or subjective preambles, argument or opinion. I intend to guide proceedings today so that 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.

I remind everyone present today that any person can be excluded from the proceedings at my discretion as chair or by order of the committee. I ask that mobile phones and pagers be switched off—who has those anymore—or switched to silent mode. 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 referred to them by the minister or the director-general. I now declare the proposed expenditure for the portfolio areas of child safety, youth and women and the prevention of domestic and family violence open for examination. The question before the committee is—

That the proposed expenditure be agreed to.

Minister, welcome. Would you like to start by making an opening statement of up to five minutes?

Ms FARMER: Thank you very much, Chair, and thank you to committee members and other members who have joined us today. I appreciate the opportunity to appear before you.

I want to talk about people: children who have been born to families who cannot or will not keep them safe; victims of domestic or sexual violence who have been subjected to treatment so abject that the average person could never imagine it; adults who were sexually abused as children in institutions by those who were supposed to watch over them; women who deserve not more but not less of an opportunity as men to take their place in life; and the young people who deserve to be the best that they can be.

Every day the staff of my department work for people who deserve our help. Every day they do their work on the basis that every child, every young person, every woman and every man deserves the same hope and opportunity as the next. I want to thank them for that work and tell them how proud I am to be their minister.

Queensland is in a much stronger position to support the vulnerable people of Queensland than we were in 2015. After three years of LNP cuts to the budget and child safety staffing, of cuts to health, education, housing and communities—every lever that could possibly be used to improve the life of the people we look after—and of the emasculation of the NGO sector, the Palaszczuk government made a significant commitment to right the wrongs. We can never say our system is perfect. However, we have made major strides and we are making a difference.

In child safety we are halfway through implementation of the Carmody reforms and we are seeing the results of our significant investments. We invested over $560 million and employed 480 staff and got results. Our case loads are down to 16.7, the lowest on record; almost 93 per cent of children requiring 24-hour investigation are being seen on time, higher than in 2014; and after 14 years of growth, the rate of overrepresentation of Aboriginal and Torres Strait Islander children in care has stabilised over the last five quarters and is the second lowest in the nation. We have achieved these despite huge complexities. For example, the numbers of children taken into care with families affected by ice is up by 20 per cent in the last 12 months to 36 per cent and there has been a 19.5 per cent increase in investigations requiring a 24-hour response.

We now look to the future and I have great pleasure in tabling today *Supporting families changing futures: the Queensland government's plan for helping Queensland children, young people, parents and families experiencing vulnerability*. This is our plan for implementing the next five years of reform. This is underpinned by an initial budget of over $517 million including 116 new staff.

I am very proud of the Palaszczuk government's record in tackling domestic and family violence. Of the 121 *Not now, not ever* recommendations to government, we have completed 104, including this year a greater emphasis on: the needs of Aboriginal and Torres Strait Islander peoples, women with disabilities and women from culturally and linguistically diverse backgrounds, perpetrator programs, ongoing community engagement and trial of high-risk teams, and I table an evaluation summary of that trial now. That is on top of our already significant investment in sexual violence prevention. It has been a priority this year and was in response to consistent feedback of a need to develop a sexual violence prevention framework—and I pay tribute to the many victims and survivors who bared their souls through our framework consultation process. I look forward to releasing the framework later this year.

After inheriting a low of 31 per cent in 2015, there is now 49 per cent female representation on Queensland government boards, making us well ahead of schedule in reaching our target of 50 per cent by 2020.

Aboriginal and Torres Strait Islander peoples continue to be over-represented in every element of my portfolio, and we are determined for this to change. That is the ambition of our joint Our Way strategy. This year saw the establishment of the Queensland First Children and Families Board, which will oversee the implementation of Our Way and our Changing Tracks implementation plan and which provides invaluable guidance on so many other matters.

I also acknowledge the members of the Truth, Healing and Reconciliation Taskforce, which plays a stewardship role over our response to the recommendations of the Royal Commission into Institutional Responses to Child Sexual Abuse. So far, we have received 507 requests for information. We continue to do everything we can to ensure that we and the Commonwealth government are responsive to the needs of survivors.

This year we were delighted to establish our Queensland Youth Engagement Panel and to hear their impressive contributions. After broad consultation with this and our other youth networks, I look forward to releasing our Youth Engagement Charter very soon. I acknowledge the over 5,250 carers who give their hearts and homes to the most vulnerable children of our state and our dedicated partner agencies and their staff. I commit to continuing to listen and work to respond to their needs.

CHAIR: Is leave granted for the tabling of *Evaluation of the integrated service response and high risk teams trial* and *Supporting families changing futures*? Leave is granted.

We will start with government questions. Minister, I note that in your introductory remarks you flagged the government's reform plan for child safety for the next five years. Can you provide further detail on that?

Ms FARMER: I thank the member for his question. I know that he has a keen interest in the significant reforms taking place over the last five years, and I am not surprised at all that he is keen to hear how we will progress from there. *Supporting families changing futures 2019-2023*, which I just tabled, outlines our priorities for the next five years of the 10-year Carmody reform package. This plan is supported by a total funding package of $517.5 million over four years. Some of the key priorities include: strengthening support for carers and kin; increasing the types of care available to children and young people; continuing to reduce the disproportionate representation of Aboriginal and Torres Strait Islander families, children and young people in the child protection system; and increasing the reach of family support services so they can help more families earlier. Evidence shows that that reduces the number of children entering the child protection system. In fact, for families that completed a service with Indigenous family wellbeing services just 6.4 per cent were renotified in the following six months, compared to 35.7 per cent of those who did not.

In line with the recommendation in the Carmody report and to reflect current service delivery practice, we are also continuing to work to improve our investigation and assessment policies and practices. Carmody flagged quite clearly that at the halfway mark of the reforms we should re-evaluate our approach, and that is exactly what we plan to do. This will include resetting the investigation and assessment commencement criteria and completion timeframes, which were originally established in 2005. These changes will mean that a 24-hour matter will be commenced once a child safety officer has sighted the child; five- and 10-day matters are commenced once information is gathered to reflect actual practice and the criteria in other jurisdictions; and the time frame for completion of a matter is 100 days. In practice, five- and 10-day matters will now commence when information is received from teachers, police, health personnel or other government and non-government partners who have seen the child or from members of the community in contact with the child. These changes align Queensland's reporting with other Australian jurisdictions; however, the requirement to sight and interview a child in all matters remains. This maintains Queensland's high standards. Queensland is the only the jurisdiction with this requirement.

The extension of completion time frames from 60 to 100 days reflects contemporary investigation and assessment practices which include family-led decision-making processes and increase safety, planning and support during investigation and assessment. It also reflects the way we now work, with increasingly complex cases and working more intensively along with NGO partners to de-escalate risk. Now fewer children are in need of protection at the end of investigations—3,776 compared to 4,328 at 30 June 2014—and that is what Carmody wanted.

In determining what practice changes should be made I consulted with staff as well as with Cheryl Vardon, the principal commissioner of independent oversight body the Queensland Family and Child Commission. I am very pleased to have the commissioner's in-principle support for the changes, noting they should result in children being seen sooner, increased engagement with family support services and improved public confidence in the system. The QFCC has a program of oversight and will assist the department to monitor and evaluate the strategy. I look forward to working with the commission to deliver better outcomes for our children and families.

Ms PEASE: I acknowledge the great work of the minister and her passion for all of her portfolios. I also acknowledge all of the staff in all of her departments. They do an outstanding job on sometimes difficult and complex issues. Having said that, can the minister advise on the increasing complexities of the cases now being seen by the department of child safety?

Ms FARMER: I thank the member for the question and for her interest in the care of some of the most vulnerable people in this state. Residential care services are a safe place to live for young people whose needs are too complex for ordinary foster carers to manage safely. These kids have been through unimaginable traumas—the stuff of nightmares. Some 30 per cent have disabilities and many have mental health or drug and alcohol issues, but all have complex needs. Their behaviours are extreme and often violent. Every child deserves the same hope and opportunity, but these kids are so far behind the starting line that they need incredible levels of support just to have a chance at going to school or learning basic life skills.

In 2018-19 we invested just under $118 million in residential care placements. It might seem like a lot, but let me tell you about one young girl who lives in care. We will call her Chloe. Chloe is 16 and came into our care when she was 14. She was malnourished, probably in part because she had never seen a dentist in her life. Her mouth was a mess and it hurt her to eat. Dental work is not cheap, but we covered the cost of the care she needed. She has Autism Spectrum Disorder, Attention Deficit Disorder and an intellectual disability. She is non-verbal and her communication is severely impaired. She wears

an adult nappy, because she has no control over toileting. She cannot tell us what she experienced before the age of 14, but we know that her parents are almost completely disengaged at this point. She probably did not come to us from a loving, caring, supportive home.

Chloe cannot express when she is frustrated or hurt or angry or scared. Instead, she acts out in very extreme ways—hitting, punching, kicking, scratching and biting, wiping her faeces everywhere and spitting on carers. She punches walls and throws furniture and smashes windows. She displays inappropriate sexualised behaviours. If she is in a car, she will attack the driver. To keep her safe and to keep others safe, she has to live in a placement with no other children with two staff rostered on at all times, including an awake shift overnight. You cannot safely go to sleep in Chloe's house. Thanks to residential care workers, Chloe feels safe with her current placement. Her medical and care needs are looked after and she has learnt to communicate simple needs like hunger with hand gestures or noises. That for Chloe is a good result. Chloe's care costs a lot, but Chloe has no-one to look after her except us and that is what we doing. She matters to us.

Earlier this week the member for Burnett questioned why we spend what we do on each child in residential care. He said that we are creating a generation of dependant kids. I would like to know from the member: how is Chloe ever going to be independent? What does he think it is worth to look after Chloe? Is she worth $800,000, $100,000? I hear the average cost of raising a teenager these days is $10,000. Do we just give her that and let her make do? Our kids need us to look after them and, whatever we need to do to achieve that, that is what we will do.

Mr O'ROURKE: Minister, will you provide an update to the committee on how the national redress scheme, a key recommendation of the Royal Commission into Institutional Responses to Child Sexual Abuse, is operating in Queensland?

Ms FARMER: I thank the member for Rockhampton for his question. I know the member has been a keen advocate for those almost 10,000 Queenslanders who experienced horrific abuse in institutions that were supposed to care for and protect them, in particular for those who were at Neerkol near Rockhampton. On 19 November 2018 the Palaszczuk government joined the redress scheme, allocating approximately $500 million for redress payments and counselling support. As at 30 June 2019, the Queensland government has received 507 requests for information from the scheme, made 41 redress offers and had 34 others accepted, totalling approximately $2.6 million in payments.

A majority of organisations have opted in to the federal government's redress scheme—organisations that, like state and federal governments, must accept responsibility for the atrocities that happened when children were in their care. I am very pleased to say that the Queensland government is in the process of signing an MOU with the Local Government Association of Queensland so that Queensland councils can also participate. Unfortunately, however, this is not the case for all non-government organisations and I want to say quite clearly today that this is not acceptable. There are people in our community whose lives were ruined when they were in the care of these organisations. Their childhoods were stolen and many of them had no voice until the royal commission allowed them to speak about something that had eaten away at them for decades. These people cannot have their redress applications processed until the responsible organisations opt in. I have written twice to NGOs and again recently to 24 higher risk funded organisations and my department is following up with them individually. I flag quite clearly today that this government will leave no stone unturned to ensure that these organisations do what they need to do.

As you know, Queensland has given support to survivors of institutional abuse long before the redress scheme commenced. In fact, 31 May 2019 marked the 20th anniversary of the Forde report, Queensland's commission of inquiry of abuse of children in our state's institutions, and the Forde Foundation, established after that report was delivered, continues to provide critical support to over 2,500 impacted Queenslanders.

As well as the Forde Foundation, the Palaszczuk government has established the Truth, Healing and Reconciliation Taskforce and I thank Queensland great Bob Atkinson for chairing this important group. The task force includes four courageous and thoughtful survivors and I acknowledge their strength and goodwill in contributing. The task force also includes invaluable organisations committed to the support of abuse survivors such as Micah Projects, Link-Up Queensland, Life Without Barriers and the Uniting Church. The main priorities of the task force include advice to the Queensland government about redress, community awareness raising, support for people with lived experience of abuse, and legislative reform which protects children, and I thank them for their invaluable work.

CHAIR: We will move to non-government questions.

Ms BATES: Mr Chairman, I seek leave to table a document for which I have sought advice from the Clerk relating to an investigation into suspected child abuse. I have deidentified the document as is required under the standing orders.

CHAIR: We will allow the minister and DG to have a look at that after we distribute it so we know what we are referring to. Let us just take a minute to see what this is. Is this related to a question you asked this morning in Health?

Ms BATES: It is related to the Child Safety component of the question this morning, yes. I understand, Mr Chair, that the minister, under the privacy provisions of the act, cannot discuss an individual case, but I would request that the minister take my question on notice because I understand that she will not be able to answer it here.

CHAIR: Let us see what the question is first.

Ms BATES: I refer to page 3 of the SDS and Child and Family Services's role to assess and intervene to protect children and young people who have been harmed or who are at risk of significant harm. Minister, did the Queensland Police Service fulfil their mandatory reporting obligations and report to Child Safety in relation to a baby born at the Rockhampton Hospital that required a response from the Child Protection and Investigation Unit? As I have just said, I understand under the privacy provisions of the act that you cannot answer that question here, but I am asking if you would take the question on notice.

Ms FARMER: Certainly, Chair. Yes, we will refer that to the department straightaway.

CHAIR: Thank you. Procedurally we need to seek leave to get this tabled.

Ms BATES: I seek leave to have that tabled.

CHAIR: Is leave granted? Leave is granted.

Ms BATES: Thank you, Minister. My next question is to the minister. Now that it is mid-2019, when can we expect the Queensland Sexual Violence Prevention Framework to be released?

Ms FARMER: I thank the member for her question and it is a very important question. The member will be aware that we have spent the best part of the last four or five months going around the state and consulting. I have personally been to six of the eight forums. We have run online consultation. We have run specialised consultation with particular groups—with Aboriginal and Torres Strait Islander men and women, with women with disabilities, with young people and with people from culturally and linguistically diverse backgrounds. I announced at the end of last year that we would be conducting this consultation and I have to say that it has been a harrowing process for all concerned.

I established a Sexual Violence Prevention Roundtable and I am really delighted to have the contribution of a range of people from a range of different sectors that provide service to people who have been sexually assaulted. As the member knows, the statistics around sexual assault are absolutely horrific—one in six women and one in 20 men over the age of 15. We know that it is one in six women under the age of 15. If you are a woman with a disability, there is a 90 per cent chance that you have been sexually assaulted. As I have gone around the state and talked to people and spoken those figures, you can see the reaction in the audience. It is a visceral reaction and people cannot believe that in a country like Australia we are facing those sorts of statistics.

We have gone out with a discussion paper, which the member may have seen. We have had several meetings of the Sexual Violence Prevention Roundtable. For the interest of members, I want to talk about the membership of this panel, because it just shows how broad our input is. Membership includes Leona Berrie from the Queensland Sexual Assault Network and WWILD; Di McLeod, whom the member would know very well from her excellent work on the Gold Coast with the Gold Coast Centre Against Sexual Violence; Cecilia Barassi-Rubio from the Immigrant Women's Support Service; Angela Lynch from the Women's Legal Service Queensland; Professor Patrick O'Leary from Griffith University; Charmaine Law from Anglicare CQ; Faith Green from Mob Kinnectors Beenleigh and Logan; Dr Michael Flood from the Queensland University of Technology; Karyn Walsh from Micah Projects; Cassandra Ashton from Relationships Australia Queensland; Jo Bryant from Protect All Children Today; Karni Liddell from the DFV Implementation Council, and she is a disability advocate; James Edney from YETI in Cairns; Karen Aspinall from Laurel Place; and Rachael Pascua, a R4Respect ambassador.

We have had two meetings of that round table. The most recent one was to consider the results of the consultation, which was quite extensive. We are now looking at going out and developing the framework. I have made a public commitment that I would deliver the framework later this year. I was absolutely delighted just a couple of weeks ago to stand beside the Attorney-General and announce

that we would be referring the matter of mistaken consent in sexual assault and rape cases to the Queensland Law Reform Commission. Certainly, the Attorney-General had obviously been consulting with legal stakeholders, but it was very clearly an issue that came up from victims and survivors who attended the sexual violence prevention consultation and from their loved ones and the service providers. It was probably one of the strongest matters that came up. We are looking forward to that matter being resolved.

Ms BATES: I am glad you are working very closely with Di Macleod.

Ms FARMER: She is an excellent person.

Mr BENNETT: Could I ask the director-general a question about the *Not now, not ever* report? Can you please inform us how many of the government directed recommendations are remaining and the corresponding recommendation numbers of each of these recommendations?

Mr Hogan: Thank you, member, for the question. Could you repeat the second part of the question, please?

Mr BENNETT: How many government directed recommendations are remaining and what are the corresponding recommendation numbers of each of the recommendations, please?

Mr Hogan: I am very pleased to advise the committee of the progress that has been made across government in the implementation of the government's response to the report of the task force chaired by Dame Quentin Bryce, known as the *Not now, not ever* report. That report, of course, was released in February 2015. If made 140 recommendations. One hundred and twenty-one of those were aimed at government.

In August 2015 the government response was released and it accepted all of those recommendations, as the committee is probably aware. Of the 28 recommendations for my department, 19 are completed and the remaining nine are expected to be completed in 2019. As the minister has mentioned on a number of occasions in the House, the government has invested $328 million over six years into these reforms across the priority areas of changing attitudes, integrating service responses and strengthening justice responses.

I can advise of a significant number of achievements in the last 12 months, including by my own department in relation to the development and release of the funding and investment model, the finalisation of guidelines and position description for court support workers, the development of the framework for action in relation to the experience of domestic and family violence by Aboriginal and Torres Strait Islander Queenslanders and the plan of action in relation to the violence experienced by women in particular with disabilities, as the minister referred to. In relation to the seven recommendations that are incomplete, I might have to take that on notice. I can check that. We will come back to you with the detail.

Mr McARDLE: Only the minister can take it on notice, Director-General.

Ms FARMER: We will take that on notice.

Mr BENNETT: Can I clarify that there are still nine to be rolled out in 2019? You are going to provide those numbers to us at some point during the deliberations; is that the case?

Mr Hogan: That is correct, member. I would point out that, of course, the strategy is a 10-year strategy. Implementation is progressive. I know from my engagement with my colleagues across government that implementation is ahead of schedule. Across all of the actions across all of the agencies, very significant progress has been made. Of course, some of the recommendations from the task force go to very longstanding issues about cultural change, behaviour change and system change, and they will take some time to effect.

Mr BENNETT: Thank you.

Mr BERKMAN: I have a question on the issue of kinship care and blue cards. I asked a question on notice that the department could not respond to because of the overlap with Department of Justice and Attorney-General responsibilities. I want to reframe the question here for the director-general. Does the department keep track of how many prospective kinship carers the department has been working with who are unable to go ahead with a placement due to issues with getting a blue card?

Mr Hogan: I thank the member for the question. Blue cards are a vitally important safeguard for the protection of all Queensland children, particularly in the case of children who are coming into care. We work closely with Blue Card Services in the Department of Justice and Attorney-General. As the response to the question on notice indicated, their data is really a matter to be provided by that

department. I can advise that for the period 2018-19 there were negative notices issued for 20 kinship carers or applicants. I cannot distinguish from the data available to me whether they were carers or applicants.

Mr BERKMAN: I am aware of the reform agenda that Blue Card Services is progressing and I am aware that the government has recently added more offences to the blue card regime. Minister, as of right now, do you view the challenges of getting a blue card as a barrier to fulfilling the Aboriginal child placement principle?

Ms FARMER: I thank the member for his question. We are really working very hard on making sure that we can have Aboriginal and Torres Strait Islander carers looking after Aboriginal and Torres Strait Islander children. The member is aware of just how important that is. In fact, it is the whole purpose of the Our Way strategy and our Changing Tracks implementation plan—that we can increase the number of Aboriginal and Torres Strait Islander carers. I am aware that there are people who have concerns about blue cards and I know that—and I am sure you will ask the Attorney-General—the Department of Justice and Attorney-General does a lot of work in Aboriginal and Torres Strait Islander communities to make sure that it is easy and accessible to gain information about how to apply for a blue card.

I would like to tell the member a little bit about what we are doing in that space to try to improve the number of Aboriginal and Torres Strait Islander kinship carers. As you know, they can be relatives or close friends, or members of the child's or young person's community, or compatible with the child community's or language group. We have five elements of the Aboriginal and Torres Strait Islander Child Placement Principle: prevention, partnership, placement, participation and connection. These are now embedded in legislation that commenced in October 2018. These placement principles guide our practice with Aboriginal and Torres Strait Islander families and the placement of children where it is required. This is just so important, given the historical context of forced removal and disconnection from family, culture and country.

We work very closely with the Queensland Aboriginal and Torres Strait Islander Child Protection Peak—QATSICPP—which released a position statement for Aboriginal kinship care in 2018. That considers the interrelationship between legislation, policy, programs, process and practice. The Queensland First Children and Families Board, which I mentioned before, is giving us guidance on the future approach to increase investment in Aboriginal and Torres Strait Islander organisations to give us expert knowledge, advice and authority in relation to kinship connections for children and young people in care through the Connected to Kin, Culture and Community project. We are partnering with QATSICPP to develop the Aboriginal kinship care program.

The amount of $3.5 million has been allocated in the 2019-20 budget over three years for the Connecting to Kin Community and Culture initiative and that aims to progressively shift investment in foster and kinship care services to the Aboriginal and Torres Strait Islander Community Control Sector. An options paper for the program is being developed with plans to consult peak stakeholders in August and we are aiming to start transitioning children and young people to the new program by the end of the year and we think this is going to make a really big difference.

We recently commenced a trial to find suitable kin for children and young people in residential care using an outcome based payment system. It means participating agencies will get a one-off payment for identification and successful placement of children in accordance with approved terms and conditions and placement will be subject to full safeguarding conditions as with any other approved kin carer placement. In fact, when I was in Cairns recently I met with IFYS, which is a well-known and very highly regarded organisation operating in Cairns, and they had just started this. It means that they will search far and wide to find kin for our young people. They will search all over Australia if they need to. We see that as something that is going to really help us shift the dial. We have seen a slight increase in the number of kinship carers over the last 12 months, which is very pleasing, but I think this shift to the community controlled organisation is going to really make a difference.

In addition to IFYS we have five existing foster and kinship care agencies that are taking on this particular program. They include IFYS, the Townsville Aboriginal and Torres Strait Islander Health Service, Life Without Barriers, Mercy, Kummara and Infinity Community Solutions. At next year's estimates I hope that we are reporting on some really good results from that process.

Mr BERKMAN: Can I confirm with you, Mr Hogan, you referred to the 20 instances where carers or applicants, you could not distinguish, were refused. Were those all related to issues as a consequence of blue card concerns?

Mr Hogan: I thank the member for the question. I can confirm that they were negative notices issued by Blue Card Services. Of course I am not privy to the particulars of what offences they may relate to.

Mr BERKMAN: That is 20 out of a total of how many kinship carers who are currently in the system?

Mr Hogan: I can advise the committee that 44 per cent of the 9,514 children and young people in care are placed with kin and the number of kin carers is around 1,500, but I will confirm that.

CHAIR: We will go to one government member question and then finish with some allotted time for non-government questions. Will the minister please provide an update on her engagement with the Commonwealth government advocating on behalf of children, families and carers and women?

Ms FARMER: Thank you, Chair. Since becoming a minister I have made it a priority to engage with my Commonwealth counterparts to advocate on behalf of Queenslanders. Immediately after the federal election I wrote to all the new ministers associated with my portfolio to report recent developments in Queensland and to raise matters that need resolving.

To Senator Ruston, Minister for Families and Social Services, as I had in person with her predecessors, I sought assistance to ease the financial pressures experienced by carers in accessing childcare subsidy and other payments, develop a dedicated Centrelink foster care support and advice team and review income eligibility criteria for carers accessing the Family Tax Benefit.

I proudly informed Ken Wyatt, Minister for Indigenous Australians, about Queensland's commitment to family matters and the Queensland First Children and Families Board. As I had with his predecessors, I again invited the Commonwealth to become a partner in Queensland's Our Way strategy.

I raised with The Hon. Stuart Robert, Minister for the National Disability Insurance Scheme, the need to achieve improved disability support for children in, leaving or at risk of entering care and alerted him to the need to address support for children with complex needs in family based or residential care.

I advised Senator Colbeck, as Minister for Youth and Sport, about Queensland's youth strategy and the government's embedded commitment to engage with young people. I informed Senator Payne, as Minister for Women, about our Queensland Women's Strategy, our Domestic and Family Violence Prevention Strategy, the finalisation of the Sexual Violence Prevention Framework and I have since participated in a meeting with her and other women's safety ministers about the fourth action plan under the Commonwealth's National Plan to Reduce Violence Against Women and their Children. I further requested at that meeting that the Commonwealth review consular services for women from CALD backgrounds who are victims of domestic violence to reduce barriers to their seeking assistance and I again urge the Commonwealth to work with state ministers on complexities arising from the intersection of family law and domestic and family violence and all agreed these are really significant issues.

Having seen the news this week that the Commonwealth has proceeded with introducing funding for couples counselling in cases of domestic violence, I will be writing in no uncertain terms, again to both Senator Ruston and Senator Payne, to protest against what is a fundamental misunderstanding of the power dynamics in a domestic violence relationship and to ask them to redirect that funding to other much needed and evidence based initiatives. The Palaszczuk government will always work with our counterparts to advocate for Queenslanders and I look forward to a productive working relationship with the Commonwealth so that we can achieve the best for the people that we represent.

CHAIR: We might return to non-government questions. Member for Burnett?

Mr BENNETT: Director-general, can you advise the committee whether the department has engaged any external contractor to deliver the Working Across Difference workshops to departmental staff, please?

Mr Hogan: I thank the member for the question. I can confirm that the department did engage an external contractor to assist us for a period to develop that initiative. That contract came to end in the last financial year.

Mr BENNETT: Who was the consultant and what did it cost?

Mr Hogan: I will have to take that, through the minister, if the minister is agreeable, on notice and provide further advice to the committee.

Mr BENNETT: I understand that they were from the United States. My question is was a Queensland company considered for the training?

Mr Hogan: I thank the member for the question. I can confirm that person was from the United States and has worked extensively around the world. Again I would have to seek further information about the process for the appointment of that contractor.

Mr BENNETT: That is on notice, as I understand it.

Ms FARMER: Yes.

Mr BENNETT: Could we confirm that the costs of the travel to and from the United States as well as accommodation is included in that assessment, please?

Mr Hogan: I will need to seek further advice.

Ms FARMER: Yes.

CHAIR: On notice.

Mr BENNETT: There continues to be children in Queensland with severe disability whose circumstances are such that parents have to make those heartbreaking decisions to relinquish them because they no longer can care for them in their home. Could you advise on the implementation of the Carmody commission inquiry's recommendation 4.12 about relinquishment?

Mr Hogan: I thank the member for the question. It is a very vital and challenging issue. I am pleased to advise the committee that the government response to the Carmody inquiry accepted that recommendation and that was implemented and continues to be implemented. The essence of that was that parents who may well love and care for their children with disability may still be willing and able to protect them but do not have the capacity to actually do that safely and well. There are a small number every year of families where that situation gets to a point where it is not safe sometimes for siblings or for the family or possible for the family to retain day-to-day care of a child with very severe disabilities and very challenging behaviours. The minister gave an example of a situation like that earlier.

The policy was changed some years ago now so that parents do not have to relinquish. That means we do not have to take them to the Childrens Court and effectively establish that they are not willing and able to look after that child. We have worked over the last number of years with our counterparts in the Department of Communities, Disability Services and Seniors and through the transition to the National Disability Insurance Scheme have retained funding responsibility for those voluntary care arrangements and as a consequence of us moving into the full NDIS scheme that funding arrangement responsibility has now transferred to my department.

I am also pleased to advise the committee that the Queensland government and the Commonwealth government have recently agreed on much more favourable terms for the NDIS to provide appropriate support for children in those voluntary care arrangements. That had been an outstanding concern and an issue for all states and territories. We were working with families where there was a child with a significant disability and we did not believe that they were getting the level of reasonable and necessary support from the NDIS that they deserved.

Not long ago there was a joint announcement by the Commonwealth and the state and territory ministers about a new arrangement for the funding for those children. That sort of arrangement is the one that we would like to see for children in care as well as the children who are in voluntary care. We have continued negotiations and discussions with the Commonwealth and other states and territories to pursue that position. Our view is that children with a disability deserve the same level of support from the NDIS, whether they are in or out of care.

Mr BENNETT: Minister, I refer to the dedicated framework announced on 29 May this year to address the prevalence of domestic and family violence within Aboriginal and Torres Strait Islander communities. That framework was first recommended by the Domestic and Family Violence Death Review Advisory Board in its 2016-17 annual report tabled to parliament on 2 November 2017. Why did it take over a year and a half for the second annual report from the board calling for action for this framework to be announced?

Ms FARMER: Of course, the issue of domestic violence for Aboriginal and Torres Strait Islander populations is quite a specific issue and quite a specific challenge. We know that we have to apply a different approach to that. That is why we recently announced $1.5 million to support the implementation of the framework over the next two years.

The member will be familiar with the Domestic Violence Implementation Council. They have an advisory working group to deal with issues around domestic violence and Aboriginal and Torres Strait Islander issues. We have been consulting on the framework with that working group and also with the First Children and Families Board, which was set up at the end of last year. It has been very important that we actually get their input into how this framework needs to look.

We are rolling out initiatives basically as we speak. In fact, the member will know that for a number of years we have been doing quite a lot of work around supporting Aboriginal and Torres Strait Islander peoples around domestic violence. However, what is required is an overarching framework that really describes the way forward and that has everybody on board as to what is the best way to do this. We know that Aboriginal and Torres Strait Islander women who are victims of domestic violence are 34 times more likely to be hospitalised as a result of domestic and family violence. Over the next two years, six communities will be supported to develop their own community-led action plans to address domestic and family violence. Specialist DV workers will be engaged in the Indigenous family wellbeing services.

The framework really sets out a new way of working with Aboriginal and Torres Strait Islander people. Only recently I was on Thursday Island and at Yarrabah. Those two communities have significant issues around domestic and family violence. For them, the ways of dealing with that issue are different. Our whole approach is community led. The communities themselves determine the way this needs to work. For instance, on Thursday Island I met with an organisation called Mura Kosker Sorority. I believe that the member has been to Thursday Island recently.

Mr BENNETT: I lived there for three years.

Ms FARMER: You will know what I am going to say. The president of that organisation rowed across to meet with me. The member will be very aware of how difficult it is to support victims of domestic and family violence on those remote islands where often there is literally not only no form of communication but also nowhere to go. We are already funding that service to provide significant support for victims of domestic and family violence. They are now about to embark on a healing process. This is about the whole community healing. They talked about the effects of intergenerational trauma, grief and loss, and why that makes people behave the way they do. It is not about a woman leaving a man or vice versa; it is about the whole community coming together. They are going to be running that program in separate communities. We have been providing funding to that organisation and a number of others for a number of years now. It is time to have this framework, which will fund trials across a range of communities.

In Yarrabah, for instance, I met with the organisation that runs the women's shelter. The average person might think that a women's shelter is somewhere a woman escapes to and nobody knows where she is. Of course, in a small Aboriginal and Torres Strait Islander community everybody knows where the shelter is. They talk about the shelter as being the place where a woman can take a break if things are getting too much for her. It is accepted that she just needs a break. However, she wants to stay in her community. If she leaves her partner, she leaves her community and her family. That is just not going to work for her. Those are a couple of examples of the different issues in communities.

Mr BENNETT: I refer to the $12 million over four years promised by the government to youth sexual violence. Director-General, can you confirm how much was spent in 2018-19, please?

Mr Hogan: The minister announced the government's response to the sexual violence task force report at estimates last year. That included an announcement of funding of $12 million over four years. I need to advise the committee that the funding was staggered. A small amount of money was allocated for 2018-19. The bulk of the funds commenced in 2019-20, in July this year. They step up again to another level in the financial year 2020-21.

The work undertaken so far in 2018-19 has involved extensive engagement with stakeholders, work on service design and community engagement, and the development of a new program targeting youth sexual violence. We were really pleased with the response that we received in the five communities that were identified. They were Rockhampton, Gladstone, Moreton Bay, Toowoomba and South Burnett. Services commenced in May so that we could get services operating as quickly as possible. In addition to the services that commenced in May, new services started in July and very shortly will start in Rockhampton. As for the specific amount spent in 2018-19, I will have to check that expenditure. I will have to get that figure for you.

Mr BENNETT: Minister, will you accept that question on notice?

Ms FARMER: Yes.

Mr BENNETT: Director-General, I refer to page 3 of the SDS and the investment in care services for children and young people. Is there any form of reconciliation or auditing of the residential care of children? If so, how often are they conducted and what triggers those audits?

Mr Hogan: I note the member's interest in this issue. I refer to the question on notice response that we provided which we hoped answered the member's questions. As the response indicated, there is a comprehensive range of licensing, standards and monitoring requirements for residential services. Services that are funded are required to comply with the Human Services Quality Framework. That includes independent auditing. They run through a three-year cycle of internal and independent auditing against the Human Services Quality Framework. Our licensing requirements are generally to visit licensed services twice a year and if there are issues or concerns arise they will be visited more often than that.

CHAIR: There have been some questions taken on notice. I do not know whether you can answer any of those?

Mr Hogan: Chair, I do have a couple of answers. In response to the member for Maiwar's question, the number of kinship carers is 1,555 as at 31 March. In terms of the *Not now, not ever* recommendations underway in the department that the member for Burnett asked about, I can point out that they are recommendations 9, 43, 74, 75, 76, 77, 79, 82 and 83.

CHAIR: Minister, would like to make any closing remarks?

Ms FARMER: In terms of the matter that the member for Mudgeeraba raised, we think in the sense that it was asked that there may be a risk of identifying the child. We need to have further discussion and get back to the committee within the required time frame.

Mr BENNETT: Please excuse me for interrupting, Minister. The question on notice around travel and the consultant is still to be answered at some point.

Ms FARMER: We will get back to you in the required time frames. Thanks for the opportunity to make some closing remarks. I thank the committee and all of the Parliamentary Service staff who do so much work today and to prepare for estimates. I want to thank my director-general, Michael Hogan, Arthur O'Brien and all of the staff of my department who do an absolutely amazing job. I acknowledge all of the public servants across government who do so much work to prepare for estimates. Those in my department are absolutely magnificent. In particular, I want to thank the estimates team—Kirsty Madden, Leah Goldsworthy and Kirryn Lewis—who have spent long hours preparing for this today. Their support is much appreciated.

CHAIR: I thank everyone in the department for the significant work they do in child safety, youth and women. Thank you very much for your attendance today. We are almost out of time. We will take a break. The hearing will resume at 5.30 pm with the continued examination of the estimates for the portfolio focusing on matters falling under the responsibility of the Department of Youth Justice.

Proceedings suspended from 5.14 pm to 5.30 pm.

CHAIR: Welcome back, Minister and officials. We will move straight to questions with government members for the portfolio area of youth justice. Minister, could you indicate how you expect young people who are in the youth justice system to end up living with greater purpose and having better opportunities to get a job?

Ms FARMER: Chair, I understood that I had an opportunity to make some opening remarks.

CHAIR: I am so sorry. I went straight to questions because it is the last session of the day. I do apologise. It has been a long day. Minister, would like you like to start with a five-minute statement?

Mr McARDLE: I raise a point of order, Chair. This is the same portfolio. Whether or not there are two different sections is irrelevant. There is one portfolio. Therefore, in my submission, there is one opportunity to make an opening statement. We had four sections on health but we only had one opening statement.

CHAIR: This is in our government time. I will be keen hear from the minister.

Mr McARDLE: This will run into your government time. Is that right?

CHAIR: That is fine.

Ms FARMER: Sorry. I understood I had a separate opportunity. Thank you very much. I thank you and the committee members and other committee members who have joined us today.

The Palaszczuk government is committed to the most significant reform of the youth justice system ever to be taken by the Queensland government. We know that the community expects young people to be accountable for their actions, and so do we. However, the community also wants young

people not to reoffend. If we persist with a 'lock them up and throw away the key' approach with our young people, that is exactly what will happen. There is an almost 100 per cent chance that young people will reoffend.

If we keep on doing the same thing we have been doing year after year in youth justice, we cannot expect the results to be any different. That is why we have made a commitment of over half a billion dollars since February last year to reform youth justice. That is why in May of this year the Premier announced the creation of a standalone Department of Youth Justice with a dedicated director-general, Bob Gee, whose sole purpose is to ensure the success of our youth justice reforms. That is why what we do in youth justice will be based on evidence. The community expects us to sort this, and that is exactly what we intend to do.

We began this process in February last year when we transitioned 17-year-olds into the youth justice system, aligning Queensland with the UN Convention on the Rights of the Child and bringing us into line with every other state in Australia. At the same time, I had tasked former police commissioner Bob Atkinson with advising me on the way forward with youth justice reform in Queensland. He delivered his recommendations to me in June last year. We spent the second half of the year consulting with over 2,000 people across the state.

In December last year I delivered our youth justice strategy *Working together changing the story*, accepting or accepting in principle 60 out of Bob's 77 recommendations and noting another 17 for further consideration. In April this year I announced a package of initiatives worth over $332 million focusing on implementing the priority actions from the youth justice strategy and from the report produced by Major General Stuart Smith on local solutions to address youth crime in Townsville. Details of those initiatives are provided in response to several questions on notice for this hearing. Members will note from these that their implementation is the absolute focus of the new department.

At this point I do want to acknowledge that department and the outstanding work undertaken by our Youth Justice staff and those of our partner organisations and to especially acknowledge Mr Michael Hogan, who had DG responsibility for youth justice as part of a broader portfolio until May this year. He well and truly laid the groundwork for where we are today.

Underpinning this new package of initiatives is our youth justice package action plan, which I table today, which documents the work that continues across and between government agencies to support the implementation of the two reports I referred to and the work which has been ongoing in delivering youth justice reform. I plan to table an annual update of this plan.

In June of this year I introduced the Youth Justice and Other Legislation Amendment Bill that will further support our reforms. The issue of young people in watch houses is one about which the community is particularly aware. The community does not want these young people in watch houses, nor do I and nor does this government. That is why every effort has been made to ensure that they are not there any longer than is absolutely necessary. It is why I was very pleased to announce last Thursday that we had zero young people on remand in the Brisbane city watch house. At nine this morning there were six young people in a watch house on remand who were either going to a detention centre or waiting to appear in court. This outcome was not achieved through one measure alone but was the result of combined and sustained efforts across a number of initiatives, and these efforts are detailed in response to the questions on notice. However, in making that announcement I made it clear that we were not out of the woods yet.

Reforming youth justice is challenging and it is complex. We only need to see the news of the riots at the detention centre in Kariong, New South Wales this week to remind us of that. The Palaszczuk government has taken youth justice reform out of the too-hard basket and made a commitment to the community to deal with it. As Bob Atkinson articulated so clearly his report, in all that we do in youth justice public safety is paramount and community confidence is essential. If a young person commits a serious offence then they need to be held accountable. However, if we do not address the causes of offending and reoffending then all we will be able to promise Queenslanders is that we will build more and more detention centres now and into the future and we will never break the cycle.

This requires leadership and bipartisan leadership is frustrating. That is why it is so frustrating, and to be honest bewildering, to try to get a handle on the LNP's position. On the one hand, the member for Toowoomba South says that the LNP believes in more early intervention. On the other hand, the member for Broadwater calls them cretins. Then the member for Toowoomba South changes his mind and says that we need to have all the young offenders in detention. On the one hand, they have been pushing to get young people out of watch houses without offering any viable solution, but when we get them out they say that we are soft on crime.

This is not about being soft on crime or hard on crime; it is about getting the job done. It is too important an issue for anyone to try to score political points. I am calling on the opposition to be courageous about youth justice and to join the government in supporting reform. We owe it to the community and we owe it to our young people.

CHAIR: I apologise for not allowing you to make an opening statement. You mentioned in your opening statement the major general's recommendations. Could you provide an update, because that affects the electorate of Townsville? From the feedback that we got from the Townsville community, those initiatives are certainly welcome.

Ms FARMER: I thank the member for his question. I know that this is a topic very close to his heart. Queensland's first whole-of-government youth justice strategy was released in December 2018. We also released the government's response to Major General Stuart Smith's report, *Townsville's voice: local solutions to address youth crime*, during December.

The government's second tranche of major youth justice investments announced on 30 April totalled $332.5 million and will support implementation of Bob Atkinson's and Stuart Smith's reports. They will both help to break the cycle of offending and reoffending. The government has committed $19.2 million to implement the 23 recommendations in the major general's report, and all are on track to be commenced within the report's time frames or before.

Two recommendations have already been completed and 11 have been commenced including three which were scheduled to commence next year. Those underway include the Townsville offender accountability board, on the way to being established by September 2019; working with Education to respond to truancy rates to strengthen relationships with parents; working with community groups to develop strong mentoring and employment partnerships for youth at risk; and planning to implement community groups to develop hubs that can support after-hours youth services.

I know how excited the member was last week when I advised him that we would be providing a satellite service in Upper Ross from the Lighthouse to give safe harbour to young people on the streets at risk of offending. The Lighthouse in the CBD is a fantastic service that has achieved great results and it goes directly to recommendation 11 from Stuart Smith's report. The member has been lobbying me about it incessantly, and he got his wish.

CHAIR: Thank you very much, Minister.

Ms PEASE: Minister, could you indicate how you expect young people who are in the youth justice system to end up living with greater purpose and having better opportunities for a job?

Ms FARMER: Bob Atkinson's report summed it up. All stakeholders told us that engagement with education, training or work was critical to reducing children's offending behaviour. This is also borne out in research and reports from other jurisdictions. Providing opportunities for education, particularly vocational education, to at-risk youth improves not only self-esteem but also job opportunities, and with a purpose or a job the potential for offending, particularly property offending, reduces.

Young people, families and local communities need to have options available to them to be able to help themselves or young people. Practitioners on the ground, whether youth justice workers, police or one of the many support services in regional areas, want to be able to refer young people to pathways where real outcomes are delivered. I constantly hear across the breadth of the state that there is a need for practical options that can form part of place and case based approaches for young people who want help.

Again this government and this new department are delivering pragmatic solutions to a generational problem. Young people in contact with the youth justice system will get vocational training support under a new initiative to help them break the cycle, furthering their chances to get jobs. The best way to stop a young person from reoffending is to get them a job, and getting a job is not just about earning money and being independent—it gives them a sense of capability and pride in themselves, which is strong motivation to keep achieving.

It is more difficult for a lot of young people in the youth justice system to complete a qualification because of gaps in their high school education or a lack of family support, which is why today I am pleased to announce that the Palaszczuk government will be offering TAFE courses to young people who have been in contact with the youth justice system. Getting a TAFE qualification can be life-changing and it is a key that can open doors to getting a job and breaking that cycle. The Minister for Training and Skills Development, Shannon Fentiman, agrees. The youth justice training initiative will offer all of the same courses as those being offered to year 12 school leavers. We will encourage and actively support any young person in contact with youth justice to take up the challenge and enrol in a certificate course.

Mr O'ROURKE: In the recent package of initiatives you announced $200 million for non-infrastructure initiatives. Can you please take us through the life of a typical young person in the youth justice system and how those initiatives will help that person?

Ms FARMER: Yes, I would like to answer with a story. I want to talk about Mitchell—not his real name—who is a 15-year-old from the Tablelands area in North Queensland. He is Aboriginal and well known to the youth justice and child safety systems. He has been diagnosed with ADHA, FASD and expressive language disorder. He witnessed physical domestic family as a two-year-old, has a history of self-harm and substance abuse, and when he was seven years old he found his father dead from suicide. When he was eight his mother was sent to adult corrections for serious offences. He became transient, often staying with friends or family. He was in and out of foster care regularly.

His offending commenced when he was nine years of age: stealing a money box from McDonald's. He would spend time with friends every night and he started using marijuana, which escalated to stronger substances such as acid and ice. He eventually engaged in criminal activity to support his drug addiction. From the age of 10 he was committing serious offences, including stealing, assault, wilful damage, possession of weapons, drug related offences and break and enter. Given the seriousness of his offending, as a 12-year-old he was sent to youth detention for the first time. Under our new program of initiatives, when Mitchell was in court proposed law reform would provide for a speedier outcome before a new specialist Childrens Court magistrate, and our new technology platform Our Child would allow better access to youth justice staff in courts so that Mitchell and the court were better placed to make informed decisions.

However, Mitchell did go to detention. During his time there he was provided with a range of services including health, schooling and therapeutic services to support his complex needs and address the underlying causes of his offending. He started attending school at the centre, learning to read, interacting with other young people and staff and learning basic life skills, including cooking and cleaning. Youth detention provided him with structure and organisation that he had not experienced outside of detention—minor things like getting up each day and getting ready for school, learning how to make his bed, clean his unit cell and helping others finish chores for the larger accommodation unit. He became aware of the Transition 2 Success program while in detention after discussions with the Townsville senior transition officer.

Realising that the Tablelands had a program, he started to inquire with his caseworker about the possibility of participating in the program upon release. His caseworker was encouraging, but he was also concerned about the complexity of his situation concerning his family and how that might impact on his ability to engage in an intensive program like Transition 2 Success. His youth justice officer, his transition officer from detention and his child safety officer worked together with other agencies and local NGOs on a transitional plan designed to support his reintegration into the community. They knew the importance of having a well-designed plan in place prior to his release.

A few weeks after being released Mitchell was arrested for a minor matter. He was concerned that he would be returned to detention. He had, however, found a connection with the Transition 2 Success program after spending considerable time with a number of the partnered agencies involved with the program. This was communicated to police and the magistrate, and he was placed on a supervised order. It has been a few months now, and while he is still finding the transition difficult he has managed to complete half of the program. He is working with the department of housing on securing his own place. He has been offered work experience and he has learned a number of valuable life skills. He has voluntarily engaged with the SES, which he connected with partway through his community service activities. Family wellbeing services designed with community and elders will work towards connecting him with any family or kin so he is less likely to move from one place to another so that he is connected with his culture. Intensive case management, along with our expanded specialist multidisciplinary response teams, will provide better coordination and connection to services, particularly health, including access to our expanded Navigate Your Health Program and education.

All of the youth justice staff who have worked with Mitchell say that he is not a bad kid at all. He is extremely caring and wants to turn his life around. He is, however, the outcome of generational and societal issues and a product of his upbringing and environment. Our commitment is to keep the community safe and allow young people like Mitchell to turn their lives around, and that is what this historic budget allows to happen.

CHAIR: I have met some of those kids from Transition 2 Success in Townsville now working on the stadium in apprenticeship roles. It is just amazing. Before we move to non-government questions we need to seek leave to table this document *Working together changing the story*. Is leave granted? Leave is granted.

Mr JANETZKI: Minister, your ministerial diary shows that you first visited the Brisbane watch house on 5 July 2018 and again on 26 April 2019. When you visited what did you observe about that environment that troubled you?

Ms FARMER: I also visited the watch house last week with my director-general, Bob Gee, to thank the officers in there for their excellent work during what we all agree has been quite a challenging time. On both occasions I went to the watch house I was able to tour the facilities and speak to the youth workers and all of the officers who were there. As you know, the police officers put up their hands to do overtime in these positions. I have to say that I was so impressed with their professionalism in what has been a challenging situation. The work that they have done to address the needs of those young people has been outstanding. The way they have worked with the youth justice workers who came in especially as part of the support team has been outstanding, and I want to thank them for the care and consideration they have offered those young people.

As the member knows, a range of other people have visited the watch houses. We established a watch house response team officially in April of this year, but we have had Education, Health, mental health, Murri Watch and a range of other people going into the watch houses. The member will have heard me say on a number of occasions that nobody wanted those young people in those watch houses. The government did not want them in the watch houses, and I most certainly did not want them in the watch houses. I am very grateful to the people who were going in there every day and doing their best to make sure that they were looking after the young people who were there.

Mr JANETZKI: Minister, I will take from the nonanswer that there were troubling circumstances you observed. My second question is: why did you not act more than a year ago when you first visited Brisbane watch houses, knowing that so many young people—

Ms PEASE: Mr Chair, I have a point of order. I would like to raise standing order 115. I think that question has some imputations in it.

CHAIR: I agree.

Mr McARDLE: What is the imputation?

CHAIR: Perhaps rephrase the question if possible.

Mr JANETZKI: Minister, why didn't you act on the situation on watch houses over a year ago when you first saw the conditions?

Ms FARMER: As the member knows, and I am not sure if the member had an opportunity to hear what I said in the opening statement, we have made a commitment of over half a billion dollars to youth justice reform. There are young people in our detention centres, there are young people in our watch houses, and they have been ordered to be detained by a magistrate. In the transition of 17-year-olds, which occurred in February last year, we committed to building new detention centre space. In fact, in the most recent package of initiatives which I announced, we committed to creating new detention centre space. However, we know that we cannot keep just creating places to put those young people in and lock them up and throw away the key. The member himself has had quite different views on this which he has expressed publicly. We simply must commit to those non-infrastructure reforms if we are going to make a difference.

The young people, like the ones I have been describing today, did not take 12, 14 or 16 years to become youth offenders. The lives of those young people have been characterised by neglect, poverty, abuse, homelessness, disengagement with education and a lack of a single person to walk along beside them. They were not born bad, any of them. They have taken 12, 14 or 16 years to get into that situation and they are not going to get out of that situation overnight. We are very pleased. As I said, nobody wanted those young people in the watch houses. If the detention centres do not have the beds available for young people who have been ordered for detention by the magistrate—

Mr McARDLE: Chair, on a point of order.

CHAIR: What is your point of order?

Mr McARDLE: With respect to the minister, the question was very succinct. It was: why has it taken 12 months before any action was taken? The minister has given a lengthy preamble but I would ask the chair to bring the minister back to the question and to answer a very simple question. Why did it take 12 months for action?

CHAIR: I think the minister is answering in a very considered manner and I will ask the minister to continue.

Ms FARMER: Thank you. Chair, I am a little puzzled because I am actually describing the actions we have been taking since the transition of 17-year-olds. There are a certain number of beds in the detention centres. If a magistrate has ordered for a young person to be detained and there is no room in the detention centres, then that young person has been detained in the watch house. It would be unsafe for me or the director-general of my agency to order a young person into the detention centre when there is not capacity for that young person to do so.

From February last year—I think it was probably around the middle of the year when we started to see numbers in the watch house staying for longer than the normal period of time, and we allocated funds immediately. It was our investment. We allocated funds to Legal Aid, to Sisters Inside and to YAC to actually look at bail advocacy for those young people. We know that 83 per cent of the young people in detention centres in Queensland are actually there on remand. That is compared to a 60 per cent average in the rest of Australia. Many of them are there because they do not have a home or a safe home to go to.

The bail advocacy services, which was the first of our initiatives, were about taking up bail merit applications for those young people if in fact the reason for detaining them was based on welfare reasons. The member will be aware that many times a magistrate will make a decision about detaining a young person based on welfare considerations. The bail advocacy services were able to put up a case to the magistrates. At the same time, we introduced bail support services so that we actually could find the accommodation that might be necessary to connect people to kin, to connect them to any other services which were necessary for them to be able to meet their bail conditions.

Those initiatives are part of those significant youth justice reforms we have put in place. We have been successively over the last 12 months, including at the end of last year, introducing services and applying significant funding to make sure that we are keeping those people out of the system. It is not only a matter of finding the places for the young people who are actually in the system; it is a matter of making sure that we do not have people either coming in or coming back to the system as well, which would put more pressure on the numbers.

I can detail blow by blow the over $200 million worth of initiatives we have in place—like the bail advocacy program, like the bail support services and like the many services we have now started rolling out since the announcement of our package. Each of those on their own will not make a difference, but together they will make a difference. We have seen in other jurisdictions, like New South Wales and Victoria, like Scotland—

Mr JANETZKI: Point of order, Chair, on relevance. Surely that is enough latitude given to the minister to answer a question as to why there was no action taken 12 months ago.

CHAIR: I think the minister was wrapping up on that point.

Ms FARMER: I am happy to address this issue for as long as the chair will allow.

Mr McARDLE: With respect, Mr Chair, you made it quite clear that questions must be succinct and the answers must be succinct. They cannot go on and on.

CHAIR: Do you want to move to another question?

Mr JANETZKI: Thank you. My next question is to the director-general. Director-General, you recently said that security works at youth detention centres had been fast-tracked in the last few months to make more beds available. Why did the department not fast-track these beds and these works earlier, given that 3,000 children were in Queensland watch houses last year?

Mr Gee: I thank the member for the question. To my knowledge, the department has always been balancing the need for community safety and the care of young children. A complex environment, like detention centres, needs a lot of planning and thought, particularly around the security of that environment, the young people there and the staff. The security upgrade work was delayed while numbers rose, which generally they do seasonally through the summer period.

Having said that, in April, when it was forecast that the numbers were likely to go down and they did start to go down, I know the department did everything they could. I would like to acknowledge the staff in the planning process out there, particularly the executive director there, for the way they handled that so that the security was paramount and also the programs that needed to be delivered to young children were delivered. Most importantly, when the opportunity arose, they made sure that contractors could get in, worked extended hours and kept the place secure. Yes, those works were completed six weeks earlier. I thank the staff for doing that and it resulted in an extra 28 beds being available sooner.

Mr JANETZKI: Director-General, could those works have been brought forward last year when there was such a significant number of children in watch houses?

Mr Gee: To my knowledge, no, not given the numbers that were fluctuating through the watch houses at that stage.

Mr JANETZKI: Minister, has the government or your department contemplated setting an internal time frame as to how long children should be kept in watch houses in Queensland?

Ms FARMER: I thank the member for his question. The member will see some reference to that in the youth justice amendment bill which I introduced into parliament, but I am unable to speak to that. However, I think the member would have heard both the Premier and me say that we do not want to see young people in watch houses longer than the normal processing—that has always been the case—where a young person goes to a watch house before they appear in court.

Mr JANETZKI: Thank you. Minister, there is evidence that your department initially refused to provide a pregnant girl in the Brisbane watch house with information and advice, saying that the Queensland Police Service should deal with it because it was not the responsibility of Youth Justice. Do you agree with your department's advice?

Ms FARMER: I am sorry. Can I ask the member to repeat the question?

Mr JANETZKI: I can table the documents if necessary, Chair.

Ms FARMER: Yes, thank you.

CHAIR: Let us have a look at the documents and then we will consider the response. Do you seek leave to table these?

Mr JANETZKI: I seek leave to table them.

CHAIR: We will have a look at them and get some copies for the minister.

Ms FARMER: In the interests of time, can I ask the member if the case you are referring to is the one down the bottom of the page?

Mr JANETZKI: That is correct.

CHAIR: Procedurally, is leave granted? Leave is granted.

Mr JANETZKI: It is the last three lines of that first page.

Ms FARMER: Chair, could I ask that we take that on notice? I understand the question I was being asked.

CHAIR: Absolutely. Thank you, Minister.

Mr JANETZKI: Director-General, the director-general who appeared previously, Michael Hogan, in correspondence to the Public Guardian dated 26 October 2018 stated that the watch house crisis was attributable in part to the transition of 17-year-olds into the youth justice system. Do you agree with that view?

Mr Gee: I thank the member for the question. I think it is obvious that 17-year-olds moving into the system created increased demand. My view would be that that required a level of detailed planning. I understand the investment from the very beginning, from the transition right through to now, is over half a million dollars. My view would be that the 17-year-olds definitely did have some impact. I would point out, though, that that impact is very hard to measure given the fluctuating numbers and the small number of people who are in detention.

Mr JANETZKI: To the best of your knowledge, before that transition occurred did the department undertake due diligence as to how those 17-year-olds would be transitioned, and what was the nature of that due diligence?

Mr Gee: I put to the committee and the member that detailed demand forecasting was done. That forecasting, though, is a statistical model. That model cannot take into account the social impact or the economic impact, but particularly the social impact of the reforms that the government introduced over the period from late 2017-18 onwards. In my view it would be obvious that the statistical modelling has a significant number of limitations. For me what is important is that the plan going forward makes sure that we have models in place that can measure as best we can the programs that we are implementing.

Mr HUNT: Director-General, could you outline how much the department spent on iPads for children in detention centres in the last 12 months?

Mr Gee: Through the minister, could I take that on notice? I understand there was some media today. I think the minister has put a release out about that if you are referring to—

Ms FARMER: If the member is referring to that particular incident, I am happy to respond to that. I would have to get back to you about the more general question.

Mr HUNT: The question was clearly: in the last 12 months how much has been spent on iPads for youth in detention centres? If you could take that on notice that would be good.

Mr BERKMAN: There is no disagreement about the need to get kids out of watch houses. I know the government has proposed some steps forward, as you have discussed, Minister. One solution which is on the table is raising the minimum age of criminal responsibility to at least 14 years. It is an approach that has now been recommended by the Family and Child Commission, the Office of the Public Guardian and the Royal Australian and New Zealand College of Psychiatrists. Minister, are you confident that the national review is actually going to get us there without any support from the federal Liberal government?

Ms FARMER: I thank the member for his question. I cannot pre-empt what is going to be the result of those deliberations by the Commonwealth Attorney-General. I check in quite regularly with our Attorney-General in Queensland. I understand that the matter has certainly not been put on the shelf; there is quite deliberative action being taken. We are expecting to see that at the end of the year. The member will know that in Bob Atkinson's report one of his recommendations was that this be considered but that it should be considered on a national level. We will wait to see the results of that at the end of this year.

The member will also know about some matters around that issue that are part of the youth justice amendment bill, but again I cannot refer to that today. The member will be aware of quite some number of references to that particular issue in that legislation. I know that this is an issue which has raised a lot of discussion. The matter of youth justice reform has been one for considerable public debate. I certainly hear all of those requests from a number of organisations. We have committed to this national approach and so we will wait to see what happens there.

Ms BOLTON: I direct my question to the minister. You talked previously about bail advocacy and finding suitable accommodations. Will the minister please advise what is being done regarding the lack of emergency and longer term accommodation on the Sunshine Coast not only for those who are under bail conditions but also at risk youth and our youth in general?

Ms FARMER: I thank the member for her question. I note there has been quite some media attention around youth crime on the Sunshine Coast. We have a number of services to deal with youth offending on the Sunshine Coast. In fact, I have just been handed some information about that.

One of the programs that members have heard me talk about today and also on a number of other occasions is Transition 2 Success. That helps vulnerable and at risk young people into training and employment. It is made available through the Sunshine Coast Youth Justice Centre. This is part of an expansion we have made in this budget of $28.7 million over four years. The really important thing about T2S is that our evaluation shows us that it actually reduces reoffending. I said earlier that whatever we do in youth justice, we need to know it is based on evidence. I have been very pleased that several of our programs, in particular ones we started quite early on after evaluation, are actually making a difference. T2S is one such example; 60 per cent of the young people who go through T2S do not reoffend. Of the remainder who do reoffend, there is an average of 1.1 nights spent in custody compared to a matched cohort who would spend an average of 3.6 nights in custody. It has a cost-benefit return of something like $2.37.

It is just the sort of initiative we need to make the difference. We simply do not want to see those young people coming back. A really effective way of changing those numbers, including changing the numbers of young people going into watch houses and detention, is to stop them coming back again. That is one that is on the Sunshine Coast.

We also have the bail order and support services, which is provided by the Youth Advocacy Centre, and that is funded for just over $900,000 a year to 30 June 2023. That provides the bail support that I was talking about before to young people across the Moreton region, including young people on the Sunshine Coast. That again makes sure that if those young people having had—and this is where we start to see the continuum of services we are providing—the bail advocacy to convince the magistrate that that young person can be safely allowed out on bail, the bail support services then ensure that that young person can meet their bail conditions. That is anything from finding them accommodation to linking them up with the support services they need. As the member would know, many of those young people simply have no structure in their lives and find it difficult to meet their conditions because they have never had to do that before.

These services are really important. I want to stress that they are not just about managing that, but about the young person not getting back into the system. That is where the pressure is applied: when we see the young people coming back repeatedly.

Ms BOLTON: I really appreciate that, but my question was about accommodation. The problem is if there is no accommodation to which they can be sent. Is anything being done to actually provide accommodation?

Ms FARMER: Specifically for the Sunshine Coast I will have to get back to you. If those young people are on dual orders, Child Safety will work with our youth justice workers. There is a lot of pressure on placement, but we have a range of initiatives in place. In fact, there is a particular project team whose job it is to increase placement opportunities for young people in that particular situation. I will have to get back to the member about specific services on the Sunshine Coast, though.

Ms PEASE: Minister, can you outline how your department works to ensure that staff wellness remains a priority for the whole department, especially those in both detention centres?

Ms FARMER: I thank the member for her question and for her longstanding commitment to worker rights and safety. I pay special tribute to the staff of the Department of Youth Justice. It is a great privilege to travel across the state and visit our youth justice service centres and youth detention centres to meet staff and see firsthand the really great work they do. They are on the front line, and I know that every single one of them goes above and beyond to make a difference to the young people in their care.

The government is committed to the safety and wellbeing of both our staff and the young people within the youth justice system. The 2016 independent review of youth detention centres examined the practices, policies and programs of our youth detention centres and specifically considered the use of force, separation, restraints, incident monitoring and complaints, oversight systems and processes, and the issues behind offending. That review's recommendations have been pivotal in ensuring our new policies and procedures and significantly improved staff training better protect and meet the needs of staff and young people.

In 2015, Youth Justice implemented trauma informed practice within detention centres. That provides staff with the skills to work more effectively with young people who display disruptive or challenging behaviour. In turn, that results in fewer and better managed incidents of violence and other challenging behaviour. A combination of training programs means staff are better equipped than ever before to apply appropriate behaviour management techniques to their daily work which has seen significant reductions in the rates of incidents.

Assaults of staff have been occurring at a similar rate over the last three years, even as total numbers of young people in detention have risen. There were 110 in the last financial year and 105 the year before. However, one assault is one too many and we do not want our employees harmed as a result of their work. Department of Youth Justice rates are at or better than similar industry standards, but we value our staff and we will continue to work with unions to improve their wellbeing. Our new director-general has placed staff welfare as a top priority.

CHAIR: Could the minister outline some of the initiatives taken by government to address youth recidivism?

Ms FARMER: I thank the member for his question and for his commitment to addressing youth crime. Chair, you should be very proud of the initiatives in place in Townsville to address youth crime which are due in no small part to your advocacy. The Palaszczuk government is committed to holding young offenders accountable for their behaviour while addressing the underlying causes of their offending. We are serious about breaking the cycle of offending and reoffending, and that means we need to be sure that whatever initiatives we put in place, as I said earlier, are backed up by evidence. It is why I have been really delighted to see the evaluation results of several of our newer youth justice initiatives in particular. I spoke earlier about our homegrown T2S program. We have a new investment of over $28 million over four years for T2S. It is being expanded from the existing 10 to a further 10 sites.

Restorative justice conferencing brings together young offenders and their family, community and people affected by their crime to work out how the young person can make amends for their behaviour. All parties can have input into the outcome, with a focus on accountability and repairing the harm caused. Our evaluation found that 77 per cent of young people who completed an RJ conference either did not reoffend or showed a reduction in the magnitude of their offending within six months, and over 89 per cent of victims were satisfied with the outcomes reached at the conference.

The Townsville Stronger Communities Action Group is a multiagency group comprising six difference government agencies. Chair, I know what an integral role you played in establishing that group. It was formed in 2016 to help break the cycle of youth crime by dealing with underlying issues that lead to offending; namely, poor school attendance, mental health concerns, drug and substance abuse, domestic violence and family dysfunction that do not get addressed within the boundaries of one department. Through re-engaging children in education, conducting health and mental health assessments, stabilising housing and more, that group showed a 25 per cent reduction in high-risk offenders' reoffending or in reducing the magnitude of their offences.

CHAIR: I do acknowledge the good work.

Mr O'ROURKE: Minister, can you provide an update on how the Department of Youth Justice is supporting community based initiatives to reduce youth crime in targeted regional areas?

Ms FARMER: I thank the member for his question and for his interest in community based youth justice initiatives. When Major General Stuart Smith delivered his report *Townsville's voice*, he acknowledged the strength of community ownership and community leadership that was central to the success of the Townsville community youth response. I just talked about the 25 per cent reduction in reoffending or in the magnitude of offences that we saw as a result of that program. We are taking the lessons learned there and applying them to Brisbane, Ipswich and Cairns, with an investment of $15 million over four years. Those local responses will include after-hours services and diversionary programs. They will be shaped to reflect local community needs.

I know that the member has been very happy to see funding to boost bail support services in Rockhampton, with $85,000 going to a local organisation, Darumbal community youth services, with which I was very pleased to meet when I was in Rockhampton not long ago. They will work out of Stockland shopping centre, where there are concerns about antisocial behaviours. I acknowledge the number of conversations we have had about this very initiative and your concerns and efforts to try to get a constructive resolution. This sort of work complements our recently announced $2.5 million Queensland Youth Partnership Initiative, another great example of the community working together. That is a partnership between Westfield, the National Retail Association, the Department of Youth Justice and the Queensland Police Service that will run across six sites. It seeks to reduce nuisance behaviour and crime in shopping centres by connecting young people to retail and employment opportunities and by providing additional training to centre security staff.

Another great community initiative showing promising results is the Mount Isa transitional hub. Sometimes kids just need a safe place, a feed and a jumper, and that is what the hub provides along with connections to specialist support services and community elders. In the first weekend of operation—this initiative started up only a few weeks ago—for the first time in living memory there were no youth arrests. I congratulate Father Mick and his whole team for the work they are doing there.

Mr JANETZKI: Director-General, can you advise whether children have been residing in short-term accommodation such as caravan parks or motels either prior to or after being held in watch houses?

Mr Gee: They could be. It depends on how they were released, what accommodation they had before being in a watch house and how they were released back into the community.

Mr JANETZKI: Do you have figures on the total cost of that short-term accommodation?

Mr Gee: The Department of Youth Justice does not provide that short-term accommodation. The short-term accommodation is provided by the Department of Child Safety, Youth and Women.

Mr JANETZKI: They would have the data on the costs of that short-term accommodation, despite the children coming out of the youth justice system?

Mr Gee: Can I seek clarification of your question? As I understand your question, it is about care of young people when they are not in a watch house and those who would fall within the child safety legislation?

Mr JANETZKI: Yes, but for children who have either prior to or most specifically who have recently come out of watch houses in Queensland. Have they been housed in short-term accommodation like motels or hotels and, if so, how much has it cost?

Ms FARMER: Chair, would it be in order for me to—

CHAIR: Absolutely.

Ms FARMER: Is the member meaning children who have been ordered to be detained by a magistrate and that the department, if we did not have any beds in the detention centre or in the watch house and while they were under detention orders, would house them in a caravan park or a motel? Is that what the member was meaning?

Mr JANETZKI: Yes, that is the information we are seeking but also young people who have come out of watch houses most recently and if they have been housed in that short-term accommodation.

Mr Gee: To my knowledge, that is not a structured or approved approach. I think what the member might be referring to falls within the purview of the department of child safety and the support that they provide young people.

Mr JANETZKI: Okay. Thank you, Director-General; I will move on. Turning to youth bail houses, in just over 12 months of opening the four youth bail houses there was a total of 351 critical incidents and 19 youths charged with new offences. I want to dig into those critical incidents. Director-General, can you apportion which critical incidents go where? Did the critical incidents involve violence? Have they involved breaking of curfews? Can you give us some information as to the nature of those critical incidents?

Mr Gee: Thanks for the question. Yes, I can. To my knowledge to 30 June for the financial year ending 2019, there were 529 incidents. Eighty-two per cent of them related to a breach of curfew. Those supervised community accommodation places—the four of them—have strict curfew rules. If a young person is not home at seven o'clock when they are required to be, that is a breach of a curfew, so 82 per cent of those related to breach of curfew.

Mr JANETZKI: What did the other 18 per cent relate to?

Mr Gee: They would relate to a house rule breach, and that could be simply not handing their phone in on time, not following the rules of the house and those sorts of things.

Mr JANETZKI: How many children are in bail houses at the moment as we speak today?

Mr Gee: As of this morning, there were 10 young people in supervised community accommodation—three in Townsville and seven in the south-east.

Mr JANETZKI: Given that bail houses will cost the Queensland taxpayer $70 million by 2022-23, is 10 children in bail houses value for money?

CHAIR: I think that sounds like a hypothetical.

Mr JANETZKI: Can the director-general confirm what steps have been taken to compare the cost of a child in detention as against a child in supervised accommodation?

Mr Gee: The department has undertaken an initial cost-effectiveness analysis on my taking up the position. It has also submitted an evaluation report from Griffith University to the department. I think we got that in May. I think I got that in my office some time in June. The Griffith University report makes a number of recommendations and I think we have addressed that in a question on notice to the committee.

In terms of cost-effectiveness, the first point I would make in terms of trying to compare the cost of detention to supervised community accommodation is that it is almost comparing apples with oranges. They actually provide different services. In order to make sure that our program is effective, on receiving the Griffith University report I asked for Ernst & Young to come in—I think that would have been the first week in July, but I would have to check my diary; I am sure it was the first week of July because I was in WA for a short time—to provide external validity to the department's figures.

Mr JANETZKI: Could you possibly table that report for the benefit of the committee, or is that still in review?

Mr Gee: The Ernst & Young work has only been contracted—

Mr JANETZKI: No, the previous report you referred to.

Mr Gee: It is still being considered. I have not provided advice to the minister around the report, other than to say that there are limitations with the report. I have contacted the authors of the report at Griffith University a couple of times and I will be meeting with them in the next week or so. It is my intention to ask them to address a few more issues, but on the very first day I started with the minister I asked her about the value set we should aspire to and that will be about openness and accountability. With the minister's permission, it would be my intention to release that report from Griffith University as soon as the minister was comfortable with any of the advice I gave her and she may well have questions for me about the advice.

Mr JANETZKI: Thank you, Director-General. I have another question.

CHAIR: This will be the final question.

Mr JANETZKI: Thanks, Mr Chairman. Of those 521 critical incidents you mentioned, did any of them involve neighbours to the supervised accommodation?

Mr Gee: I think we would have to take that on notice, Minister, to be absolutely sure. That is a lot of incidents, so if that is okay.

Mr JANETZKI: Yes. Given the short answer, can I ask another question, Mr Chairman?

CHAIR: No. We have five minutes to go and I am sure the minister wants to wrap up.

Ms FARMER: No, it is okay.

CHAIR: No? Okay; one more question.

Mr JANETZKI: Thank you, Mr Chairman. I just wanted to check in relation to 17-year-olds—and I ask the director-general—in adult prisons. Are there any 17-year-olds in adult prisons today?

Mr Gee: With respect, I could not answer that. That question would have to be referred to the Minister for Corrective Services, who I think appears tomorrow, and the Commissioner for Corrective Services.

Mr JANETZKI: So Youth Justice would not know? At this stage last year the commitment from the director-general was—I think it was from the director-general, or perhaps the minister—that all 17-year-olds would be out of prisons by October and I am just interested—

CHAIR: I think the director-general has answered it.

Mr Gee: To my knowledge they are definitely, but as has—

Mr JANETZKI: I am happy for you to take it on notice.

Mr Gee: No 17-year-olds have been in the adult system since 12 December 2018.

Mr JANETZKI: Thank you, Mr Chairman.

CHAIR: Excellent. As there are no further questions, we are a couple of minutes away from finishing. Do you have some additional information?

Ms FARMER: Thank you, Chair. We have taken a couple of matters on notice and we have one response at least, and I refer to the director-general.

Mr Gee: Thanks to the member for the question and tabling the document. I can advise that, with regard to the young lady who was in the watch house, once she was found to be pregnant—and that happened while she was in the watch house—she was moved to a bed at a detention centre 24 hours later.

Mr JANETZKI: Thank you.

CHAIR: Is there no further advice for any other questions on notice?

Ms FARMER: I think at this stage, no. We will have to come back to the committee in the required time frame.

CHAIR: Thank you very much, Minister. Would you like to make some closing statements?

Ms FARMER: Yes, of course. I want to say thank you again to all of the members here today for their consideration, to the Parliament House staff again for the amazing amount of work that they do, to all of the people in the Department of Youth Justice who work day in and day out to do their best for young people, and to all of the people who have written the briefs and done the work to prepare for today. Again, I want to thank our team—Kirsty Madden, Leah Goldsworthy and Kirryn Lewis. To my new Director-General, Bob Gee; Darren Hegarty; Lisa Coulson; my Chief of Staff, Mike Smith; and my entire ministerial office who have worked countless hours to prepare for today: thanks to all of them. Thanks, Chair, for looking after us today too.

CHAIR: Thank you very much, Minister. We also want to thank everyone in the Youth Justice area. It is an important piece of work and we are seeing some of the fruits of that hard labour through some good results. I also thank all members, whether government or non-government. I thought the decorum this afternoon was exceptionally high, so thank you to everyone who contributed today. Thanks also to Hansard, to the secretariat and to all those assisting. I now declare this public hearing closed.

The committee adjourned at 6.28 pm.