

## WEDNESDAY, 27 JULY 2016

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

#### Estimate Committee Members

Ms L Linard (Chair)  
Mr MF McArdle  
Mr SE Cramp  
Mr AD Harper  
Mr JP Kelly  
Mrs T Smith

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#### Members in Attendance

Mrs JR Miller  
Mrs RM Bates  
Mr AP Cripps  
Mr JP Langbroek

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#### In Attendance

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

Ms C Kennedy, Chief of Staff

#### Department of Communities, Child Safety and Disability Services

Mr M Hogan, Director-General

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

Ms L Manton

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#### Committee met at 9.00 am



**CHAIR:** Good morning. Welcome to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee's public hearing for the examination of the Appropriation Bill 2016. I acknowledge the traditional owners of the land on which we are meeting today and pay my respects to elders past, present and emerging. My name is Leanne Linard. I am the member for Nudgee and the chair of this committee. Mr Mark McArdle, the member for Caloundra, is the deputy chair. The other committee members with me here today are Mr Joe Kelly, the member for Greenslopes; Mr Sid Cramp, the member for Gaven; Mr Aaron Harper, the member for Thuringowa; and Mrs Tarnya Smith, the member for Mount Ommaney. A number of other non-committee members of parliament have been granted leave to participate in the hearing today. At this stage, I welcome Ms Ross Bates, the member for Mudgeeraba, and Mrs Jo-Ann Miller, the member for Bundamba.

Today the committee will consider the Appropriation Bill 2016 and the estimates for the committee's areas of responsibility, which are Health and Ambulance Services, Communities, Women

and Youth, Child Safety, Domestic and Family Violence Prevention, Disability Services and Seniors. Estimates hearings are an important feature of the operation of the parliament and provide members with the opportunity to ask questions to ministers and responsible chief executives about proposed government expenditure. I ask members to use the time wisely and ask relevant questions. I remind members from the outset that today's hearing does not provide members with the opportunity to ask any question of the minister, but rather only those that are relevant to the Appropriation Bill before us. I ask that questions be asked in accordance with the standing orders. Questions that contain arguments, inferences, imputations and hypothetical matters will be ruled out of order.

I ask that all mobile phones or pagers be either switched off or turned to silent mode. I remind everyone present that any person may be excluded from the proceedings at my discretion as chair or by order of the committee.

On behalf the committee, I welcome the Minister for Communities, Women and Youth, Minister for Child Safety and Minister for the Prevention of Domestic and Family Violence, the director-general and officials of the Department of Communities, Child Safety and Disability Services and other officials and members of the public. For the benefit of Hansard, I ask officials to state their name the first time they answer a question and to bring their nameplate if they come to the table to answer a question.

I now declare the proposed expenditure for the portfolios of Communities, Women and Youth, Child Safety and the Prevention of Domestic and Family Violence open for examination. The question before the committee is—

That the proposed expenditure be agreed to.

Minister, would you care to make an opening statement?

**Ms FENTIMAN:** Thank you. This year's budget strongly reflects our government's belief in realising and rebuilding the futures of vulnerable Queenslanders and investing in the services and infrastructure that supports them. We are committed to investing in community services to strengthen and grow our economy. Our community services industry is one of the fastest growing industries in Queensland and will create up to 30,000 new jobs in the next decade.

As the first minister for the Prevention of Domestic and Family Violence here in Queensland, I am proud that in the recent state budget we have delivered an almost \$200 million domestic and family violence package, including \$43.1 million in my department. Our funding package includes more than \$8 million to establish two new domestic and family violence shelters for regional Queensland at Charters Towers and Roma, townships that I have visited over the past month. Having met with and spoken to community services that work day in and day out to help victims of domestic and family violence in both Roma and Charters Towers, and many other places, I know those shelters will make a huge difference helping women and children escaping violence in those communities.

I have been passionate about tackling violence against women and children for many years. Before coming into politics, I worked at the Centre Against Sexual Violence in the Logan Women's Health and Wellbeing Centre as an advocate for women and children. The wonderful women I worked with and met during that time and since I have become a member of parliament are a constant reminder of the importance of working together with families and investing in their long-term wellbeing. Their energy and stories continue to drive me in my role as minister.

In recent weeks, there has been a lot of commentary about the Department of Child Safety and the health of our child protection system. I do not shy away from addressing them. The recent death of young Mason Lee in suspicious circumstances is a tragedy. It is devastating for his family and for our whole community, and my heart goes out to his loved ones. I know the people of Queensland expect answers and so do I. That is why there will be an independent expert panel that will review every aspect of this case. I have already committed to implementing any recommendations to ensure we are doing everything we can to keep our children safe.

Child protection is complex work. There are complex reasons why children have to come into care. In almost half of all households seen by Child Safety, domestic and family violence is present. This is difficult, challenging and at times heartbreaking stuff. It is impossible not to be affected by these cases. Like everyone working in Child Safety, I am deeply saddened by the stories that I hear, because behind every statistic is a child and a family. However, government cannot do this alone. We need the whole community to come together to keep Queensland children safe, whether they be in care or supported by their parents, because child safety is everyone's responsibility. Most children are loved, protected and safe at home. However, sadly, some children are not safe. That is when the department has to step in to be the best parent that it can be.

The 2012 commission of inquiry into child protection is the biggest overhaul to the child safety system that we have ever seen. We are three years in to a 10-year road map of reform. In those three years, we have seen some positive changes, but we still have a long way to go. To quote the Family and Child Commissioner, the system in Queensland is certainly not one that is in crisis, but that does not mean there is not much more work to do. As I said, I am determined to see improvement.

My department is actively working to target better response times for investigations and assessments, with targeted actions across regional offices since late last year. Remember: Queensland is the only jurisdiction that investigates every notification that comes through its doors. We are finalising an action plan to address response time frames and introducing specialist investigation teams, and we have 166 more front-line and front-line support staff than we did two years ago. This year we are spending a record \$1 billion to support Queensland children and families.

The attempt by some politicians to link recent tragedy to broader debate about a child protection system is, in my view, irresponsible. To quote the Leader of the Opposition, speaking when he was Treasurer—

It is an area that has challenged governments around Australia regardless of their political persuasion. Indeed, it is ... rightly considered beyond politics. We all want to do the right thing, but knowing what the right thing is can be tough.

Queensland's child safety reforms, until recently, have quite rightly had bipartisan support to implement and even though that bipartisanship has been challenged by recent attempts to politicise this issue, the need for reform remains as strong as ever. We will always welcome transparency and accountability, but there is no room for politics here. Thank you, Chair.

**CHAIR:** Thank you, Minister. We will pass to the member for Mudgeeraba to ask the first question.

**Ms BATES:** Minister, the SDS at page 1 refers to the title of the minister as 'Minister for Communities, Women and Youth, Minister for Child Safety and Minister for the Prevention of Domestic and Family Violence'. Minister, on Saturday you left the police minister to defend your department's handling of five child deaths and on Monday it was left to the Premier to defend your weekend antics at Splendour. I ask the minister: is she the Minister for Child Safety or not?

**Ms FENTIMAN:** I thank the member for the question. I am absolutely committed to being the Minister for Communities, for Women and Youth, for Child Safety and it is a privilege to be the first Minister for the Prevention of Domestic and Family Violence. Last weekend, like most weekends, I worked. As the member for Mudgeeraba might remember from her time as a minister, in these jobs you never stop working. In fact, in the last week I have travelled to Roma to visit community organisations—

**Ms BATES:** Thank you, Minister. It was a simple yes or no.

**CHAIR:** Member for Mudgeeraba, you are very entitled to ask a question, but the minister is entitled to answer the question how she sees fit and she is still answering it.

**Ms BATES:** Thank you, Madam Chair, but I think the minister has already answered the question. She has actually said that she is the Minister for Child Safety.

**CHAIR:** I appreciate that.

**Ms BATES:** I am happy with the minister's response.

**CHAIR:** Thank you, member for Mudgeeraba. You choose the question you ask, as long as it is relevant to the appropriation. The minister will choose how she answers. Minister, have you finished answering?

**Mr McARDLE:** Point of order, Madam Chair. That is not quite right. Standing order 118 makes it quite clear that it needs to be relevant to the question. The question was very straightforward: is the minister the Minister for Child Safety? It is a yes or no answer.

**CHAIR:** That is correct, member for Caloundra, but my ruling is that the minister is still answering the question, because the Mudgeeraba included a comment with regard to what the minister was doing on the weekend, which I think was inappropriate anyway. The minister has chosen to answer and she can finish her answer. Minister?

**Ms FENTIMAN:** As I said, in the last week alone I have travelled to Roma to meet with community leaders, community organisations and Child Safety workers to talk about how a new refuge might support women and children escaping violence in their community.

**Ms BATES:** Point of order, Madam Chair. My question was very specific. I believe the minister has already answered it. I asked if she was the Minister for Child Safety or not and the minister said she was. I am quite happy to move on to my next question. My next question to the minister is—

**CHAIR:** Minister, have you concluded your answer? Thank you. Member for Mudgeeraba?

**Ms BATES:** Does the minister take her role as Minister for Child Safety seriously; yes or no?

**CHAIR:** Member for Mudgeeraba, I think that question is out of order. It contains an inference or imputation—whichever you choose. I ask that you ask a question relevant to the Appropriation Bill, please.

**Mr McARDLE:** Point of order, Madam Chair. That is not quite correct. It is a very simple straightforward question and it is a question that you can put to any minister. Is the minister serious about what he or she does or does not do; yes or no?

**Ms FENTIMAN:** I am happy to answer that question, Madam Chair. I am absolutely committed to being the Minister for Child Safety, as well as to my other portfolios. It is a privilege to work each and every day to protect women and children from violence. My diaries and my work schedule are matters of the public record. I am happy to let my commitment to meeting with stakeholders, community organisations and families speak for itself.

**Ms BATES:** In a week when it was revealed that at least five children were murdered after being returned to abusive parents under your watch, is the minister satisfied with her own performance in her portfolio?

**Ms FENTIMAN:** I thank the member for the question. Any child death is one too many. As I said at the outset, sometimes in this particular role and in this department there are tragedies. There were reports on the weekend about the number of children known to the department who passed away in the previous year. I do want to correct the record by saying that the vast majority of those children lost their lives in circumstances that vastly mirror the Queensland population by way of disease and accidents. I do not shy away from the fact that this is a disturbing and tragic subject matter.

**Ms BATES:** Point of order, Madam Chair.

**Mr Cramp** interjected.

**CHAIR:** Member for Gaven, a question has been asked by the member for Mudgeeraba and the minister is answering. There will be no interjections, please.

**Ms BATES:** I rise a point of order on relevance. My question related to five children who were murdered, not the 51 who were mentioned in the media reports. I ask: Minister, are you satisfied in your performance in your own portfolio?

**Ms FENTIMAN:** As I was saying, unfortunately in this department there are children known to the department who die in suspicious circumstances every year. The number of child deaths known to this department is fewer than it was in the previous year and fewer than it was in the year before that, but even one child death is one child death too many. I am the first to say that this is not good enough. Those children were undoubtedly failed by those who were supposed to protect them, whether it was their parents, their carers or the department.

**Ms BATES:** And the minister.

**Ms FENTIMAN:** I have to say that I believe that the safety of children is everyone's responsibility. We all have a responsibility to keep our most vulnerable citizens, our children, safe. If we are going to stop the abuse of children, we need adults in children's lives to stop abusing them. The families who come—

**Ms BATES:** Thank you, Minister. I am satisfied with the minister's response.

**CHAIR:** Minister, have you finished your answer?

**Ms FENTIMAN:** I would like to continue, thank you, Madam Chair.

**Mr McARDLE:** Madam Chair, point of order. The minister cannot debate the point under the standing orders; she cannot debate the question. The minister has answered the question. We should now move on to the next question. We cannot debate the question.

**CHAIR:** Thank you, member for Caloundra. You are correct: the minister should not debate the question. However, I do not believe she is debating the question; I believe she is answering the question. Minister, would you like to conclude your answer so that we can move on to the next question?

**Ms FENTIMAN:** Thank you, Madam Chair. I believe this goes to the heart of a very important issue that Queenslanders want to know about. I would like to continue answering my question, uninterrupted.

**Mr McARDLE:** Madam Chair, it is not up to the minister to make a ruling in relation to this committee. I am putting to the committee that this question has been put. The minister is debating the question. The answer has been put. We should now move on.

**CHAIR:** Thank you, member for Caloundra. I have heard your point of order. You are correct: it is not for the minister to rule in this committee; it is for me to rule in this committee. I believe that the minister's answer is relevant to the question asked. I have asked her to conclude her answer and then we will move on to the next question. That is how I have ruled. Minister?

**Ms FENTIMAN:** Thank you, Madam Chair. The families that are coming into contact with this department are becoming more and more complex. Parents often have their own significant health problems, themselves grappling with addiction, intergenerational abuse, domestic violence and mental illness. We need to be seriously thinking about the health of Queensland families and the community more broadly.

**Ms BATES:** Were Queenslanders justified to raise their eyebrows when you took a Splendour getaway as these damning child safety figures were released?

**CHAIR:** Member for Mudgeeraba, I do not believe that that line of questioning—

**Mr KELLY:** I raise a point of order in terms of relevance to the Appropriation Bill.

**CHAIR:** I do not believe that that question is appropriate. I think it again contains inferences. I ask that you ask a question directly relevant to the appropriation before the committee.

**Ms BATES:** Does the minister believe that Queenslanders, given the media surrounding the deaths of children in child safety, may well have and have every right to question why she was at Splendour on the weekend and not tasking herself or—

**CHAIR:** Member for Mudgeeraba, would you like to rephrase your question to make it relevant to the appropriation being considered or we will move on to a new question?

**Ms BATES:** In reference to the SDS where it says 'enabling children and young people in care to thrive and transition successfully into adult life', does the minister think that Queenslanders would be raising their eyebrows?

**Ms FENTIMAN:** I thank the member for the question. Last weekend, like most weekends, I worked. As I have said before, in these jobs you never stop working. My diary and my work schedule are on the public record. I would invite the member for Mudgeeraba to compare my published public diaries to those of the former child safety minister to see how committed I am to this role.

**Mr CRAMP:** I have a point of order, Madam Chair, in terms of relevance. This is about the minister's own performance and the current SDS and budgetary period. It is not a comparison with previous governments. The minister should come back to the question.

**CHAIR:** It is quite normal protocol to compare one financial year with another when relevant. I ask the minister to conclude her answer.

**Ms FENTIMAN:** If we were to look at my performance as Minister for Child Safety, what I have done each and every day is fight for more resources and more staff for this department. We have 166 more front-line and front-line support staff than we did two years ago. When we look at my performance as the child safety minister and we look at the previous—

**Mr Cramp** interjected.

**CHAIR:** Member for the Gaven, your interjections are not needed nor required.

**Ms FENTIMAN:** When we look at the previous government's record, 225 full-time—

**Mr Cramp** interjected.

**CHAIR:** Member for Gaven, your interjections are inappropriate.

**Mr McARDLE:** As you have already ruled, comparisons between prior governments and this government are not relevant to the SDS. The minister is again referring to past history. I ask that you bring the minister back to the SDS before the parliament.

**CHAIR:** The minister is concluding her answer to the question.

**Ms FENTIMAN:** When we look at my performance as the child safety minister, I have not ripped 225 full-time staff from the department of child safety.

**Mr McARDLE:** I again raise a point of order, Madam Chair, on the same issue. The minister is again making a comparison. I ask you to bring the minister back to the question before the committee. It is not a comparison.

**CHAIR:** If I could hear the minister's answer I could make an appropriate ruling, should one be needed.

**Ms FENTIMAN:** When we look at my performance as child safety minister, we have a record \$1 billion budget for children and families in Queensland. That is \$50 million more than it was last year. I travel right across Queensland talking to our dedicated, hardworking child safety officers, who tell me that they are busy but also excited about the reforms underway. We are working very closely with staff and our key stakeholders. It is wonderful to have some of our key stakeholders in the gallery today to show their support for the ongoing reforms that we have committed to.

The commission of inquiry is the biggest overhaul of our child safety system that we have ever seen in this state, and we are only three years in. We are seeing some positive signs, but, of course, there is always more work to do.

**Ms BATES:** How is the minister's partying at Byron boosting the morale of her front-line child safety officers, whom she just mentioned in her soliloquy?

**Mr KELLY:** Point of order on relevance, Madam Chair.

**Ms FENTIMAN:** I am happy to take the question, Madam Chair.

**CHAIR:** Member for Mudgeeraba, can you repeat your question?

**Ms BATES:** How is your partying at Byron boosting the morale of your front-line child safety officers, who were hard at work whilst you were at Splendour in the Grass?

**CHAIR:** Member for Mudgeeraba, you are pursuing a line of questioning which I do not consider directly appropriate to the appropriation. If you can rephrase that question and make it relevant to the appropriations and consideration of that bill before the House, then fine.

**Ms BATES:** How does the embattled Minister for Child Safety partying at Byron—

**CHAIR:** The word 'embattled' is already inappropriate. I will give you another chance to rephrase your question.

**Ms BATES:** The minister made reference to her hardworking front-line child safety officers. She was prepared to answer the question. How did you boost the morale of your staff while you were partying and they were fixing the backlog?

**CHAIR:** Member for Mudgeeraba, I do not accept the choice of words that you are using. You know standing order 115 and the requirements of standing order 115.

**Mr CRAMP:** Point of order, Madam Chair. The minister already stated that she is happy to answer this. We have wasted two minutes with you questioning the shadow minister.

**CHAIR:** Member for Gaven, I am the chair of this committee and I am asking the member for Mudgeeraba, who knows the standing orders well, to ask an appropriate question.

**Ms BATES:** I will rephrase it. Did the embattled minister consider the timing of this jaunt as her child safety officers remained in Brisbane to fix her backlog?

**CHAIR:** Member for Mudgeeraba, you continue to use words that are inappropriate and not in accordance with the standing orders.

**Ms BATES:** Did the minister consider the timing of her jaunt—

**CHAIR:** 'Jaunt'.

**Ms BATES:** Did the minister consider going to Byron on the weekend, as her child safety officers remained in Brisbane to fix her backlog, appropriate? Would you do it again?

**Ms FENTIMAN:** I thank the member for question. I meet with child safety officers regularly. On Friday I met with officers at the Mermaid Beach Child Safety Service Centre, a service centre that services your electorate of Mudgeeraba. On Monday I visited the Caboolture Child Safety Service Centre to talk with staff about how they were progressing with our reforms and what they thought of the new practice framework. I am always listening and acting on what our hardworking, dedicated front-line staff tell me.

I think these are the toughest jobs in Queensland. They are some of the bravest people I have met. I am absolutely dedicated to making sure they have the support they need to make very tough decisions every day—making calculations on risk and the safety of children. I am absolutely determined to drive better support for our front-line child safety officers.

I point to my record as minister again. We have 166 more front-line and front-line support staff than we did under the LNP government. My record as minister is to fight for more hardworking staff, more resources for this budget—

**Mr Cramp** interjected.

**CHAIR:** Member for Gaven, no more interjections. You know it is inappropriate.

**Ms FENTIMAN:** I am using my time as minister to get out and meet many of our hardworking child safety support staff and support officers, because I am absolutely determined to make sure they have the resources and the support they need to do what is, quite frankly, the toughest job in Queensland.

**Ms BATES:** I refer to page 1 of the SDS which sets out the ministerial and portfolio responsibilities, and I ask the minister if she would outline for the benefit of the committee what her role is as child safety minister?

**Ms FENTIMAN:** I thank the member for the question. My role as child safety minister is to make sure that we have the strongest, most robust child safety system we can have. As I have said, there are many complex reasons children have to come into care. We are seeing that those risk factors and complications are increasing. The department has to step in when children's actual parents are unable or unwilling to care for their children. It is my role as minister to oversee that the department is being the very best parent it can be.

This April I released for the first time our government's forward policy agenda for child safety—the Supporting Families Changing Future policy document. It was the first time that any government, since the commission of inquiry, publicly released an implementation plan so that we can work with our stakeholders and the community on how we are going to implement the 121 recommendations from the commission of inquiry. That showed that we were absolutely committed to progressing those recommendations. We are three years in to a 10-year road map of reform.

It also signalled my intention to look very closely at how we tackle the overrepresentation of Aboriginal and Torres Strait Islander children coming in care. Aboriginal and Torres Strait Islander children make up eight per cent of the Queensland population. We are currently sitting at 42 per cent who are coming into care. That is why I was very proud to stand with the Treasurer earlier this year and announce a new package to support Aboriginal and Torres Strait Islander families earlier so that families get the support they need to stay together and care for their children safety.

The whole theme of the recommendations from the commission of inquiry is transforming our system from a focus on a tertiary system to a focus on supporting families earlier. That is why we are rolling out the Family and Child Connect services. Families are getting the support they need to care for their children safety at home. That is why we have invested in PPP—that is, so parents can get the support they need before small problems become big problems.

We are absolutely focused on driving these reforms and on transforming our system to make sure that families are getting the support they need earlier. Having spoken to many of our hardworking child safety officers, I have to say that they are, in their words, excited about these reforms because they are getting to spend more time with families earlier on so that those parents can care safely for those children. We know that where children get to stay safely with their parents there are better outcomes for the family and better outcomes for the children. That is the focus—

**Ms BATES:** I do have supplementary questions in relation to that question.

**CHAIR:** Minister, have you concluded your answer?

**Ms FENTIMAN:** I just wanted to say that that is the focus of our reforms and that is my focus as minister—that is, to drive those reforms and ensure we are doing everything we can to provide more support to families earlier on and keep children safe.

**Ms BATES:** Who has ultimate responsibility in Queensland for administering the Child Protection Act 1999?

**Ms FENTIMAN:** The director-general has responsibility for administering the Child Protection Act. I have responsibility as the minister for the oversight and policy direction for this department. As I said, I was very pleased to release our policy document earlier this year.

**Mr CRAMP:** Point of order, Madam Chair. She had answered the question. We do not need to hear more lengthy and time-wasting preamble—

**CHAIR:** Member for Gaven, I do not need your impression of the minister's answer. The minister can answer the question how she sees fits as long as it is relevant. I would like to hear the end of the minister's answer.

**Mr CRAMP:** I think we have heard the answer, though.

**CHAIR:** Thank you so much, member for Gaven. I have ruled. Minister, can you finish your answer?

**Ms FENTIMAN:** It is my job as minister to make sure that I am meeting with our stakeholders as regularly as possible. I had a group of stakeholders in my office as recently as last Tuesday. It is my responsibility as the minister to hear directly from front-line staff. It is my responsibility to meet with children who have had a care experience. I have to say that one of the highlights in my role as the minister is meeting with Create Consultants, some of whom who are here today, to hear about their experiences.

**Mr McARDLE:** Point of order, Madam Chair. The minister has indeed answered the question and then gone on for some considerable period of time repeating her earlier statements. The answer has been delivered. I suggest now that we get back to the shadow minister for more questioning. Going on and on is simply not fulfilling the requirement of this proceedings.

**CHAIR:** Minister, have you finished your answer?

**Ms BATES:** I have a couple of supplementary questions if the minister is happy to continue along that line. In your preamble you said that your role was to oversee the department and that the ultimate responsibility for the act lies with the DG. Are you seriously telling this committee that you are not responsible for protecting vulnerable children in Queensland?

**Ms FENTIMAN:** I thank the member for question. I am absolutely determined that we do everything we can to protect vulnerable children in Queensland. That is why we are implementing all of the recommendations of the commission of inquiry.

**Ms BATES:** So your answer is that you are responsible for protecting vulnerable children in Queensland?

**CHAIR:** Member for Mudgeeraba, this will be your last question before we move to government questions.

**Mr CRAMP:** I have a point of order, Madam Chair, in terms of relevance. She actually did not answer the question. There was movement about, but I would like to hear the minister confirm whether she is or is not responsible.

**Ms BATES:** For protecting vulnerable children in Queensland.

**Ms FENTIMAN:** Under administrative orders the Attorney-General and I are responsible for administering the Child Protection Act, which then outlines the director-general's powers and functions under the act.

**Mr McARDLE:** Point of order, Madam Chair. It is a simple yes or no. Does the minister believe that she is responsible to protect vulnerable children? She cannot obfuscate by trying to push the blame somewhere else or by trying to say others are responsible. Can the minister simply say yes or no? Is she obligated?

**CHAIR:** I heard your point of order. The minister has answered the question.

**Ms FENTIMAN:** With respect, I am responsible for making sure that this department gets more resources, gets more—

**Mr McARDLE:** And protects vulnerable children.

**Ms FENTIMAN:** I have done that each and every day in my role as minister. We have 166—

**Mr Cramp** interjected.

**Mr McARDLE:** Is the minister obligated to protect vulnerable children?

**CHAIR:** Member for Caloundra, do you have a point of order? If it is the same as the previous point of order then I have ruled it out. The minister is answering the question.

**Mr McARDLE:** It is a very clear question, Madam Chair. The minister can say yes or no—that she does not believe she is responsible or she can say, yes, she is responsible.

**CHAIR:** The minister can say many things, member for Caloundra, because she will answer—  
**Mr Cramp** interjected.

**CHAIR:** Member for Gaven, I am speaking to a point of order from the member for Caloundra.

**Mr McARDLE:** Are you obligated?

**CHAIR:** The minister may answer the questions as she sees fit and she has done so. We will now move to government questions.

**Mr McARDLE:** Protection racket.

**CHAIR:** Thank you. I call the member for Greenslopes.

**Mr KELLY:** Minister, I refer to page 2 of the SDS and note one of the department's key deliverables for 2016-17 includes child and family services and reforms. Given there has been recent commentary on the child protection system and given the Family and Child Commissioner said in her evidence to the Premier's estimates committee hearing last week that the system in Queensland is certainly not one that is in crisis, could the minister please outline some of the positive trends that have come out of child protection and family support reforms?

**Ms FENTIMAN:** I thank the member for the question. As I stated in my opening remarks, the 2012 commission of inquiry into child protection recommended the biggest overhaul to the child safety system that we have ever seen. There have been 230 new positions created in non-government organisations to support families since 2015. We have, as I have said, 166 more front-line and front-line support staff than we did two years ago. More than 3,750 government and non-government staff across the state have been trained into a new strength based framework for practice, as recommended by the commission.

We have also co-funded the appointment of eight dedicated specialist student protection principal advisers in the regional offices of the Department of Education and Training to better support schools and school communities. We have implemented new arrangements for managing child protection in the Children's Court, including establishing the Office of the Child and Family Official Solicitor and the Office of the Director of Child Protection Litigation. Trials of Aboriginal and Torres Strait Islander family led decision-making and shared practice have commenced in Ipswich, Mount Isa, Cairns and the Torres Strait.

There are some positive signs already emerging from our early investment in family support and early intervention. Our renewed focus on early intervention means our 16 new community based Family and Child Connect services, designed to support families before they come into contact with the child protection system, have helped 10,000 families across 18 catchments since January last year. This includes 861 families across Queensland who self-referred to our new family support services. Already the number of intakes to Child Safety has fallen by close to 16 per cent. It is still very early days but these signs are positive indicators.

We know that the best way to keep children and young people safe is to support their families to care for them. When parents are empowered to take charge they can be confident that help is available to find solutions. We also understand that some parents face additional challenges like maintaining stable accommodation, coping with poor mental health, struggling with drug or alcohol addiction or living in a home marked with family violence. Many families have a tough life and experience trauma that denies them a whole range of opportunities to thrive. Their children face additional challenges. That is why early intervention so that we can work with families before they come into contact with the system is crucial to reducing the number of children in care. Importantly, we have also seen an increase in carer families here in Queensland. In just one year there have been 177 more carer families who have taken on the extremely important role of caring for some of our most vulnerable children and young people in Queensland.

Throughout our child protection reform journey we have been supported by the steadfast partnership with our child protection peak bodies and of course our state's foster and kinship care families. Foster and kinship carers have one of the most important jobs in Queensland—to give children and young people love, stability and a chance for a better life. One of the first carers I had the pleasure of meeting as minister was Leanne Robson. For almost a decade she and her husband have dedicated their lives as foster carers for three children with extreme disabilities. Of course Leanne had already been nominated twice for the foster care excellence awards when I had the pleasure of announcing her as Queensland's Barnardos Mother of the Year for 2015. In typical Queensland style, Leanne went on to win the Australian Mother of the Year for 2015.

This year, following in Leanne's footsteps, Keelen Mailman, a Bidjara woman, has been named Australian Mother of the Year for 2016. Keelen was nominated by her foster-daughter, who credits her aunt for saving her from a life of abuse, neglect and despair. Keelen and Leanne exemplify the commitment and impact carers make in helping children in need, and I thank them—all our foster and kinship carers and our care organisations—for the difference they are making to the lives of Queensland children living out of home.

**Mr KELLY:** Thank you, Minister. It is good to hear what is already happening in relation to prevention. Following on from that, what child protection and family support reforms are going forward in the next 12 months?

**Ms FENTIMAN:** I thank the member for the question. I have already canvassed the achievements of our reforms going forward in the first 18 months that I have been Minister for Child Safety, but it is my great pleasure to talk about our plans going forward over the next 12 months when it comes to driving vital child safety and family wellbeing reforms in Queensland. The safety of Queensland children and the wellbeing of families is my highest priority. That is why my department is working hard to ensure Queensland children are safe and families can get the help they need before they come into contact with the child protection system. This year I will continue to drive wideranging reforms to the child protection system including the rollout of specialist investigation teams, new early intervention programs targeted at fathers, as well as \$2.9 million to improve family engagement services. This builds on our record \$1 billion budget to support children and families.

I am proud to announce the rollout of a new Walking with Dads perpetrator program, which is a domestic violence informed approach to child protection work, to Gympie and Mount Isa after a successful trial at Caboolture. This program motivates men to change violent behaviour by making them accountable as fathers. Women are often told they need to end their relationship with a violent man. That means he will simply reappear somewhere else with another family or he returns to the former family with little impetus for him to change his behaviour. This program will change that as well as improve the safety of not only our children but women as well.

This year we will roll out specialist intervention teams across the state to drive better response times when investigating and assessing allegations of child neglect or abuse. This will build on the successful implementation of similar evidence-gathering teams in Child Safety centres in Cairns, Toowoomba and very shortly on the Gold Coast. Additional front-line workers will boost the work already being done to engage families to ensure they are included and have a voice in the decisions that affect them. These individuals work one on one with families to share the responsibility for the protection of their children and to develop case plans that affect their lives. They work hand in hand with families to keep them healthy, safe and, importantly, together. Their important work will be boosted with a \$2.9 million investment to improve family engagement and expand our network of family group meetings and convenors.

In 2016-17 we will also achieve statewide coverage of Family and Child Connect services and additional intensive family support services. This includes an additional \$13.8 million for Family and Child Connect services at Mount Isa, the Gulf of Carpentaria, Cape York and the Torres Strait, and \$45.7 million to establish intensive family support services right across the state.

Other important reforms include the implementation of a therapeutic residential care framework with the NGO sector to support and provide specialist support for children in high or complex needs. The allocation of \$3.3 million to support young people through the Next Step After Care initiative. We will review our investment in out-of-home care to ensure services are meeting the needs of young people. We will advance our review of the Child Protection Act 1999 to ensure the support system for families is underpinned by a strong, contemporary legislative framework. We will improve departmental participation in child protection court proceedings with \$1.8 million for the Office of the Child and Family Official Solicitor. We are implementing an action plan to reduce Aboriginal and Torres Strait Islander overrepresentation in our child protection system. We will contribute \$2.9 million to integrated responses to prioritise priorities in discrete Indigenous communities, and we will open the \$6 million Empowering Families Innovation Fund.

**CHAIR:** I refer to page 3 of the Service Delivery Statement—you have referenced this in your answer just then—which states that addressing the overrepresentation of Aboriginal and Torres Strait Islander children and families in the child protection system is a key priority for the government. As you know, this is a concern within my community. How is investment in 2016-17 being delivered to address this issue?

**Ms FENTIMAN:** I thank the member for the question. Firstly, I want to place on record that the majority of Aboriginal and Torres Strait Islander children are cared for safely by their families at home, but there is a disproportionate number of Aboriginal and Torres Strait Islander children who end up in our child protection system. This is totally unacceptable and we need to do a whole lot better. We all agree we need a bigger, bolder and, above all, a community led approach to dealing with Indigenous disadvantage instead of just watching kids end up in the child protection system. A key part of that is offering help earlier to prevent bigger problems developing when children are at risk of harm. We want to give parents the skills so their families can stay together and thrive. That is why my department is in the process of developing a collaborative, practical and effective action plan that will be finalised late this year and which I look forward to updating you on.

My department has already allocated \$150 million over five years to establish and roll out 20 new community run services to better support Aboriginal and Torres Strait Islander families and communities. We will be rolling out the first of these new services this September in Roma, Mackay, South Burnett and Moreton Bay. These new wellbeing services will offer personal support including information and advice, parenting skills development, kinship connections, budgeting and household management skills development. These services will also offer programs to enable community leadership, participation and network development. We want to further empower Indigenous families and communities to ensure they feel supported by a child and family support system that understands and respects the importance of family, community and culture.

We want to make sure that our foster and kinship carers are supported for the great work they do caring for some of our most vulnerable children. I recently met dedicated kinship carers working hard each and every day to change the lives of three special children on a remote outer island of the Torres Strait, Moa Island, in a community called St Pauls. That is the thing about foster carers. It does not matter where they live or how far they are away from the nearest capital city. They have the same big hearts the whole state over. Vicky and Tommy Nui have some of the biggest hearts in all of Queensland. These kinship carers work long days in the community health centre at St Pauls before they clock on to their other job—keeping three young boys healthy, happy and at school.

These boys were having a rough time of it before Tommy and Vicky provided them with the stability and safe place they needed to thrive. When I was in the Torres Strait recently I was able to present one of these boys with a certificate for 100 per cent attendance at school for a whole term. It does not sound like a huge achievement but, believe me, for this boy and for his kinship family it was a huge moment. People like Tommy and Vicky Nui are picking up the pieces of broken families right across this state and they need all the support they can get, not only from my department but from all Queenslanders. I want to acknowledge their great work and that of many others like them and thank them for helping to keep our kids safe.

**Mr HARPER:** My first question relates to page 2 of the Service Delivery Statement and notes the department's priorities include enabling children and families to maintain safety, wellbeing and belonging, as well as preventing and responding to domestic and family violence. How does the government's domestic and family violence response relate to child safety and family support reforms?

**Ms FENTIMAN:** I thank the member for the question. Domestic and family violence is a significant cause of harm to children and young people and the impacts can be severe and long-lasting. We know that domestic and family violence is a significant risk factor for vulnerable families in contact with the child protection system, particularly for Aboriginal and Torres Strait Islander households. Nearly half of all the households substantiated by Child Safety have had a domestic and family violence incident within the preceding year.

Last month I travelled out to Beaudesert to visit the wonderful staff at the YourTown shelter. I met with counsellors out there who told me how beneficial it is to be able to treat mothers and their children together. Not only are they able to work to assess and manage the trauma of a client who has experienced a violent relationship, but they are able to help re-forge trust between mother and child in a safe and supportive environment.

There are many synergies between the findings of the Queensland Child Protection Commission of Inquiry and the *Not now, not ever* report into domestic and family violence in Queensland. Both reports recommend action to ensure we are identifying children affected by domestic violence and responding effectively to their needs. Our government is taking a holistic approach to addressing domestic and family violence and leveraging off the reforms to strengthen Queensland's child protection system. To do this, we are ensuring specialist domestic and family violence workers have been established in the new Family and Child Connect and intensive family support services. As we roll out

Family and Child Connect and intensive family support services across Queensland, we have ensured that the service response model recognises the high number of families seeking family support that also experience domestic and family violence.

We have also allocated \$3 million for new Community Connect workers across 12 neighbourhood centres who will provide specialist domestic and family violence support as part of a two-year trial. We have also helped thousands of mums and dads with their parenting skills through the free Triple P parenting program, to which we have committed \$6.6 million over two years, and of course our perpetrator programs like the Walking with Dads initiative, which not only works towards men being held to account for their violent behaviour towards women but motivates men to change violent behaviour by making them accountable as fathers.

As new specialist domestic and family violence services are rolled out with funding provided through the 2016-17 budget, we will continue to look for opportunities to align domestic violence and child protection reforms. In the Mount Isa and gulf region, for example, we have ensured time to allow the commissioning of the new Family and Child Connect service to occur with domestic violence services. This will allow the Family and Child Connect and intensive family support services to be incorporated with the new integrated domestic violence service response trial. Domestic and family violence and child protection are complex areas that are interrelated in a number of different ways. As a government, we are responding to these complex areas by ensuring that our child protection services and programs also recognise the effects of, and provide support for, families who have been affected by domestic violence.

**Mrs MILLER:** I refer to page 3 of the SDS. My question is in relation to children in care. Children in care are supposed to be safe, but in some cases they are not. Can the minister advise how many children in care have sustained injuries, assaults, sexual abuse or any other forms of abuse and how much money has been paid out to parents as a result of legal actions taken against the department?

**Ms FENTIMAN:** I thank the member for the question. I think there are two questions there. I will start with the recent statistics on child deaths. Any death of a child or young person—

**Mrs MILLER:** No, I think you are misunderstanding my question. My question is only in relation to children who are in care—

**Ms FENTIMAN:** Yes. I would like to start by saying that any death of a child is of course a tragedy. In the last financial year there were 448 standard-of-care reviews conducted by the department and 361 harm reports were recorded. A total of 121 children were subject to a substantiated harm report.

**Mrs MILLER:** The second part of my question is: how much money has been paid out to parents—in other words, the natural parents—of children who are in care as a result of legal actions taken against the department?

**Ms FENTIMAN:** I will refer that question to the director-general.

**Mr Hogan:** I thank the member for the question. In relation to your question about payouts to parents in the form of damages, I will have to take that on notice. I do note that, generally, subject to the orders of the court there may be confidentiality provisions made in relation to particular matters. Subject to that, we will have to take that on notice and advise the committee at a later date.

**CHAIR:** Minister, are you happy to take that on notice?

**Ms FENTIMAN:** Yes.

**Mr HARPER:** I refer to page 8 of the Service Delivery Statements which discusses the department's investment in domestic and family violence prevention. I note that last year the minister announced two new government funded domestic violence shelters, the first to be built in 20 years—one here in Brisbane and the other in Townsville which supports my local community. I also note the minister recently announced funding for two more new shelters in Roma and Charters Towers. Can the minister please advise how these shelters support women fleeing domestic and family violence?

**Ms FENTIMAN:** I thank the member for the question. Tackling domestic and family violence is one of our government's highest priorities which is why we have allocated almost \$200 million to tackle domestic and family violence here in Queensland. Our government is determined to reach out and assist victims right across the state. We know that having somewhere safe and supportive to go can make all the difference to women who want to leave a dangerous and violent situation. Every woman or child who is fleeing domestic and family violence should have a place to turn and feel safe and protected.

That is why early last year we took swift action to get two new 72-hour crisis shelters up and running in Queensland—one in Brisbane and one in Townsville. So far, together these services have already assisted hundreds of women and children escaping domestic and family violence. These two shelters were the first government funded shelters announced in over 20 years. We are not just talking about addressing domestic and family violence; we are showing our commitment to tackling it through our actions.

This year's budget has also seen \$8.7 million over four years for two more shelters that will assist victims of domestic and family violence in regional and remote communities. These new shelters will be established in Charters Towers and Roma. I was in Charters Towers with the member for Dalrymple just last month to announce a new \$3.6 million shelter—the second shelter in North Queensland to be built in a year.

We have also committed \$5 million over the next four years to build and run a new shelter in Roma, a community that I visited just last week. The announcement was received with an overwhelmingly positive response from the local community and local services who have advocated strongly for a shelter for a long time. We have listened, and we are acting on the concerns of the local community and non-government organisations about the need for supported and safe accommodation for women and children fleeing domestic and family violence in Roma and the south-west.

A lack of access to emergency accommodation services in this region was also identified in the recent KPMG audit of domestic and family violence services. The new service in Roma and the surrounding region will provide women and children with a place of safety and assist them to secure longer term accommodation including social housing and private rentals to help them re-establish themselves in the community. This will mean that local women and children will not have to travel to Toowoomba and Brisbane for a safe place to stay and for the support they need to leave a violent situation.

Servicing this gap in this region will be challenging, and we will work with the community and local services to find innovative ways to develop the new shelter and the best ways to keep women and children safe. We are committed to supporting victims to get their lives back on track and ensuring support is available to those who need it most. New services like these four domestic violence shelters will go a long way towards helping families access the assistance they need to stay safe and rebuild their lives.

**Ms BATES:** Minister, in the Premier's charter letter to you dated 5 February 2016, one of the key priorities for all ministers was integrity and accountability and that all ministers demonstrate transparent, accountable and ethical behaviour and make all decisions in the public interest. Minister, how is failing to release critical data and covering up blow-outs in response times acting in a transparent and accountable manner?

**Ms FENTIMAN:** I thank the member for the question. Which data is it that you believe we have not released?

**Ms BATES:** Minister, it is my question time, not yours. The data that I am referring to is the March quarter data that you received and did not release until July.

**Ms FENTIMAN:** I thank the member for the question. That data was released on schedule. Quarterly data is always released a few months after the data is recorded—

**Ms BATES:** That would be May, not July.

**Ms FENTIMAN:**—and the data is collated. It is usually released in June or July. The December data was released in April. It normally takes three or four months. The data was released on schedule.

**Ms BATES:** Minister, given that the Premier has had to ask the family and child commissioner to also investigate failures in your department surrounding the death of baby Mason Lee, does the minister still have the Premier's full confidence?

**CHAIR:** Member for Mudgeeraba, your question contains an imputation. I ask that you rephrase it.

**Mr CRAMP:** I raise a point of order, Madam Chair. The minister herself named Mason Lee in her opening statement.

**CHAIR:** I did not mention the naming of Mason Lee as being an issue; I mentioned the imputation and the words that she used.

**Mr CRAMP:** My apologies, Madam Chair; I mistook you.

**Ms BATES:** I will reword. Does the minister still have the Premier's full confidence?

**Ms FENTIMAN:** I do.

**Ms BATES:** I seek leave to table the *Hansard* from last year's estimates. At estimates last year you guaranteed that no front-line service would be impacted when asked—

**CHAIR:** Member for Mudgeeraba, you need to seek leave and you have sought leave. There being no objection, leave is granted.

**Ms BATES:** Minister, at estimates last year you guaranteed that no front-line service would be impacted when asked—

... can you absolutely confirm and ensure that no child in Queensland will be at risk as a result of these measures?

Your answer was, 'Yes, absolutely.' Minister, in light of the death of Mason Jet Lee, the toddler from Caboolture, do you still stand by that guarantee?

**Ms FENTIMAN:** I thank the member for the question. I have not seen the *Hansard*. I am not sure which measures you are referring to. It was a year ago. I might need some prompting in relation to what measures we were discussing.

**CHAIR:** Minister, we are copying that now and will provide it to you. Member for Mudgeeraba, while that is being done, would you like to ask another question or wait for her to see that document?

**Ms BATES:** Minister, I refer to page 3 of the SDS service area objectives and your ministerial diary. If, as the minister claims, she was briefed on the emerging issues affecting child safety backlogs and response times, in particular issues associated with the Caboolture area, I ask the minister why this critical meeting does not appear in the minister's ministerial diary as published?

**Ms FENTIMAN:** I thank the member for the question. There is a briefing recorded in my published diary on 28 October where I was briefed on quarterly data. I was never briefed about any particular demand in any particular child safety service. If the member has any documents which demonstrate that I was, I would be happy to take a look at those.

**Ms BATES:** Minister, could you repeat when you had the meeting and what information you were provided with at the meeting?

**Ms FENTIMAN:** 28 October.

**Ms BATES:** And it was a full briefing?

**Ms FENTIMAN:** It was a briefing with my director-general where I was briefed on quarterly data. Every quarter I am briefed on the quarterly performance standards data.

**Ms BATES:** That is not reflected in your diary. I think it was reflected as a general catch-up.

**Ms FENTIMAN:** It is recorded in my published diary.

**Ms BATES:** That is not what it says in your diary.

**Ms FENTIMAN:** It says 'regular director-general briefing' and it was an agenda item on that day.

**Ms BATES:** That is not in your diary, Minister. I do not have your agenda. If you would like to table the agenda so we are aware of that, that would be wonderful.

**Ms FENTIMAN:** I am happy to table my published diary, which has a briefing with my director-general.

**Ms BATES:** And the agenda? There is nowhere in your diary that states that. You say that you have an agenda where it was addressed. If you would like to table your agenda for that meeting, that would be wonderful.

**CHAIR:** Member for Mudgeeraba, the point is being disputed. The minister has advised that it is reflected in her diary. I appreciate your reflecting that it is not. That can be clarified, but the minister has answered your question.

**Mr McARDLE:** I raise a point of order, Madam Chair. The minister can clarify it now by tabling the agenda of the meeting. It is a very simple thing to do. The point is in dispute. The minister says it is. It is simple for her to table that agenda.

**CHAIR:** Thank you for the point of order, member for Caloundra. They are two different matters. The minister answered the question that it is reflected in her diary.

**Mr McARDLE:** Would the minister agree to table the agenda?

**Mr CRAMP:** Why is there a protection racket going? Why do we need to protect the minister?

**CHAIR:** Member for Gaven, that is an imputation on the chair. I take offence and I ask that you withdraw it.

**Mr CRAMP:** I withdraw unreservedly.

**CHAIR:** Thank you.

**Mr McARDLE:** Is the minister able to make a comment on that issue?

**Ms FENTIMAN:** Yes. I had a briefing with my director-general on 28 October. The quarterly data was an agenda item at that briefing, and I was briefed by my director-general about the performance standards. I am briefed every quarter about the performance standards before they are then released on the department's website.

**Ms BATES:** I raise a point of order, Madam Chair. Minister, as far as we are concerned that is hearsay. There is no documentary evidence in your diary that says that you were briefed directly on these issues. Would you table the agenda so that the public of Queensland can understand that you were briefed and that you actioned that brief?

**Ms FENTIMAN:** I understand that the member for Mudgeeraba has access to a right to information request that shows the item was listed as an agenda item.

**Ms BATES:** It does not actually say what you actioned.

**CHAIR:** Member for Mudgeeraba, move on to your next question. You have asked the question and the minister has answered.

**Ms BATES:** I will move on. Minister, you are saying that a meeting that was so critical that you then directed your director-general to make sweeping changes to address these issues could not even rate a mention in your ministerial diary, yet only four days later I see specific mention in the diary of domestic violence briefings. Why did this critical child safety briefing not rate a mention? At the moment all we have is your word that on an agenda somewhere you were briefed and you actioned that brief.

**Ms FENTIMAN:** I thank the member for the question. The member has access to a right to information request that clearly has the agenda item, which I am happy to table for 28 October. Rather than trying to play politics with an issue that is near and dear to Queenslanders' hearts—

**Mr Cramp** interjected.

**CHAIR:** Member for Gaven, if I have to warn you about interjections, I will.

**Ms FENTIMAN:** The member for Mudgeeraba clearly has the agenda for that briefing. It was part of an RTI request from her colleague Ms Tracy Davis, the former shadow spokesperson. I am here for two hours to be open and honest, accountable and transparent and answer any questions of this committee about child safety. This is an issue near and dear to Queenslanders' hearts.

**Ms BATES:** Why isn't it in your diary then, Minister?

**Ms FENTIMAN:** Rather than trying to score cheap political points with an agenda that you already have, why don't you ask me some questions about the child protection system?

**Ms BATES:** Sure. I will ask you, Minister, about the RTI and the magic devil's number 66.6. If you were briefed and it was such an issue in your department, why is it that only a few weeks earlier in estimates you highlighted to the shadow minister, Tracy Davis, that everything was fine yet a number of weeks later you suddenly have this RTI and this emergency briefing? What drastically changed in your department—from confidence to chaos?

**CHAIR:** Member for Mudgeeraba, for the benefit of the Chair, can you please advise how your question is directly relevant to the appropriation being considered by the committee here today?

**Ms BATES:** Thank you. I will rephrase. Minister, during your October 2015 briefing, were you given any information on specific child safety centres that were struggling? Yes or no?

**Ms FENTIMAN:** I was not. I was briefed on the quarterly performance standards and at that meeting—

**Ms BATES:** Thank you, Minister. After being briefed in October—

**CHAIR:** I am listening to the minister's answer.

**Ms BATES:** The minister answered my question to my satisfaction, thanks, Madam Chair.

**CHAIR:** Thank you very much, member for Mudgeeraba, but she answers the question how she sees fit and she was still speaking.

**Mr McARDLE:** With respect, that is not the case, Madam Chair—

**CHAIR:** As long as her answer is relevant—

**Mr McARDLE:** The standing orders make it quite clear it must be relevant and you cannot debate the point. The question has been put and answered. Can we please move on?

**CHAIR:** Thank you, member for Caloundra. Minister, have you finished answering the question?

**Ms FENTIMAN:** I would like to continue. At that meeting I was briefed on performance standards, the quarterly data in October, which showed a slight decline in performance in that quarter, but overall looking at the last four years it was relatively stable. However, I was concerned about the response rates for investigations. At that meeting I directed the director-general to undertake a number of actions to drive better response times in our regions. I asked him to work very closely with our regional offices to drive better response times, including looking at reallocating front-line staff to child safety service centres where there were demands. I was not briefed on where demands and gaps were at that briefing, but I requested the director-general to do some work with our regions to make sure the child safety service centres that were experiencing demand were getting the resources that they needed. That has happened over the last nine months. A lot of work has gone into driving an action plan to drive better response times. We have seen staff re-allocated to offices where there is a high demand. We have seen additional managers—

**Ms BATES:** Did you alert the Premier?

**Ms FENTIMAN:** and supervisors to those offices where there was demand.

**Ms BATES:** And the Treasurer?

**Ms FENTIMAN:** We have provided further training for child support officers—

**Ms BATES:** Why wasn't it in your diary then?

**Ms FENTIMAN:** in those regions.

**Ms BATES:** It didn't even rate a mention in your diary, Minister.

**CHAIR:** Member for Mudgeeraba, you are interjecting on the minister's answer which is directly relevant to your question.

**Ms FENTIMAN:** There has been a considerable amount of work done since October to drive better response rates. As I have said, we are now rolling out specialist investigation teams. We have KPMG undertaking an independent audit so that we can make sure that our investment moving forward is informed about where there is demand and where there are gaps.

**Mr CRAMP:** Five children have died—

**CHAIR:** Member for Gaven, I have warned you repeatedly and I now warn you formally under standing order 185 that your interjections are disruptive.

**Ms BATES:** Minister, my next question is: did you brief the Premier on this data?

**Ms FENTIMAN:** I meet regularly with the Premier—

**Ms BATES:** No, that was not the question.

**CHAIR:** Member for Mudgeeraba, relate your question to the appropriation being considered by this committee for the 2016-17 year please.

**Ms BATES:** At what point, Minister, did you become aware that offices like the Caboolture Child Safety Service Centre were performing poorly in terms of its ability to respond to reports of harm?

**CHAIR:** Can you please make the connection to how that is relevant to the appropriation being considered in the 2016-17 year?

**Ms BATES:** In the 'departmental overview' which states 'enabling children and young people in care to thrive, and transition successfully to adult life'. It is in the SDS, page 2.

**Ms FENTIMAN:** I am regularly briefed on quarterly data and performance standards. As I said, at that meeting on 28 October, I asked the director-general to work closely with our regions to ensure that child safety service centres that were experiencing demand received additional front-line staff. They received additional training and supervision.

**Ms BATES:** Minister, were you asked about Caboolture?

**Ms FENTIMAN:** I was not briefed that specific child safety service centres were experiencing demand. There are 50 child safety service centres right across Queensland. I have had the pleasure of

meeting with many of the hardworking staff. I was briefed about the quarterly data and the performance standards, and I directed my director-general to take action working with regions and those offices that were experiencing demand. I do want to say in terms of whether or not other colleagues of mine were briefed that the reform leaders group, which is a group that brings together various government departments and stakeholders—

**Mr McARDLE:** Point of order, Madam Chair. Again, the question was very clear. The minister has now spoken for a minute or a minute and a half. Could she please direct her answer to the question about Caboolture? Was she briefed in regard to Caboolture? When did that happen? What was she told?

**CHAIR:** Thank you, member for Caloundra. Minister, have you finished answering the question that was asked by the member for Mudgeeraba?

**Ms FENTIMAN:** Yes.

**Ms BATES:** I will go to my next question. Minister, I put it to you that you did nothing to address this issue.

**CHAIR:** No. Member for Mudgeeraba, that is not a question and—

**Ms BATES:** You did not alert the Premier and you have taken no accountability.

**CHAIR:** That tone is not appropriate and—

**Ms BATES:** You are wiping your hands clean of any responsibility—

**CHAIR:** Member for Mudgeeraba!

**Ms BATES:** of ensuring Child Safety is able to do its core job to look after children.

**CHAIR:** Member for Mudgeeraba!

**Ms BATES:** I am happy to move on to my next question.

**CHAIR:** Thank you.

**Ms BATES:** Director-General, can you explain why the minister was not given specific information on service centres such as Caboolture that were collapsing under the workload pressures to the point of children being left in potentially abusive homes?

**CHAIR:** Member for Mudgeeraba, your question again contains an imputation and I ask that you rephrase it.

**Ms BATES:** Director-General, can you explain why the minister was not given specific information on service centres such as Caboolture in order to alleviate the problem that we have all been alerted to in the RTI that was obtained by the opposition?

**CHAIR:** Again, member for Mudgeeraba, what is the relevance to the 2016-17 appropriation being considered?

**Ms BATES:** SDS page 2, Madam Chair.

**Mr Hogan:** I thank the member for the question. As the minister has indicated, in October I briefed her as part of my regular meeting about the quarterly performance data for the period ended June. One of the issues that we discussed was the indication of a slight decline at that point in the response times for the commencement and completion of investigations and assessments. As the minister has indicated, she discussed with me the need for us to pay particular attention to that. As a result of that, I instigated a number of actions. The minister has given a general indication of those.

We have put in place a very strict performance regime in the department where I expect our child and family reform and performance board to consider any critical issues or concerns emerging from data such as this. One of the actions was for that reform and performance board to consider the quarterly data, including the response times. Each of the regional executive directors was asked to have a look within their regions at the service centres of where there were particular pressures. As the minister has indicated, there were a series of actions that resulted from that. That included the re-allocation of resources, the reviewing and streamlining of workflow processes, additional supervision, the rescheduling of additional training and the reviewing of data quality.

In relation to Caboolture, I am pleased to advise the committee that arising from that analysis and that attention there were four additional positions allocated from January this year to the Caboolture Child Safety Service Centre. There were two family engagement officers, an additional CSO to work on

INAs and an additional manager who is a specialist in our frontend business to supervise what is a very busy office at Caboolture.

**Ms BATES:** Thank you, Director-General. Why is it that you were not paying attention about the time frame blow-outs at Caboolture?

**CHAIR:** Member for Mudgeeraba, we are back to imputation.

**Ms BATES:** Madam Chair, did the director-general get the RTI a week before the minister? The RTI information, the data—

**Mr KELLY:** Point of order—

**CHAIR:** Member for Mudgeeraba—

**Ms BATES:** It is public knowledge. It is released as an RTI.

**CHAIR:** That is okay. We have a point of order.

**Mr KELLY:** The point of order is relevance to the appropriation.

**CHAIR:** Member for Mudgeeraba, that is what I keep asking—relevance. The RTI, the meeting that you are referring to was October last year. I am struggling to understand the nexus between this and the relevance to the appropriation.

**Ms BATES:** It is part of the performance data for the child safety department. That is why I am asking. The RTI specifically goes to the fact that there was a problem in October last year. The March quarterly figures show that there was a problem. What I am trying to get to is why it took so long for the minister to act. The RTI clearly shows that the DD-G had the information three weeks beforehand, then the D-G got it and then a week later the minister had a briefing. What I am asking is: who dropped the ball on child safety in Caboolture—

**CHAIR:** No. Member for Mudgeeraba, we can do this all day. I am here until 7.30. Please ask a question that is relevant and that does not contain an imputation.

**Ms BATES:** Director-General, you mentioned that there was a slight decline. Was it more than a slight decline in Caboolture? Do you consider that Mason Jet Lee was a slight decline?

**Mr Hogan:** I thank the member for the question. If I could clarify for the moment a reference the member made in her questions about the RTI: the RTI information that was provided through that process related to RoGS data, which is the national dataset, as well as an end-of-year performance set from the department. The briefing that I provided to the minister in October was in addition to that. It was about our quarterly child safety performance data. There was nothing in the RTI or in the end-of-year performance report or in the 30 June 2015 child safety performance statistics specifically about Caboolture. That is why, when I briefed the minister, we agreed that we needed to pay closer attention to that and take action to address issues or areas. That is why we went to our performance group. I took it to the regional executive directors and they paid attention to the particular service centres where there were pressures. I have already answered your question about the additional resources that were deployed to Caboolture from January this year.

**Ms BATES:** Minister, why did it take your department until 21 July to release the March quarterly data? Again, can you guarantee that the June data will be released on time next month? Can you also guarantee that the response times will not have gotten worse?

**Ms FENTIMAN:** I thank the member for the question. The latest quarterly data as at 31 March 2016 was released on 21 July. The quarterly data is routinely released three to four months after the relevant period, depending on workloads of the department. This has—

**Ms BATES:** Under our government, it was two months, not four months.

**CHAIR:** Member for Mudgeeraba!

**Ms FENTIMAN:** This has been the case for many years. For example, the December 2015—

**Ms BATES:** Not under our government, Minister. That is not correct. You are misleading the House.

**CHAIR:** Member for Mudgeeraba, let the minister answer.

**Mr KELLY:** Point of order, I cannot hear the minister's response.

**Ms FENTIMAN:** The December 2015 data was published in April 2016, as I have said. The September 2015 data was published in January 2016. The June 2015 data was published in October 2015. The March 2015 data was published in late June 2015. The data was released on schedule.

**Ms BATES:** My second part of the question was: can you guarantee that the response times for the June data will not have gotten worse for March data?

**Ms FENTIMAN:** What I can guarantee is that we are driving better response times. As the director-general has indicated, a considerable amount of work has happened since October last year to put in place processes to drive better response times. I am confident that the introduction of new specialist investigation teams will help drive better performance rates.

**Ms BATES:** Thank you, Minister. After what we have heard and read about in media reports concerning little 21-month-old Mason Lee, I expect the Queensland public are listening very closely to your responses today and will be expecting you to demonstrate accountability.

**CHAIR:** Is there a question?

**Ms BATES:** Yes, there is. Minister, who is responsible for the backlog of investigations occurring in your department? Who has the ultimate responsibility for protecting children in Queensland? Is it the CSO, the service centre manager, the regional directors, the DD-G or your D-G? Or do you, Minister, hold ultimate responsibility for protecting children, because surely someone must?

**Ms FENTIMAN:** I thank the member for the question. I am accountable to the parliament and the Queensland community for the investment and performance of the child protection system. This is—

**Ms BATES:** So the buck stops with you, Minister.

**CHAIR:** Member for Mudgeeraba, the question has actually already been asked and answered, but if the minister would like to answer the same question again she is welcome to do so.

**Ms FENTIMAN:** I would like to reiterate my comments from my opening statement—that the attempt by some members opposite to link the tragic death of Mason Lee, where there is an ongoing homicide investigation, to data released by the department on investigations and assessment is irresponsible. We all—

**Ms BATES:** Mason Lee is one of five deaths, Minister.

**Mr McARDLE:** Point of order, Madam Chair.

**CHAIR:** Member for Mudgeeraba, please do not interject. I will hear the point of order from the member for Caloundra.

**Mr McARDLE:** Thank you very much. Is it the case that the minister is simply saying that she is not responsible in any way, shape or form—

**CHAIR:** Member for Caloundra, that is not a point of order.

**Mr McARDLE:** or is she saying that she is responsible as a minister of the Crown—

**CHAIR:** Member for Caloundra, it is not a point of order.

**Mr McARDLE:** charged with protecting those children who are vulnerable?

**CHAIR:** Member for Caloundra, I have ruled and I ask you to cease interjecting—

**Mr McARDLE:** All she has to do is answer yes she is or no she is not.

**CHAIR:** Member for Caloundra! There is no point of order. The minister may finish her answer.

**Ms FENTIMAN:** Thank you, Madam Chair. We all have a responsibility to uphold—

**Mr McARDLE:** Minister, you are charged by the government in parliament—

**CHAIR:** Member for Caloundra!

**Mr McARDLE:** Yes or no.

**Mr KELLY:** Point of order.

**CHAIR:** Member for Caloundra, I have asked you to cease interjecting. There is no point of order from the member for Caloundra.

**Mr McARDLE:** Yes or no. Are you responsible?

**CHAIR:** Member for Caloundra! I have already warned the member for Gaven. If I have to warn you, I will do so under 185. Member for Greenslopes, what is your point of order?

**Mr KELLY:** The interjections are making it difficult to hear the minister's answers, which I am very interested to hear.

**CHAIR:** I agree. Minister, can you please answer the question.

**Ms FENTIMAN:** We all have a responsibility to uphold confidence in the child safety system. I am disappointed that members opposite continue to claim there is a crisis in the system when clearly that was refuted on two occasions when the independent Family and Child Commissioner underwent questioning by the Leader of the Opposition in the Premier's estimates hearing.

**Ms BATES:** Fifty-one deaths in your department, Minister.

**Ms FENTIMAN:** Quite clearly, this overreach by the member for Mudgeeraba that there is a crisis in the system can only be a reflection of the hard work of our child safety officers.

**Mr McARDLE:** Point of order. If the minister is saying that she is not prepared to answer the question by saying she is responsible, can she please advise the people of Queensland who is responsible? Who is responsible for caring for vulnerable children?

**CHAIR:** Member for Caloundra, you have no point of order, as I am very sure you are aware. Minister, can you finish your answer and we will move back to government questions.

**Ms FENTIMAN:** I have the same responsibilities as every child safety minister has had over previous governments. We all—

**Mr McARDLE:** To protect vulnerable children.

**CHAIR:** Member for Caloundra!

**Ms FENTIMAN:**—have a responsibility to uphold confidence in the system and I am very disappointed that the opposition continues to overreach.

**Ms BATES:** The buck stops with you, Minister? You are responsible for child safety in Queensland? Minister, yes or no: does the buck stop with you?

**CHAIR:** Member for Mudgeeraba, cease interjecting or we will have three out of four members on the non-government panel warned under standing order 185. Minister, can you please complete your answer?

**Ms FENTIMAN:** I have a responsibility—

**Ms BATES:** It is a protection racket.

**Mr McARDLE:** Madam Chair, can we get an answer from the minister?

**CHAIR:** Member for Caloundra and member for Mudgeeraba, the minister would answer the question if she can do so without constant interjections. Minister, would you like to conclude the answer?

**Ms FENTIMAN:** I want to answer this question.

**Mr CRAMP:** The minister has not answered the question.

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

**Mr CRAMP:** Madam Chair, I do in the fact that it is relevance. I would like the minister to actually not give a preamble, as she has done for the last four minutes, and actually answer the question. It was a simply put question. It has been asked several times by the deputy chair and the shadow minister.

**CHAIR:** Member for Gaven, you have no point of order. I cannot rule on relevance because I cannot hear the minister answer the question because of the constant interruptions.

**Mr CRAMP:** So far she has not, but it would be great to hear an answer.

**CHAIR:** Member for Gaven, thank you very much. You have no point of order. Minister, would you like to conclude answering the question and we will move on.

**Ms FENTIMAN:** I am very happy to answer this question. In fact, I am very happy that we are talking about the importance of child safety because I have never been asked a question in the parliament about child safety. I am very open to—

**Ms BATES:** Really? You have been very quiet for weeks, Minister—

**CHAIR:** Member for Mudgeeraba!

**Ms FENTIMAN:** I absolutely believe in accountability and transparency. I have stood up and answered questions. I am happy to answer these questions. I have a responsibility to drive—

**Ms Bates** interjected.

**CHAIR:** Member for Mudgeeraba!

**Mr Cramp** interjected.

**CHAIR:** Member for Gaven! If we are having difficulty understanding the standing orders around interjecting then we can withdraw to private session and discuss them, or we can let the minister finish her answer and move on. Minister?

**Ms FENTIMAN:** I have a responsibility for ensuring that there are additional resources, that there is additional staff ensuring that our child safety system is the very best system it can be. The evidence we saw from the Family and Child Commissioner, who has worked in numerous child protection jurisdictions, is that the Queensland system is not at all in crisis. In fact, our child protection reforms are on track.

**Ms BATES:** Mason died on your watch. Minister, the buck stops with you.

**CHAIR:** Member for Mudgeeraba!

**Ms FENTIMAN:** I will continue to be responsible for fighting each and every day for more front-line staff and for more resources. We have 166 more front-line and front-line support staff than we did two years ago. Under the LNP, 225 full-time staff were ripped from my department.

**Mr McARDLE:** Madam Chair, point of order. Comparison—the minister has obfuscated the question.

**CHAIR:** Thank you, Minister. We will move on. Member for Caloundra!

**Mr McArdle** interjected.

**Ms Bates** interjected.

**CHAIR:** Members opposite, I ask that you stop interjecting. Minister, I would consider that you have answered the question and we can now move on. I call the member for Bundamba.

**Mrs MILLER:** Minister, just going down to practicalities now in relation to child safety, we have a mother who goes into hospital and has her first baby in the morning and is normally discharged in the afternoon. She might not have had a baby before and might not have ever handled a baby. What family classes or training programs are in place for these mothers who obviously go home—it is not a health matter because the baby is healthy and mum is healthy. What training or other classes are available to assist these mothers, not from the health perspective but from the family relationships perspective? I ask that because quite often in the community the PPP parenting program comes into play after poor relationships have already been established. I am wondering what you are doing before the babies are born.

**Ms FENTIMAN:** I thank the member for the question. We actually fund a number of early intervention family support Mums and Bubs programs. In fact, I visited a Mums and Bubs program yesterday at Hawthorne which is funded by Micah Projects, whom we fund. It is called Young Mothers for Young Women. It is for younger mums, often with their first or second babies, who come together. They run a parents as teachers curriculum, which really helps establish those attachments and family relationships earlier on. We do understand that if we are going to build healthy, resilient families we need to be investing earlier on and helping our young mums. I know that the Department of Health also funds young Mums and Bubs programs and I am absolutely committed to continuing supporting these fantastic initiatives.

**Mrs MILLER:** Is there any coordination between your department and the health department in relation to that? Obviously it is my view that these programs should almost be compulsory for any new mothers.

**Ms FENTIMAN:** We do work very closely with the Department of Health. For example, the program that I was at yesterday receives referrals from Mater Mothers. We work closely with our different HHSs to make sure we are getting referrals into those early Mums and Bubs programs.

**Mr KELLY:** Minister, I refer to page 8 of the Service Delivery Statements and I note the Queensland government is providing \$10.3 million over four years for perpetrator programs. Can the minister please advise us of the purpose of these programs and how they will protect vulnerable Queenslanders?

**Ms FENTIMAN:** I thank the member for the question. As the Minister for the Prevention of Domestic and Family Violence, I do hear a lot of heartbreaking stories every day. They are usually from the perspective of those whose lives have been changed by the menace of domestic violence. However, recently I visited a men's domestic violence perpetrator program. Hearing the stories of the men at the court ordered program was incredibly challenging. What did not surprise was that they were ordinary men of all ages and backgrounds and from all walks of life. That is the thing about domestic and family violence: it does not discriminate.

I speak a lot about the kind of cultural change we need to instil in our young people to develop healthy, respectful relationships free from violence. This program reminded me about the importance of prevention programs but also the need for generational change so that we can shift our culture away from violence. Holding perpetrators accountable for their violence and providing them with opportunities to change their behaviour is critical to achieving this. That is why in the 2016-17 state budget we have provided an additional \$10.3 million over four years to deliver more programs. This is on top of the \$3.6 million in last year's budget for 17 perpetrator intervention programs across Queensland.

We now have national outcome standards for perpetrator interventions, which will help guide our investments, and a national research program through Australia's National Research Organisation for Women's Safety specifically focusing on perpetrators of violence against women. Perpetrator programs support men who want to take responsibility for their behaviour and are seeking to change.

When I visited the Caboolture child safety office earlier this week, staff told me that they were pleased to see the walking with dads program starting again with new budget funding. They said the program was effective when they worked with families, helping them to address both domestic violence and child safety concerns. They told me it allowed them to better engage with fathers by supporting them to change their behaviour and establish safe relationships with their families. They told me that programs like these made them feel a lot more confident that we are building a safety net and support around families, keeping families together even if we have to revisit from time to time.

I know I speak of the horror of sitting in on a men's domestic violence perpetrator program, but I think it is important to point out that we should recognise that the majority of men are not abusive. We do not want to see good men tarred by the actions of the minority of men who abuse women. It has been fantastic to see how many men just over the past year have been stepping up to talk about domestic and family violence. When I talk to men about why they are moved to take part in this, invariably they say that they think about their wives or their daughters and they cannot bear hearing the stories of other women just like their family members suffering horrific abuse.

Programs like the White Ribbon campaign are a great opportunity for men to gather and learn from one another about ways to influence attitudes and behaviours about violence. I have met a number of White Ribbon ambassadors from across the state who are doing great work in this space. However, I have to say how appalled I am at the comments made recently by the member for Cleveland, who linked himself to White Ribbon while promoting his uninformed, ignorant and, quite frankly, offensive anti-abortion views.

**Mrs SMITH:** Point of order, Madam Chair. I think it is a bit unfair to be referring to a member when they are not here to defend themselves.

**CHAIR:** Minister, please move on.

**Ms FENTIMAN:** Not only did he associate himself with the organisation, but he implied that his role as an ambassador—

**Mrs SMITH:** Point of order, Madam Chair.

**CHAIR:** Minister, there has been a point of order. I ask that you move on from those comments. Thank you.

**Ms FENTIMAN:** I am happy to speak to the comments that came from White Ribbon, who said—  
... any man associated with us should support a woman's right to have choice over the decisions that relate to her body and reproductive rights—

**Mr McARDLE:** Point of order, Madam Chair. It is completely irrelevant to the SDS. It is talking about a bill before the House, before the committee. Could we please get the minister back on track? The SDS is what we are here about, not her assertions as to what certain members may or may not mean.

**CHAIR:** Thank you, member for Caloundra. Minister, can you continue answering the question from the member for Greenslopes about perpetrator programs?

**Ms FENTIMAN:** White Ribbon is one of the wonderful organisations that promotes men standing up to tackle violence against women in which we have made an almost \$200 million investment in this year's budget.

**CHAIR:** Thank you, Minister. I refer to page 8 of the Service Delivery Statements which discusses funding an integrated response to domestic and family violence. Can the minister please advise how an integrated response will be beneficial to families who are experiencing domestic and family violence?

**Ms FENTIMAN:** I thank the member for the question. Part of our efforts in tackling domestic and family violence is to ensure that we are identifying high-risk perpetrators early and reaching out to help victims of domestic and family violence as soon as possible. This means making sure that everyone with a role in keeping victims safe and holding a perpetrator to account—police, hospitals, domestic violence services, Corrections staff—are able to collaborate and work together following the same model.

We are setting up three integrated service response trials across the state as part of a long-term focus on providing the best possible support for Queenslanders impacted by domestic and family violence. We are following through with the *Not now, not ever* report recommendation to implement three integrated service response trials across Queensland: one in an urban area, one in a discrete Indigenous community and one in a regional centre.

Integrating service responses is also a key action of our Domestic and Family Violence Prevention Strategy 2016-2026 and the first action plan 2015-16. These three-year trials are located in three very different locations: Logan-Beenleigh, Mount Isa and Cherbourg. These trials will bring together local service providers and agencies to co-design and develop a model for a full integrated response to domestic violence. High-risk teams will also be central to the three integrated response trials targeting victims and their children assessed to be at high risk of serious harm or death. Our government has committed \$26.3 million over four years to establish eight high-risk teams as part of integrated responses to domestic and family violence. High-risk teams will be rolled out to the three trial locations as well as in Cairns-Mossman, Brisbane, Ipswich, Mackay-Whitsunday and Moreton Bay.

My department has already established a working group of key government agencies to lead and drive this significant reform work across the Queensland government. We have also contracted Australia's National Research Organisation for Women's Safety to design the overarching framework and supporting tools for the trials. The Centre for Domestic and Family Violence Research has been contracted to evaluate all three trials to inform the rollout of other integrated responses. Getting integrated service delivery right is essential, which is why we need to trial what works and evaluate to know what does not work and what is unique to different communities. This is about saving the lives of victims and their children. It is vitally important we take the time to do it right and do it properly. This is why we are working collaboratively and methodically with stakeholders and across government.

My department will engage experts in working with Indigenous communities to assist the Mount Isa and Cherbourg communities to develop place based, culturally appropriate, integrated response models. While the Logan-Beenleigh trial is currently being rolled out, integrated responses to domestic and family violence will commence in Mount Isa and Cherbourg in early 2017.

**CHAIR:** Following on from that, can you please advise how the department is helping to support the rollout of specialist courts across Queensland?

**Ms FENTIMAN:** I thank the member for the question. The justice system plays a vital role in responding to domestic and family violence and is an essential part of the integrated response model. The *Not now, not ever* report recommended the establishment of specialist domestic violence courts to deal with all related domestic and family violence and criminal breach matters.

I am pleased that last year the Palaszczuk government successfully implemented a trial of a domestic violence court with one dedicated magistrate at Southport in September last year for a six-month period. Due to the substantial increase in the number of domestic violence applications since the trial began, we have extended the trial of the specialist domestic violence court until 30 June 2017. A second specialist magistrate and extra support staff have also been allocated to the trial to meet demand. The interim evaluation of the specialist court found that the trial is tracking well and there are indications that the trial is improving timeliness in obtaining temporary and final orders.

In this year's budget the Palaszczuk government has allocated \$42.4 million to rollout specialist domestic and family violence courts, building on learnings from the trial at Southport. While the implementation of the trial is led by the Department of Justice and Attorney-General, critical to the trial are court based support services and perpetrator intervention programs provided by my department. Improving the effectiveness of the justice system responses underpins our Domestic and Family Violence Prevention Strategy and the First Action Plan.

Court support and the availability of perpetrator intervention programs which magistrates can refer to when making a voluntary intervention order are critical elements of the trial. We have increased our funding for perpetrator programs with an additional \$10.3 million allocated over four years to deliver more interventions, including for people subject to voluntary intervention orders. The Department of

Justice and Attorney-General has engaged the Griffith University Criminology Institute to conduct the final evaluation of the court trial, which is expected to be completed by December 2016.

**Mr HARPER:** I refer to page 8 of the Service Delivery Statements which discusses support for domestic and family violence prevention in rural, regional and remote locations. Can the minister advise what support is being provided to victims and survivors of domestic violence in regional Queensland?

**Ms FENTIMAN:** I thank the member for the question. I know that a number of victims of domestic violence in rural and remote communities can often face isolation and a lack of access to services, particularly face-to-face services. At the end of May this year I visited Mount Isa with Dame Quentin Bryce, the chair of our Domestic and Family Violence Implementation Council, for a council meeting. While in Mount Isa I was able to speak with Pauline Woodbridge from the North Queensland Domestic Violence Resource Service. I heard firsthand about domestic and family violence in the north-west and how it is affecting local residents. Sadly, Mount Isa's remoteness from the east coast, and particularly the south-east region, presents even more challenges. I recognise that a number of other communities across Queensland face similar challenges to Mount Isa, and our government is taking action to ensure that we are reaching out to victims of domestic violence from regional, rural and remote communities. Part of this is working together across services to identify high-risk perpetrators early and reach out to help victims of domestic and family violence as soon as we possibly can.

Dame Quentin Bryce's special domestic and family violence task force recommended three integrated service response trials across Queensland: one in an urban area, one in a discreet Indigenous community and one in a regional centre with outreach to surrounding areas. I was pleased that our new approach to domestic and family violence services would be trialled in Mount Isa. That way we can work out the best way to respond to violence and abuse in homes across regional, rural and remote Queensland.

Our government's statewide audit of domestic and family violence services has also looked into current availability and distribution of services across Queensland. The audit confirmed much of what we already know about service gaps and some of the challenges that victims of domestic and family violence face in regional, rural and remote communities. I am pleased that the funding gaps that were identified in the audit are being addressed. New services are being established across many parts of the state, with \$2.495 million per annum commencing from March 2016 for new or enhanced services across Central Queensland including Rockhampton, Gladstone and Emerald. This includes Longreach, where no government funding had previously been allocated for any type of specialist domestic and family violence service. The audit also helps inform future investment in the service system and helps ensure services reach as many Queenslanders affected by violence in their homes as possible. The information provided by this audit will help us develop a five-year domestic and family violence investment plan in response to one of the key recommendations from the *Not now, not ever* report.

As I mentioned previously, in this year's budget our government has allocated \$8.7 million over four years to establish two new domestic and family violence shelters in rural and remote Queensland. Both of those announcements have been received extremely well by local communities, and I am hopeful that our new shelters will mean that victims of violence who live in more remote locations will have the opportunity to access safe crisis accommodation and start the journey towards a better life.

**Mr KELLY:** Minister, referring to page 8 of the SDS which discusses the investment in community services and infrastructure, could the minister please advise how investing in our communities is economically beneficial?

**Ms FENTIMAN:** I thank the member for the question. I know that he is passionate about the ways this government is driving economic reform through community service delivery. As I outlined in my recent speech to the Committee for Economic Development of Australia on the Gold Coast earlier this month, a decline in manufacturing, cyclical downturns and a workforce reliant on casual employment poses a great challenge to Queensland's economic future as well as the promise of a fairer and more equal society. Community services and its rapid growth can help Queensland to address social inequality and at the same time grow the economy. Investment in human capital—that is, investment in the infrastructure and services that lift people out of disadvantage—will boost revenue and grow the economy. Our community services industry is key to delivering this.

Here in Queensland the community services industry is one of our fastest growing and most dynamic sectors. Today 45,000 Queenslanders work in the community services industry. The industry contributes around \$3.5 billion to the Queensland economy every year, and that is expected to multiply in line with projected growth for the industry to \$6.3 billion by 2025. By 2025 we predict there will be at least 30,000 new jobs in our community services industry. The industry is clearly on a path to strong

growth, with great potential to build on its valuable contribution to Queensland's economic and social wellbeing. This transformation positions the industry to make a real and positive difference to the growing number of Queenslanders experiencing disadvantage. The industry has a vital role to play in economic growth and social prosperity.

To meet the needs of this growing sector we have already begun working with the Community Services Industry Alliance to develop a 10-year strategy and action plan. This draws on the *Forecasting the future* report I launched earlier this year. The report is a collaborative effort between Deloitte, CSIA and my department which looks at data on the demand for services and projected jobs growth into the future. This strategy outlines the evidence to position the industry to deliver social and economic benefits for Queenslanders and communities experiencing disadvantage over the next decade. Our community services industry is doing great things, and government needs to play its part in ensuring that it can be a powerful force that drives Queensland's equity, productivity and prosperity into the future. The community services industry is a major employer and makes a significant contribution to our economy, so it baffles me why the previous government chose to reduce and cut funding—

**Mr McARDLE:** This is not a comparison between the former government and this government. Let us return to the SDS and deal with that issue. Comparisons are not required in this scenario.

**Ms FENTIMAN:** As stated in the SDS, we are funding our community organisations to grow and strengthen into the future. Unlike the previous government, who choose to gag community organisations and tied it to their funding agreements—

**Mr McARDLE:** This is not an issue regarding the comparison of data. The SDS is before the House at the moment.

**CHAIR:** Minister, have you finished your answer?

**Ms FENTIMAN:** This is a measure, in my view, that is not just draconian but economically unviable. The government can only benefit from working with the industry and constructive partnerships that ensure community services are robust, diverse and viable. As we transition our economy in Queensland we are in a unique position to lead the way forward. We must continue to invest in our community services and targeted policies so the standing of living can grow for all Queenslanders.

**CHAIR:** We will pass now to the member for Mudgeeraba.

**Ms BATES:** Minister, if you, as you say, are not responsible for child safety, then who is responsible for the child safety service centres that have been hung out to dry and who is responsible—

**CHAIR:** Member for Mudgeeraba, I will stop you there. Can you please ask a question which is in accordance with the standing orders.

**Ms BATES:** Minister, if you, as you say, are not the responsible person for child safety, then who is responsible for the child safety service centres and who is responsible for Queensland's most vulnerable children, who right now—today—need protection?

**Ms FENTIMAN:** I thank the member for the question. As I have said, I am accountable to the parliament and the Queensland community for the investment and performance of our child safety system. Those responsibilities are clear under administrative arrangements and my ministerial—

**Ms BATES:** You are not responsible, Minister?

**Ms FENTIMAN:** Every Minister for Child Safety ever has experienced the sadness of a child dying in their term and it affects—

**Ms BATES:** Who is responsible, Minister? Because you are not taking responsibility—

**CHAIR:** Member for Mudgeeraba, no-one interrupts you when you ask your questions, and I ask that you be equally as respectful and allow the minister to answer the question.

**Ms BATES:** The minister is not answering the question, Madam Chair. I have asked her whose responsibility—

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

**Ms BATES:** My point of order is relevance. The minister is not answering the question that I asked. The question that I asked is: who is responsible for child safety in Queensland? The minister is not taking any responsibility herself—

**CHAIR:** The issue is that you are not giving her an opportunity to answer your question.

**Ms BATES:** The minister keeps blaming everybody else.

**CHAIR:** Member for Mudgeeraba, there is no standing order about whether you like the answer that you get; only that it is relevant to the question.

**Ms FENTIMAN:** As I have said, as minister I am responsible for the oversight of the child protection system and I am driven—

**Ms BATES:** You are blaming the staff then?

**Ms FENTIMAN:** I am not blaming anyone.

**Ms BATES:** Are you going to take responsibility for the death of Mason Jet Lee under your watch?

**CHAIR:** Member for Mudgeeraba, this is not a discussion; it is a question and answer—

**Ms BATES:** He was a 21-month-old little boy who died under your watch.

**CHAIR:** Member for Mudgeeraba, I ask that you stop interjecting and let the minister answer the question.

**Ms FENTIMAN:** Every Minister for Child Safety has experienced the sadness of a child known to the department dying and it affects all of us. It is a tragedy. Little Mason Lee was murdered. How we keep children safe and protect children—

**Ms BATES:** When did you know, Minister? Were you briefed on Mason Lee's death?

**Mr KELLY:** Point of order. I am having difficulty hearing. These constant interjections are making it impossible to hear the minister's answer.

**CHAIR:** Minister, I ask that you answer the question and do so without interjections and interruptions from those on my left.

**Mr CRAMP:** Point of order. Under standing order 115 the minister has been doing some very excessive preamble. We would just like her to answer the question. It would be simple and we could move on to the next one.

**CHAIR:** Member for Gaven, standing order 115, which outlines the form that a question should take, does not limit the minister as to how she answers the question. Her answer is relevant to the question. I ask that you allow her to answer without interruption.

**Mr CRAMP:** I would say she is doing everything but.

**CHAIR:** I have ruled.

**Ms FENTIMAN:** I really believe the Queensland public expect better from this opposition. The role of the opposition here today is to question me on my portfolio and my budget. These are matters that are so important to Queenslanders. I have come here to be open and accountable and transparent, but as I said in my opening statement—

**Mr CRAMP:** Point of order. Could we please have the minister come back to the question?

**Ms FENTIMAN:** As I said in my opening statement, I am all for transparency and accountability, but there is no room for politics here.

**Ms BATES:** I am happy to move on to my next question. The SDS at page 2 talks about 2016-17 deliverables. Minister, the Child Protection Act lists a number of general principles for ensuring the safety, wellbeing and best interests of a child. Are you familiar with the first principle, Minister?

**Ms FENTIMAN:** Yes.

**Ms BATES:** Could you enunciate that for the benefit of the committee, Minister?

**Ms FENTIMAN:** Yes, I will get the principle.

**Ms BATES:** Whilst you are getting it I might tell you that it says, 'a child has a right to be protected from harm or risk of harm.'

**Ms FENTIMAN:** The principle is that the safety, best interests and wellbeing of children are always the paramount consideration of our staff.

**Ms BATES:** Minister, the Child Protection Act provides a definition of a child in need of protection. Are you familiar with this definition and if so, can you outline it to the committee?

**Ms FENTIMAN:** I will get the definition from the act. Yes, I am familiar with it.

**Ms BATES:** It would be section 10, Minister.

**Ms FENTIMAN:** Section 10 states—

**Who is a child in need of protection**

A *child in need of protection* is a child who—

- (a) has suffered significant harm, is suffering significant harm, or is at unacceptable risk of suffering significant harm; and
- (b) does not have a parent able and willing to protect the child from the harm.

**Ms BATES:** Thank you, Minister. That answers my question.

**Ms FENTIMAN:** I referred to that principle in my opening statement when I said that it is the department's job to come in only when a parent is unwilling or unable to protect the child, and it is my—

**Ms BATES:** It is the department's job and not yours, Minister? You are not taking any responsibility.

**Ms FENTIMAN:** I take the same responsibility that every child safety minister in Queensland has taken.

**Ms BATES:** You are blaming your staff?

**Ms FENTIMAN:** Unfortunately, all of us have had the terrible experience of having a child die while we are the child safety minister and it affects all of us.

**Ms BATES:** Minister, I put it to you that if it was in your preamble in the first place, you should not have had to scramble for what the definition was and have your staff pass it to you.

**CHAIR:** Member for Mudgeeraba—

**Ms FENTIMAN:** What I am responsible for is ensuring that our child safety officers, who have to make these tough decisions every day, are getting the support that they need.

**Ms BATES:** You have no ultimate responsibility?

**Ms FENTIMAN:** I am responsible for driving the reforms and implementing the 121 recommendations—

**Ms BATES:** You are the Minister for Child Safety: the buck stops with you, Minister.

**CHAIR:** Member for Mudgeeraba, I remind you that you are here with leave of this committee to ask questions. You have asked a question; allow the minister to answer.

**Ms BATES:** I am happy to move on to my next question.

**CHAIR:** Are you happy to move on, Minister?

**Ms FENTIMAN:** No, Madam Chair. When children come into the care of the department, as you would know, member for Mudgeeraba, they are under the guardianship of the Director-General—

**Ms BATES:** It is his fault?

**Ms FENTIMAN:** No. That is what the legislation says, as you would well be aware—

**Mr McArdle** interjected.

**CHAIR:** Member for Caloundra, do you have a point of order, or do I have to sit here and continue to ask you to cease interjecting? Member for Greenslopes, do you have a point of order?

**Mr KELLY:** Relevance to the appropriation.

**CHAIR:** Thank you. Minister, can we move on to a question under the—

**Ms BATES:** The death of a child is quite relevant.

**CHAIR:** Minister, I think we will move on now. Member for Mudgeeraba, do you have a question that is directly relevant to the appropriation we are considering?

**Ms BATES:** I do. Minister, did Mason Jet Lee meet this criteria? Yes or no?

**CHAIR:** Please explain how your question is directly relevant to the appropriation.

**Ms BATES:** Mason Jet Lee was a child known to Child Safety, known to the minister. My next question relates to Child Safety and the departmental overview here. Minister, after it came to light that Mason Jet Lee had been known to the department, you gave a press conference where you purported to be shocked and horrified at learning the details of Mason Jet Lee's demise. Can you tell the committee when exactly you were notified that Mason Jet Lee had been murdered?

**CHAIR:** Member for Mudgeeraba, what is the relevance of your question? I do not mean citing one line in the SDS; I mean relevance to the—

**Mr McArdle** interjected.

**CHAIR:** No, you have to demonstrate relevance to the Appropriation Bill. I am trying to understand how this is relevant.

**Ms BATES:** SDS page 2, which is the Service Delivery—

**CHAIR:** Which section of the SDS, page 2?

**Ms BATES:** This is a matter of public interest to the community of Queensland as to how this young boy died in circumstances where he was returned to a home where the department knew that that he had been abused.

**CHAIR:** I appreciate that, member for Mudgeeraba, but there are many environments within which these matters can be debated. This environment is about the Appropriation Bill.

**Ms BATES:** I will rephrase.

**CHAIR:** Thank you.

**Ms BATES:** Minister, were you or were you not caught out—

**CHAIR:** No, that is already an imputation.

**Ms BATES:**—that the opposition joined the dots—

**CHAIR:** Member for Mudgeeraba—

**Ms BATES:**—so that we knew that Mason Jet Lee was known to the department and your department did nothing?

**CHAIR:** Member for Mudgeeraba, rephrase your question in accordance with standing order 115.

**Ms BATES:** Okay. Minister, is part of your role as minister to interpret and make decisions according to the data of your child safety department?

**Ms FENTIMAN:** Yes, it is my responsibility to drive the performance and policy direction of the department.

**Ms BATES:** Do you agree with the Premier's statements regarding the child safety data to which she referred during estimates on 19 July, where she stated that the data around 10-day commencement rates for investigations actually showed an improvement? Do you agree with the Premier's statements?

**Ms FENTIMAN:** I have said that I am not happy with where our response times are for 24-hour, five-day and 10-day responses.

**Ms BATES:** The question was: do you agree with what the Premier said in answer to a question in these estimates from the Leader of the Opposition?

**Ms FENTIMAN:** I agree with the Premier's comments that we have seen some improvements in the three years into a 10-year overhaul of the child safety system. Intakes are down. We are seeing the rates of substantiation decline—

**Ms BATES:** So you agree with the Premier's comments?

**Ms FENTIMAN:** I agree with the Premier's comments that we have seen some improvements to our child safety system, but there is still absolutely more work to do.

**Ms BATES:** Thank you, Minister. I will move on. In actual fact, as of 30 June 2013 there was a 22.8 per cent commencement rate. By December 2015 there was a 22.1 per cent commencement rate, which means the commencement rate has declined, not improved. Given that you have just agreed with the Premier's statements, does it not now show that neither you nor the Premier have any idea how to interpret data and in fact—

**CHAIR:** No, that is an imputation. Member for Mudgeeraba, ask questions in accordance with standing orders.

**Ms BATES:** It is not an imputation. I believe that both the Premier and the minister have misled the parliamentary committee. I asked whether the minister agreed with the Premier's statements to the Leader of the Opposition on the first day of estimates. I have just demonstrated that the data actually shows that it has declined, not improved. Either the Premier and the minister are confused about the data or, if not, they have both misled the estimates committee.

**CHAIR:** So your question is—

**Ms BATES:** My question was: did you agree with the Premier's statements? She agreed that the Premier's statements—

**CHAIR:** And answered. What was your question?

**Ms BATES:** Minister, in estimates last year you said—

I am absolutely confident that the department has acted on or is acting on all concern reports.

Again, can the minister explain the definition for 'is acting on'? Does this mean that all investigations have been started? I am happy to table the *Hansard* for your benefit as well. I seek leave to table the *Hansard*, if that assists the minister.

**Ms FENTIMAN:** I thank the member the question. When a notification comes to Child Safety, as the member is no doubt aware, our hardworking staff triage whether or not it is a high-priority case. If it is, then it is given a 24-hour commencement for investigation and assessment. Then there is a five-day and a 10-day commencement rate. The Premier was quite right in her evidence before her estimates committee that in some respects, for example the 24-hour time frames, looking back at June 2013 we have seen a significant improvement. Of course, as I have said, I am not happy, particularly with the five- or 10-day responses, and that is why in October last year I directed the director-general to work with our regional offices to drive better response times.

**Ms BATES:** Point of order, Madam Chair. In *Hansard* the Premier actually said—

So it is actually coming down.

**CHAIR:** So your point of order is—

**Ms BATES:** The fact is that it has not come down at all, and both—

**CHAIR:** What is your point of order?

**Ms BATES:** I think the—

**CHAIR:** You have no point of order. Minister?

**Ms BATES:** I think they both misled. That is what I think.

**CHAIR:** Minister, can you conclude your answer, please, because we are moving now into final government questions?

**Ms FENTIMAN:** As I was saying, the Premier did say that in June 2012, 60.8 per cent of investigations were commenced within 10 days. It is 21.8 per cent in March 2016. The Premier was saying that we have seen some improvement.

**Ms BATES:** Is that 'acting upon'?

**CHAIR:** Thank you, Minister.

**Ms BATES:** Does that mean that everyone was seen?

**CHAIR:** Member for Thuringowa?

**Ms BATES:** The 24-hour ones weren't.

**CHAIR:** Member for Mudgeeraba—

**Ms BATES:** Was Mason seen?

**CHAIR:** The member for Thuringowa has the call.

**Ms BATES:** He was not 24 hours; he was five days.

**CHAIR:** The member for Thuringowa has the call.

**Mr HARPER:** I refer to page 8 of the SDS and note the \$25 million over four years for the financial resilience program. Paramount to that program is the establishment of two pilot Good Money shops, one on the Gold Coast and one in Cairns. Could the minister explain the Queensland government's partnership with Good Shepherd Finance and how this partnership will benefit vulnerable Queenslanders?

**Ms FENTIMAN:** I know that the member believes that every Queenslander deserves a chance to reach their full potential, to participate equally in our economy and society. Sadly, often when people find themselves in a tough situation they seek solutions that land them in even deeper debt. The high level of financial stress among some of Queensland's most vulnerable has led to an increased use of payday lending and for-profit debt management businesses. The cycle of for-profit lenders preying on our most vulnerable, widening the gap between rich and poor, is unacceptable and must stop. It is evidently clear that reducing income inequality to help vulnerable people is a way of growing the Queensland economy. Inequality is an impediment to economic growth.

This year's budget sees our allocation of \$25 million over the next two years towards a special financial assistance package. Last month I was on the Gold Coast to announce that our government is partnering with Good Shepherd Micro Finance and NAB to open the first Good Money stores in Queensland as part of the special financial assistance package. Good Money stores will help Queenslanders facing serious money woes access fair, safe and affordable options for loans and other programs for people on low incomes that would otherwise go to exploitative and expensive payday lenders. They will provide a real alternative to unscrupulous payday lenders and rent-to-buy schemes so that people do not spiral into debt—especially women, who are the fastest growing demographic accessing payday loans.

The first Good Money stores will open in Cairns and on the Gold Coast, where community groups report a high need for the help they offer. The \$12 million initiative will help people battling financial strife with the statewide network of 20 financial resilience workers including counsellors who will provide advice and a wide range of specialist support including no-interest loans and subsidies for utilities payment.

This initiative will generate at least 15 new jobs and fund emergency relief across the state, providing financial literacy education, case management and linkages with supplementary support. Good Money stores are an excellent example of the community services industry lifting individuals out of disadvantage while in turn boosting revenue. The Palaszczuk government is leading the way through this innovative corporate-community-government partnership to tackle inequality and to stand up for people who are less well off. I would now like the director-general to answer a question taken on notice.

**CHAIR:** I will leave two minutes right at the end to sum up.

**Mr HARPER:** I refer to page 9 of the SDS and note the increased funding for neighbourhood centres, including \$6.9 million over four years for the Neighbourhood Centre Investment Strategy. I thank the minister for recently visiting the Upper Ross Community Centre in my electorate of Thuringowa to announce a new community connect worker as part of that funding. Could the minister outline how investing in neighbourhood centres will assist some of Queensland's most disadvantaged people?

**Ms FENTIMAN:** Neighbourhood centres are at the heart of our communities and provide crucial programs and services for local communities that have stood the test of time. Whether it is joining a playgroup or helping with budgeting, parenting counselling or literacy and numeracy, there are a range of services available conveniently under the one roof. Neighbourhood centres are also a key part of our efforts to address domestic and family violence, with support services available at a local familiar centre. That is why our government is committed to supporting the community services sector and enabling them to provide quality services.

I am delighted that the 2016-17 state budget delivers an almost \$6.9 million package over four years for our Neighbourhood Centre Investment Strategy to ensure sustainability to better support communities right across the state. Some \$3 million of this funding will be directed towards the employment of new community connect workers. New community connect workers mean further support will be available to those people affected by domestic and family violence and other complex issues.

I was pleased to join the member for Thuringowa at the Upper Ross Community Centre last month to announce funding for the new community connect worker, who will make a huge difference delivering specialist support at the fantastic centre. Community connect workers will also provide additional support to meet the high needs of vulnerable people at our neighbourhood centres in Manoora, Darra, Lockyer Valley, Gympie, Eagleby, Nerang, Chinchilla, Blackall, Tambo, Bowen, Monto and Mossman.

A further \$6.4 million in capital works funding has also been committed from my department this financial year to neighbourhood centre replacement and upgrades including projects in Inala, East Murgon and Mackay. I am also thrilled to announce that we are committing almost \$3 million over four years to top up the funding to all of Queensland's neighbourhood and multipurpose community centres to \$110,000 per year. For some centres, like those in Cooktown, Healy near Mount Isa, Malanda, Pomona and Maleny, it means their funding will more than double this financial year.

I have been fortunate enough to visit a number of wonderful neighbourhood centres while travelling around the state. One of the great things about neighbourhood centres is that they always come together to share ideas. Unfortunately, that has been hard in the last few years since the former LNP government cut the neighbourhood centre peak body—

**Mr McARDLE:** Madam Chair, I raise a point of order. The SDS is not about comparison. Can the minister get back to the SDS without making cheap political shots as she claims we have been trying to do?

**CHAIR:** The SDS does allow comparison when relevant. Minister, can you conclude your answer?

**Mr McARDLE:** Don't just use the words. Walk the talk, Minister.

**CHAIR:** Member for Caloundra, I heard your point of order and I ruled. Minister?

**Ms FENTIMAN:** That is why our government is restoring funding to the peak body for neighbourhood centres: \$120,000 for establishment and operating costs. It still baffles me that \$259 million over four years was ripped out of the community services sector—

**Mr McARDLE:** I make the point again, Madam Chair. The minister certainly uses the words about cheap political points—

**CHAIR:** What is your point of order?

**Mr McARDLE:**—and then delves into the murky waters herself. Can she not raise herself above to meet her own standards?

**CHAIR:** What is your point of order?

**Mr McARDLE:** No responsibility. Completely irrelevant to the question.

**CHAIR:** Member for Caloundra, that is not a point of order.

**Mr McARDLE:** The minister should know better than that.

**CHAIR:** Thank you, member for Caloundra. Minister, could you please conclude your answer so we have time to move to the DG about that question on notice.

**Ms FENTIMAN:** Community service and neighbourhood centre staff are now thankful that they have a government committed to listening to them and working collaboratively with them in partnership, because vulnerable Queenslanders under the last government paid a high price for the LNP's fiscal repair.

**Ms Bates** interjected.

**CHAIR:** Member for Mudgeeraba, you have had ample chance. Director-General?

**Mr Hogan:** I refer to the question on notice I took from the member for Bundamba about how much was paid to parents as a result of legal action. I am advised and can advise the committee that there have been no payments to parents as a result of legal action in the 2015-16 financial year.

**CHAIR:** Thank you very much. The time allocated to consider the estimates of expenditure in the Communities, Women and Youth, Child Safety, Domestic and Family Violence portfolio has expired. On behalf the committee I thank the minister for her attendance here today. I also thank the director-general, chief executives and officials for their attendance today. The video broadcast of the hearing will be available on the parliament's website soon and a proof transcript of proceedings will be published. The committee will now adjourn for a short break. We will resume at 11.30 am to examine the estimates for Disability Services and Seniors.

**Proceedings suspended from 11.00 am to 11.30 am**

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

### In Attendance

Hon. CJ O'Rourke, Minister for Disability Services, Minister for Seniors and Minister Assisting the Premier on North Queensland

Ms C Nicholas, Acting Chief of Staff

**Department of Communities, Child Safety and Disability Services**

Mr M Hogan, Director-General

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

**Department of the Premier and Cabinet**

Mr G Fraine, Deputy Director-General

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 **CHAIR:** On behalf the committee, I welcome the Minister for Disability Services, Minister for Seniors and Minister Assisting the Premier on North Queensland, the director-general and officials of the Department of Communities, Child Safety and Disability Services and other officials and members of the public. For the benefit of Hansard, I ask officials to state their name the first time they answer a question and to bring their nameplate if they come to the table to answer a question.

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

That the proposed expenditure be agreed to.

Minister, welcome. Would you care to make an opening statement?

**Mrs O'ROURKE:** Thank you, Madam Chair. I am pleased to be here today and to have the opportunity to make some opening remarks. I would like to begin by acknowledging the traditional owners of the land on which we meet and pay my respects to their elders, both past present and emerging. I would also like to thank the members of the committee and the representatives from my department and from the Department of the Premier and Cabinet. I would also like to acknowledge our fabulous Auslan interpreters, who have a really important job in ensuring that people who are deaf or hard of hearing can follow today's session.

This is an important opportunity to examine in detail what the Palaszczuk Labor government's 2016-17 state budget means for people with disability, seniors and North Queenslanders. Having just handed down our government's second budget, I am particularly pleased that it is a budget that is focused on delivering in these portfolio areas. It shows that we are getting on with the job and implementing our positive plan for the future.

To see some of these benefits in practice, we can look no further than the National Disability Insurance Scheme. The scheme successful started the full rollout in Queensland on 1 July after the early launch in North Queensland began in January this year. As the minister responsible for Disability Services, I am incredibly proud to have overseen the successful introduction of this landmark, life-changing Labor reform.

Our second budget recognises the importance of the NDIS, with \$5 million allocated to the NDIS readiness initiatives. This forms part of our record \$1.7 billion Disability Services budget—a 10 per cent increase on last year—which recognises just how important people with disability, their families, carers and the entire sector are to this government.

This budget also recognises the important role that seniors play in our state, enriching the lives of other generations with their wealth of knowledge and experience. I am pleased to say that we are implementing our vision for Queensland as an age-friendly community following the launch of our new action plan last month. This action plan outlines set tasks and time lines for implementation, focusing on eight key age-friendly domains. To deliver our age-friendly agenda, \$8.3 million has been allocated over four years, including \$6.1 million to my department to support this new strategy and the delivery across government of the 79 actions detailed in our plan. One element that I am really excited about is

our new age-friendly community grants program, which will seed fund community initiatives that involve partnerships with local councils and other organisations to develop, implement and promote innovative age-friendly projects.

Another important part of my ministerial responsibility is my role as Minister assisting the Premier on North Queensland. I am very passionate about this role, which involves engaging in important issues for North Queensland, representing the views of North Queenslanders to government and being an advocate and voice for the region. I know that a strong, resilient and thriving North Queensland is critical to Queensland's economic future. Following my consultation in the north, we have developed five priority areas that I will focus on to advance the economy in the north. Last month, I was proud to release the government's *Advancing North Queensland* document, which outlines our clear plan for the future in these priority areas.

Some areas in particular I am proud to have helped deliver for North Queensland in this year's budget include an additional \$50 million in funding for the Townsville stadium; \$1.5 million over three years for the Cooperative Research Centre and securing its headquarters in Townsville as well as ensuring the location of the Northern Australia Infrastructure Facility in Cairns. I will continue to work collaboratively with stakeholders, with other levels of government and with my ministerial colleagues to achieve the best possible outcomes for North Queensland.

In closing, I am excited about the coming year and what this budget will achieve for people across the state. We are delivering and implementing policies and projects that matter to Queenslanders. Whether they are people with disabilities, or our seniors who are living in the north, all Queenslanders can be assured that the Palaszczuk government is delivering a better future for them and their families.

**CHAIR:** Thank you very much, Minister. Will we start with the member for Mudgeeraba.

**Ms BATES:** Thank you, Madam Chairman. Can I also add my thanks to the Auslan interpreters behind me who will be signing for these estimates. Minister, my first question relates to page 1 of the SDS, ministerial responsibilities. Minister, my first question is to clarify, based on last year's estimates, whether you have given any instructions on what questions you will and will not be answering this year, as the DG instructed last year in his email to your staff.

**CHAIR:** Member for Mudgeeraba, I struggle to think that your question is relevant to the appropriation.

**Ms BATES:** Madam Chair, it is to do with ministerial responsibility and what questions the minister is prepared to answer.

**Mrs O'ROURKE:** Thank you, Madam Chairman. I am prepared to answer all questions.

**Ms BATES:** Thank you. My next question relates to page 6 of the SDS, which refers to overall Disability Services funding for the department. How many people on the register of needs, as at 30 June 2016, have been identified as requiring funding support who have not received any due to none currently being available?

**Mrs O'ROURKE:** I thank the member for the question. I will start off by acknowledging the significant number of Queenslanders with disability who are currently on the register of need. This is something that the department is very focused on. Obviously, as we move towards the NDIS we know that, at the end of three years, all of those people will be receiving support.

The records of the number of priority Queenslanders with disability receiving those services or supports, or limited supports, are from 2012 to early 2015. The numbers of people grew from 5,967 to just over 17,000, which is an increase of more than 180 per cent. As at 29 April 2016, 20,111 people were on the register of need, an increase of 11 per cent from 30 June 2015. The increased numbers of people are largely due to an increased number of people who are seeking assessment prior to the NDIS transition. Any available funding is reinvested with people with the greatest unmet need.

**Ms BATES:** Thank you, Minister. How many people on the register of need, as at 30 June 2016, have been identified as being in aged care or in a hospital but should be in supported accommodation?

**Mrs O'ROURKE:** I thank the member for the question. One of the concerns that we have, obviously, is a shortage of appropriate accommodation for people with disability. Therefore, we find ourselves in a situation where we have Queenslanders who are spending a long term in hospital, or in aged care facilities. The number of young Queenslanders in residential aged care continues to reduce, but there were still 1,200 Queenslanders under the age of 65 in aged care in 2015.

**Ms BATES:** I am sorry, what was the number again, Minister?

**Mrs O'ROURKE:** One thousand, two hundred Queenslanders.

**Ms BATES:** Thank you. Minister, how many people on the register of need, as at 30 June 2016, are aged under 18 years of age and currently receive no funding?

**Mrs O'ROURKE:** I will refer that matter to the director-general.

**Mr Hogan:** I do not have that number with me. I will take that on notice, if I may, please?

**Mr MINNIKIN:** Minister, are you happy to take it on notice?

**Mrs O'ROURKE:** Yes, I am happy to take it on notice.

**Ms BATES:** Thank you. Will the minister provide details of how many people on the register of need are in the Townsville catchment, earmarked for the NDIS trial site, and how many people will continue to go without during the trial?

**Mrs O'ROURKE:** We had the early launch start in Townsville in January this year. We had planning start for children under the age of 18 in the Townsville region who were in the stages of working with planners to ascertain their goals and aspirations and work through the planning process during that time, with the first people starting to receive their packages from 1 April this year. That has transitioned through to the start date of the full transition of 1 July. What we will see as the bilateral rolls out is that, for this financial year, during the transition we will take about 15,000 people into the NDIS scheme. What this is estimated to be approximately over the entire time is 91,217 people, which includes an approximate 50 balance of clients from Queensland, the existing disability system and new clients, which includes people who receive supports or services from the Commonwealth funded program. For specific details on the number of people under the age of 18 who are on the register of need in Townsville, I will ask the director-general.

**Mr Hogan:** Thank you, Minister. I thank the member for the question. In relation to the number of eligible children and young people under the age of 18 years in Townsville and Charters Towers and, indeed, all eligible people—I will have to check the further detail—on Palm Island who are participating in the early launch, that is 1,600 people estimated to be eligible for entry to the NDIS in the early launch over the period from July through to the end of this financial year. As the NDIS rolls out to the rest of the population of North Queensland, everyone on the register of need, if they are eligible for the NDIS, will be eligible for NDIS support.

**Ms BATES:** Thank you, director-general. Minister, is there any new investment over what was promised for the NDIS, given that it is three years away? Has the government invested?

**Mrs O'ROURKE:** I thank member for the question. As I stated in my earlier remarks, we have had significant investment in the 2015-16 budget, with a total Disability Services budget of \$1.7 billion allocated. This is also inclusive of money that has been set aside specifically for the transition to the NDIS.

With the Disability Services budget, some of those funds include \$5.6 million to provide assistance to up to 300 young people with disability leaving school, \$11.6 million to provide support for up to 64 young adults with disability exiting the care of the state, \$2.2 million to assist people with spinal cord injuries to leave Princess Alexandra Hospital and live in their community, and \$2 million to assist people who are able to be discharged to move to community living with supports with a priority for long-stay patients in acute hospital settings.

**Ms BATES:** Thank you, Minister. Just to clarify again, from the numbers that you have given me this morning, there are thousands of people identified as needing disability support who currently are not getting anything—is that correct?—and will continue to not receive anything unless your government puts significantly more resources in to cover the shortfall?

**Mrs O'ROURKE:** I thank the member for the question. As I stated earlier, we are very well aware of the significant increase in numbers of those on the register of need. However, if I could highlight and point out to the member that, for the previous three years under the LNP government, the level of investment—

**Mr McARDLE:** Point of order, Madam Chair. This is about 2015-16, 2016-17; it is not about the issue of comparison. Could the minister please control herself and answer the question in relation to her government?

**Mrs O'ROURKE:** What I am trying to explain is the story as to where we are at the moment in Disability Services Queensland.

**Mr McARDLE:** We are at the SDS, Minister. I ask the chair to direct the minister to answer the question without comparisons. It is completely irrelevant.

**CHAIR:** Thank you, Minister. Member for Caloundra, I have heard your point of order and the minister is answering the question in accordance with the standing orders.

**Mrs O'ROURKE:** Thank you, Madam Chair. As I was stating, what I would like to point out to the committee—and it may be a matter of interest—is that, with regard to the level of investment into Disability Services Queensland, between the years 1998-99 and 2011-2, under the Labor government the compound annual growth in disability state funding was 15.1 per cent.

**Mr McARDLE:** Point of order. This is completely irrelevant to the SDS—1998. You were not even born then, I do not think. With respect, Madam Chair, can we confine ourselves to the SDS as it currently sits before the committee?

**CHAIR:** Member for Caloundra, I would remind you that your own questions on notice asked questions that compared different financial years and they were in accordance with the standing orders. The minister is also answering a question and providing a comparison. As long as it is relevant to the question of different financial years and is referring to the current financial year and Appropriation Bill and how it compares, I will allow it. Thank you, member for Caloundra, for your contribution. Minister, can you please answer the question.

**Ms BATES:** I would like to clarify with the minister again: there is no new money?

**CHAIR:** Is it a point of order or a new question?

**Ms BATES:** It is a follow-on question.

**CHAIR:** Minister, have you finished answering the last question, before we move on to a new question?

**Mrs O'ROURKE:** I would like to highlight where we are at and the reasons we are where we are at with regard to disability services which is a contributing factor to the state of the register of need.

**Ms BATES:** Point of order, Madam Chair. My question is in relation to this budget and any moneys from this government in this budget that will directly support the 20,000 on the register of need. These are people with a disability who will continue to go without. Is there any new money in this budget for the shortfall during the rollout of the NDIS, Minister?

**CHAIR:** Thank you, member for Mudgeeraba. I would like to hear the answer from the minister and we will then move on to a new question.

**Mrs O'ROURKE:** I have already answered the question with regard to new money and I listed several new moneys before. What I was highlighting was with regard to the level of investment that was decreased under previous governments over the period that I was referring to.

**Ms BATES:** Point of order, Madam Chair.

**CHAIR:** Member for Mudgeeraba, I will hear your point of order, but I am trying to hear where the government is going with the statement. What is your point of order?

**Ms BATES:** I asked the question directly about 20,000 people with disability who are not stats on a page, and I ask the minister in her answer to be relevant to the question that I asked. Is there any new funding that is going to pick up this shortfall?

**CHAIR:** Member for Mudgeeraba, there is no point of order. The minister is being relevant. I ask that she has the opportunity to finish her point.

**Ms BATES:** Not to my question.

**CHAIR:** I am not sure how you can make that judgement because she has not finished her point because of interruptions.

**Ms BATES:** I asked a question. It is a yes or a no.

**CHAIR:** Member for Mudgeeraba, I thank you. I would like the minister to have the opportunity to finish so that you can have the opportunity to ask another question. Minister?

**Mrs O'ROURKE:** As I was saying, I have referred to additional funds that have been allocated in this year's budget and I did highlight them. The reference I am making at the moment is with regard to various factors that have contributed to the number of people on the register of need. What this does indicate is that under previous Labor governments for those years we had a 15.1 per cent annual growth rate.

**Ms BATES:** Whose responsibility is it to roll out the NDIS?

**CHAIR:** Member for Mudgeeraba, let us not start where we finished in the last session. Minister?

**Mrs O'ROURKE:** Under the previous government that growth rate fell to 3.9 per cent. This is a reference I am making to the level of investment. On top of this, the department of Disability Services Queensland underwent significant fiscal repair cuts. In the 2014-15 budget alone those cuts were to the value of \$108 million. We do have a significant area of need due to lack of investment and fiscal cuts over the period 2012-13.

**Ms Bates** interjected.

**CHAIR:** I think we will move on. Member for Mudgeeraba, would you like to ask your next question?

**Ms BATES:** Minister, I refer to page 6 of the SDS which refers to overall disability service funding for the department, and I ask: is the minister aware of any disability service providers continuing to be funded by her department after a compliance review report recommended that no further service agreements be entered into with that provider? Are you aware, Minister? Yes or no?

**Mrs O'ROURKE:** I will refer that question to my director-general.

**Ms BATES:** Minister, your answer is that you are not aware?

**CHAIR:** Minister, you refer the question to the director-general?

**Mrs O'ROURKE:** I will refer the question to the director-general.

**Ms BATES:** I can redirect that question directly to the director-general if that helps.

**CHAIR:** Director-General, you may answer the question.

**Mr Hogan:** I am aware of one organisation where there was a compliance report. On considering that report and in relation to the best response to that, it was my determination that, subject to a range of conditions, I would approve a renegotiation of a service agreement with one particular provider on the basis that those conditions were met.

**Ms BATES:** Director-General, you did not make your minister aware of this contract? She is unaware of it?

**Mr Hogan:** I thank the member for the question. Yes, I did advise the minister but it was my decision in relation to the report I received in relation to a compliance audit and the course of action that I determined after considering that report.

**Ms BATES:** Thank you. Director-General, the audit therefore found moneys that were allegedly not being spent in accordance with the service contract; is that correct?

**Mr Hogan:** Thank you, member, for the question. I am at a little bit of a loss to know which particular compliance audit or service you are referring to and I am not sure that this is the appropriate forum. It is a bit of a hypothetical question. I am not sure what I am dealing with.

**CHAIR:** Thank you, Director-General. That is true.

**Ms BATES:** I will rephrase. Director-General, has the government commenced action to recoup moneys allegedly expended inappropriately by any organisation?

**Mr Hogan:** I thank the member for the question. I can advise that we have undertaken a major exercise in 2015 to recoup unexpended funds accumulated by organisations who provide disability services for one reason or another. It may be that a client has passed on or a client may have moved to another service provider. We initiated a process to renegotiate with those organisations about the appropriate use of unexpended funds that had been accumulated. We went through a negotiation and we identified in the order of \$16 million. We negotiated with those organisations where there was a good case to retain those funds to be used to support new clients, to support existing clients better or to support the organisations to be better prepared for the transition to the NDIS. We recouped \$7.5 million that was used then to fund an additional 166 people. Approximately \$9.56 million was retained by those organisations.

**Ms BATES:** Director-General, did you go against the advice of compliance and legal teams to continue funding an organisation in the Lockyer Valley after you had a closed-door meeting with the head of that organisation?

**CHAIR:** Member for Mudgeeraba, I am not sure that your question is appropriate.

**Ms BATES:** I think the director-general knows who I am referring to without naming the organisation.

**CHAIR:** It would be inappropriate to name the organisation or to identify them by location or any identifying particulars.

**Mr Hogan:** I thank the member for the question. As I have already answered, on receiving the advice from our compliance audit I took a view that it was in the best interests of the existing clients of that organisation not to disrupt the continuity of services on the basis of commitments by that organisation in relation to the way in which those services would be delivered to those clients. As I have indicated, we renegotiated a new contract for a reduced amount of funding for particular clients on the basis that those conditions would be met and adhered to by the board of that organisation.

**Ms BATES:** Thank you. How many other organisations have had similar compliance assurance reviews conducted in the 2015-16 financial year, or is this the only one that you are aware of?

**Mr Hogan:** I thank the member for the question. We actually have a rolling program of compliance audits and reviews. I would have to seek advice in relation to the particular number that were completed in 2015-16.

**Ms BATES:** Have any of these occurred in the Townsville NDIS launch site?

**Mr Hogan:** I thank the member for the question. I am aware of at least one organisation that is subject to a current investigation in the Townsville launch site.

**Ms BATES:** My next question relates to page 2 of the SDS which lists a departmental priority of getting Queensland ready for the NDIS and transitioning smoothly during the progressive rollout. Minister, in a recent media release you claimed that, once fully operational, the scheme will generate up to 19,400 new jobs in our state's disability sector. Can you advise how this jobs figure was derived, given previous estimates in 2014 had the NDIS delivering up to 13,000 jobs?

**Mrs O'ROURKE:** I thank the member for the question. As everyone has more than often heard me talk about, the NDIS is the biggest social reform we have had in more than 40 years. This is a significant change for the sector and a significant change for the workforce. We are very well aware that there is a lot of work being done with regard to making sure we have identified areas in each area as that rollout progresses and that we have a consortia of organisations that are working very closely on making sure that the workforce is ready and that we have the right people in the right places at the right time.

There was an original estimate of 13,000 new positions based on a Productivity Commission report in 2011. The NDIA, however, released a market position statement in May 2016 which forecast that between 15,900 and 19,400 new jobs would be identified throughout the three-year transition period.

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

**Mr HARPER:** My first question refers to page 2 of the SDS. Minister, given the NDIS will generate never-seen-before demand for disability services, what has the government done to make sure that services in locations in the early rollout—like Townsville—will be able to meet this demand?

**Mrs O'ROURKE:** I thank the member for the question. The NDIS will progressively roll out across Queensland over three years, from July 2016 to June 2019. Queensland's transition will occur on a geographic basis defined by local government area boundaries. The bilateral agreement outlines both expected start dates for the NDIS rollout across Queensland areas and the agreed participant intake per quarter. You can review the rollout schedule and see the expected time frames for each transition area, and the completion date is when it is agreed that the delivery of disability services for all eligible clients will be funded through the NDIS.

The NDIS market will be significantly different from the current disability service system, and existing providers of supports have developed a wealth of expertise and established positive relationships with people with disability, positioning them well to grow in the NDIS environment. To prepare for the NDIS, organisations will need to understand what supports people will want to purchase and decide what supports their organisations will offer; understand how to attract people with disability to choose their organisation to deliver supports and how to retain customers; have a plan to continue to be able to deliver viable services based on a good understanding of costs and developing realistic and competitive prices for services; have business and financial systems that can manage the new way organisations will be paid for delivering supports; have systems to manage staffing in response to potential ebbs and flows in demand and the flexible ways in which people will want services delivered.

To assist service providers to get ready for the NDIS, the Nous Group was commissioned by the Queensland government, with support from the sector development fund, to provide tools and

resources to support organisations to respond to consumer demand in the NDIS. The package includes six provider support resources addressing different aspects of engaging and responding to consumer demand, including assessing the local market, understanding service costs and understanding how to market services to clients. The tools and resources have been developed to work together as a package or as individual supporting resources. Service providers can also access an online business development package developed as part of the sector readiness and workforce capacity initiative delivered by the Health and Community Services Workforce Council in partnership with National Disability Services Queensland. The workshops will assist and support small to medium disability service and community care providers to prepare for implementation of the NDIS. National Disability Services Queensland has been funded to deliver these workshops, and workshop dates are available on the NDS website.

The department has also partnered with the National Disability Insurance Agency to deliver a number of key forums in North Queensland targeted for service providers and local businesses. In November 2015, a provider forum was held in Townsville and another in Charters Towers. In December 2015, an NDIS market readiness forum was held in Townsville. The Queensland government is supporting the Queensland disability and community services sector to implement a sector-led NDIS workforce strategy, which is WorkAbility Queensland. The strategy provides a framework for collaboration and partnership to enable workforce readiness for the NDIS. The department is lending support to key workforce supply initiatives and has developed a promotional video to promote jobs in the disability sector. Planning for a jobs expo in Townsville is also well underway.

The strategy will enable Queensland's workforce to have the right people with the right skills in the right place at the right time to meet the NDIS needs. It will provide real benefits for people, including access to support and training. Dedicated WorkAbility Queensland coordinators will be on the ground in each of the NDIS rollout locations to identify and provide information about local employment and training opportunities, local employers and supports available. The local WorkAbility coordinator has been working in Townsville since February 2015 and recruitment has been completed for the WorkAbility coordinator in Mackay, who will commence in August 2016. The Department of Education and Training also offers training to support workforce development in the disability sector.

The Queensland government is also committed to ensuring that Queenslanders with disability continue to be protected by a robust quality and safeguards system during the transition to the NDIS and the Commonwealth government, in partnership with states and territories, is designing a national quality safeguards framework as part of the NDIS. The national framework will mean that people participating in the NDIS can expect consistent standards and safeguards wherever they live in Australia. Queensland's existing quality and safeguards system will apply to all NDIS providers registered to deliver specialist disability services in Queensland and the existing system will apply during the transition to the NDIS or until a national quality and safeguards system is implemented.

**Mr KELLY:** Minister, I refer to page 6 of the SDS. Can you please advise what funding has been allocated to support Disability Action Week in this year's budget?

**Mrs O'ROURKE:** Disability Action Week is held in September each year with the aim of empowering people with disability, raising awareness of disability issues and improving access and inclusion throughout the wider community. With one in five Queenslanders having a disability and disability touching the lives of most Queenslanders in some way, this week is an incredibly important celebration. Disability Action Week and the International Day of People with Disability provide Queenslanders with an opportunity to recognise the vast and rich contributions that people with disability make within the community. These important celebrations are all about creating a more inclusive and accessible community and recognising that people with disability can achieve amazing things.

This morning I was pleased to announce that there are 37 successful recipients who will share in \$140,000 from Disability Community Event Grants, including Brisbane-based Happy Paws Happy Hearts. In my line of work, I see firsthand the many ways in which people with disability make a real difference in our communities. It was really lovely to meet Sharni and Tim at parliament, along with Brooke and Connie from Happy Paws Happy Hearts, who help run the program and provide the support necessary. Happy Paws Happy Hearts started as a way of connecting people who are socially isolated with animals from the RSPCA shelter. This is a great program and aims to create positive social experiences for people with disability, seniors and women taking temporary shelter in safe homes, while also training and socialising animals to improve their chances of adoption. Volunteers and staff deliver a 12-week program to support people with disability to achieve individual goals, whether that is having

the opportunity for social interactions, improving motor skills and communication, learning new life skills or simply giving back to the community.

Today I am pleased to announce that this wonderful program has received a Disability Community Event Grant of \$3,255 to hold a morning tea and showcase a short film during Disability Action Week. The film follows the journey of Happy Paws Happy Hearts clients and a special four-legged friend who finds himself in a shelter. Happy Paws Happy Hearts is just one of the 37 successful recipients to share in the Disability Community Event Grants of up to \$5,000, which promote inclusion for Queenslanders with disability. The funded events will be held across Queensland during Disability Action Week 2016, between 11 and 17 September, or on the International Day of People with Disability, which is 3 December.

This year's theme aims to promote the inclusion of people with disability in the sporting community, as the celebrations align with the 2016 Paralympic Games to be held in Rio. We have a number of events this year that reflect our sporting theme, including a dressage day for riders with disability in Moggill, an inclusive golf day in Mossman and the 'Logan goes to Rio' sports day in Woodridge.

This year, while acknowledging the significant contributions of people with disability, we will also be celebrating the introduction of the NDIS, which commenced on 1 July. The NDIS will empower people with disability to access the supports they need to reach their goals and live the lives they choose, and that is certainly something that Queenslanders can celebrate.

**CHAIR:** Minister, I refer to page 6 of the SDS and the government's commitment of \$5 million for NDIS readiness initiatives. How will people with disability, their families and carers in my electorate benefit from those activities?

**Mrs O'ROURKE:** As I said earlier, the NDIS is the biggest social reform we have seen in more than 40 years. It will provide greater choice and control for even more people with disability, almost doubling the number of people currently accessing services to more than 90,000 people. In this year's budget we have allocated \$5 million for readiness initiatives to help Queenslanders prepare for this massive change and to make sure service providers are not left behind during the transition. This includes more than \$700,000 in funding for Queensland's peak body for non-government disability services, National Disability Services Queensland, and helps service providers transition to the NDIS, which started rolling out from 1 July. This funding will help to deliver targeted activities to support service providers transition to the scheme and will assist them in developing and implementing transition plans for their clients. These activities will be delivered in line with the phased rollout across the state, which means service providers will receive tailored and practical supports as they set up to operate under the scheme. Initially, these activities will focus on service providers that will transition to the scheme within the first and second year of the rollout, making sure that they are ready when the NDIS comes to their region.

Latest estimates from the National Disability Insurance Agency are that the NDIS will also support demand for 15,900 to 19,400 additional full-time equivalent jobs in the state disability sector, supporting a total workforce of 29,450 to 35,950 FTE jobs by 2019. Once the NDIS rollout is complete, the Queensland government will contribute more than \$2 billion every year to the NDIS, representing the biggest investment ever for people with disability in Queensland.

The Nudgee electorate will transition to the NDIS in the third year, commencing 1 July 2018, to be completed by 30 June 2019. This later transition to the NDIS means that people with disability living in Nudgee will have the benefit of learnings from the earlier transition years.

The Queensland government has funded seven organisations in the Brisbane region through the participant readiness initiative to deliver workshops, resources and activities to help people with disability, their families and carers understand the changes and the opportunities offered by the NDIS. Deaf Services Queensland provides information for people who are deaf or hard of hearing; Mental Illness Fellowship Queensland provides information for people living with a psychosocial disability; the Queenslanders with Disability Network provides information for people with an intellectual or learning disability; Carers Queensland provides information for older carers of people with disability; the Community Resource Unit is providing support and information; Synapse supports Aboriginal and Torres Strait Islanders with disability; and para information sessions create resources and translated materials to assist people with disabilities from the CALD communities. In addition to these workshops, those providers also deliver information sessions, which are delivered at the request of organisations, home visits, face-to-face meetings, online training, mentoring and coaching, phone support and website information.

I was also excited to welcome the start of the NDIS rollout in Queensland on 1 July this year, following the early launch in Townsville, Charters Towers and Palm Island. The launch delivered on a key election commitment of the government and shows the commitment that we have to improving the lives of people with disability.

**CHAIR:** Thank you, Minister. I pass to the member for Bundamba. I went to one of those workshops in my electorate recently and the participants gave very good feedback.

**Mrs MILLER:** There is no doubt that many people will be seeking employment opportunities as the NDIS rolls out. What training courses should they undertake and is your department coordinating the workforce requirements and necessary training?

**Mrs O'ROURKE:** I know the member for Bundamba is passionate about constituents, particularly in her area, and making sure that the NDIS rolls out as effectively as possible. As I said earlier, we have a consortia of organisations, referred to as WorkAbility Queensland, that is working very closely on the workforce transition as we move forward over the next three years. They will be on the ground in the lead-up to those particular transitions, working closely with non-government sectors, making sure that we are identifying the positions that are already available, what services are already being offered and if there are any gaps that are there, and what we need to do to make sure that those gaps are addressed before those particular areas come online.

One thing we have been finding is that there will be quite a variety of responsibilities and positions that will be filled. These will range from support workers to people who will have certificate III qualifications in disability care and people who will require university qualifications and the allied health professionals. This is the responsibility of WorkAbility Queensland, which will work very closely in those areas to address any gaps that may be identified.

I do want to point out that, in conversations that I have had with families, particularly on the support worker side, it is about making sure that we have the right people in the areas who really want to be able to develop a relationship with the person with disability and with their family, to make sure that they are providing the choice and opportunities that people with disability are looking for.

**Mrs MILLER:** Chair, I have a supplementary question on that. Who is actually going to pay for the training? In some TAFE colleges and private colleges, certificates and diplomas can cost up to \$30,000.

**Mrs O'ROURKE:** In relation to that, we have a very great working relationship with the Department of Education and Training and TAFE, which are working closely on any relevant training courses that are required. As I said earlier, we have a range of opportunities, whether it be for unqualified staff in the sense of supporting people who work very closely with families and the routines that have already been developed for people with disability, those people who will seek out certificate III training or those who may choose to go to university. Having that relationship with the Department of Education and Training is very important as we progress through the transition over the next three years.

**Mrs MILLER:** Can you take that on notice, please, because I really want to know who is going to pay for the training?

**Mrs O'ROURKE:** I will refer that matter to the Director-General.

**Mr Hogan:** As the minister said, we have a very positive working relationship with DET and TAFE—

**Mrs MILLER:** But they charge for the cost.

**Mr Hogan:** Indeed, although the government has made guarantees and provided subsidies in relation to, for example, certificate III qualifications. I know a number of non-government organisations are prepared to invest and already do in the credentials of staff that they have recruited or are going to recruit. The NGO sector is really committed to building that capability of the workforce. For our own department, we have had a fabulously successful program where nearly 1,000 of our staff have had the opportunity to upgrade their credentials in readiness for the choices that they may wish to make as job opportunities arise from the National Disability Insurance Scheme.

**Mrs MILLER:** Can I get some more detail, please, because people in my community are asking me if they have to pay up-front the TAFE or private college fees and get qualified before they can be considered for these jobs? It is a big issue.

**Mrs O'ROURKE:** I am happy to take that on notice.

**CHAIR:** We will move now to non-government questions. I welcome the member for Hinchinbrook to today's proceedings.

**Mr CRIPPS:** I refer to page 1 of the SDS where you are listed as the Minister Assisting the Premier on North Queensland. On 24 June 2016 you released the Advancing North Queensland document, which nominates five priorities areas including roads, water, innovation, tourism and a new stadium, which you assert will diversify and advance North Queensland's economy. In respect of roads, page 2 of the plan nominates the Queensland Transport and Roads Investment Program as the primary funding source. What part of the Queensland Transport and Roads Investment Program and how much of its \$3.9 billion allocation are you responsible for?

**Mrs O'ROURKE:** I am happy to talk about the Advancing North Queensland document as this is a great policy platform and plan for the Palaszczuk government's focus on delivering for North Queensland. As I highlighted earlier with regard to my role as minister assisting the Premier, I work very closely with my relevant ministerial colleagues on delivering in areas that they have responsibility for.

**Mr CRIPPS:** What part of the Queensland Transport and Roads Investment Program—

**CHAIR:** Member for Hinchinbrook, the minister is still answering your question.

**Mr CRIPPS:**—and how much of the \$3.9 billion allocation are you responsible for?

**CHAIR:** Member for Hinchinbrook, I ask that you not interject and that you allow the minister to answer your question. Do not speak over me when I am speaking.

**Mrs O'ROURKE:** I think what I really need to do firstly is highlight what my role is as Minister Assisting the Premier on North Queensland. My role is very clearly articulated in my charter letter, which I am certain the member for Hinchinbrook has had a look at. My role is to assist the Premier on North Queensland. It clearly states in my charter letter that the relevant minister will retain responsibility for their portfolio area and that I will work with them to deliver outcomes for North Queensland.

**Mr CRIPPS:** For the purpose of clarity—

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

**Mr CRIPPS:** For the purpose of clarity, the minister's answer is that she is not responsible for any of the budget—

**CHAIR:** Do you have a point of order, member for Hinchinbrook?

**Mr CRIPPS:**—or for the roads program? Is that right, Minister?

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

**Mr CRIPPS:** I am posing a question to the minister, Madam Chair.

**CHAIR:** Member for Hinchinbrook, you posed a question and she was answering. You have interjected. Your only reason for interjecting could be that you have a point of order. I am asking whether you have a point of order.

**Mr CRAMP:** Point of order, Madam Chair.

**CHAIR:** I am asking a question of the member for Hinchinbrook and then I will come to your point of order, member for Gaven.

**Mr CRIPPS:** Surely a participating member is entitled to ask for clarity—

**CHAIR:** Do you have a point of order? Yes or no?

**Mr CRIPPS:**—from the minister answering the question.

**CHAIR:** You had not let the minister finish her answer. If you do not have a point of order, I will hear the member for Gaven. Do you have a point of order, member for Gaven?

**Mr CRAMP:** Yes, Madam Chair. The member for Hinchinbrook was simply asking for a relevant answer to the question put, which was: is the minister responsible for any part of that costing or is the answer 'not one cent'?

**CHAIR:** Thank you, member for Gaven. The minister was seeking to answer that question, I believe. Minister, have you finished answering that question or do you want to continue?

**Mrs O'ROURKE:** I am certain the opposition have a copy of the charter letter which highlights what my role is as the Minister Assisting the Premier on North Queensland. It clearly articulates exactly what my role is. That is to coordinate and advance the Queensland government's North Queensland

policy agenda. It is not a typical role. It covers many portfolios. What it does is ensure that North Queensland has a voice at the cabinet table. I work directly with relevant cabinet ministers to make sure that we are delivering outcomes for North Queensland. I play a key coordination role to ensure the oversight of projects that are planned—

**Mr CRIPPS:** Point of order, Madam Chair. I asked a specific question of the minister. I appreciate that in answering the question the minister is entitled to answer it in the way she sees fits. However, surely that flexibility does not extend to answering a question that I did not ask.

**CHAIR:** You asked what responsibility the minister carries with regard to North Queensland and then you asked about—

**Mr CRIPPS:** I said: what part of the Queensland Transport and Roads Investment Program and how much of its budget is the minister responsible for?

**CHAIR:** You referred to the document within which that is contained. The minister started referring to that document. I ask the minister to answer the element of the question around the Transport and Roads Investment Program.

**Mrs O'ROURKE:** The \$20 billion Queensland Transport and Roads Investment Program, QTRIP, over four years is estimated to support over 15,000 jobs. At least \$3.9 billion of—

**Mr CRIPPS:** Point of order, Madam Chair, in terms of relevance. I did not ask what the content was. I asked whether or not the minister is responsible for the program or its budget?

**Mrs O'ROURKE:** I have answered the question with regard to what my role is as the Minister Assisting the Premier on North Queensland and I have clearly articulated that I will work—

**Mr CRIPPS:** I am happy to move on.

**CHAIR:** Member for Hinchinbrook, let the minister finish answering the question and then we will move on. Minister, have you finished?

**Mrs O'ROURKE:** Yes.

**Mr CRIPPS:** Roads is one of the priority areas in the Advancing North Queensland document. The other priority areas are water, innovation, tourism and a new stadium. I hope we can agree on those five priorities in the document. Can we get clarification that you are not responsible for any administrative arrangements or budgets in terms of any of the remaining four priorities that we have not already discussed?

**Mrs O'ROURKE:** I have answered this question.

**Mr CRIPPS:** I refer to page 1 of the SDS where you are listed as the Minister Assisting the Premier on North Queensland. I also refer to question on notice No. 71, dated 17 February this year, and the number of business cases for projects in North Queensland submitted by the Palaszczuk government to the federal government to be considered under the Northern Australia Infrastructure Facility which at the time was none. How many businesses cases for projects in North Queensland have been submitted by the Palaszczuk government to the federal government since the Northern Australia Infrastructure Facility commenced on 1 July this year?

**Mrs O'ROURKE:** I have had the opportunity to meet with the members of the Northern Australia Infrastructure Facility board. I had the opportunity to meet with them with the Treasurer last month, I believe it was. We actually discussed how the board would operate, the types of projects they would be considering and the processes they would go through. There was a commitment made that the state would work very closely with the board members on delivering outcomes for North Queensland.

A number of Queensland based projects that may be eligible for funding have been identified. This is also including through the Northern Australia Infrastructure Audit. Yes, it is correct that the facility commenced on 1 July and will provide great opportunities for North Queensland.

In February 2016 Queensland Treasury provided the honourable Josh Frydenberg, minister for Northern Australia at the time, with a preliminary list of potential projects for NAIF consideration. These included: the Cairns Airport expansion; the Galilee Basin and ports developments; Hells Gate Dam; the north-east gas interconnector; Townsville stadium; Nullinga Dam; raising the Burdekin Falls Dam; raising the Eden Bann Weir and construction of the Rockwood Weir on the Fitzroy River; Rockhampton Airport; the Townsville port expansion, including the eastern access corridor; and upgrade of the Outback Way.

**Mr CRIPPS:** Since that preliminary list of projects that may be eligible for funding under the NAIF, how many business cases relevant to that list of potential projects have been submitted to the Commonwealth government for consideration under the NAIF since 1 July?

**Mrs O'ROURKE:** As I have outlined, the projects were submitted on 1 February. With regard to business cases, I would have to come back with that detail.

**Mr CRIPPS:** You will take that question on notice?

**Mrs O'ROURKE:** I am happy to take that question on notice.

**Mr CRIPPS:** I refer to the answer to non-government question on notice No. 8 to the Finance and Administration Committee and page 4 of the SDS for the Department of the Premier and Cabinet regarding the Palaszczuk government's priority projects in North Queensland. Are the priority areas contained in the Advancing North Queensland document, which we discussed earlier, the same thing as the priority projects referred to on page 4 of the SDS or are the priority areas different from those priority projects?

**Mrs O'ROURKE:** My role as the Minister Assisting the Premier on North Queensland, as highlighted in my charter letter, is to champion up to five priority areas, which have been listed in the Advancing North Queensland document. Yes, I can confirm these are the same things.

**Mr CRIPPS:** The priority areas and the priority projects are the same thing?

**Mrs O'ROURKE:** Yes.

**Mr CRIPPS:** Most of the priority areas nominated in the Advancing North Queensland document rely on federal government initiatives such as the Northern Australia white paper, the Northern Australia Roads Program, the Beef Roads Program, the National Water Infrastructure Fund and the Cooperative Research Centre for Developing Northern Australia. Minister, have you outsourced the development of North Queensland to the federal LNP government's Northern Australia white paper?

**Mrs O'ROURKE:** As highlighted in the Advancing North Queensland document, there is a range of state government initiatives. I am certain the member is well aware of the partnership arrangement between the state and federal government, particularly in terms of areas of significant infrastructure with regard to roads and water. We actually work with the federal government to deliver outcomes for North Queensland. We understand that North Queensland does make a significant contribution to the development of Northern Australia.

I do not make any apologies whatsoever for maximising and leveraging as many funds as possible from the federal government in my capacity as minister to contribute resources and effort towards the future of North Queensland. We have already seen success in working with the federal government. We have been able to secure the location of the NAIF and the CRC in North Queensland.

Each of the five priority areas under the Advancing North Queensland document outlines new actions that are being delivered. New funding is aligned in support of the priority areas, such as the additional \$40 million towards the stadium on top of the original \$100 million. There is also \$6 million for the regional innovation hubs.

**Mr CRIPPS:** You referred to the location of the Northern Australia Infrastructure Facility during your introductory comments to today's estimates hearing and stated that the Palaszczuk government was able to secure the NAIF office for North Queensland. Did you support the comments of the Premier on 20 February that the federal government should locate the Northern Australia Infrastructure Facility in Brisbane?

**Mrs O'ROURKE:** I would draw attention to the fact that the original conversations were that they were looking at having the Northern Australia Infrastructure Facility based in New South Wales.

**Mr CRIPPS:** Point of order, Madam Chair. I asked a direct question of the minister about whether or not she supported the comments of the Premier on 20 February this year that the Northern Australia Infrastructure Facility should be in Brisbane. I did not ask about any other issue—whether or not—

**CHAIR:** Your point of order?

**Mr CRIPPS:** Did the minister support the Premier's comments at that time?

**CHAIR:** What is your point of order?

**Mr CRIPPS:** It relates to relevance.

**CHAIR:** I consider the minister's response to date to be relevant and ask her to continue.

**Mrs O'ROURKE:** As I was saying, the original intent was to have the NAIF board located in New South Wales. This is a board that is specifically focused on delivering outcomes for the Northern Australia agenda. The comment made around that is that it should not be located in New South Wales. Therefore, if a capital city is to be allocated the board then it should be located in Queensland.

Obviously we have always advocated and pushed—and I have had several conversations around this—the importance of having that located in North Queensland. I have had conversations not only with stakeholders in North Queensland but also with federal ministers and opposition members to ensure that this location was identified. We were successful in delivering that for North Queensland.

**Mr CRIPPS:** So it is not true, is it, then, that you advocated for the NAIF office to be located in North Queensland?

**CHAIR:** That contains an imputation. Member for Hinchinbrook, please rephrase your question.

**Mr CRIPPS:** It is a straight question, Madam Chair. I am trying to ascertain the veracity of the assertion made by the minister during her opening comments to this estimates committee that she was involved in securing the NAIF office for North Queensland. On 20 February the Premier made comments asserting that the NAIF office should be located in Brisbane. My direct question, which has not been answered by the minister, is: did she support the comments by the Premier on 20 February?

**Mrs O'ROURKE:** I have answered that question.

**Mr CRIPPS:** Minister, I refer to the words 'North Queensland' that appear in your ministerial title on page 1 of the SDS where you are listed as the responsible minister. The words 'North Queensland' do not appear in the following 32 pages of the SDS in relation to the department of communities. What other things are you responsible for as the Minister Assisting the Premier on North Queensland that are not described in the SDS?

**Mrs O'ROURKE:** I am happy to again talk about my role as Minister Assisting the Premier on North Queensland. It is something that I am incredibly proud of. I am not really sure as to why we are going down this track again.

**CHAIR:** Member for Hinchinbrook, the minister has answered this question. If you would like her to answer it again and outline her role—

**Mr CRIPPS:** I am happy for her to be even more specific, if that will assist the minister.

**CHAIR:** Minister, are you happy that you have answered that question fully?

**Mrs O'ROURKE:** Yes.

**CHAIR:** Is there anything else you would like to add?

**Mrs O'ROURKE:** No.

**CHAIR:** Member for Hinchinbrook, do you have another question?

**Mr CRIPPS:** Madam Chair, we are here in the budget estimates for the minister's portfolio today. We are scrutinising the SDS. Minister, how is this committee, as part of the estimates process, able to scrutinise your performance as far as your responsibilities in relation to being the Minister Assisting the Premier on North Queensland are concerned when there are no service areas associated with that role, no service area objectives, no service area descriptions and no service measures in your SDS?

**Mrs O'ROURKE:** Again, I am happy to continue to talk about what my role entails. It is, as the title suggests, the Minister Assisting the Premier on North Queensland. In that role I work very closely with ministerial colleagues, with all levels of government and with key stakeholders, making sure that I meet with key stakeholders across the state and bring that information back to government, making sure that there is a voice around the cabinet table when issues impacting on North Queensland are raised, making sure that the outcomes that we have identified as part of the government are addressed when we are considering policy and budget requirements. The North Queensland matters are referred to in the Department of the Premier and Cabinet SDS and other budget documents, so there can be scrutiny in those particular documents.

**Mr CRIPPS:** Minister, in relation to your responsibilities as the Minister Assisting the Premier in North Queensland, are you responsible for any legislation under the machinery-of-government arrangements, any budget allocations or any public servants?

**Mrs O'ROURKE:** Again, I am more than happy to talk about what my role entails and what I do and how I support government decisions.

**Mr CRAMP:** I raise a point of order. I would be really happy if the minister could actually answer the question. That would be fantastic.

**CHAIR:** Thank you, member for Gaven. The minister has answered the question about three times now. Do you have another question?

**Mr CRIPPS:** I raise a point of order. Madam Chair, this question was very specific and very relevant to the estimates committee process. I asked the minister directly: is the minister responsible for any legislation under the machinery-of-government arrangements, any budget allocations or any public servants with respect to her role as the Minister Assisting the Premier on North Queensland?

**CHAIR:** Minister, would you like to answer the question or do you consider you have already answered the question fully?

**Mrs O'ROURKE:** As I have said, I work in a role of Minister Assisting the Premier on North Queensland. I work with my cabinet colleagues who, as it clearly outlines in my charter letter, retain responsibility for their portfolio areas. My role is to play a key coordination role; to connect with local, state and Commonwealth governments and private stakeholders; to engage directly with stakeholders; and to be a voice at the cabinet table. I cannot be any clearer.

**CHAIR:** Do you have a question on a different line of questioning, member for Hinchinbrook, before we move to government members?

**Mr CRIPPS:** I do not think I need to move to a different line of questioning because how do we, during the course of this budget estimates process, test the claims and scrutinise the assertions made by the minister that she is responsible for or has achieved these outcomes in her role as the Minister Assisting the Premier on North Queensland when there are no service measures at all and the minister is not responsible for anything? How is this transparent and accountable to the parliament?

**CHAIR:** Member for Hinchinbrook, you have access to schedule 6 and the Administrative Arrangements Order like anybody else in this chamber. I am also sure that you have been at other committee hearings where you have asked the relevant minister about the appropriation in their departments. You have asked the question three or four different ways and the minister has answered and indicated that she feels she has fully answered.

**Mr CRIPPS:** The minister successfully evaded the question six or seven different times.

**CHAIR:** If you do not have another line of questioning, the time is now for government questions. I invite the member for Thuringowa to ask the minister a relevant question.

**Mr HARPER:** Minister, I refer to page 6 of the SDS. How have all state government agencies prepared for the NDIS?

**Mrs O'ROURKE:** I thank the member for the question. Queensland government agencies have been working closely together to ensure their clients, providers and staff are ready to transition to the NDIS. An operational plan has been agreed by the Commonwealth and state governments and the NDIA and outlines the detail about what needs to be done, by whom and by when to ensure a smooth transition to the NDIS, and it serves as a roadmap for the transition to the NDIS in Queensland. The operational plan identifies a program of work across 20 key elements drawn from lessons learnt from trial sites and Queensland's early launch and built upon Queensland government agencies' experience and knowledge in funding and managing the state's disability services. The plan covers quality and safeguards, participant and provider readiness, sector and system readiness, and much more.

Importantly, Queensland government agencies such as the Department of Education and Training, the Department of Transport and Main Roads, and Queensland Health, who are impacted by the introduction of the NDIS, have developed agency transition plans. These align directly to the operational plan and detail the specific preparations to be undertaken by each department to support NDIS readiness and transition of clients, staff and service providers. The Queensland NDIS Reform Leaders Group of directors-general has responsibility for leading Queensland's agency preparations and transition to the NDIS.

To support the effective transition to the NDIS, the Department of Communities, Child Safety and Disability Services operates a whole-of-government program management office. This office has the role of liaising with the National Disability Insurance Agency on roll-out and operational matters; coordinating and monitoring the preparation and implementation activities of the Department of Communities, Child Safety and Disability Services, as well as other affected government agencies; and, additionally, ensuring that the activities of the non-government sector in participant readiness, provider readiness and workforce are monitored.

As the implementation of the NDIS progressively rolls out, departmental staff in roles of clinical services, contract management, business and corporate support, management, service access and local area coordination will be impacted. Our staff are highly competent and valued. While there will be impacts as we proceed towards full transition, the Palaszczuk government remains fully committed to employment security and will continue to fully support staff as we transition to the NDIS. Support for impacted staff will include retraining, deployment and redeployment where appropriate, and impacted staff will have a range of career pathway choices. We will take a sector-wide mobility approach, placing valued Public Service staff in roles that they have the capabilities for and that they are interested in in other Queensland government departments that can utilise this rich talent pool.

**Mr KELLY:** Minister, I refer to page 6 of the SDS. Can the minister detail how people requiring guide, hearing and assistance dogs can access opportunities in the community?

**Mrs O'ROURKE:** I thank the member for the question. I have had the opportunity to see many of these working dogs in action and the impact of their role simply cannot be underestimated. For example, children with autism can be supported by an alternative handler, usually a parent, to help control their certified assistance dog in public places, places of accommodation and on public transport. In April this year I celebrated International Guide Dog Day with a visit to Guide Dogs Queensland at their training facility at Bald Hills. While I was there, I got to see the newly installed training bus stops which help people with vision impairment to navigate the public transport system. The day also coincided with the new laws coming into effect which will help increase participation of people with disability in the community by improving access rights of certified guide, hearing and assistance dogs.

During 2015, a review of the Guide, Hearing and Assistance Dogs Act 2009 was completed by a stakeholder review panel. The panel concluded that generally the act was working well and proposed a modest number of legislative recommendations to improve the act. In late October 2015, the Guide, Hearing and Assistance Dogs Amendment Act 2015 was debated and passed in parliament. The amendments focus on two main objectives: improving the access rights of guide, hearing and assistance dog users, and simplifying and streamlining processes for both people with disability and the industry. An important amendment has been made to the act to recognise the access rights of an alternative handler. This, as I said before, could be an adult who supports a person with disability to physically control their certified guide, hearing or assistance dog. The alternative handler is issued with an alternative handler identity card after they have passed the public access test with the primary handler and the certified guide, hearing or assistance dog.

Other amendments reduce red tape by allowing approved trainers or training institutions to issue handler identity cards and not the department. Also, people with disability only have to provide proof of their disability the first time they apply for a new handler identity card instead of every time they renew their card. The legislative barrier has been removed to allow training institutions to certify a guide, hearing or assistance dog if the person with disability is an employee, trainer, director or shareholder of the institution. The chief executive of the department has greater flexibility to call upon relevant experts to inform the approval and standard setting process. Authorised officers under the act have a power to require information from third parties and to gain entry to premises by way of warrant in order to ensure the effective monitoring of compliance with and enforcement of the act. I am pleased to say that these amendments commenced on 27 April this year. This government is committed to improving the lives of people with disability, and I expect that the introduction of this legislation will do just that.

**CHAIR:** I refer to page 9 of the SDS and the commitment to seed fund community initiatives. Will the minister please outline how this money will help to break down age related barriers that prevent older Queenslanders from being active community participants?

**Mrs O'ROURKE:** I thank the chair for the question. I am committed to supporting older people to lead healthy and productive lives, whether it be in work, in volunteering or in retirement. The Premier and I launched the *Queensland: an age-friendly community—strategic direction statement* on 20 April 2016. I launched the accompanying action plan on 22 June 2016 at the International Federation on Ageing global conference, which was held in Brisbane. To deliver our age-friendly agenda, there is \$8.3 million over four years, including \$6.1 million to my department, to support this new strategy and the delivery across government of the 79 actions that were detailed in our plan. These actions have been informed by a number of engagement activities including a seniors' summit, meetings and forums with a range of stakeholders and a public survey which attracted more than 9,000 responses from Queenslanders both young and old which suggested practical solutions on how we can make our state a more age-friendly community.

As a result, we have a solid plan which outlines our government's priorities, initiatives and services that will help to enable people of all ages to actively participate in community life. One of these actions is the Advancing Queensland: an age-friendly community grants program, which will seed fund community initiatives that involve partnerships with local councils and other organisations to develop, implement and promote innovative age-friendly projects. Commencing in 2017-18, the grants program will focus on two to three age-friendly community domains each year. The first year of the community grants program will focus on the domains of transport to implement age-friendly transport solutions and outdoor spaces and buildings to create and implement accessible and user-friendly spaces and places for older people in communities. The Advancing Queensland: an age-friendly community grants program is due to be launched in July 2017.

An age-friendly community represents a growing international approach to building communities that better meet the needs of older residents by considering liveability from all aspects. Under our new strategy, policies, services and structures have been designed to support and enable people to live in safety, enjoy good health and have the opportunity to participate fully in society, accessing services as needed. This plan has set the platform for a whole-of-government vision to create a community in which older people are valued, respected and have every opportunity to be involved. By adopting this attitude, we are ensuring our communities are better places to live for everybody. We can only achieve this vision if we as a community, government, individuals and sectors work in partnership to enable people of all ages to participate in community life. The action plan supports the implementation and delivery of *Queensland: an age-friendly community—strategic direction statement*, which was launched in April 2016. I will be a champion for seniors in government, and I will ensure that all government agencies help build an age-friendly Queensland.

**Mrs MILLER:** My question is in relation to seniors. Many male seniors and some females as well are members of Men's Shed, and they operate on the smell of an oily rag, as we all know. I am wondering what funding is provided to Men's Shed, particularly knowing that most of them are retirees and seniors?

**Mrs O'ROURKE:** I thank the member for the question and I agree with her about the importance of Men's Shed in our local communities. They do offer considerable support for our older men in our communities. I have had the opportunity to visit several Men's Sheds, not only to see what they do but also to understand the support services that are provided. I will have to get back to you with more detail on the exact support that the government provides in that area.

**Mrs MILLER:** What is being done by the department to help combat social isolation of seniors, particularly those who are 85 and above who are still living at home?

**Mrs O'ROURKE:** Again, I thank the member for the question. I would like to highlight the intent of the recent action plan *Queensland: an age-friendly community* that we have recently launched in the sense that this is the direction that we are going in with a whole-of-government focus on providing support in eight age-friendly domains across the action plan, making sure that we work directly with government.

The key initiatives in the action plan promote positive images for older Queensland. We have also piloted a casserole club, which is a volunteer meal-sharing program which enables local community members to cook an extra portion of their meal and share it with an older person in the community to help in the area of social isolation. We have developed and are implementing a Queensland financial inclusion plan to help older people access appropriate financial resources. As I said earlier, we are promoting the age-friendly community model within our action plan and valuing the voices of all seniors in our community.

In the 2016-17 budget the Active Living Program for Seniors was allocated \$142,942; Ipswich 60 and Better Program was allocated \$63,060; and SeniorNet was allocated \$3,146, which will fund older people's programs in areas particularly of Ipswich including your electorate.

**CHAIR:** We have just over 10 minutes left. We will go to the member for Mudgeeraba for five minutes and then we will come back to government questions.

**Ms BATES:** Minister, last year in estimates you said that you could not give the exact operating figure for ASRS because the bilateral had not been signed and the price point was not released. Both of those have now happened. I would ask the minister what that cost will be.

**Mrs O'ROURKE:** I thank the member for the question. I will also highlight there was an answer given to a question on notice with regard to ASRS. In 2016-17 the ASRS budget allocated is \$129 million. One thing that I would like to say with regard to the ASRS is that the Queensland

government is working hard to ensure that the clients of ASRS will continue to be able to choose access to these services. We were successful in negotiating the full cost recovery for these services over the next three years as part of Queensland's in-kind share contribution to the NDIS.

Achieving full cost recovery ensures that there is no additional cost to Queensland from continuing to operate these services for clients who have transitioned to the NDIS. The bilateral agreement with the Commonwealth also includes a provision that will enable Queensland to negotiate with the Commonwealth, and separately agreed by June 2019 the price and value of any in-kind contributions at full scheme. I understand that Victoria and New South Wales have also negotiated in-kind arrangements for their directly delivered accommodation support services through transition while they finalise the ongoing arrangements for these services.

Notwithstanding that, we will continue to work on streamlining the costs of the service by updating procedures, exploring costs versus benefits for the workforce IT connectivity, therefore maximising occupancy in our houses and using technology to provide improved business processes and staff training—

**Ms BATES:** Sorry, Minister, you have answered my next question, but can I clarify: what is the difference between the price point and ASRS costs to the government? Is there a shortfall?

**Mrs O'ROURKE:** As I said, in the agreement that we have achieved with the Commonwealth government, the cost of delivering ASRS will be at no additional cost to Queensland as we transition to the NDIS.

**Ms BATES:** So there is no shortfall for Queensland at all?

**Mrs O'ROURKE:** As we transition to the NDIS, there will be no additional cost as they have been agreed as an in-kind service.

**Ms BATES:** Can the minister assure us that that will occur, given the government is going to be a competitor in the delivery of services of ASRS?

**Mrs O'ROURKE:** This is part of the bilateral agreement between the Commonwealth and the state government. This is an achievement that we got in the agreement prior to signing.

**Ms BATES:** So you can guarantee that there is no shortfall from the price point? There is no difference between the price point and the cost, and you are not going to be a competitor against the private sector?

**Mrs O'ROURKE:** As I said, the bilateral agreement with the Commonwealth is for the next three years

**Ms BATES:** So you can guarantee that there is no shortfall?

**Mrs O'ROURKE:** There is no additional cost for ASRS as it is part of Queensland's in-kind contribution to the NDIS.

**Ms BATES:** Thank you, Minister. I refer again to page 2 of the SDS. We were talking about NDIS jobs and the difference in the number, which you have explained. Thank you for that. From my calculations—while you were talking—there were an extra 6,400 positions with the rollout of the NDIS from the original Productivity Commission to the numbers that you stated today. Have you budgeted for these extra 6,400 positions as part of the extra need?

**Mrs O'ROURKE:** I thank the member for the question. As we transition to the NDIS, working very closely with a consortia of organisations—namely, WorkAbility Qld—we will ensure we identify any gaps in areas of the workforce and make sure that we are aware of the services provided and what might be needed as we transition to the NDIS. There is no extra cost as the result of investment of over \$9 billion over the next three years.

**CHAIR:** I will give the member for Thuringowa the final question and then we will give the minister a few minutes if she would like to clarify any matters taken on notice.

**Mr HARPER:** We will finish on something that I am passionate about, as I know you are. Minister, how will North Queensland benefit from the proposed North Queensland stadium?

**Mrs O'ROURKE:** I thank the member for the question. I do share his passion for the North Queensland stadium. We do know that this is an absolute game-changer for the entire region. It was identified as a crucial piece of infrastructure in my extensive consultation, and that is why it has been included as one of my priority areas to advance North Queensland's economy. This priority area reflects strong community input from the north, highlighting the need for improved infrastructure and responding to calls for a greater North Queensland profile and enhanced liveability in the north. This is all about

building a world-class stadium that will be a vital catalyst for the development of an exciting entertainment, retail and residential precinct adjacent to the Townsville central business district.

The stadium project is important because it will benefit North Queensland by raising North Queensland's profile, creating jobs and improving liveability, increasing public and private investment, stimulating urban renewal, attracting more domestic and international visitors to the region. I have been fighting for this project since day one and we know that it has now finally become a reality.

The \$250 million stadium project will deliver up to 750 full-time-equivalent jobs through the design and construction stages as well as flow-on benefits that will follow. I was proud to join the Treasurer, along with you and the Cowboys, in Townsville to announce a further \$40 million funding commitment on top of the government's initial \$100 million commitment. I have worked hard lobbying the federal government to make a commitment and have been working closely with the Cowboys, NRL and Townsville City Council. I have had extensive local consultation with stakeholders and across the region and fed into discussions on the North Queensland stadium.

I will continue to work hard to progress development on the stadium and, more specifically, as outlined in Advancing North Queensland, I will finalise funding discussions with the federal government, Townsville City Council, NRL and other potential contributors, explore uses of the stadium beyond the NRL—for example, V8 Supercars events, A-league concerts and sports medicine facilities—to increase appeal to potential investors, and support the Queensland government's best practice regional stadium model as identified through the business case.

I am now focused on working with Minister Lynham in getting implementation right, partnering with stakeholders to ensure effective, efficient funding, delivery and maximising benefits for the region. A new stadium in Townsville is a new stadium for all of North Queensland. It will benefit people from across the region who travel to see our premiership team and seek the sorts of events that we can hold at a world-class facility. The benefits will spill into the broader community as people head out before or after the game or stop for petrol or a snack on their way from the regions and offer an opportunity for CBD revitalisation for Townsville. A strong Townsville means a strong north and a strong north means a strong Queensland.

**CHAIR:** Minister, in your remaining two minutes would you like to make any final comments in regard to the matters you took on notice?

**Mrs O'ROURKE:** The DDG and DG have some answers with regard to those.

**Mr Hogan:** In relation to the question I took on notice from the member for Mudgeeraba on the register of need, for children and young people under the age of 18 across Queensland, it is 4,905 needs not met and 2,280 needs partially met. In Townsville the figures for those under 18 are: 492 needs not met and 387 partial needs met. As I indicated, they will be part of the 1,600 entrants through the early launch and then into the full scheme.

In relation to the question on notice from the member for Mudgeeraba on the number of compliance reviews, as I said, we have a rolling compliance program. The number of reviews completed in 2015-16 financial year is 23.

**Mr Fraine:** In regard to the question on notice as to how many business cases have been submitted to the Northern Australia Infrastructure Facility at this point, the facility only commenced operation on 1 July, following the appointment of the board and getting up and running. At this stage it is very early days. In terms of the role that the state government has either in terms of submitting business cases or being referred business cases from private sector proponents, there are no cases of that at this point, and that will progress as the facility itself progresses.

**Mr Hogan:** Can I also note that I have a fact sheet in relation to careers for people interested in working in the disability sector, for the information of the member for Bundamba.

**CHAIR:** Thank you very much. On my estimation, there are two matters that have not been resolved that you have taken on notice.

**Mr Hogan:** I do have some information in relation to Men's Shed, which was another question. The department does not directly fund Men's Shed, but we do fund two men's groups operating in Men's Shed—in Hervey Bay, \$79,619 per annum and in Toowoomba part of The Older Mens Network, which is funded for \$115,350 per annum.

**CHAIR:** Director-General, was the fact sheet you referred to in answer to the question from the member for Bundamba about training fees?

**Mr Hogan:** Yes.

**CHAIR:** On my reading of that, you have now answered all of the questions that were taken on notice. The time allocated to consider the estimates of expenditure in the Disability Services and Seniors portfolio has expired. I take the opportunity to thank the minister, the director-general and all senior officials who have attended today for your attendance. The video broadcast of the hearing will be available on the parliament's website soon, and a proof transcript of proceedings will be published. The committee will now break for lunch and we will resume at 2 pm to examine the estimates for Health.

**Proceedings suspended from 1.01 pm to 2.00 pm**

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

### **In Attendance**

Hon. CR Dick, Minister for Health and Minister for Ambulance Services

Mr M Carey, Chief of Staff

#### **Department of Health**

Mr M Walsh, Director-General

Ms K Forrester, Deputy Director-General, Strategy, Policy, Planning Division

#### **Hospital and Health Services**

Dr R Ashby, Health Service Chief Executive, Metro South Hospital and Health Service

Ms C Douglas, Health Service Chief Executive, Cairns and Hinterland Hospital and Health Service

Mr A Pennington, Health Service Chief Executive, Wide Bay Hospital and Health Service

Ms H Chalmers, Acting Health Service Chief Executive, Mackay Hospital and Health Service

Mr R Calvert, Health Service Chief executive, Gold Coast Hospital and Health Service

#### **Queensland Mental Health Commission**

Dr L van Schoubroeck, Commissioner

#### **Queensland Ambulance Service**

Mr R Bowles, Commissioner

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 **CHAIR:** Good afternoon. On behalf of the committee, I welcome the Minister for Health and Minister for Ambulance Services, the director-general and officials of the Department of Health, hospital and health service chief executives, the Health Ombudsman and other officials and members of the public. For the benefit of Hansard, I ask officials to state their name the first time they answer a question and to bring their nameplate if they come to the table to answer a question. I now declare the proposed expenditure for the Health portfolio open for examination. The question before the committee is—

That the proposed expenditure be agreed to.

I also welcome the member for Surfers Paradise, who has now joined the proceedings of the committee. Minister, would you care to make an opening statement?

**Mr DICK:** Thanks, Chair. It is a great pleasure to be here today before the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee to look in detail at the appropriation for the Health and Ambulance Services portfolio for 2016-17. Our state's vision for health care, set out in *My health, Queensland's future: Advancing health 2026*, is that in 10 years time Queenslanders will be amongst the healthiest people in the world. I am pleased to say that our health budget does its part to move us in the right direction.

I think it is important for the committee to consider and reflect upon the Health portfolio in Queensland. As a portfolio, we employ 91,000 full-time and part-time Health and Ambulance Services personnel. We own more than \$10 billion in assets. We run 120 hospitals, 32 multipurpose clinics and 75 rural community clinics. We run seven ambulance communication centres and 290 ambulance response locations across the length and breadth of Queensland. Every day in Queensland public hospitals, around 120 babies are born, almost 30,000 non-admitted services are provided to patients, close to 5,000 emergency services are provided to non-admitted patients, nearly 9,000 admitted patients receive care and over 1,500 people are admitted for same day care. It is truly a community asset that belongs to the people of Queensland and operates for the benefit of Queenslanders.

This year's Health budget in Queensland will rise 7.7 per cent to \$15.274 billion to meet growing demand for health services across the state. The bulk of the budget—over \$12.614 billion—will go to the 16 hospital and health services which provide front-line services to communities from Thursday Island in the north to Birdsville in the west and Coolangatta in the south-east. What this year's budget

demonstrates is that our health system is under pressure from rising demand. Overall demand for acute public hospital services is predicted to grow by 64 per cent to 2026-27. We have more patients than ever before and our patients are getting older and some of them are getting sicker. Despite these pressures, I am pleased to say that Queensland's hospitals are undertaking more surgery and seeing more patients through their emergency departments than ever before and hospital and health services in Queensland are delivering a better performance than ever before.

In emergency departments, 79 per cent of patients are being seen across the state within the four-hour recommended treatment time—that is a level never before achieved in Queensland. The number of Queenslanders waiting longer than clinically recommended for a specialist outpatient appointment has been slashed from 100,000 when we came to government to less than 60,000. This is a real reduction achieved through dedicated, methodical policy development and implementation relying very importantly on collaborative leadership across our federated health system.

The health system is also delivering strong elective surgery performance. Over the last financial year, 98 per cent of category 1 and category 3 patients received their elective surgery within clinically recommended times, as well as 94 per cent of category 2 patients. When we came to government, there were 324 Queenslanders waiting longer than clinically recommended for elective surgery. Data for June 2016 shows that that figure has fallen to 161—the lowest monthly figure recorded since data started being collected in 2002. These are strong results on a statewide basis.

While we are pleased with the results from around the state, a couple of HHSs stand out and deserve special mention. In Central Queensland, they have been able to reduce the number of people waiting longer than clinically recommended for a specialist outpatient appointment from 2,361 at the beginning of 2015 to 26 in June this year—a reduction of 99 per cent. In Darling Downs they went from 2,210 to zero—a fall of 100 per cent. In Mackay they have reduced their waiting list from 1,985 to 193—a fall of 90 per cent. In West Moreton the fall is 87 per cent—from 2,797 to 317. I would also like to acknowledge the Cairns and Hinterland, the Central Queensland, Darling Downs, Gold Coast, Mackay, North West, Townsville, West Moreton and Wide Bay hospital and health services, who in June had zero patients waiting longer than clinically recommended for elective surgery. These are strong results which reflect the energy and effort of thousands of staff spread all over the state.

In addition to these strong performance results, since I appeared before you last we have: revitalised the Mental Health Act and improved mental health services; rebuilt the nursing workforce through new nurse-to-patient ratio legislation, our nurse graduates program and the introduction of nurse navigators; strengthened laws to protect Queenslanders against smoking and waterborne risks in hospitals, like legionella; and continued to provide growth funding to the Queensland Ambulance Service. I would like to acknowledge the work of the committee in considering and reporting on the very full legislative agenda coming through the Health portfolio.

Finally, I want to say that I am very proud of the work that is done by our dedicated staff in our 16 hospital and health services and in the Department of Health and its various business units. Without them, the most human of all portfolios could not operate. Committee members, I commend the budget papers to you as they relate to the hospital and health services in Queensland, the Department of Health and the Queensland Ambulance Service. I look forward to your questions.

**CHAIR:** Thank you very much, Minister. We will go to the member for Surfers Paradise for the first question.

**Mr LANGBROEK:** Welcome, Minister. Thank you to all the other officials from HHSs and the department for your attendance today. I thank the committee for letting me attend as well as committee staff. I have a question for the chief executive officer for the Metro South HHS, Dr Richard Ashby. I note on page 128 of the SDS that a key deliverable for Metro South HHS, as detailed on the second line from the bottom, is 'optimisation of the Mater Health Services contract to improve patient flow and capacity management'. As part of this optimisation process, have there been any recent changes to the Surgery Connect funding for physiotherapy rehabilitation services offered to postsurgery patients?

**Dr Ashby:** I thank the honourable member for the question. The issue of Surgery Connect is not within my domain. That is run by the department. What is paid for or not paid for by Surgery Connect could best be redirected to the deputy director-general, purchasing.

In terms of the optimisation of the contract, which I can speak to, there has been a lot of negotiation with the Mater. It is obviously a challenge to match up precisely the needs of the community in Metro South, the work that we have on the books at the Princess Alexandra Hospital and the other hospitals within Metro South, and the capacity of the Mater to actually undertake that work. Most of the work relating to the contract is work that is to be done in the now empty Mater Children's Hospital, which

is being converted for different use and repurposed. In particular there, I commend the Mater on their work in respect of neurosciences, where we have had a joint project to move in particular a lot of spinal surgery from the PA to the Mater and that has been extremely successful. There are still some teething problems with that contract, but essentially we did get to the contract value and we are extremely pleased with the relationship with Mater Health Services. The Surgery Connect could be directed to Mr Steele.

**Mr LANGBROEK:** Thank you. I want to check with you then whether it was Queensland Health or Metro South HHS which would have advised rehabilitation physiotherapy providers that funding previously provided under the Surgery Connect program to treat Mater Private Hospital Springfield public patients once they were discharged has been withdrawn? As per my question, was it the HHS or was it Queensland Health that would have told them?

**Dr Ashby:** There are two separate contracts. There is a contract with Mater Springfield. They are all with Mater Health Services as the overriding contract, but Mater Health Services at Springfield is a separate contract which is co-signed by Metro South health and West Moreton health services. We have approximately half of that contract each. Essentially, the actual decision on funding is made by the department as to what gets funded originally. We have not had great difficulty with that. The patients going to Mater Springfield, in the terms of the contract, are meant to be 'surgery ready'—that is, there is no provision in the contract for the patient to be seen in an ambulatory care environment first, be operated on at Springfield and then have postoperative care, such as you are describing, from allied health professionals. Metro South and West Moreton undertake the pre-assessment. We should package the patient for the Mater to go there and have their surgery. Postoperative care not involving the surgeon who personally did the surgery, such as physiotherapy and rehabilitation, would come back into Metro South to deal with.

**Mr LANGBROEK:** Thank you, Dr Ashby. I have a couple more questions for you but I want to check with the director-general and perhaps someone appropriate who might be able to give me some guidance about a particular patient whose case I wish to refer to and whose permission I have to ask about this. Director-General, this is a patient who recently had rotator cuff surgery funded through Surgery Connect following an incident of domestic violence. Madam Chair, this is a long preamble so if you do not mind I want to detail what happened here and these issues. They were advised that postoperative physiotherapy would be funded through Surgery Connect. On 7 July they were told the funding for rehabilitation had been cancelled. On the 11th they were told funding was now restored until 5 August. The patient contacted the minister's office on 19 July and was unable to be located in the system despite the fact she is a public patient. This week she has been told the rehab will now only be funded to September.

Director-General or Dr Ashby, the patient is here in the gallery. We would like some answers on her behalf and we are wondering who might be able to provide some answers. As we all know, it is very important to get shoulder rehab and I understand that the orthopaedic surgeon said that he would not have done the operation if she was not going to get the postoperative rehab. Director-General, can I ask you to respond please?

**Mr Walsh:** What I would like to do is to follow up after this personally to get all of the information about that particular patient and actually respond directly to you and to the person concerned.

**Mr LANGBROEK:** That is very generous.

**Mr Walsh:** The information would come to me and I am happy to meet or you can provide the information.

**Mr LANGBROEK:** The patient is here in the gallery. That would be greatly appreciated.

**Mr Walsh:** Yes.

**Mr LANGBROEK:** Thank you for that response. Dr Ashby, my next question is to you and relates to page 131 of the SDS to do with staffing. I note that there will be a reduction in staffing levels from 12,264 to 12,021 for the HHS—a cut of 243 FTE positions. Could you advise the committee what the estimated workforce reduction will be on a head count basis?

**Dr Ashby:** I would have to give that some further consideration in terms of a head count. We have been over our MOHRI target this year—largely because of particular projects, such as the Digital Hospital, where we had a significant number of temporary staff, casual staff and contract staff put on for a very particular project for an intense period of time. Now that that project has been successfully delivered, all of those FTEs are not required so they will progressively finish up as that work is finished up.

There are a range of other temporary staff on temporary projects that come up. That sort of turnover within Metro South is very common. We turn over staff significantly because we do have that very large staffing base. Projects will come and go. Some of them are Commonwealth funded, for example, that may have seen the end of their time, in which case those staff would go. Certainly, we are not anticipating any reduction in front-line clinical staff—those delivering services at the workplace—nor any reduction in activity or closure of any services as a result of that.

**Mr LANGBROEK:** Can I get you to confirm again that none of those would be positions classified as front-line?

**Dr Ashby:** Not as permanent staff, no.

**Mr LANGBROEK:** I suppose my next query, based on what you just said, is: are they all on temporary contracts or contracts that were expiring, or have you written to staff at all in the past asking them whether some may be seeking a redundancy or voluntary separation?

**Dr Ashby:** No, sir. There has been no such correspondence with the staff. In years going back a long time that did occur, but that process has completely finished. The offering of voluntary redundancies currently I believe is not consistent with government policy.

**Mr LANGBROEK:** Finally on this group of questions, when did you advise the minister about the decrease of 243 jobs? In what form? Was it by letter or some other arrangement?

**Dr Ashby:** No, the targets were agreed collaboratively between the health service and the Department of Health. I would not correspond to the minister about that unless I felt there was some threat to patient safety or some other serious matter. I deal with the director-general and with the deputy director-general, Purchasing, in relation to these targets.

**Mr LANGBROEK:** Madam Chair, I have one more question for Dr Ashby. This is about nurse-patient ratios, about staffing levels. Would you confirm if nurses working at QEII are now being asked to work 10-hour shifts rather than eight-hour shifts as a consequence of the implementation of a centrally mandated nurse-to-patient ratio?

**Dr Ashby:** To the best of my knowledge that would not be true. I am aware that in one or two departments at the QEII, particularly within gastroenterology and endoscopy, there are discussions with nursing staff about extending to 10-hour shifts to improve the efficiency of throughput in that high-demand area. As far as I am aware, Metro South health is highly compliant with the new legislation. We have recruited the additional 40.5 FTE nursing staff that were required for full compliance. As far as I know, those staff have been recruited and are on duty. We are compliant with the requirements of the legislation. Certainly I have not personally had any complaint from any nurse in Metro South in relation to that.

**Mr LANGBROEK:** Further on nurse-to-patient ratios, my question is to the director-general. I refer to the nurse-to-patient ratio referenced on page 5 of the SDS and I note on 15 June 2016 the minister observed the following—do I seek leave to table, Madam Chair?

**CHAIR:** You must seek leave.

**Mr LANGBROEK:** It is a copy of *Hansard* in which the minister said—

The experience with nurse-to-patient ratio implementation in other jurisdictions—for example, in California—was that they implemented it across the health system, in both the public health system and the private health system ... We are doing this in a staged fashion.

I seek leave to table that.

**CHAIR:** Is leave granted? Leave is granted.

**Mr LANGBROEK:** My question is: can the director-general advise if Queensland Health has done any work or modelling or had discussions about expanding the rollout of the government's nurse-to-patient ratio to the private sector here in Queensland?

**Mr Walsh:** The legislation outlines the scope in which the nurse-to-patient ratios apply, and that is to the public health system. Any implementation of the nurse-to-patient ratio has actually been focused on the public health system and rolling it out across Queensland Health.

**Mr LANGBROEK:** Sure, but the last part of that quote was from the minister: 'We are doing this in a staged fashion.' Are you confirming to the committee that there has been no work or modelling, no discussions about expanding the rollout to the private sector in Queensland?

**Mr Walsh:** Discussions have occurred with the private sector, but there has been no modelling or any plans firmly put in place to actually apply it to the private sector.

**Mr LANGBROEK:** Will you provide details to the committee about when these discussions have been had, if they have been held and with whom? Have they involved members of the private hospital organisations—and I think it would be a significant issue for them to have been involved in such discussions?

**Mr Walsh:** In the development of the legislation and with all the policy discussions that went on in all that time, one of the stakeholder groups that was consulted was the private health providers. I would not have details of exactly every single meeting, but I certainly can confirm that those discussions occurred with them leading up to the preparation of the legislation.

**Mr LANGBROEK:** At the moment in those sorts of consultations with the private system, there has been no plan expressed by the department that this sort of policy would extend subsequently to the private hospital system?

**Mr Walsh:** No. We are applying the legislation as it stands, which is to the public health system.

**Mr LANGBROEK:** I ask again about the nurse-to-patient ratio. Is the director-general aware of any occasions in the past 12 months when nurses may have been asked to perform a shift without having had a break between shifts of at least 10 hours?

**Mr Walsh:** I am not aware of any particular incident where that has occurred, no.

**Mr LANGBROEK:** Would you be able to perhaps take that on notice and inquire? I understand it has been a significant issue in the past with the Queensland Nurses' Union on behalf of nurses who may have been asked to perform subsequent shifts without having had a break of 10 hours.

**Mr Walsh:** We do not collect that information centrally. The negotiation of rosters occurs between the local roster manager—in this case, if it is a nurse, the nurse unit manager of the hospital—and the nurses themselves. Those rosters are developed in line with the agreements and the legislation that is in place and the policies that are in place including how shifts work in terms of breaks and so forth. Any individual concern that a person may have can actually be raised in that particular setting. If they believe that their shifts are inconsistent with the agreements or the policies, that can actually be negotiated there. That is a local operational matter. Going out to find out how many shifts would be an enormous task. We have 90,000 people—80,000 FTEs. Eighty thousand is likely to be 10 shifts a fortnight. That is 800,000 shifts a fortnight. To actually go out and ask for that information over—I think it was a 12-month period?

**Mr LANGBROEK:** Yes, sorry, it was. I was asking about under the new nurse-to-patient ratio whether that is having workforce implications and people are being asked to do subsequent shifts without having had a decent break.

**Mr Walsh:** That would be asking people to look at 9.6 million shifts. I believe that the time it would take to do that is not consistent with the particular case. If you have a particular case where that has actually occurred, please provide the details to me and I am happy to follow it up.

**Mr LANGBROEK:** My next question, Director-General, is about staff discipline, on page 2 of the SDS, about the 79,625 FTE staff. My question is: would you advise if over the 2015-16 financial year any staff were stood aside, suspended or had their employment terminated as a consequence of investigations into their conduct as an employee or contractor to the department?

**Mr Walsh:** I am not aware of anyone in that circumstance, no.

**Mr LANGBROEK:** Are you aware of any instances in which the Department of Health, QAS or any HHS has been invoiced for the supply of materials or services yet examination has found the materials or services have not been supplied?

**Mr Walsh:** Can you provide some more detail about the context of that question? When you say 'supplies and services' are you meaning in the service agreements that the departments have with the HHSs?

**Mr LANGBROEK:** It may be within a service agreement, but the principle is about whether someone says they are going to provide a service or material to the department and they have been invoiced but the materials have not been supplied.

**Mr Walsh:** Sorry, are you talking about external vendors to the HHSs or the department—not hospital and health services to the department but external vendors?

**Mr LANGBROEK:** Yes.

**Mr Walsh:** Can you ask the question again, please?

**Mr LANGBROEK:** Sure. Are you aware of any instances in which the Department of Health, QAS or any HHS has been invoiced for the supply of materials or services yet examination has found the materials or services have not been supplied?

**Mr Walsh:** Again, I am not aware of any. If there are specific instances that you have where you believe that that is the case, I am very happy to review that. Certainly I am happy to say I am not aware of any at this point in time.

**Mr LANGBROEK:** I move to departmental debt recovery, which is page 18 of the SDS, which provides an overview of anticipated revenue for the Department of Health. In February this year the Queensland Health portfolio awarded a contract valued at \$900,000 to Australian Receivables Limited for debt collection services, and I ask: Director-General, on what date did you obtain approval from the minister before approving this contract, and exactly how much money is this contract seeking to recover?

**Mr Walsh:** The contract with Australian Receivables Limited was entered into in a pilot in February 2014—so prior to me being director-general—and the pilot ran until July 2014. Then a contract was entered into from July 2014 to the end of December 2015 and then a further contract has been entered into in relation to ARL. That is an operational matter of the department and so, therefore, as with a lot of contracts as operational matters, they are decisions that I make and enter into the contract. Not all of the operational matters get briefed to the minister. I did not seek approval from the minister because it was in my delegations to enter into the contract and it was reapplying a contract that had already been in place for 18 months.

**Mr LANGBROEK:** How much was it seeking to recover?

**Mr Walsh:** The recoveries that occurred with the organisation since its operation in the first pilot phase were \$257,000. That is a period of five months, given that that was a ramp-up. In the next period, which was from July 2014 to January 2015, \$1.02 million was recovered. The period from February 2015 to present was \$3.7 million.

**Mr LANGBROEK:** I will come back to that later.

**Mr Walsh:** I just point out that the first period relates to the five months of pilot so, therefore, it was just starting. The second period relates to seven months of time and the last period relates to 17 months.

**CHAIR:** I call the member for Greenslopes.

**Mr KELLY:** I refer to page 27 of the SDS which outlines changes to access to medicinal cannabis, and further to your announcements today. How is the budget progressing additional cannabis reforms?

**Mr DICK:** I thank you for your question and a question that actually relates to the budget. Today I announce that parents of children who live with severe drug resistant and treatment resistant epilepsy can now express their interest in taking part in medicinal cannabis trials in Queensland. These trials will be a first for our state.

A new agreement between the government and GW Pharmaceuticals will facilitate—and GW Pharmaceuticals, of course, is a world leader in the production of medicinal cannabis products. It is a UK based company. That memorandum of understanding, that new agreement, will facilitate a new research program for cannabis based medicines for children with treatment resistant epilepsy. The MOU will allow up to 30 Queensland children from across the state—so not just in the south-east but across Queensland—access to a drug known as Epidiolex through a compassionate access scheme. The number of children is restricted by the limited amount of product that can be obtained at this time.

We have listened to Queensland families. It is something that the Premier and I announced—that we would move forward on the use of medicinal cannabis in our state—last year. We promised this last year and now we are delivering. We have listened to those Queensland families who are suffering and we are answering their calls to investigate this form of treatment. I believe that the treatment has the potential to change lives. Epidiolex is a medicine developed by GW Pharmaceuticals and is a liquid form of pure cannabidiol.

A team of researchers from the Lady Cilento Children's Hospital will develop and lead the trials at a new specialist research facility within the Queensland Centre for Children's Health Research, which is co-located on the campus at South Brisbane. The project will be led by Lady Cilento Children's Hospital's Director of Paediatric Neurosciences, Dr Geoff Wallace. By progressing these trials we can shed light on what potential benefits this treatment can provide and what conditions respond favourably

and unfavourably. The commitment from our government will be \$6 million over three years—\$3 million for the clinical trials and \$3 million for the specialist research centre over that three-year period. Regrettably, we cannot cure at this stage severe treatment resistant childhood epilepsy, but I want those children and their families to know that we are doing everything we can to help ease their suffering.

As I have said, the Palaszczuk government has committed a total of \$6 million over three years for medicinal cannabis trials and the establishment of the specialist centre. This investment bolsters one of the key aims of our government's 10-year strategy *My health, Queensland's future: advancing health 2026*, promoting quality research and turning new ideas into practice. We aim to share the findings of this trial with New South Wales, which is also conducting clinical trials into medicinal cannabis, so together we can help children battling drug-resistant epilepsy right across the country and ensure that they receive the best possible care. Conducting our own trial here in Queensland means that more children will have better access to these innovative and advanced therapeutic drugs.

This initiative is driven by our government's compassion and our hope that it will offer relief to families who have to live with drug-resistant and treatment-resistant epilepsy every day. You cannot help but be moved by the stories of those families. For all of us who have children one seizure is enough, but to think there are some children in Queensland who live with daily seizures, often multiple seizures on the same day, is heart-rending. We are trying to move forward to provide them with the best hope for the future. As I say, we cannot cure it but we are now moving forward to assist those families.

Those who believe they are eligible and interested in participating in the trial can call 13 HEALTH from today to register their interest. The process from here is the trial will go through final approvals, and our aim is to have the clinical trials operating by the end of the year with compassionate access to those 30 families by the end of the year as well. I am advised that Epidiolex has shown positive results in a compassionate use scheme in the United States. Not every child will benefit due to the complex nature of treatment-resistant epilepsy, but families will be advised as soon as we can. Once they put in an expression of interest and their childhood illness is properly analysed, we will then invite them to take part. We hope that recruitment will start on 1 November and, pending approvals, trials will begin by the end of 2016.

**Mr KELLY:** Again referring to page 27 of the SDS which outlines changes to access to medicinal cannabis, and further to that succinct answer, last year I recall the Legislative Assembly made some changes in relation to access to medical cannabis. Can you outline the effects of those legislative changes as they relate to the budget?

**Mr DICK:** As you are probably aware, we enabled the use of medicinal cannabis under medical supervision in Queensland. The Palaszczuk government became the first state in Australia to permit access to medicinal cannabis products, so it is the first state government to permit access to medicinal cannabis products. In December 2015 the government amended the Health (Drugs and Poisons) Regulation 1996 to allow the chief executive of the department of health to approve the use in Queensland of medicinal cannabis products approved under the special access scheme, which is operated by the Therapeutic Goods Administration. We have granted medically supervised approval for the prescription and use of medicinal cannabis, which is an Australian first. We have introduced new legislation into the parliament—I will not go further into that because the bill is before the House—and that will provide another pathway for Queensland patients to access medicinal cannabis.

We have done more in 500 days than the LNP did in 1,000. This issue was left languishing in our state for three years. No action was taken; in fact, there was resistance to taking action in this space. I am very pleased with the work done in a short period of time across our system. Leaders in our hospital and health service and also in the department have done an incredible amount of policy work in a short period of time to change the legislative and regulatory framework and also to change cultural attitudes regarding the use of medicinal cannabis. I think there is great interest in our state and in the Queensland community towards the use of cannabis for medicinal and therapeutic purposes. I know that the committee has been engaged with this issue, and I thank you for your work. This is hopefully the start of improving treatment for a number of patients in Queensland.

**Mr HARPER:** I refer to page 175 of the SDS which outlines the performance of the Townsville HHS and the government's commitment to regional Queensland. What does this budget mean for North Queensland?

**Mr DICK:** Thank you for your question, member for Thuringowa. I know that you are a great champion for the delivery of health services in Townsville. I know you have been championing the need

to improve paediatric care at the Townsville Hospital, and the government has responded to that with an announcement through the Deputy Premier's infrastructure program to expand paediatric services at Townsville Hospital. I know you have been to that hospital with me on a number of occasions, and I thank you for your work in the community.

Certainly across the north of our state there is a significant investment in our hospital and health services in this budget. I will begin firstly with Townsville. The budget allocation this year for the Townsville Hospital and Health Service will be \$862.3 million, which is an increase of 7.4 per cent or \$59.7 million this financial year. As you know, we are committed to the delivery of high-quality health services to the people of Townsville and surrounding regions. We have allocated \$4.4 million to continue to reduce the number of outpatients waiting longer than clinically recommended for an appointment and a further \$1 million to reduce the number of ENT patients waiting longer than clinically recommended. That is an important thing for all of us, particularly children who need ear, nose and throat treatment. The two longest outpatient waitlists that we inherited when we came to government were for orthopaedic treatment and ENT treatment. One hundred thousand Queenslanders who were left languishing on a waiting list were ignored by the previous government, so we are now systematically moving forward to reduce that list. We have gone from 100,000 to just under 60,000 since we have been in government. There is a further \$1.1 million to recruit additional nurse navigators, nurse graduates and nurse educators for the Townsville Hospital and Health Service and a further \$1 million to support our ice initiatives in Townsville to help support the community there.

I am pleased to say that Townsville has delivered a balanced budget in 2016-17 and it is projected to do the same next year. As I have said, there are a number of significant capital works projects in the pipeline for Townsville. I was delighted to announce, again with the Deputy Premier, that \$8.5 million will be made available in the budget for a new health clinic on Palm Island, which will help 'close the gap' and help improve health outcomes for the community of Palm Island. The funding will augment funding that the HHS has already set aside for this important project, so using the money that they have been allocated and partnering with government and with the department to get the best possible investment. As I have said, the Significant Regional Infrastructure Projects Program also committed \$6.5 million towards the upgrade of the Townsville paediatric ward, which I know is something close to your heart. Earlier this year I announced \$8.44 million in funding for projects at the Townsville Hospital and a kitchen upgrade at the Eventide Residential Aged Care Facility at Charters Towers under our priority capital works program.

Townsville has had its challenges over the last 12 months, and I am acutely aware of the considerable research that links financial hardship with health outcomes. It is very important to ensure that people who might fall on tough times do not have their access to free and affordable health services reduced. I want to assure you—and through you, the people of Townsville—and the committee that our government will not turn our backs on them. You know that; you are working hard for them every day, as are the members for Mundingburra and Townsville. We will continue to support the hospital and health service in their efforts to deliver high-quality services to the region.

**Mrs MILLER:** I refer to page 14 of the SDS which outlines mental health services. For the benefit of the committee, I want to let members know that I delivered a letter to the Police Commissioner this morning in relation to the previous minister for health, Lawrence Springborg.

In relation to the Barrett Commission of Inquiry, the commission indicated a series of failings in policy process in the area of mental health and in particular, Minister, that the expert clinical reference group report was not heeded; in fact, one might say it was ignored. What is your approach to ensure that the expert advice is taken account of?

**Mr DICK:** Thank you very much, member for Bundamba. I do want to acknowledge the work that you and the Premier and the then opposition did in the previous parliament to champion the interests of the Barrett families and those who suffered greatly because of the closure of the Barrett Adolescent Centre. I recognise your work, and I have previously acknowledged the leadership of the Premier during that period of time to make sure this issue would not be swept under the carpet and the voice of those families would not be lost in the wind, so I want to thank you for that.

It is very important for us to take advice, to consult broadly and to listen to the voices of experts. Going back to a question asked earlier by the member for Surfers Paradise, the reason that we consult with the private hospital system in relation to legislation is to consult broadly. They need to know the impact of legislation as it moves through the system. I think the private hospital system made a submission to the committee about that legislation. We will talk broadly to anyone who has an interest in legislative reform to make sure we listen carefully and respond.

To respond to another issue about the staged rollout, that was a staged rollout in the public health system. There were a specific number of surgical, medical and mental health wards where nurse-to-patient ratios would be rolled out. It was not across every surgical, medical or mental health ward in Queensland. It was very important that we bedded it down and got it right, so that is the first stage of that process. Whether it expands further is matter for government policy-making in the future.

Our approach is to listen carefully and to recognise that experts in the system have something to say. As you quite rightly commented, member for Bundamba, the expert clinical report group provided a report to government. The conclusion of the commission is clear: it was not read by anyone in the minister's office. Even if you take the commission's conclusion that the minister did not read it, no-one in his office read it; it was sent back to the department. As you would recall, member for Bundamba, the report was tabled in the Legislative Assembly in front of the Minister for Health during question time. I see you nodding; you remember that question. He was asked a question about that report and again he did not read it. The evidence before the commission and the conclusion of the commissioner is that he did not bother to read it. Then, as the Premier has now revealed—it is not something she did through the public at any stage in the last parliament—she met with the then health minister and families and patients of the Barrett Adolescent Centre.

**Mrs MILLER:** I was there.

**Mr DICK:** You remember it well; I am sorry not to recognise you—and still he would not listen. We ended up with a minister who would not listen and a Treasurer who did not care and who demanded between \$100 million and \$120 million out of the health system in three months. It is a failure of public administration of very significant proportions, and the results are plain for all to see in that inquiry report.

We will work closely with experts and clinical experts before we make decisions, particularly in relation to the closure of any facility which has a statewide impact, and the Barrett Adolescent Centre was a statewide service. The report also makes it clear that there was no proper consideration, no consultation and no discussion about the decision not to proceed with Redlands, which was another failure in public administration. These lessons have been learned. We are now moving forward as a government to implement all of the recommendations. We will consult and continue to stay close with the families, and I know that you would like that to continue. We will work closely with families and experts as we roll out the replacement for the Barrett Adolescent Centre, one of the key recommendations of the commission.

**Mr KELLY:** Minister, I refer to page 62 of the SDS which outlines the performance of the Central Queensland HHS and the government's commitment to regional Queensland. What does this budget mean for Central Queensland, including Rockhampton, Gladstone and the central west down to Bundaberg and the Fraser Coast?

**Mr DICK:** Thank you, member for Greenslopes. I will touch on some of the highlights in the budget. Of course we are a government for all Queenslanders, and we deliver for Queenslanders wherever they live. That is such an important thing when it comes to the Health portfolio. Rockhampton Hospital, the major hospital in Central Queensland, has received a budget allocation of \$531.5 million this year, which is an increase of 8.9 per cent or \$43.5 million. Some of the initiatives in this budget that will benefit the people of Rockhampton include: \$2.1 million in state funding to reduce the number of patients waiting longer than clinically recommended for a specialist outpatient appointment; and \$1 million invested in radiation oncology services. This is a great facility and service that I was very privileged to open last year. It was an investment by the previous federal Labor government which is now delivering radiation oncology for the first time to the people of Central Queensland.

They no longer have to travel either to Townsville or to Brisbane for that treatment, and that will help save lives as well. We continue to invest in radiation oncology services. There is a further \$1.2 million to recruit additional nurse navigators, nurse graduates and nurse educators. There is \$2.5 million to add two additional beds to the ICU. I have been up to see the ICU in Rockhampton. That will be one of the best intensive care units in Queensland. It is now state-of-the-art and it will help the people of Central Queensland as well. The new helipad on the roof of the hospital will help with aeromedical retrievals from Central Queensland, so people can get to hospital, get to surgery and then get to intensive care, if need be, as soon as possible.

We are doing a number of things throughout Central Queensland. There will be a mental health step-up step-down facility established in Gladstone which will be very important for the Gladstone community. That will cater for patients moving from acute mental health care into a home environment and will be funded, again, from the Significant Regional Infrastructure Priorities Program. In the coming months we will commence expansion of the clinical records area at Rockhampton Hospital.

I expect that in early 2017 work will commence on refurbishing the kitchen at the North Rockhampton Nursing Centre. As some members of the committee would know, that project tells a bit of a story about the Leader of the Opposition. Of course, the then premier, Campbell Newman, and the then treasurer, Tim Nicholls, the member for Clayfield, tried to sell that important piece of community social infrastructure in Rockhampton. We are now investing in the Rockhampton Nursing Centre, which is very important for those elderly residents and their families.

I look forward to receiving \$7 million from the federal government for the construction and build of a new car park at Rockhampton Hospital—a promise made at the last federal election that I look forward to being delivered. The Treasurer has said that by the end of the year we will go to tender for the construction of that car park and, of course, we will make an appropriate contribution at that time.

As I say, the increase in the budget for Central Queensland will help the community of Gladstone in terms of step-up step-down and the upgrade of the emergency department in Gladstone. Central West sees a 10 per cent increase in the budget, to \$68.6 million. I have been out to the central west on a number of occasions since becoming minister. There is \$1.4 million to employ additional nurse navigators, nurse graduates, nurse educators; \$0.8 million for the Aboriginal and Torres Strait Islander Investment Strategy; and \$1.1 million for the revitalisation of regional, rural and remote health services to assist in the employment of allied health assistants in Longreach, Winton, Barcaldine and Blackall. Central West has delivered a balanced budget and is forecast to do that in 2016-17. Some \$5 million is allocated for the upgrade of a number of health centres in the central west. Aramac in particular will receive \$5 million.

I mention the \$17.5 million that was the highlight of the 2015-16 budget for the Alpha co-located emergency services and health facility—the first time in Queensland we have built a facility dedicated to police, fire, ambulance and health services. That is a unique and special project. There are additional minor capital works investments in the Barcaldine Hospital air-conditioning system, which was upgraded. This year there is \$2 million for the Boulia Primary Health Care Centre to improve that centre and \$5 million for the McKinlay Multi Purpose Health Centre from the Significant Regional Infrastructure Priority Projects Program.

**Mr LANGBROEK:** When it comes to mental health, I point out that the replacement facility that the government announced was due for completion by 2011, when the minister was the Attorney-General in the former government. He can rewrite history as much as he wants.

**CHAIR:** Is there a question?

**Mr LANGBROEK:** I am going to ask a question. The minister referred to issues concerning the Barrett Centre, and we cannot allow him to rewrite history in the way he is attempting to today. My next question again relates to payroll issues. Page 7 of the SDS says that some \$948.7 million will be spent on priorities including IT. I refer to the minister's response to question on notice No. 15, Director-General, in which the committee is advised of five projects at a projected cost of \$245.5 million to fix Labor's Health payroll bungle. I wonder if the director-general could—

**CHAIR:** Member for Surfers Paradise, please do not use inferences and imputations in your question. Just ask the question directly. Please just ask your question without using imputations and inferences.

**Mr LANGBROEK:** All right, Madam Chair. Thank you for your guidance. With reference to question on notice No. 15, can the Director-General tell us about each of these five projects—what they were called or what they were, and whether they were delivered within the \$245.5 million budget?

**Mr Walsh:** All of the five projects were undertaken after the KPMG report of May 2012 in which that \$245.5 million is identified. As the question on notice identifies, all of the projects are currently complete. Some were completed prior to my becoming director-general, prior to the change of government. It is a question of what the previous government did. The member would have that information. There is one ongoing project which, as the question on notice identified, was due to be finished by 2014, but at the change of government in February 2015 that was still not complete and is currently ongoing. That is the electronic rostering rollout to staff.

**Mr LANGBROEK:** Thank you for that. My next question is about the health rostering project, which is yet to be completed. Is this project over budget? When do you expect it will be completed, and at what cost?

**Mr Walsh:** Currently it is in pilot phase. When the pilot is complete we will know exactly what is the cost. The KPMG report identified that this project would be rolled out on an opt-in basis. That would be in relation to HHSs—whether across a single HHS or location by location in a hospital, that the

electronic rostering application would be taken up. It is not a forced use of the electronic rostering application. Therefore, the total cost can be finally confirmed only when we actually know the number of people who will opt in, and that would have been the case from the beginning of the project in 2012.

**Mr LANGBROEK:** I now turn to question on notice No. 16, which was also about the Health payroll system. There were three questions there: the cost associated with the system upgrade, any allowance for overpayment write-offs and associated fringe benefits tax, and any cost contingencies associated with potential project overspend. Only one of these questions has been answered, B. Can you please make up for the deficiency in that answer and provide the committee answers to both parts A and C of the question?

**Mr DICK:** Is the question directed to me, Chair? I answer the questions that are asked of me in the parliament.

**Mr LANGBROEK:** Minister, it is a deficient answer, so that is why am asking the DG if he can—

**CHAIR:** Member for Surfers Paradise, the questions on notice are tabled to be responded to by the minister. The question would more appropriately be directed to the minister.

**Mr LANGBROEK:** If the minister is happy to, having been unable to provide the answer on notice, he can provide the answer now.

**Mr DICK:** Could you ask the question again, please?

**Mr LANGBROEK:** The question regards question on notice No. 16. There were three elements about which we asked for details—A, B and C—and only B has been answered.

**Mr DICK:** The answer is quite plain. Of course, everything we do in Health payroll is completely due to the decision of the previous government. We inherited the system, the process, the policy, the IT system. Everything that is happening in the Health payroll system is what we inherited. In fact, I do note the number of occasions when the previous government said that things were in hand and moving ahead. That was clearly was not the case, as the answer to the questions on notice around the Health payroll reveal. There were projects which were meant to be completed two years after the Health payroll commission of inquiry report in 2012 but which were not completed when I became the minister in February 2015. We are working through all of those issues systemically and carefully to deliver the right outcome.

The system that applies today is the same system that applied under the LNP. If that is not the system that the LNP thinks should apply, they should explain what their policy position is. If they do not think we should recover money, they should explain their policy position. Why do they not believe in any of the things they supported and that the members for Caloundra and Surfers Paradise supported as cabinet ministers when they claimed in government that it was fixed?

The member for Southern Downs announced to the then Health and Community Services Committee in 2014 that 'the payroll system now has no technical glitches'. I do not often agree with the member for Southern Downs, but that is correct. There are no technical glitches. I do not often quote the member for Kawana, either, but on his website in 2014 he said –

In just two years the government has fixed the payroll debacle left by Labor.

The system that is operating is exactly the same system that the LNP fixed across what we do in Health, but the good thing is that the dollar that we are recovering is reducing. The LNP recovered more money from staff and former staff than did we in terms—both the number of overpayments and the amount of overpayment. Thankfully, under our government they are going down and that will continue as long as I am the minister.

**Mr LANGBROEK:** My question is again to the minister. Could you please provide answers? If you cannot do it here, we are happy for it to be taken it on notice. What is the cost associated with the system upgrade and any cost contingencies associated with potential project overspend? This relates to sections A and C of question on notice No. 16, to which we have had no answer.

**Mr DICK:** I think the director-general has made it clear: we will not know the project cost until the project is completed. At that time, we will make a proper assessment of the project cost against budget and whether there is any overspend. We picked up a project that was not completed by the previous government when they promised that it would be. We will continue to work through that but we will work through it carefully. We will not rush that system or any changes that might adversely affect staff. I have made very clear to the payroll team, through the director-general, that they are to keep the staff of Health foremost in their mind as they develop new programs and projects across the system. This is completing the work that was left to us to complete, just like the first recommendation of the Health

payroll commission of inquiry that the then premier and the then ICT minister, the member for Mansfield, said was well on the way.

The first recommendation of Mr Justice Chesterman in his report was to develop a future planning program for ICT programs in Queensland. There was no investment strategy or plan developed by the previous government. One of my first orders of business last year was to get that right moving forward, and we did that. We have implemented our e-health investment strategy. It is there for the world to see. It sets out the pathways. There are so many things that we are trying to pick up and finish that were left behind by the previous government, but we will continue to work that thoroughly and methodically.

**Mr LANGBROEK:** The minister just said that the director-general's answer was that we do not know how much it will cost. That relates to my query about the cost associated with the system upgrade. Director-General, I understood that your answer was about question on notice No. 15, which related to the Health rostering system and not Health payroll. Can you confirm that your answer about not being sure about how much things will cost, because it is an opt-in system, related to Health rostering and not Health payroll, as the minister just suggested?

**Mr Walsh:** Can I just confirm: in terms of A in question on notice No. 16, that was completed under the previous government. It would be better to ask the previous government what the cost of that upgrade program was. In relation to C, any cost contingencies associated with potential project overspend, all projects are complete except for the electronic rostering program, and, as it is an opt-in program, the total cost, as it would not have been known in 2012, is not known now.

**Mr LANGBROEK:** Thank you.

**Mr DICK:** I am sorry if I misrepresented the director-general's answer.

**Mr LANGBROEK:** That is okay. I was just trying to clarify the specific programs we are dealing with here today. I turn now to page 18 of the SDS which provides an overview of anticipated revenue for the Department of Health. Continuing with our queries about the payroll system, how many existing employees have received letters from Queensland Health advising that debt collectors may be engaged to cover overpayments caused by the Labor Health payroll system?

**Mr Walsh:** The process of responding to any overpayments needs to be understood in the context that an overpayment can be generated because the form arrived late, which could be a human error, not necessarily anything associated with the payroll system as such. In other words, a person may be scheduled to work a particular shift with particular penalties and so forth, actually work a different shift and the form has to come in in order to make those changes. That is one. The second is errors in terms of the actual completion of the rosters—that people may not have all the information on there, or allowances may be inaccurately represented.

When it comes to an overpayment, this is about someone receiving public funds that, because of what they actually worked, they are not entitled to. What we want to do is respectfully and supportively respond to that issue in talking with staff. First of all, the staff member is contacted. In relation to current staff, there is no use of debt recovery services for current staff. Debt recovery is only used for staff who have finished working for Queensland Health. There are no current staff for whom that process is used. When I talked before about the value of debt recovery that has been referred to the debt recovery service, that all relates to staff who have left Queensland Health. None of them are current staff.

Those staff who have left receive a first letter identifying that they have, on the system, a nominated overpayment. Their first step is to contact the payroll service in order to clarify their understanding of that overpayment, because some people understand what the overpayment relates to; some people do not. Therefore, there is a process to negotiate that with the staff member in the first instance. They may agree with part of their overpayment, or some of the aspects, and they will enter into an arrangement of repaying that and then the remainder, if the view is that that is still an overpayment and it has not been able to be reconciled, may also be reported to the debt recovery service—only for staff who have left Queensland Health.

In relation to the numbers that I used before about the value of referrals to the recovery service, the pilot phase, \$257,000 worth of overpayments referred for collection, that related to 12 people; in the period 3 July 2014 to 31 January 2015, the \$1.02 million referred for recovery related to 605 people; and in relation to the period from 1 February 2015 to the present, the amount referred was \$3.6 million, which relates to 1,116 people. All of those people would have received letters.

**Mr LANGBROEK:** Thank you. In that case, does that mean that that contract that we spoke about at the end of the first break—the \$900,000—is seeking the \$19 million that, as I understand it, former Queensland Health employees are still owing? Is that right? Not the \$43 million?

**Mr Walsh:** I would need to confirm whether the 19 is correct, but, yes, that contract is for employees who have left Queensland Health. I would need to confirm whether 19 is accurate.

**Mr LANGBROEK:** Thank you. In keeping along the same line of questioning, would it be possible for somebody who had been an employee of Queensland Health potentially getting an overpayment letter but would be working for Queensland Health again now, because they had been re-employed. That could happen?

**Mr Walsh:** That could happen.

**Mr LANGBROEK:** They would still be caught up in this debt collection process, because it is to do with when they may have worked for Queensland Health in the past?

**Mr Walsh:** That is a scenario that is quite possible, yes.

**Mr LANGBROEK:** On the same matter, did you speak to representatives in Treasurer or the Department of the Premier and Cabinet about the decision to issue these letters?

**Mr Walsh:** The process of issuing the letters happens under the overpayments policy C48 in Queensland Health. That policy was brought into place at the time that the automatic recovery of overpayments occurred, which was in 2013. The letters and the process that are currently in place today were first used in 2013 under the previous government and there is no change to that process. I am not aware of what consultation happened at the time of the letters, but they are the same letters that were used in 2013 and the same process.

**Mr LANGBROEK:** Okay. Thank you. I am just querying then some of the things that, as I understand it, happened in the past, which were that the Queensland Nurses' Union was opposed to debt collection being a method of collecting this revenue. Has the Queensland Nurses' Union been consulted about the decision to issue these letters and engage debt collectors? Did the QNU support this policy?

**Mr Walsh:** I am not aware of whether the QNU was consulted in 2013 around the policy and the letters, but they are the same letters that are currently being used.

**Mr LANGBROEK:** Okay. Thank you.

**Mr Walsh:** Can I just clarify?

**Mr LANGBROEK:** Yes.

**Mr Walsh:** In relation to employees who are rehired, we remove them from the initial debt recovery process. If they have left and a debt recovery process has commenced and then they are rehired, we remove them from the original debt recovery and renegotiate with them a repayment schedule. I said before that the scenario is quite possible—that they left and would have a debt recovery process. What we do is discontinue that and start a negotiation.

**Mr LANGBROEK:** Because they are back on the payroll?

**Mr Walsh:** Yes.

**Mr LANGBROEK:** You make the normal negotiation as you would with a current employee?

**Mr Walsh:** Yes.

**Mr LANGBROEK:** Okay. Thank you for that. My next question is still on the same issue. Director-general, have you satisfied yourself that all employees who received these letters relating to alleged overpayments have had their claims of underpayments resolved? The issue that we are getting—that I am getting and other members of parliament are—is that there is a question from a number of them as to whether the facts and figures align with either their own accountant's figures, their own tax returns, their own memories of pay slips. I wonder if you could advise the committee about some of the processes, including that some have claimed underpayments?

**Mr Walsh:** The first step in the process is to contact the employee and explain the reasons behind the overpayment and provide the employee with an opportunity to clarify their understanding of the rosters that they worked and the payments that they are entitled to versus what the system has recorded. That process is about a negotiation between payroll and the employee and it is intended to be the process to deal with any discrepancies, or variations of view, between the employee and the payroll system in relation to the payments that the staff member has received. That process should reconcile any of those differences. That is the intention of the process—that contact first up.

**Mr LANGBROEK:** Okay. Finally, in this section, would there be debt collector letters being sent to employees who are disputing the overpayment balance? In other words, is there a time at which

there is an impasse between what the person claims they have been supposedly overpaid and what their records are? Do debt collector letters get sent in those cases?

**Mr Walsh:** You have to remember that, with the employees who are current employees of Queensland Health, there is no external service provider. Employees who have left Queensland Health is the only circumstance that an external service provider is used and that is only after letters are sent and opportunities are provided for the employee to contact us.

The external service provider is also about negotiating with the person a recovery of what is recorded as an overpayment. At that point there is an ability to also negotiate. At no point along the way is there not an ability for the person to engage with either the external service provider or us to understand or resolve any disagreements around the amounts.

I should also point out that, if the person is within Queensland Health—so a current employee of Queensland Health—and we get to the point where those issues are not able to be resolved, we allocate a case manager from the payroll service to work with the person to go through all the details about every aspect of their roster and shift to understand where those discrepancies are and try to reconcile them issue by issue.

**Mr LANGBROEK:** Before it goes to a debt collector, because they would be completely different in terms of how they deal with the client?

**Mr Walsh:** It never goes to an external service provider if you are an employee of Queensland Health.

**Mr LANGBROEK:** I know that. All right. Thank you, Madam Chair. I may come back to that.

**Mr KELLY:** Minister, I refer to page 18 of the SDS. Can you outline changes to payroll and the use of debt collection services?

**Mr DICK:** Thank you, member for Greenslopes. That allows me to put on the record some facts in relation to how the payroll system operates. Having worked as a nurse previously, you would know, member for Greenslopes, that the Queensland Health rostering and payroll system is large and complex. Staff are employed under two different acts covered by nine different industrial awards impacted by six different industrial agreements, which include more than 200 different allowances. Each fortnight, 95,000 pays are generated. That represents payments of more than \$286 million per fortnight, or approximately \$7.4 billion gross each year.

The fact is that the payroll system that our government uses to pay staff is exactly the same payroll system that the member for Southern Downs left us when the government changed. Of course, we seek to provide ongoing improvements in the operation of the system over time. We do with all parts of our system in health care. I will confront the work on payroll in the same way that I have confronted the other challenges in our health system: by treating people with respect and being honest and open with them. The reason these figures mentioned by the member for Surfers Paradise are in the public domain is I put them there. I answered questions about overpayments, the number of overpayments and the amount of overpayments and I put them on the parliamentary record and the committee has those answers.

There has been no change to the July 2013 overpayment HR policy, I am advised, as the director-general has commented upon, which governs when and how Queensland Health collects overpayments. The policy that applied under the LNP continues to apply today. As has been indicated to the committee, I am advised that the use of a collection agency only occurs as a last resort. Specialist collection agencies were first engaged by the Newman LNP government in February 2014 to assist in the recovery of overpayments and I welcome the member for Surfers Paradise's renewed interest in consulting with the Nurses' Union about matters like this.

It is only past and not current staff who are referred for external debt recovery. As the director-general has said, there are no plans to refer current staff under that process. Referral for external debt recovery for former staff only occurs following two letters. Some of those letters are normally sent via registered post. That is the normal process that is set out in the policy but, as I have indicated, it is appropriate that overpayments be recovered for the people of Queensland. There are, of course, very well-established hardship processes and provisions that apply to protect individuals. I have made it clear to the department that I expect that those hardship processes and provisions to apply.

Can I also address some other matters in relation to this that have been put into the public domain. I indicate that the member for Surfers Paradise said today publicly on radio, 'Only eight cases went to either civil action or debt collection because they were such significant amounts.' As with many

things put in the public domain by the LNP opposition, that is not true. I am advised that, between 3 July 2014 and 31 January 2015, before our government took office, 2,643 cases were referred by the then LNP government to an external debt collection agency. I am advised that, between 1 February 2015 and 27 July 2016, only 1,344—or around half of that number—had been referred to external debt collection agencies. Our rate of referral is about half that of the former LNP Newman government.

I also want to say something about automatic recovery. Again, on radio this morning the member for Surfers Paradise stated, 'Are the debt collectors going to be now knocking on the doors of current Queensland Health staff as well as the former staff?' It is a gratuitous scare campaign. It is gratuitous scaremongering. It is irresponsible, it is unhelpful and, most of all, it is untrue.

Debt collectors are not used for current staff of Queensland Health because there is already an automatic debt recovery process in place. Why is that? Because the government in which the member for Caloundra and the member for Surfers Paradise sat as cabinet ministers put that legislation through the Legislative Assembly. It is their law; it is the law they put through the parliament that allows for automatic debt recovery. To say that debt collectors will now be knocking on the doors of current Queensland Health staff, as I have said, is just irresponsible scaremongering and it is untrue.

The only field calls—that is, people knocking on doors—occurred between April 2014 and October 2014 under the Campbell Newman LNP government. Eight field calls, I am advised, were made in total. No field calls have been made since October 2014 and I do not intend to recommence that practice.

**Mr HARPER:** I refer to page 28 of the SDS which outlines the work you are doing to reduce smoking. How is the government working with local government to help reduce smoking?

**Mr DICK:** Thank you, member for Thuringowa. This is an important question given the journey our state has gone on over many years to reduce the rate of smoking in Queensland. I want to acknowledge the work that we are doing to build on the work of previous governments to reduce the rate of smoking in Queensland. It is worth reflecting that between 1998 and 2015 the Queensland adult smoking rate has halved and is now at around 12 per cent, but smoking rates in our community are still too high. The smoking rate amongst Indigenous Queenslanders is 2½ times the rate of non-Indigenous Queenslanders, and Queenslanders living in socio-economically disadvantaged areas have rates of smoking three times those of advantaged areas.

We will continue a range of initiatives this year. They will include Quitline, which delivers 36,000 counselling sessions each year; the Smoke Free Health Care program, which will continue to be expanded—nearly half of all public hospital patients are now receiving quit help and patches; Indigenous programs, including a new training program for front-line health workers to boost their quit-smoking clinical skills; intensive quit programs to boost support for blue-collar workers, pregnant women and their partners, homeless people and the unemployed—these programs delivered by Quitline achieve success rates of up to 23 per cent, which is more than five times the rate for people trying to quit unassisted; and, of course, our mass media campaigns will continue to remind smokers of the dangers of smoking, the benefits of quitting and where to get help.

Local government is a key partner of the state government in the fight against smoking. That is why as a government when we introduced and passed tobacco legislation earlier this year we provided a new power to councils to ban smoking in areas not covered by statewide smoking bans. This could include public streets with restaurants or parks where families congregate. Obviously councils are in the best position to have that finer detail in their local community about where it might be best to ban smoking. That was a power requested by the Local Government Association of Queensland in 2013, but it was not delivered to local government by the former government.

I am also delighted to announce a range of grants to councils. This will help councils to take practical measures like relocating or modifying bins for cigarettes and rubbish bins near public transport waiting points or other similar measures to support public compliance with the new tobacco laws. An amount of \$200,000 will be going to the Brisbane City Council, the largest city council in Queensland; \$100,000 will go to the Gold Coast City Council, the Moreton Bay Regional Council each and, of course, to the Logan City Council; and smaller grants of \$50,000 will go to the Sunshine Coast Regional Council, the Townsville City Council—you will be interested in that, member for Thuringowa—the Ipswich City Council—you will be interested in that, member for Bundamba—the Toowoomba Regional Council, the Cairns Regional Council, Redland City Council, Mackay Regional Council, Fraser Coast Regional Council, Bundaberg Regional Council and Rockhampton City Council. We will work in partnership with local government to continue to drive down smoking rates in Queensland, and I am hopeful these new laws, when they come into effect, will help us do that.

**CHAIR:** I refer to page 118 of the SDS which outlines performance for Metro North and the government's commitment to governing for all Queenslanders. What does this budget mean for Metro North, which services my electorate of Nudgee, and also for the Sunshine Coast HHS?

**Mr DICK:** Thank you, Chair, for your question. Metro North Hospital and Health Service, as you know well, is the largest hospital and health service in Queensland. The budget this year for Metro North will be \$2.386 billion. That is an increase this year of 9.8 per cent, or \$213.1 million over their published budget of 2015-16.

There will be a significant number of investments targeted at performance and providing services to the community of Metro North, including your electorate: a continuation of \$27.5 million in state funding to further reduce the number of outpatients waiting longer than clinically recommended—that will be state funding; \$1.7 million in state funding to reduce the number of ear, nose and throat patients waiting longer than clinically recommended for an appointment; \$3.3 million to continue to recruit additional nurse navigators, nurse graduates and nurse educators to support the government's nursing election commitments and improve patient care; \$3.1 million for the integration of the clinical operation of the University of Queensland Oral Health Centre with Metro North Hospital and Health Service's Oral Health Services—a brand-new integrated service for the people of Metro North; \$0.5 million for an interesting and important program dedicated towards women's cancer genetic services. Genetics and genomics are, of course, the new frontier of health care and the more we can invest not only in pure research, which our government has done, investing in genomics research, but in the application of genetic and genomics research the better the health outcomes will be for Queenslanders as we harness this technology.

Further, there is an additional \$5.5 million of state funding to continue to reduce the number of outpatients waiting longer than clinically recommended; an additional \$5 million to accommodate paediatric activity increases at the Prince Charles Hospital, which is just around the corner from your electorate, and throughout the hospital and health service; very importantly, a new step-up step-down mental health facility, which will be in the electorate of Nudgee—part of the footprint of Metro North where we see a gap. That will get ready for construction. That will complement their service system to help reduce reliance on acute mental health services. Further, a new 32-bed ward at Caboolture Hospital will open. I visited the construction site with the Premier a few weeks ago, and that is on track to help that part of Metro North.

Of course, on the Sunshine Coast, a very important, growing part of our state, there is a very significant increase in the budget this year given that the Sunshine Coast University Hospital will come on line. The budget of the Sunshine Coast Hospital and Health Service this year will be just under a billion dollars—\$996.8 million. That is an increase of 32.4 per cent, or \$244.1 million. That is to bring the Sunshine Coast University Hospital on line.

There will be \$106 million for the continuation of what we call the transformation and transition program for the preparation of the opening of the Sunshine Coast University Hospital. That prepares the other hospital and health services in the region for the opening of the hospital as well as funding the hospital itself. There will be \$46.1 million specific growth funding in the lead-up to the hospital opening to further reduce the number of outpatients waiting longer than clinically recommended; a further \$38.6 million to support the opening of the hospital, scheduled for the first half of the next calendar year; \$1.2 million in state funding to reduce the number of ENT patients waiting longer than clinically recommended for a specialist outpatient appointment; a further \$2.7 million to recruit additional nurse navigators, nurse graduates and nurse educators and some very solid performance results in the hospital and health service.

Of course, a significant part of finalising the hospital and health service capital investment will be the adaptive re-use of the Nambour Hospital to ensure it remains relevant to health service delivery and, of course, repurposing the Caloundra Hospital as part of the Enhancing Regional Hospitals program. We will continue to work on those projects.

**CHAIR:** Thank you, Minister, and thank you for that investment, particularly in Metro North and my electorate for my community.

**Mrs MILLER:** Minister, I refer again to page 14 of the SDS. The recent Barrett commission of inquiry outlined how a range of poor decisions were made affecting mental health services. According to the inquiry it would seem that these decisions were made in an environment of significant financial pressure. I am just wondering how anyone, including the previous health minister, Lawrence Springborg, could put a price on the lives of Talieha, Caitlin and Will, who are no longer with us, and I ask: what steps can be taken—

**Mr McARDLE:** Point of order. This question is well and truly out of order. The language is inflammatory, it asks for an opinion and in my opinion should not be allowed.

**Mrs MILLER:** I haven't asked the question yet.

**CHAIR:** Can I ask that you ask a question only relevant to the appropriation before us.

**Mrs MILLER:** Yes. What steps can be taken to ensure that when the department or a hospital and health service is trying to find efficiencies the same mistakes are not made?

**Mr DICK:** Thank you, member for Bundamba. As I have mentioned, the report of the Barrett commission of inquiry has a number of findings that are relevant for the ongoing administration of the Health portfolio, but some of those recommendations are also relevant to other portfolios in respect of proper and effective public administration. As you have mentioned, the report observes that in a number of key decisions financial considerations were important. Of course, the decision to request between \$100 million and \$120 million from the Health portfolio over three months in my opinion had an impact on what happened.

It is important that we ensure there is efficiency in the health system across Queensland. The department and the various HHSs need to meet their performance targets within their allocated budgets. As you can see in the SDS, a number of HHSs are implementing a range of measures to improve their financial performance and overall we are forecasting a balanced position at the end of 2016-17. In the department we have already made significant savings by reducing the use of contractors and consultants. That is a prudent and sensible approach. That is the key, member for Bundamba: to be prudent and sensible in your approach and not act in a way that may have potentially adverse or unintended consequences, which appears to be the case in relation to Barrett. I do not want to repeat the mistakes of the past. Our government does not want to repeat the mistakes of the past as documented in the commissioner's report.

In 2012, after the change of government, Queensland Health was required by the then treasurer to find \$100 million to \$120 million in savings in a three-month period. That is a very significant turnaround that had to be implemented in a very short space of time. It is not clear what guidelines were provided to ensure these decisions were made safely. The report identifies that, in response, department officials proposed to offer the Redlands project, which would replace the Barrett centre, it appears, to cover financial shortfalls identified in cabinet documents. Ultimately, in August 2012, the LNP government cut money from the Redlands project, which would have provided a replacement for Barrett.

Earlier in the proceedings today the member for Surfers Paradise said that it should have been built earlier. Well, it was not built by his government; I can assure the committee of that. There has been a lot of conjecture in the community that it was decided in 2008 that the Barrett centre would close. The conclusion of the commission is that it does not accept that proposition. I refer to page 197 of the report. The plan was to relocate the Barrett Adolescent Centre not to cease providing an adolescent extended care unit entirely. The Redlands project was not cancelled. At page 49, quoting the report, the commissioner made a conclusion on all the evidence that—

There is little doubt that drainage, koalas and other incidental environmental issues were obstacles impeding or delaying the Redlands project. But there is no evidence that they could not be resolved.

In terms of making a decision to close and then not consulting with anyone or, in fact, telling anyone, the conclusion could be that that was withheld from the public. The commissioner went on to say in relation to the decision to cease the Redlands project that Queensland Health –

... failed to inform readers that the funding allocated for the Redlands Project had been reallocated to other projects. This is significant because without this information, families, carers and staff would likely not have appreciated that there was no option of redeveloping or rebuilding the BAC

Our process is that we need to be careful, we need to be prudent, we need to be sensible and we need to balance obviously the fiscal operating environment that we work in with effective service delivery in a growing population that is ageing and that has a number of health issues impacting on them, including chronic health issues, but it is time that people were held to account for what happened. The public, in my view, needs to be offered an apology.

There has been a lot of discussion about the Health payroll today. I have apologised publicly for that. I have said it was a disaster for Queensland Health and it was a disaster for the state but, most importantly, it was a disaster for staff. I have said that on a number of occasions. I repeat that apology today. It is important now for the LNP to acknowledge the outcome of Commissioner Wilson's work, which is very significant and very detailed, and for the Leader of the Opposition to stand up and say

publicly that it was a failure in public administration for which he takes responsibility and accountability as a member of that government, as I have for our government's failings. As a sign of true leadership, he should show that genuine commitment and compassion to families that have been affected by what was a terrible decision.

**CHAIR:** Thank you, Minister. The committee will now adjourn for afternoon tea. The hearing will resume at 4 pm, when the committee will continue the examination of the proposed expenditure for the Health portfolio.

**Proceedings suspended from 3.30 pm to 4.00 pm**

 **CHAIR:** The committee will continue its examination. Welcome back, Minister and officials of the Department of Health and the hospital and health services. Welcome to officials from the Queensland Institute of Medical Research and the Mental Health Commission Queensland. Member for Surfers Paradise, you have the call.

**Mr LANGBROEK:** Thank you, Madam Chair. I have a couple of questions for the Cairns and Hinterland Hospital and Health Service Chief Executive Officer, please. Good afternoon, Ms Douglas. My first question relates to page 56 of the SDS, which refers to the Cairns and Hinterland Hospital and Health Service. It notes that in 2015-16, the HHS operated a \$20 million deficit. In the lead-up to 30 June, it was reported that the staff were asked to turn up the air conditioning and switch off the lights. Are such reports accurate and, if so, how much money did the HHS save?

**Ms Douglas:** We have a program of implementation of what we are calling an organisational sustainability plan. That plan is to look at improvements and efficiencies across the organisation. One of those things is to look at our air conditioning and our electricity. It is just good normal practice to make sure that we are using those services effectively and that we are not overspending in that area. I cannot give you any great detail about how much we have saved, but certainly it is an improvement that we are looking to make over the next financial year.

**Mr LANGBROEK:** My next question is still with regard to the \$20 million deficit. I note that on page 59, at the income statement, it states—

The deficit is expected to be partially funded from prior year surpluses.

I ask: how much of the deficit is to be funded from prior surpluses as noted and what is the outstanding balance?

**Ms Douglas:** The anticipated deficit is \$20 million. We will be using the retained earnings of \$16.1 million, so the end deficit will be \$5.9 million.

**Mr LANGBROEK:** Can you also inform the committee when the board, the director-general and the minister's office were first advised that the HHS would be operating a deficit and the form it would take?

**Ms Douglas:** Unfortunately, I have only been at Cairns for the past five weeks. I think the projected deficit has been for the past three months.

**Mr LANGBROEK:** Normally there are quarterly updates.

**Ms Douglas:** There is a monthly performance meeting between the department and the Cairns and hinterland health service. We report on our financial performance at those meetings.

**Mr LANGBROEK:** I also note, on page 55 of the SDS, that there will be a reduction in staffing in 2016-17 from 4,801 to 4,554 as part of the HHS's 'financial turn-around plan', which will be implemented throughout 2016-17. I ask: as this cut of 247 FTE jobs will focus 'on temporary employee contracts', can you advise the committee what the estimated workforce reduction will be on a head-count basis?

**Ms Douglas:** I could not give you an exact number on head count, but the roles that we will be looking at are the temporary contract services. Many of those are related to our implementation of the digital hospital. We put on a significant amount of staff to help with implementation of that ICT service. Included in this count is all the training required during that time. That system has now been implemented and we will no longer need that level of staffing in relation to that. We also have had one-off funding for a number projects. Again, once that one-off project is finished, those temporary people are no longer required and their contracts will be finalised. I cannot give you a definite head-count number, but we will be working on—it is mainly temporary staff, as well as an area we call 'nurse specials'. A nurse special is an extra nurse we put on a ward if a patient has high acuity. We are looking at different models of care in relation to that, so that we may not need as many of those nurse specials. Again, they are casual labour. There are no permanent staff being reduced in that area.

**Mr LANGBROEK:** Further to that question, would any of the staff be front line? You mentioned nurse specials.

**Ms Douglas:** They come from our casual pool, which is used across the health service. We will not be reducing the casual pool, because they are still always required to meet emergent leave, long service leave and those sorts of things, so there will not be any reduction to online front-line services.

**Mr LANGBROEK:** I presume the answer to this question is similar to what Dr Ashby said about the Metro South HHS, which is that there are no letters being written asking if people are interested in redundancies or separations?

**Ms Douglas:** No.

**Mr LANGBROEK:** What about advising the minister's office? Does that happen via you advising the director-general?

**Ms Douglas:** About what?

**Mr LANGBROEK:** About a reduction in 247 jobs over the next year?

**Ms Douglas:** As we discussed, we have a monthly meeting with the department in relation to our performance and discuss these sorts of plans with them on that monthly basis.

**Mr LANGBROEK:** Ms Douglas, I note on page 7 of the SDS that the Advancing Queensland's Health Infrastructure Program includes the development of a new health precinct for the southern corridor of Cairns. I understand that you have just said you have only been there five weeks, so perhaps I can advise you that, as I understand it, on 28 October 2013 the chair of the HHS wrote to the then minister advising that some 22 hectares of land, which had already been acquired for a health precinct, was no longer required.

**Ms Douglas:** Unfortunately, I cannot—

**CHAIR:** I am sorry, I am struggling to understand how your particular question is relevant. I know you have a relevant SDS reference, but you are talking about a piece of correspondence from 2013.

**Mr LANGBROEK:** My question is this: if it was not needed in 2013, what has changed in the intervening period for it to be part of the 2016-17 budget?

**Ms Douglas:** Can I refer it to the DG?

**Mr LANGBROEK:** I am happy for the DG to give us an answer, given that you have been there for only five weeks, Ms Douglas.

**Mr Walsh:** I think the reference is about the 22 hectares.

**Mr LANGBROEK:** That is right.

**Mr Walsh:** It is a smaller site that is actually being established as a community health service in the south of Cairns. When it is saying that that site of 22 hectares is no longer needed, it is a smaller site that is actually going to be used to develop the south of Cairns service.

**Mr LANGBROEK:** Director-General, I am happy to follow this up with you. As I understand it, following the redevelopment of the Cairns Hospital, which was happening and continues to happen, it was deemed that there was going to be a recommended sale of the land at Edmonton because the Cairns Hospital was deemed to be sufficient to meet the long-term needs of the region. My query is this: what has changed in three years?

**Mr Walsh:** Health care is broken up into primary care and acute care. The hospital provides the acute inpatient care and, therefore, at this point in time, given the growth in south Cairns—because there is significant growth. It is a growth corridor in south Cairns around—I cannot remember the exact name of the suburb and I do not want to say it in case it is the wrong name.

**Mr LANGBROEK:** Mount Peter or Edmonton.

**Mr Walsh:** Yes, Saint Peter or something, near Edmonton. The growth there will require a community-based service, which is about supporting people in a primary care model either before they need acute care or after they need acute care. In terms of Cairns Hospital being able to service the needs of the population into the foreseeable future, that is correct; as a hospital. In terms of needing to add services as populations grow, this is responding to that.

**Mr LANGBROEK:** Thank you for that clarification. My final question to Ms Douglas refers to the service delivery statements, page 9, specifically, the measure concerned with the percentage of elective surgery patients treated within clinically recommended times. I note the Auditor-General in QAO report

No. 15 for 2015-16, volume 2 page 6, identified that less than 20 per cent of patients at the Cairns Hospital were actually wheeled into the operating theatre by the scheduled session start time. Would you advise the committee what the impediments are that are causing these delays and what the HHS is doing to address this issue?

**Ms Douglas:** We have taken the recommendations from the QAO report and reviewed them in terms of ensuring efficiency within the organisation. We see over 11,000 patients in the theatres at Cairns Hospital. It is a significant logistical requirement to get those patients through the hospital. We have taken the recommendations from the QAO and are looking at how we can improve that. Some of it relates to data entry and making sure that we are doing effective data entry which relates to that. Some of it is about ensuring that the patients are ready and that the staff are ready and on time to deliver. Certainly, we have taken the report and are working on improvements.

**Mr LANGBROEK:** It is a very low number, isn't, Ms Douglas? Twenty per cent or one in five are in on time. It seems like a particularly low number.

**Ms Douglas:** It is definitely an area for improvement for us. We are working with our clinical staff to ensure that that does happen. Certainly, the patients are seen—currently, we have no long waits within our HHS. We have been able to improve the amount of time that a patient is seen within clinically recommended time. We have made significant improvements, but we agree that we need to continue to improve in this area.

**Mr LANGBROEK:** Thank you very much. Welcome to the job. Madam Chair, I ask the Chief Executive Officer of the Wide Bay HHS to come to the table. Welcome, Mr Pennington. I refer to recent media reports of delays of up to eight days in the HHS being able to transfer patients requiring urgent neurosurgery to the Royal Brisbane Hospital. On how many occasions over the past year has the HHS sought to transfer patients to the RBH only to be advised that the transfer will have to be delayed?

**Mr Pennington:** I would have to get those numbers. I do not have individual numbers in terms of transferring to the RBW or any other tertiary service, for that matter. On occasions, there will be difficulties transferring patients from any regional service. It is variable and it is dependent on demand.

**Mr LANGBROEK:** Madam Chair, via the director-general and minister, is that something that you are prepared to take on notice? Minister, it is a question about the number of occasions over the last year that transfers may have been delayed.

**Mr Walsh:** I am happy to respond. In relation to the clinical care pathways, referrals and transfers, they are reviewed case by case, as it happens, because it is a local clinical decision as to whether or not the delay is acceptable as a clinical decision. Therefore, all of those cases would have been assessed in relation to that particular issue. If there are any individual cases that you have where people have been delayed and there is concern about that, they can be provided to the HHS for review. Clearly, on a systemic basis, we look at all of these areas of activity as a system to see where there are issues, if they are coming up, and how we can improve them as a system. Any delay is first assessed clinically.

**Mr LANGBROEK:** My question came about because of a pretty well-publicised case in the last week about which the local member for Hervey Bay, Ted Sorensen, contacted me. He has a good working relationship, and we all appreciate what the minister is allowing us to do to be able to contact our HHSs as needed. Of course, the family were very upset about the potential issues for their child, which brings me to this question today. I have no other information. That is why I am seeking information on behalf of that local area. Thank you.

**Mr DICK:** We are happy to follow up on that, if you would like, member for Surfers Paradise. The director-general is right: those decisions are made on a clinical basis. We take a systems leadership approach, so the reality is that the legislation provides that health services are delivered by the board and the chief executive, and they are held accountable for performance, for budget and for a range of other measures. We monitor that system and make sure it runs properly. That is our role as the systems manager, through service agreements and other mechanisms. We constantly monitor those things. We are looking across the system in terms of the QAO report on theatre utilization. That covered the period July 2014 to December 2015. I am not trying to make a political point, but half of the time was the Newman government, half of the time was the Palaszczuk government. We are now implementing a review across the system. What does that mean and how do we improve that? Because I think it needs to be improved and I think everyone here would think it needs to be improved. We take those reports of the Audit Office very seriously. If we were to look at every clinical decision that was made that resulted in a delay we would spend all of our time and money looking at individual decisions. That may not be

the best use of that time and investment. We are very happy to look at specific cases or anything you wish to raise.

**Mr LANGBROEK:** I think the main issue with a lot of these instances is similar to what happens in our electorate offices. It is a communication issue. If you have a very sick child and you are concerned about their prognosis and are worried about what is happening, it is about whether someone can explain that, as we have heard already today with the patient we discussed earlier.

**Mr DICK:** As you have indicated, I always welcome representations from any member of parliament about an individual constituent or clinical matter. We will always seek to action that. MPs have a duty to represent their communities. We will always do our best to help people.

**Mr LANGBROEK:** Mr Pennington, I refer to page 197 of the SDS—reductions in staffing levels from 2,947 to 2,783, a cut of 164 full-time-equivalent jobs. Can you advise the committee what the estimated workforce reduction will be on a head count basis or, as I have asked other HHS CEOs today, which jobs they are, the areas they are in, how you have advised the DG et cetera?

**Mr Pennington:** It is pretty much the same process. In 2016-17 we are not expecting a significant change in the overall MOHRI count or FTE head count. The difference in numbers has been offset against an increased service level agreement that we have put in place and agreed with Queensland Health for 2016-17. This was also dependent on the availability of Commonwealth funds, particularly around MPA and oral health, which looks to be on the table now.

We had a number of people on temporary contracts that would have concluded at the end of June. We kept all of those staff on. Their contracts have been extended for six months, pending the agreement of Commonwealth funds. A reverse of that would be significant increases, particularly in clinical areas, where we have had difficulties with locum medical staff and significant agency nurses in the preceding 18 to 24 months. We have now worked our way down to the lowest level of SMO vacancies we have ever had. We are seeing an increased number of FTEs and a reduction in agency staff, which is cheaper and which we needed to do because of a significant financial problem.

**Mr LANGBROEK:** Can you expand a little bit on that? You were talking about agencies—in other words, finding permanent SMOs as opposed to agency ones which cost a lot more?

**Mr Pennington:** Yes.

**Mr LANGBROEK:** Thank you very much. Director-General, I refer to the deficit identified on page 24 of the SDS. When was the minister first advised that the department's predicted operating deficit was out by some 586 per cent and that there would in fact be a \$99 million deficit for the 2016-17 financial year?

**Mr Walsh:** The reporting of the financial performance of the system occurs on a monthly basis and therefore it is provided as a briefing to the minister on a monthly basis throughout the year.

**Mr LANGBROEK:** Originally it was going to be \$14 million. You track that monthly and say each month that we are heading to a certain amount and it just kept blowing out to, finally, \$99 million?

**Mr Walsh:** It is important to understand how the contracting relationship occurs between the department and hospital and health services and also the use of retained earnings for HHSs in order to understand how the \$99 million is arrived at. The first thing is that a deficit is automatically created because of the accounting treatment of using retained earnings. As the retained earnings are sitting on the balance sheet of the HHS, when you actually expend that and it goes into the income and expense statement it automatically creates a deficit.

Some of the forecast deficit going into this year was commitments that HHSs had made about using retained earnings to enhance services or respond to issues locally, or decisions throughout the year to use retained earnings to do that. Therefore, you can only forecast knowing the decisions that are made at that time. Throughout the year decisions are made which actually impact on that.

When those decisions are made, as the chief executives have indicated, we do that in consultation. The retained earnings are the hospital and health services'. When they are looking to expend that they make their decision, but it is in an open and transparent way so that we know and can track that across the system.

Some of the \$99 million is because throughout the year decisions were made to actually use retained earnings. Some of the other things are in terms of projects that occurred and initiatives that were rolled out throughout the year. You need to be looking at the \$99 million not just in terms of the difference between that and what was forecast because decisions throughout the year change.

**Mr LANGBROEK:** Having said that, you cannot just keep doing that every year, can you? You then have to start amending your decisions and your budget forecasts so that you do not end up with another deficit next year?

**Mr Walsh:** Absolutely correct. Certainly the decisions that HHSs make—and this is part of the system—is that you want to keep some retained earnings, if at all possible. In a \$12.8 billion budget across HHSs it is challenging to land at zero every year. Some years you will land ahead and some years you will land behind. The issue is the trend over time. You want to use them because you do not want them to be sitting there not being utilised.

**Mr LANGBROEK:** Not using all the budget, as in Education when I was the minister?

**Mr Walsh:** It is the same sort of thing. It is a balance. Some years you want to use them and some years you want to save. Those decisions are made by HHSs but in consultation with the department. As I said, it is reported monthly and we brief the minister monthly on progress.

**CHAIR:** I move to government questions.

**Mr KELLY:** I refer to page 128 of the SDS which outlines the performance for Metro South. Looking south of the river, what does this budget mean for places like Metro South, which includes my electorate of Greenslopes, as well as the Gold Coast, Toowoomba, the Darling Downs and the south-west of our state?

**Mr DICK:** There are two matters that I would like to clarify before proceeding with an answer. The first relates to the investment in this financial year to replace the 100-year-old Aramac Hospital. It is \$2.7 million. I have just been a bit overwhelmed by everything we are doing in the west at Aramac, Alpha, Dimbulah, Atherton, Roma, Cloncurry, McKinlay. I momentarily forgot the figure. It is \$2.7 million. There is a lot of work happening in the west. I am very happy to support Queenslanders living in the western part of our state—in the bush. They deserve the best possible health services as well.

The decision not to proceed with the hospital on the property known locally in that part of Queensland as Mann's Farm was a decision made in October 2013 by the then Cairns and Hinterland Hospital and Health Service Board. They advised the then minister, the member for Southern Downs, about their decision not to proceed with that site for a hospital.

In relation to the member's question, a significant amount of work is happening south of the Brisbane River and in Metro South, another important hospital and health service in terms of our health services in Queensland. It has the second largest operating budget this year of \$2.194 billion, an increase of 8.7 per cent on the 2015-16 operating budget, or \$76 million.

This financial year we will deliver the Wynnum Integrated Health Care Centre. We made a promise in the last state election to deliver a new health facility for the people of the bayside based around Wynnum. It is a very important facility and a facility that was held close to the heart of that community. The previous government determined to close that facility. We have made a decision to replace it with an integrated healthcare centre. That will be delivered this financial year.

We are expanding capacity to deliver outpatient services. There is \$6.9 million to reduce the number of outpatients waiting longer than clinically recommended. That is a state funding investment. There is \$3.4 million to reduce the number of ear, nose and throat outpatients. Again, that is a state funding investment. There is \$1.9 million to increase staffing at the Logan Hospital adult emergency department. There is \$1.2 million to increase the number of beds from 16 to 20 at the Logan Hospital paediatric inpatient unit. There is \$1.7 million to support our strategy to tackle ice in the community in Metro South. There is \$3.2 million for our nursing commitments.

Of course, we are expanding the next stage of the digital hospital project. I want to commend again, as I have on a number of occasions, the board of Metro South, led by Terry White, and also the chief executive, Dr Richard Ashby, who appeared before the committee today, for their work in delivering Australia's largest and I think best digital hospital. That will continue to have further rollouts of a number of modules this year. This is a very successful project. Thousands of staff have been trained at that hospital and there have been no adverse clinical incidents.

That is the way of the future. We have to invest in that. As the director-general discussed earlier, there needs to be an investment and we need to find those funds. The boards of hospital and health services are responsible for managing their budgets and delivering. They are best placed to make those decisions. That is again what the Hospital and Health Boards Act provides. They make those decisions and then are accountable for them.

I am very pleased to support Metro South. That hospital and health service does great work in the community of Logan and in the electorate of Woodridge. I am very pleased with the work they are doing there. We will keep a close eye on the increased demand at Logan Hospital. We will support that hospital, as we have in the last financial year.

The city of the Gold Coast is a very significant city. The member for Surfers Paradise will appreciate how important the Gold Coast University Hospital and Robina Hospital are to his community. There is an increase of \$7.5 million to the Gold Coast Hospital and Health Service. That is an increase of \$90 million.

The budget of the Gold Coast Hospital and Health Service this year will be \$1.283 billion—that is, \$1¼ billion on the Gold Coast. There is \$5.1 million in state funding to reduce the number of outpatients waiting longer than clinically recommended. There is \$1.2 million in state funding to reduce the number of ENT patients, \$2.4 million for nurse navigators and \$1 million to support our ice initiatives. There is \$1 million to support an integrated care service on the Gold Coast, which is a very effective service. They have delivered a balanced budget in 2015-16 and anticipate delivering a balanced budget in 2016-17.

In Toowoomba and the Darling Downs, which is not necessarily south of the river but in the south-west of our state, the hospital and health service is well led by Mike Horan. It is delivering some very successful outcomes for that part of Queensland. For that service there is an increase of 5.8 per cent in the budget. That is a \$36.7 million increase, to \$674.5 million. There is \$3 million in capital funding to expand the Toowoomba Hospital emergency department from 20 to 29 beds and \$2 million to recruit additional nurse navigators. This is a service that is operating very well under the leadership of the board there. There are some important things happening.

Not to forget the south-west, it has a very interesting hospital and health service. It does not have a large hospital, per se, although we are rebuilding the Roma Hospital, which is the biggest capital works investment in the Maranoa for about 50 years. That is a very significant Labor investment in that community. There is funding of \$135.8 million, an increase of seven per cent, or \$8.9 million, on last year's budget.

Again, there is money for nurse navigators, the Aboriginal and Torres Strait Islander health investment strategy, programs to support ice, including a community generated program called Project HOPE. I was out in Cunnamulla last week and saw the important impact that program is having on the community. Young people at Cunnamulla State School went on a camp recently, led by local chair Lindsay Godfrey. It is a great way to engage students in the community who are otherwise disengaged. We are really keen to support Project HOPE.

We are investing in the Cunnamulla Hospital. We are investing in a new laundry and new kitchen. That is important for that community. I was very pleased to recognise the service of one of our long-serving and distinguished staff members who has worked for 30 years in the laundry at the Cunnamulla Hospital. I was delighted to present her with a certificate of appreciation for her service to Queensland Health. She has worked at Cunnamulla Hospital for 30 years.

Our health services in Queensland are very well served by people who commit their professional working lives to making health services better, wherever they work in the system, be they cooks, cleaners, wards men—patient support officers, as they are properly called—security guards or our clinicians, some of whom lead the world in the work they do. It is a great system. I am very privileged to be able to lead that as the Minister for Health, and there is more work to be done.

**Mr HARPER:** Minister, I refer to page 12 of the SDS which outlines performance in emergency care. Further to your work to improve the connection between ambulance services and hospitals, what is the government's plan to address winter demand for hospital services?

**Mr DICK:** Thank you, member for Thuringowa. I know from your long professional experience as a paramedic you know how important that interface is between the Ambulance Service and our hospitals which happens at the emergency department. When I became the minister and after our first winter last year—my first winter as health minister—I was surprised that we did not have a dedicated strategy to deal with the growth in demand that happens in our state and in our hospital and health services each winter. Winter has a double impact on what happens in Health. It impacts the community—more people get the flu and there is a spike in people who fall ill. It impacts on our staff who also get sick. It has a challenging impact on how we manage our workforce.

I asked the director-general to work across the system with our hospital and health services, with the department and also with the Ambulance Service to develop a dedicated winter bed strategy for

this year. One of the problems we faced was the removal of the direction by the previous minister, the MEDAI direction, the Metropolitan Emergency Department Access Initiative. That was implemented by the previous government. The direction was removed by the previous government, and of course that sent ramping through the roof at public hospitals, particularly in the south-east. We have had a lot of repair work to do. We reinstated that directive and that has had an impact. That happened, I think, in August last year.

Then we developed another package of measures to respond to winter this year. I announced that in May. The five-point plan was, firstly, to provide an additional \$15 million to hospital and health services to deal with demand; secondly, to deliver an extra 139 beds across the state to provide surge capacity in areas of high demand; to deploy 12 what is called clinical initiative nurses in metropolitan hospitals to supervise patients arriving by ambulance, ensuring that paramedics can get the patient off the stretcher and into emergency. I see you are nodding your head, member for Thuringowa. You know that that is the interface and that is the challenging operational space for paramedics and for emergency department staff. We now have dedicated nurses who work in a number of our emergency departments who can help with that transition and then care for patients as they are triaged.

We are also working with CSIRO—an interesting project—to use large data sets to make staff in hospitals and emergency departments during winter more efficient. We are trying to use the enormous data set that we have about illness and how that affects staffing in hospitals in the past to try to develop a programming model of what the potential impact will be in winter so that we can then structure staffing accordingly. Lastly, we are bringing forward the recruitment of additional paramedics.

We had a summit that brought everyone together. We have now rolled that out. That is now having an important impact on service delivery and performance in emergency departments in Metro North and Metro South, our two largest hospital and health services. The clinical initiative nurses have been rolled out. We have additional positions in Metro North seven days a week—there are a range of FTEs working in those hospitals—3.08 nursing FTEs commenced on 1 June; at Caboolture Hospital, four full-time equivalent nurses commenced on 6 June; at Prince Charles Hospital, 3.08 full-time equivalents commenced on 6 June; and, at Redcliffe Hospital, 3.68 full-time equivalents commenced on 1 May.

I am pleased that there have been some positive outcomes. At Metro North hospitals, total presentations have varied across those hospitals. There were higher than average attendances in March, April and May but a decrease in activity and an increase in performance in June. Performance equating to the percentage of patients whose emergency department stay was within four hours has improved at both Caboolture and Redcliffe. There are additional staffing positions at Logan Hospital, Queen Elizabeth II Hospital and the Redland Hospital. There are a range of activities happening across our hospital and health services—rapid assessment and treatment models; increasing opening hours for paediatric emergency departments; expansion of the emergency department capacity at Logan Hospital; purchasing some additional beds from Canossa Private Hospital, for example, to support staff for additional palliative care spaces; working to support the six-day bed hospital model at the Lady Cilento Children's Hospital. This is happening across Queensland.

We sat down and we worked through with hospital and health services where the highest pressure points were and then we developed a model that would apply across Queensland. We have had initiatives rolled out in Central Queensland, West Moreton, Wide Bay, Townsville, Mackay and on the Gold Coast as well, and that is having an impact. We are going to have a significant flu season, I believe. The number of flu cases has been significant early in the flu season. As members of the committee would know, we reach our peak around the time of the Ekka. That is always seen as the peak period for flu. There has been a stabilisation since the late part of autumn and the early part of winter which has been good. We hope to work effectively across the system to make sure patients are treated as promptly as possible and that paramedics can get out of emergency departments and back into streets and suburbs where they belong.

**CHAIR:** Minister, I refer to page 6 of the SDS which has some commentary on outpatient initiatives and the government's plan to provide health care on time. Can you please advise what actions the government has taken to reduce the significant number of people waiting longer than clinically recommended for specialist outpatient services?

**Mr DICK:** Thank you, Chair. As you know, this has been a very important program for our government. When we came to government we found 100,000 Queenslanders waiting longer than clinically recommended for a specialist outpatient appointment. In our first budget we announced an investment of \$361 million over four years. That is paying dividends now, with 40,000 fewer

Queenslanders on the waiting list than when we came to office. At the same time, there has been an increase in demand for services. Notwithstanding the increase in demand for services, we have managed to get those waiting lists down across the system. We have still been able to keep our performance up particularly with elective surgery because, of course, when patients are seen by a specialist, one of the outcomes might be elective surgery. Notwithstanding increasing demand, we have been able to get that outpatients list down and we have been able to maintain performance in elective surgery.

I want to publicly, through this committee, acknowledge the work of our staff across Queensland. I have met a number of them. I was very pleased to meet the team at Rockhampton when I was up there I think somewhere between four and eight weeks ago. They have been doing some fantastic work in that hospital—in particular, Christine McPherson, who I want to acknowledge, who is the Nurse Unit Manager. They have done wonderful work. They now have 250 long waits—down from thousands. They have literally reduced it from thousands down to 250. I was so pleased to meet Christine and see her passion and commitment as a representation of the great staff who work in our health system across Queensland.

We consulted widely. We wanted to look at the whole journey, from when someone goes into see a GP in the role of general practice and primary care, in that space, all the way through to the referral process, what happens in hospitals and what happens with the appointment process through to treatment and then recovery. We have had two summits. I will be announcing a strategy shortly. There are a number of things we are doing including providing access to 'The Viewer', which is our hospital information system. I do not want to traverse on the work of the committee or the standing orders, but there is legislation in the parliament to allow access for GPs so that general practitioners can see what is happening to their patients and then that informs decision-making at the primary care level which is really important.

Performance measures will also be regularly updated, and there will be transparency around that. There will be more specialist outpatient services and different types of services including looking at our great allied health professionals in hospitals. If you present to your GP with an orthopaedic problem, is it something that is needed to be seen by an orthopaedic surgeon or is it another form of orthopaedic problem that might be dealt with by a physiotherapist or an allied health professional? There have been a number of pilot programs run in a number of hospital and health services which have delivered great clinical outcomes. Patients want to be treated. They are not necessarily caught up in the form of treatment. They just want their illness or medical issue dealt with effectively. We are looking through that. We are very focused on that across the system. I know that our boards and also our chief executives are very focused on that, as well as the department. We will continue to roll out initiatives and announce a broader strategy shortly.

**CHAIR:** The member for Surfers Paradise has the call.

**Mr LANGBROEK:** My question is to the director-general. I refer to page 5 of the SDS which is about providing equitable access to quality health care across Queensland's unique landscape and relatively decentralised population. It is about Heart of Australia, Director-General. The Heart of Australia truck was featured last week on *Australian Story*. It brings specialist medical services to remote Queensland communities. Last week the Premier was unable to explain why funding of this service was being cut to the tune of \$250,000. Can you inform the committee as to why this funding is being cut?

**Mr Walsh:** Can I first say the funding is not being cut. The initial allocation of \$250,000 was a one-off allocation. It was a start-up contribution to Heart of Australia, recognising the service. It was never part of an ongoing service agreement. It was in fact a start-up allocation, so nothing has been cut in relation to funding to them.

As Heart of Australia have indicated, they have put forward a proposal through the market-led proposals process, which is managed by Queensland Treasury. That process has identified that the proposal will not at this stage be progressing to further consideration. Therefore, Queensland Health is not going to be providing any funding for it. If you need to find out about the market-led proposals process, it will need to be a question to the Treasurer.

**Mr DICK:** Can I add to that?

**Mr LANGBROEK:** Yes, certainly, Minister. It is a valuable service. No-one would question it. I saw it last year when I was at the Stamford races near Hughenden. It is quite a remarkable service.

**Mr DICK:** We encourage hospital and health services to use whatever services they need to deliver health outcomes for Queenslanders. We have encouraged hospital and health services and we have encouraged Dr Gomes to talk directly to hospital and health services. In a number of the areas where he works and where his service is provided, we are already providing cardiac services. I am advised that hospital and health services already provide cardiac services in nine of the 12 locations serviced by Heart of Australia. We continue to encourage our hospital and health services and Dr Gomes and his business partners to work with local HHSs to see if there is any opportunity to partner across the system to deliver for those communities.

Ultimately, we expect service performance outcomes. We expect cardiac services to be delivered, but we leave that to hospital and health services to make decisions about how they do that. That is appropriate because there has been a lot of criticism that we were going to somehow get rid of the boards and take over central control. As a government, that is not our intention. It never has been, given that we passed the legislation through the parliament to establish the hospital and health networks, as they then were, which became the boards. I continue to thank Dr Gomes for his work and encourage those hospital and health services to work with him as necessary.

**Mr LANGBROEK:** Minister, I think he has tried. I have met with him before I was in my current role. He has tried with various hospital and health services. The local communities are inevitably saying, 'We would really love to have him come,' yet the hospital and health services do not seem to be wishing to contribute. It may be a business but I do not think he is doing it in any business sense. He is not doing it, as I understand it, for the financial benefit.

**Mr DICK:** Well he clearly put a plan together. He must have had a form of business proposal. He is funding the program. That was initiated and the government was pleased to provide an initial grant to support him which I think may have gone into capital investment. I am not quite sure of that. Like any private provider, it is a private provided service. We always look to partner with the private sector in delivering those services across Queensland. It is a challenge for us because we have to use our money prudently as well. There has been some discussion earlier about deficits and so on. We need to be careful how we spend that money. I will continue to work with the hospital and health services to see how they could partner effectively with Dr Gomes.

**Mr LANGBROEK:** Director-General, I refer to page 24 of the SDS which shows that employee expenses for this year will be approximately \$9.812 billion. What provision has been made for the nurses' and midwives' EB9, as a lot of people I speak to are curious to know if it will match the LNP's over three per cent annual increase?

**Mr Walsh:** There has been no decision made about EB9 at this point. Therefore, there can be no hard allocations made. We are operating within the government's wages policy of 2.5 per cent.

**Mr LANGBROEK:** I now turn to the staffing table on page 22 of the SDS. Director-General, I draw your attention to the fact that there are 100 fewer positions in the category 'Other Department of Health' which is attributed to what is termed in the notes underneath 'active management of staffing'. Could you advise the committee what types of employee classifications fell into this category? Were any of these 100 positions removed classified as 'front-line', given that the Premier has said that all public servants are front-line?

**Mr Walsh:** The number of FTEs in the department, as you indicated, for the budget is 1,759. The actual number in the department other than the direct service providers, which are eHealth Queensland and Health Support Queensland—they are reported separately because they provide services out to HHSs—are the people who are providing the policy development, the program oversight and supporting HHSs to deliver services. I can provide the classifications in terms of the breakdown as to what stream they are in, but they are the numbers. There are some areas that have more or less contact, but it is intended to identify those people who are supporting the system.

**Mr LANGBROEK:** Would you be able to advise us what the reduction was on a headcount basis, because I think that is 100 FTE equivalents?

**Mr Walsh:** What I think we need to be able to do is compare it to last year's SDS. I do not have the number in front of me and the number was not reported separately last year, but I would like to provide as a follow-up the actual number that was in the department last year separated out by eHealth, Health Support Queensland and the rest of the department to be able to compare the 1,759 this year to last year.

**Mr LANGBROEK:** To the estimated actual for 2014-15?

**Mr Walsh:** Correct.

**Mr LANGBROEK:** That would be appreciated. Thank you very much. Director-General, I refer to the Priority Capital Program, mentioned on page 7 of the SDS, which contains some \$80 million worth of asset renewal and enhancement works. Will the director-general or perhaps the chief health infrastructure officer undertake to provide to the committee a detailed list of what these projects are, what they are expected to cost and the time frames for delivery?

**Mr Walsh:** Can I get that reference again?

**Mr LANGBROEK:** It is page 7 of the SDS, the Priority Capital Program. It is the bottom dot point above the last sentence. On the bottom of the page it says—

\$80 million to continue delivering a range of asset renewal and enhancement works across the State under the Priority Capital Program.

**Mr Walsh:** I am happy to provide the committee with what is already announced, because these initiatives are identified throughout the year through a prioritisation process with HHSs and therefore operate on that basis. Some of that \$80 million is already committed and therefore I would be able to provide what initiatives they are allocated against but not necessarily all of it which will then get announced as they are allocated.

**Mr DICK:** It is effectively a minor capital works program.

**Mr LANGBROEK:** On a needs basis, if there are certain HHSs which say, 'We have this need for \$2 million or \$3 million'?

**Mr DICK:** Correct. If the air-conditioning system, for example, is at the end of its effective life or if there is a problem with the air-conditioning system, that is the sort of project which would come forward to the department. As I mentioned earlier, for example, with the new laundry and new kitchen at Cunnamulla, they are the sorts of programs that we will fund, and we will work with the HHSs to identify and fund them.

**Mr LANGBROEK:** So some of that will have been already expended or announced?

**Mr DICK:** Yes.

**Mr LANGBROEK:** Some of it has not been and will be?

**Mr DICK:** Yes, that is so.

**Mr LANGBROEK:** My next question is to the minister. There is a reference to health technology on page 7 of the SDS, and I ask: will you outline to the committee the time frames surrounding the department's open tender process for a new Queensland Health laboratory information system which processes some 11 million pathology tests annually. When do tenders close? When will the assessment of tenders and expressions of interest be completed?

**Mr DICK:** I am happy to consider providing that information and I will seek—

**Mr LANGBROEK:** Allowing for commercial-in-confidence. I understand those sensitivities.

**Mr DICK:** What I will try to do is get you some information before the end of the hearing. That is normally my practice. My view is that the committee deserves answers as promptly as possible. If I cannot provide it to you by 7.30 tonight then I will take it on notice. The problem we have, member for Surfers Paradise, is that when we came to government I was briefed as the incoming minister that Queensland Health had a number of ICT systems with a risk profile of high or extreme—

**Mr LANGBROEK:** That would have put fear into your heart, Minister, I am sure.

**Mr DICK:** What I was worried about was the obvious neglect of the previous government to act with any sort of diligence to address this problem. One of those, as you have quite properly indicated, was the pathology results system, Auslab. That along with the financial assets and materials management system, known as FAMMS, and the patient administration system, HBCIS, were the three most critical applications. I was also briefed that there had been an increase in significant ICT outages over the past six months prior to my becoming minister primarily due to ageing infrastructure, unsupported software versions and a break/fix approach to replacement. When I came to government I found out—I am trying to work out precisely what IT system was operating. I think it was Windows 97; is that right, Director-General?

**Mr Walsh:** Windows 95.

**Mr DICK:** Windows 95, I am sorry; I was two years too late. It was Windows 95, which probably seemed like a good idea in 1995 but not so good in 2015, some 20 years later. This is a major problem for our system. I want to make it very clear that we have these ICT systems. We are now investing in

them. One of the signature investments in ICT investment and capital investment in this budget is in relation to those two projects. I can inform the committee that I have been advised a request for offer was released in relation to the laboratory information system renewal. A request for offer was released on 30 May for a laboratory information system. Responses are currently being evaluated and we hope to make a decision—

**Mr Walsh:** No, the tender has closed.

**Mr DICK:** Sorry, the tender closed on 8 July. A request for offer was made on 30 May, responses were considered and the tender process has now closed. We will now consider that, but I would like that up and running as soon as possible. It is going to be a staged process. We will not be switching it on immediately, but we have to move forward on this.

**Mr LANGBROEK:** Madam Chair, I wonder if I could call the Queensland Mental Health Commissioner, please. I note that the recent commission of inquiry into the Barrett Adolescent Centre recommended that a review of the lack of alignment of adolescent and adult mental health services be conducted by a party independent of your commission. Can you advise if your office had previously done any work in this area?

**Dr van Schoubroeck:** That area really is a matter of clinical expertise and that is where the Queensland health department, as the system responsible for clinical services, has a role. It is very much independent of me, but I think the recommendation says independent of health and health services. It is really outside our remit in terms of what the best clinical services are.

**Mr LANGBROEK:** So your office had not done any work in this area?

**Dr van Schoubroeck:** No.

**Mr LANGBROEK:** Thank you very much. I have a question for the director-general on the QAO report on public hospital operating efficiency. I note that in report No. 15 some 18,900 hours of available theatre time were unused in the 18 months to December 2015. Director-General, can you advise the committee whether, if some of this unused time was actually used, it could have addressed the increase in long-term waits that we are now seeing?

**Mr Walsh:** I think the short answer to that question is that any improvement in the efficiency of the utilisation of theatres will improve the patient flow through a hospital in terms of access to surgery, care afterwards and discharge afterwards. The short answer is yes. As indicated by the chief executive of Cairns and Hinterland Hospital and Health Service, the recommendations of the QAO report which covers the period from July 2014 to December 2015 are currently actively being implemented by all the HHSs. In partnership with the department, we are looking at how to improve the scheduling of surgery in our theatres. Rolling out increased electronic medical records will certainly help that. We are also looking at the local practices in terms of the steps that are taken to identify the patient, preparation before surgery, getting the surgery team there on time and so forth. The short answer is yes and the longer answer is that for any waste that is identified, whether through a QAO report or through other internal audit or other program reviews, we certainly work with HHSs to improve the efficiency.

**Mr LANGBROEK:** Further to that question, given that the theatre time utilisation rate is 11 per cent below best practice, can you advise the committee as to what interaction you had with the Auditor-General for a follow-up report? I know that the Auditor-General is independent, but do the department and the HHSs say to the Auditor-General, 'We welcome you back to look at what has happened in terms of our improvements'? Can you advise the committee about how that might be carried out?

**Mr Walsh:** In terms of recommendations that come out of the Queensland Audit Office reports, whether it is this report or other reports, we record, track and implement those. The QAO regularly either requests or we provide updates on progress of recommendations. The QAO certainly does not take an approach of coming in, doing a review, leaving recommendations and walking away. It takes a system improvement approach and continues to work with us as we implement recommendations.

**Mr LANGBROEK:** Can you advise when, roughly, you might hear from the Auditor-General or a subsequent report from the Auditor-General, or have they not given you any indication? Would it be a year or within a year or two?

**Mr Walsh:** I am not aware of a time frame at this point, but I am happy to take that question on notice as to whether or not there is a time frame in response to following up on the recommendations. Clearly we would look at it at least on an annual basis. We would want to have seen progress in the recommendations within 12 months. HHSs are currently looking at plans of how they can work locally. All of the issues for a hospital are very different. The configuration—the way they are organised—is

different. You cannot apply the same approach to every hospital. HHSs do that work, and we would anticipate that within 12 months a lot of the recommendations are well progressed or complete.

**CHAIR:** Are you happy for that to be taken on notice?

**Mr LANGBROEK:** I am happy for the director-general to provide the information. I think he said—

**Mr Walsh:** I will confirm if the QAO have a time frame for us to get back to them.

**CHAIR:** If so, Minister, are you happy to take that on notice?

**Mr DICK:** We will see what we can find out this afternoon. I am not sure what time the Audit Office closes; it might be fairly shortly, but if we cannot find that out we will take it on notice. I will confirm that with the committee by 7.30.

**Mr Walsh:** Can I clarify something? I advised the minister earlier about Windows 95. It was Windows XP that was the application that was in place which the minister was referring to, not Windows 95.

**Mr DICK:** I am sorry I misled the committee about how up to date the IT system was.

**CHAIR:** Thank you, Minister. One final question.

**Mr LANGBROEK:** In that case, I might ask the chief executive officer for the Mackay HHS to come forward please. Ms Chalmers, I am referring to the Auditor-General's report, and you have heard me ask a number of chief executive officers about this particular question. I note that QAO report No. 15, volume 2, page 91, identified that 44 per cent of procedures at the Mackay Hospital did not start within 30 minutes of the scheduled session start time. Could you advise what actions Tim Mulherin, the board chair, has done to address this issue?

**Ms Chalmers:** I thank you for your question. We have taken several steps in response to the audit report, which had a number of recommendations within it. Principally, with that one, we have been able to both improve our data accuracy and also continue to focus on the readiness for surgery of those patients and make sure that we are looking at both staff time and patient readiness for that and trying to improve that. I have not got a redesignated figure for that yet. That is a step we need to take over the next three months and we are going to remeasure that internally.

**Mr LANGBROEK:** Okay. Thank you very much.

**CHAIR:** I call the member for Greenslopes.

**Mr KELLY:** Minister, I refer to page 11 of the SDS which outlines performance in outpatient care. Further to your previous responses, I note there are performance measures for specialist outpatient waiting times. How many people are currently waiting longer than clinically recommended for specialist outpatient services? How does that compare to previous years?

**Mr DICK:** I thank you very much, member for Greenslopes, for that question. As I indicated earlier in the hearing, we have taken a very serious approach to this and we have significantly reduced the number of Queenslanders waiting longer than clinically recommended. We inherited 100,000 people on that waiting list for the waiting list, waiting to get into a hospital. We have now reduced that to less than 60,000 as of 1 July, for a reduction of over 40 per cent. I want to again acknowledge the tremendous work of staff done in our hospitals to get that number down and improve the patient journey.

I also want to address a statistic the member for Surfers Paradise referred to in his budget reply speech. He referred to page 11 of the SDS and referred to patients waiting longer than clinically recommended for an outpatient specialist appointment. He pointed out that there were 39 per cent for category 1, 50 per cent for category 2 and 26 per cent for category 3. What he failed to recognise was that under the LNP in their last full year of government, 2013, the number of people waiting longer than clinically recommended was as follows: 61 per cent for category 1, as opposed to 39 per cent; 72 per cent for category 2, as opposed to 50 per cent; and 50 per cent for category 3, as opposed to 26 per cent. I have never, and I will never, say that the list will be zero. Any minister who promises that in the health space I think would be misleading the people of Queensland.

There is always more work to be done. The finish line is never reached but we are heading in the right direction. Systems performance is improving with specialist outpatient appointment. That is all I can ask of staff—to continue down the pathway of improvement. I am so pleased in the way they have responded, and I thank them again. These are great results but we have a long way to go. We have a four-year strategy. Demand is going to go up. That is going to place pressure on the system, but I am delighted where we have got to and that we are heading in the right direction.

**Mr HARPER:** Minister, I refer to page 8 of the SDS which outlines changes from the federal budget and the government's commitment to dental care. I am interested in how the federal budget will affect Queensland. What is the impact of the federal government's approach to dental care?

**Mr DICK:** I thank the member for Thuringowa. As you would know coming from Townsville, with the result in Herbert being on such a knife edge, one of the significant issues in the federal election was the delivery of health care to Australians and the delivery of health care through public health systems. We are going to face a very significant problem in dental care in our state given the decisions announced by the Commonwealth government on 23 April this year. They made a major decision to change dental funding on 23 April, 10 weeks before they were due to take effect on 1 July. They announced these changes in an attempt to transfer responsibility and risk for all Commonwealth funded dental services to states and territories. A few weeks after that of course a federal election was called.

The Commonwealth government is proposing to change the way it contributes to public dental services by introducing a new Child and Adult Public Dental Scheme. Key details of the scheme and its implementation remain to be resolved and agreed with the states and territories. It is difficult to definitively assess the impact on Queensland, but what we know to this point is that not only was the announcement made without any agreement from the states and territories, which have a key role in delivering services, but also the Commonwealth provided very little detail on how the new arrangements would work in practice. There was no clarity on how the Commonwealth contribution to the states would be set in 2016-17 or indexed in future years to pay for service delivery. Clarity regarding the transitional period and the interim arrangements for Commonwealth funding of public dental services is required urgently. The lack of serious planning surrounding the announcement of this scheme shows, I believe, a disregard for the health service needs of Queenslanders and leaves public dental services in our state in a state of uncertainty.

The Commonwealth failed to get the legislation through the Commonwealth parliament to implement the scheme. The Commonwealth's legislative amendments which would underpin the new scheme were not in place when the Commonwealth government called a federal election for 2 July. The new scheme as proposed by the Commonwealth would replace the current National Partnership Agreement on Adult Public Dental Services—and that national partnership agreement and the money that has come through has had a huge impact in the reduction of long waits in Queensland—and the Child Dental Benefits Schedule, directing all Commonwealth funding for public dental services through states and territories and ceasing direct claiming by private dental practices under the Child Dental Benefits Schedule. That has been taken up by Australians. Australians can go directly to their local dentist and be treated. That has had an impact on the treatment, particularly of children. This proposal, if I recall correctly, is not supported by the dental profession nor the Australian Dental Association. In previous discussions, Commonwealth officials have suggested that the Commonwealth would contribute 40 per cent of the national efficient price of providing a broad range of dental services subject to a cap.

I am greatly concerned by this. I am greatly concerned about the impact this is going to have on dental services in our state. Hopefully, the message that was sent loud and clear to the federal government and to Malcolm Turnbull, the Prime Minister, through the federal election was that Queenslanders and Australians value public health services and governments that interfere with public health services do so at their own jeopardy. I do not want the dental health care of Queenslanders jeopardised as a result of decisions made in Canberra, particularly after that 2014 budget which was one of the harshest budgets ever introduced by a Commonwealth government in relation to health care for Australians.

**Mrs MILLER:** Minister, I would like you to comment in relation to a community garden in my area that was funded by Queensland Health I think about 10 years ago now. The seed funding was provided by Health and to this day it is still going. It has 150 families who garden there and 25 on the wait list, but at the moment Challenge Employment & Training is trying to throw them off the area on which they are gardening in their local community. I am wondering if you can assist the Westvale Community Garden to continue to grow their fruit and vegetables in situ, particularly those who are growing their traditional foods from their homelands as it is very important to them culturally.

**Mr LANGBROEK:** Point of order, Madam Chair. You have made some rulings today and we have tried to make sure that all of our references were to the SDS. The member for Bundamba has just referred to something that was seed funded 10 years ago and I had a question asked of something I asked to do with 2013. Maybe we need to hear the question repeated so you can rule on its appropriateness.

**CHAIR:** I thank the member for Surfers Paradise. I was having a discussion about a procedural matter with the secretariat.

**Mr LANGBROEK:** I know.

**CHAIR:** I apologise. I did not hear it so I appreciate your point of order. Member for Bundamba, could you please rephrase your question if there was an issue with relevance?

**Mrs MILLER:** There is not an issue with relevance. The Clerk has previously ruled in previous parliaments that you do not have to have a reference to the SDS.

**CHAIR:** Member for Bundamba, for my benefit though, could you please re-ask your question?

**Mrs MILLER:** Okay. Minister, the department has programs operating in relation to fresh fruit and vegetables. There are ads on the TV sporadically about fresh fruit and vegetables. I was wondering whether you could assist a community garden in my area to continue because they grow fresh fruit and vegetables.

**Mr DICK:** I am happy to answer the question, Chair.

**CHAIR:** If the minister could answer the question with relevance to the appropriation and what may be contained in that.

**Mr DICK:** Thank you, Chair. We made a significant investment into health promotion and into public health care and wellbeing following the cuts made by the previous LNP government, particularly to our health promotion division. That division was effectively gutted by the previous government and we have restored that capacity in the system. I am happy to look at that issue.

The member for Bundamba is right in the sense that we have been promoting what we call the colour wheel which replaces the 2&5 fruit and vegetable program which the previous Labor government had implemented. Getting people engaged in the community by making the right choices about wellbeing for themselves is critical. There are no magic bullets when it comes to improving health care but we do know the demonstrated benefits of greater exercise. That is why in *Advancing health* we target, as one of our performance measures over 10 years, to increase by 20 per cent the physical activity undertaken by Queenslanders for health benefits and also the proven benefits of consuming fruit and vegetables so we are investing in that.

When I was education minister, I now remember we funded the Stephanie Alexander Kitchen Garden Program at schools. That was a very important thing for me to get young children going down the right—

**Mr McARDLE:** That was a very good program.

**Mr DICK:** Thank you. I take the interjection from the member for Caloundra and thank him for the support for that program. That was taking young children on the right pathway. Similarly, as minister I funded the CWA, the Country Women's Association—

**Mrs MILLER:** They have good rissole recipes.

**Mr DICK:** The CWA does many good things for Queensland. I was very pleased to fund them \$2.5 million over three years for their country cooking program which is to improve cooking skills in the west and the bush. We have our colour wheel program. I also funded Jamie's Ministry of Food to continue that cooking program, which is now focused on low socioeconomic families, Aboriginal and Torres Strait Islander families and also again families in rural and remote parts of the state. It is focused on young people and those on low incomes to get cooking skills.

I cannot give you an answer, member for Bundamba. I will be honest with you: I cannot make that organisation necessarily do something that it does not want to do, but I will have a look at it. We do have competing demands in the Health system, as I have indicated previously. I have to be honest that I have indicated this previously to the member for Surfers Paradise in relation to other programs he has proposed. I need to be fair. This is about early intervention and getting people on the right pathway—if it means consuming more fruit and vegetables. It reminds me of my late grandmother who had a fruit and vegetable mixed business on the south side of Brisbane. That is a great way to live your life. If we can get more people in your community active and engaged, there will be health and wellbeing benefits from that. I am happy to look at it. If we can do something, I will consider it but we do have pressure on the system. I am certainly happy to consider it.

**Mr KELLY:** Minister, I refer to page 8 of the SDS which outlines changes from the federal budget. Further to your answer, what is the impact of the federal government's approach to aged care?

**Mr DICK:** I thank the member for Greenslopes. This is another pressure point for our health system. If we do not get the delivery of aged care right, it causes a significant impact on the delivery of acute care in public hospitals, as you would know from your experience previously as a nurse and also working in the rehabilitation space. Our hospitals have a number of elderly and other patients who are in hospital because there is not a place for them in the aged-care space.

In many senses public hospitals in Queensland are a facility of last resort for a number of individuals and families who cannot find an adequate place for them in aged care. Aged care is the best place for them; they should not be in an acute bed in a public hospital because it is not best for them. We already have that existing problem, and the challenge we have in the future is that the federal coalition has proposed cuts of \$230.4 million from aged care across the forward estimates in its most recent budget. That would be a funding reduction, I am advised, of around \$1,670 per aged-care-facility resident. The consequence of that is that it has the potential of discouraging investment in new facilities at a time when we are already experiencing shortfall in the places we need.

I am advised that last financial year, 2015-16, an estimated 65,470 patient bed days were taken up in Queensland public hospitals by patients who occupied a bed for more than 35 days and had been deemed by hospital staff to be fit for transfer to a residential aged-care facility. That equates to 180 beds every day that are unavailable to other Queenslanders for patient admissions. That bed block will only get worse if \$230 million comes out of the system. We have an ageing population. We are having a growing demand for health services as a result. What we need is a coordinated and cooperative approach with the Commonwealth, and we need the Commonwealth to develop a plan that will sustain effective aged-care services into the future.

Queenslanders expect their governments to cooperate in coming up with solutions to these challenges and issues about how we deal with aged care. I think it has to go beyond that partisan divide. We have a challenge. There are a number of things coming through our community. Chronic health is one. Ageing is another. We have to engage with those. They are the two challenges of our age—how we deal with those and their impact on the health system. We have increased our budget, and I will be calling on the Commonwealth government to do their bit in the aged-care space, but that will have an impact on our services and our performance if we cannot get the aged-care investment right for our nation.

**Mr HARPER:** Continuing on the federal theme, Minister, I refer to page 14 of the SDS which outlines performance in mental health, alcohol and other drugs services and the government's commitment to mental health. What is the impact of the federal government cutting the national partnership for reforming mental health?

**Mr DICK:** That is again another decision by the Commonwealth government not to extend the national partnership agreement on supporting national mental health reform. This was despite the fact that I raised ongoing funding for that NPA at the COAG health ministers council on 8 April this year. The Commonwealth advised at that time that it was considering the NPA as part of the upcoming 2016-17 federal budget. The Premier raised it at her COAG meeting with the Prime Minister in April. Again, we were advised by the Commonwealth that it was considering the NPA as part of the upcoming 2016-17 federal budget. Despite that, the money was not in that budget. In fact, on 19 May my office received a letter from the Commonwealth and, if I am not mistaken, that was during the caretaker period. I received a letter during the caretaker period from the secretary of the department advising that they would not be continuing the agreement. We had less than two months notice that the agreement would not be continuing.

We held out hope that the Commonwealth might do the right thing and extend it at the eleventh hour, as they had done with previous national partnership agreements. They rolled over the national dental partnership agreement, which I mentioned earlier, for six months and they have repeatedly rolled over the homelessness national partnership. As a result of this decision, 200 vulnerable Queenslanders were put at risk. These are individual Queenslanders who have very significant mental health conditions. Many of them need daily contact from support workers to help them go about their daily life. If it were not for these support packages, many of them would be forced to live in an acute mental health facility in a public hospital. I believe it was an irresponsible decision and an inappropriate decision and, in fact, reckless to cut those services at the last minute.

I do not know why the Commonwealth wants to save money in this area. I simply do not understand it. I asked the department to work on it urgently. They advised me that 32 non-government organisations received the national partnership agreement funding to deliver these packages of care and to employ up to 146 full-time employees. I asked the department to convene a round table. The

then acting director-general arranged for a round table on 29 June with key stakeholders and affected non-government organisations, and they highlighted the need to maintain assistance for vulnerable Queenslanders supported by the programs. I attended the round table. It became clear to me that we could not leave vulnerable Queenslanders in the lurch, so I announced at the round table that Queensland Health would fund up to \$10.4 million per annum to continue support for existing mental health clients who have been affected by the expiry of the NPA.

The challenge we have is that these holes are being created in the framework of health care in Australia. The Commonwealth are unilaterally withdrawing. What are we expected to do for 146 Queenslanders? They did not come to the party. Someone has to care for them. There is \$10 million invested in that program, and I do not begrudge that that means that we cannot invest \$10 million elsewhere in a system which is under pressure because of an ageing and growing population. We cannot continue to clean up every bad decision the Commonwealth makes, and I think that message was communicated to the Commonwealth government—I certainly hope it was—during the federal election. We will continue to support those individuals. Many of those will transition as the National Disability Insurance Scheme comes online. Not everyone will. We will continue to support them as necessary into the future. We will continue to do that.

**Mr KELLY:** Minister, I am referring to page 7 of the SDS which outlines e-health and built infrastructure investments, and I note the government's commitment to infrastructure. I am interested in what the budget is doing in terms of capital investment. I note the reference to funding of \$230 million in 2020-21 towards the Advancing Queensland Health Infrastructure Program. What will be provided as part of this measure?

**Mr DICK:** Queensland Health, as I indicated earlier, has a substantial property portfolio valued at more than \$10 billion comprising more than 120 hospitals, 32 multipurpose health services, 75 rural clinics and 290 ambulance response locations. We have a substantial capital budget program this year of \$1.4 billion. Part of the \$1.4 billion includes new funding of \$230 million over five years for our Advancing Queensland Health Infrastructure Program. Under this program, the government will progress much needed upgrades to the existing built infrastructure portfolio including an upgrade to the Nambour General Hospital to ensure it continues to provide essential services in that community including an emergency department, elective surgery and medical inpatient capacity, additional mental health beds and subacute rehabilitation services; and a badly needed upgrade to the Atherton Hospital's emergency department and operating theatres. One of the challenges we have in our health system in Queensland is that a quarter of our buildings are 40 years old or older. Not everything that is 40 years old or older is a problem or a bad thing; it can be a very good thing. Almost every member of the committee except the member for Nudgee might agree with me.

**Mr McArdle** interjected.

**Mr DICK:** Looks can be deceiving, member for Caloundra. That is one of our challenges: we have a very old capital build. That is why we are investing in some of these old regional and rural hospitals to replace them. It cannot be done overnight. We are looking at those older hospitals. The Atherton Hospital will be upgraded, as will those other ones I have talked about. One other place I should have mentioned was a significant upgrade to the Thursday Island Hospital. It is a very important hospital for the Torres Strait—the largest hospital in the Torres Strait region. We will also be providing a number of minor capital works upgrades, separate to that project, to a number of other health clinics across the Torres Strait. These are important projects—and there will be some short-term car-parking solutions for Caboolture and Logan as well.

**CHAIR:** The member for Surfers Paradise has the call.

**Mr LANGBROEK:** Can I call the Gold Coast Hospital and Health Service Chief Executive Officer, please? Mr Calvert, welcome. This is something that you heard me ask a number of other HHS CEOs this afternoon. It is to do with the Auditor-General and QAO report that identified that nearly 45 per cent of procedures at the Gold Coast in all sessions did not actually start within 30 minutes of the scheduled session start time. I wonder if you could advise the committee what the impediments are which are causing this to occur and what the HHS is doing to address this issue?

**Mr Calvert:** We are doing a lot of work on theatres. Some of it is definitional. It is about making sure that we are talking about like for like when we make comparisons. We often make comparisons with other health systems in the health service so that we can learn from best practice in other places. We do find that there are lots of firm possibilities for common calls, if you like, in terms of learning from other places and applying them to our local situation.

We are doing something on the Gold Coast that is potentially going to lead Australia. We have developed something called a management information system, which has already revolutionised our approach to dealing with NES targets. You will notice that the Gold Coast has had 100 per cent performance in each of those three categories for a sustained period, and a lot of that is due to the introduction of the MIS.

We are now rolling out the MIS in this next phase to apply it to theatres. What we have developed is the concept of a nominal theatre capacity. There are a number of things you have to get right when you are dealing with theatres. You have to get all of your operational processes slick on the morning of the theatre. You have to get the consent sorted out. You have to get the transport arrangements from ward to the theatre area right, but you also have to make sure that you are planning the list effectively with the right cases and the right time to use it effectively, minimising gaps between cases, starting on time. There are different definitions about when the clock stops and when the clock starts in terms of start time for theatres. One of the things we are doing with the Department of Health is setting up a joint working arrangement whereby we can standardise whether it is in the prep area, once in theatre and everyone is ready to go and so on.

What we are doing with the MIS is making sure that we get the allocations right between specialties and between surgeons. We are effectively relating the capacity planning lessons we learned from the balance between different specialties and different surgeons within those specialties to make sure that the information is used to most effectively use our theatre time.

It means that, as we did last year, we can produce record numbers of theatre operations in a year. We are not going to completely revolutionise every aspect of this, because you have other constraints as well in terms of bed capacity and ICU capacity. We have a working group looking at all of those things. We are improving the consent procedure and we are making sure that the pre-op clinics that take place before the theatre session is scheduled are most effectively organised. You can have them too far in advance and the patients get ill or are not fit for surgery by the time the surgery date comes around or you can have them too close. There is a range of things we are doing and we are doing them in collaboration with other HHSs and the Department of Health itself.

**Mr LANGBROEK:** You are sharing information about your particular circumstance that may be different to other HHSs so we will get a response from the Auditor-General down the track that shows improvement?

**Mr Calvert:** We have already made improvements since the time of the audit. We have improved a number of operational aspects. I think this MIS aspect is the most strategic gain that we will get. What we are showing is that there are theatre minutes in the working week to cope with most of the pressures that we deal with, but we need to get more sophisticated in the way we allocate the slots. If we do that in the right way and there is balance between specialties and we coordinate activities leading up to those, then we should see significant gains. We have made significant gains on the Gold Coast.

**Mr LANGBROEK:** Finally, can I ask for you to give us a bit of a perspective about the relationship between the HHS and the hospital foundation, under 'Overview' in the SDS, and the hospital foundation as an important part of interaction between the HHS and the community?

**Mr Calvert:** Yes, absolutely. We have a number of events that we seek the foundation's help with each year. One of the things we are doing is engaging with our staff in a more effective way. We have an annual event at which we effectively award prizes for outstanding individuals in different categories. The foundation is helping us with that by sponsoring the evening, so there are subsidised tables and prizes for individuals. Yes, the foundation is a very important component. They do a lot of work in terms of increasing the equipment availability for a variety of services.

**Mr Walsh:** May I clarify a question that the member for Surfers Paradise asked before about the QAO? We made contact with the QAO about the follow-up around theatre efficiency report, and they have no formal scheduled follow-up audit or process in place at the moment. That does not mean there will not be one that they put in place in the future, but there is currently no formal one in place with the department.

**Mr McARDLE:** Madam Chair, I would like to move a procedural motion if I could.

**CHAIR:** The committee will now adjourn to deliberate in private session to consider that motion.

**Proceedings suspended from 5.31 pm to 5.32 pm**

 **CHAIR:** Order! The committee has determined to adjourn and resume the hearing at 5.45 pm, when the committee will examine the estimates for the Queensland Ambulance Service for a period of one hour from 5.45 pm to 6.45 pm.

**Proceedings suspended from 5.32 pm to 5.46 pm**

**CHAIR:** The committee will now resume its examination. I welcome back the Minister and welcome officials of the Queensland Ambulance Service. I invite the member for Surfers Paradise to open the questioning.

**Mr LANGBROEK:** Welcome to the Commissioner and officials from the Ambulance Service. Thank you for coming a little earlier than we had originally anticipated, and thanks to the committee for their understanding in this regard.

Commissioner, can I ask a question about the Paramedic Safety Task Force. I wonder if we could have a bit of a discussion about how paramedics are going to administer the antipsychotic droperidol to sedate highly violent patients because, being a former dental practitioner, I think it is pretty interesting when you have someone who is psychotic. I wonder if you could tell us how it is anticipated that will happen for paramedics.

**Commissioner Bowles:** Droperidol, as you would be well aware, is an antipsychotic drug. It went through our medical advisory committee, which has a range of eminent medical professionals on it from a range of fields. Currently our intensive care paramedics use midazolam to sedate these type of patients who are highly aggressive, highly agitated or whatever the circumstance may be. That is normally done in conjunction with the Queensland Police Service where there can be some type of restraint needed. Midazolam is a drug that we administer IV, so you have to find a line and give the drug intravenously. Droperidol, however, can be given IM. If you can think of your agitated patient and think of that circumstance that the paramedic is confronted with, as you are probably aware, it can be a very difficult and very, very challenging circumstance.

To be able to give two doses 15 minutes apart in the arm with quite a safe drug is a real benefit to our paramedics, and that allows us to be able to roll that out right throughout our advanced care workforce also because, No. 1, the way in which we can deliver it and, No. 2, the safety of the product; whereas, advanced care paramedics are often doing a consult currently back through either an intensive care paramedic or one of our medical officers to get permission to use midazolam which, as you would be aware, is nowhere near as safe as using droperidol in the doses that we will use it in two 15-minute lots.

**Mr LANGBROEK:** It is more about the practical application. What you are saying is that midazolam is administered intravenously, so therefore it is much harder to control this psychotic person who will not listen to a rational explanation. I am just a bit perplexed. If you could just explain again about what happens then. You need police to come along, so you have the paramedic who is trying to deal with someone who is psychotic, and because it is intramuscular you do not have to be as accurate with the way it is being delivered. You say it has to be in the arm. What I am asking about is whether our paramedics are going to need a category M5 firearms licence to just fire it at someone. It is not going to be in that form, is it? Because otherwise they need police there to do restraining.

**Commissioner Bowles:** Yes, and that would be the majority of these highly agitated patients. What we do between the Police Service and the Ambulance Service is we share information about what we are responding to, and currently we do that by telephone. With the upgrade of the new computer aided dispatch system towards the end of this year we will have CAD interoperability, so as we put this information in it will go to the police CAD system, and they see that come up on their CAD and it will take away the need for voice contact.

**Mr LANGBROEK:** In other words, at the moment—and I know that the member for Thuringowa could probably tell me about this—paramedics would call for support such as with some of our ice-affected patients, who I am sure are creating terrible issues out in the community. I am just wondering about the difference droperidol will make in terms of the armamentarium; how practically it is going to make a difference and what it will mean for police support?

**Commissioner Bowles:** We would utilise police exactly how we utilise them now. This is a safer drug than midazolam in the dosages that we use.

**Mr LANGBROEK:** Why? Because it is a lower dose?

**Commissioner Bowles:** It is a lower dose and we administer two doses. The actual amount just escapes me, but I could find that out very easily.

**Mr LANGBROEK:** I thought you said 15 mls.

**Commissioner Bowles:** Yes, that is right. Two lots 15 minutes apart, so it is safer to administer. As I say, being a former on-road paramedic, the last thing in the world you want is a needle stick. It is

very dangerous. This does make it a safer procedure to do with a highly agitated patient. One of the other parts of the task force—and I think it is very important to understand—is that paramedics are not anyone's bashing board, so we are not going in to an unsafe environment. We will stage and wait away from the scene until we do get the required assistance that we need.

**Mr LANGBROEK:** It is something that I had heard about and read about, and I was interested in pursuing some of the finer details. As per the incident we saw only last weekend on Fraser Island, I think all of the community finds it particularly abhorrent that our front-line paramedics and emergency staff are being treated in the way they have been.

My next question relates to page 48 of the SDS, which shows an increase in employee costs from 2015-16 to 2016-17 of \$17.7 million to \$485 million, and note 37 on page 50 says this increase is in part related to additional overtime and penalty costs incurred from the delay in implementing changes to the overtime meal allowance directive. Can I ask you to outline what these changes to the meal allowance directive are, what has caused the delay and what is the cost to date of the delay? My question is: with this increase in wages cost, would you please advise the committee about what the delays have been, what the changes to the meal allowance directive are—I know that it is a very sensitive area—and the costs to date of the delay?

**Commissioner Bowles:** Note 37 refers to, as you say, a range of additional costs. As you would be aware from the SDS, we did bring 40 additional paramedics through into the 2015-16 financial year which were planned for the 2016-17 financial year. A large part of that cost is employing an additional 40 front-line ambulance officers in our service and the associated costs that go with that. There are uniforms and a whole range of other costs associated with bringing that many staff forward.

**Mr LANGBROEK:** I am specifically interested in the changes to the overtime meal allowance directive. As I understand it that was going to be changed because of what happens within the overtime meal allowance. In other words, as I understand it sometimes when paramedics are just about to have a break and someone says, 'You can't have a break now,' they then go on to overtime because of their meal allowance. That is one of the features and you have mentioned some of the others, but I am interested in what the delays have been to the overtime meal allowance directive and how they have contributed to the blowout in wage costs.

**Commissioner Bowles:** I think it was in December 2014 we sent an all-staff circular out to all staff outlining that, until we can develop a tool that allows us to be able to schedule an enormous amount of crewing into very small windows, we would not be implementing the new meal overtime arrangements. I think we said at that point that it could take up to 12 months to implement the actual tool. I can say that the tool has been now developed and we have been rolling it out. We have had a small pilot in a couple of locations throughout the state, and now we are rolling that out to the rest of the state and it is rolled out to all of our communications centres. For example, if I went onto the internet now and had a look at how many crews there are in Brisbane, metro north and metro south, there are somewhere around about, I imagine, 130 crews. The way the industrial instrument works is that we basically have to give all of the crews a 30-minute break within these two windows. As you can imagine, sitting in a communication room when you have all the pressures of a communication room that is very difficult to do for that amount of people. Where we are at the moment is we have developed the tool and it is in use. I think I said at the last estimates that, until we can guarantee our paramedics who are out there each and every day that they can get these 30-minute breaks within the allocated windows, we would not be progressing with the new arrangements.

**Mr LANGBROEK:** That means that for the moment we continue with the system, which is about the overtime meal allowance. You have completed an app or something you just mentioned that is nearly completed that you have trialled, and it will gradually be rolled out so we can look forward to this sort of blowout in costs not necessarily increasing at the same rate that it has in this particular budget.

**Commissioner Bowles:** Both arrangements, whether it be the old arrangement or the new arrangement, have windows associated with them. This tool is a computer based application and it basically shows the journey of the paramedic as they go through the day. As they go through their day it puts them into various windows and allows them to be put on a meal. However, one of the things is we always have a cost associated with meal time overtime whenever there is a window because we have a policy within the Queensland Ambulance Service that any emergency gets the closest unit. If it is your family, my family or anyone's family, that is a good practice to have. We will always be breaking people's meals. We will always have extensions of shift after the finishing time because if it is 10 minutes before their knock-off time and there is a really unwell patient somewhere, we want to be able to send that unit to that patient.

**Mr CRAMP:** You mentioned the trials. Where has the pilot program been run? Is it in a live setting, which communications centre and where?

**Mr Bowles:** I understand it is all in seven communication rooms now and running. It is very new.

**Mr LANGBROEK:** I refer to employee expenses on page 44 of the SDS. In terms of staff overtime for the service in 2015-16, what was the total number of hours of overtime and what was the total dollar value of this overtime?

**Commissioner Bowles:** I will be able to get the hours shortly. Overtime includes sick relief, on-call, community education, meals, shift extensions, training, sport specials—all of the different types of overtime. In a lot of locations, the operational hours of the Ambulance Service are not 24 hours. For example, Aramac Ambulance Service is a two-officer station. They work an eight-on, six-off roster. They clash one day a week, which is normally a Thursday in most places throughout the state, and anything that happens in I think 167 locations that are what we call a category 2, 3 or 4—so they have various amounts of on-call—is actually done on overtime. Overtime is a part of our service delivery model. We will always have it.

As I said earlier, another large component of overtime is shift extension. Most of the time, that is when the ambulance is the closest car just prior to the end of their shift, so we will send them to that code 1 emergency. Then there is the meals and sports—doing the rodeos and campdrafts and events such as that throughout the state. All of that in total works out to about \$58 million a year.

**Mr LANGBROEK:** And the total number of hours?

**Commissioner Bowles:** I will get that very shortly. I do have it here somewhere.

**Mr DICK:** Page 44 of the SDS makes no reference to employee costs. The question is not in order.

**Mr LANGBROEK:** With respect, we have already ascertained from the member for Bundamba that we do not need an SDS reference, and I think overtime for Ambulance is a particularly relevant question for the budget, Minister.

**Mr DICK:** Surely there is a reference in this document to employee costs and it would not be difficult for you to find that rather than just picking a page that has nothing to do with your question.

**Mr LANGBROEK:** You have made a couple of errors today. If I have made an error, I apologise.

**CHAIR:** Thank you, Minister and member for Surfers Paradise. I rule that the question is in order because it is relevant to the appropriation, but I do take the minister's point. I am looking at page 44 and searching for that reference.

**Mr LANGBROEK:** In terms of employee expenses, over the 2015-16 financial year, on how many occasions were ambulance shifts unfilled?

**Commissioner Bowles:** In the south-east of the state, where most of this happens, a little over 4,000 shifts were not filled. You have to bear in mind that in the metropolitan part of the organisation 243,000 shifts take place, so it is a very small number. The other matter that is very important—and this goes to your previous question about overtime—is that of patient care. We use a three-step method for how we allocate overtime. Basically, we try for additional staff within the system, so we look at the whole network and see what is available—for example, if we had an additional staff member, holidays clashing or a clash on Thursdays in some places, if we are unable to do it from additional staff we will then do it from a casual staff member. If we do not have a casual qualified advanced care paramedic we will then go to our third option of paying overtime. That has an expense associated with it; do not get me wrong. It costs real dollars in real terms, but that allows us to fill the majority of shifts. As I say, South-East Queensland represents 1.65 per cent of shifts. That is mainly as a result of the policy that we run in how we fill these shifts. It is just 1.1 per cent for the whole of the state, which I think includes the south-east as well. There is a very small number amongst a very large number of shifts.

**Mr LANGBROEK:** It is page 46, Madam Chair, not 44. My humble and abject apologies to the committee and the minister.

**CHAIR:** Thank you.

**Mr HARPER:** Before I start, I very quickly acknowledge all staff across the Queensland Ambulance Service for their delivery of pre-hospital care. I know that you are a very busy service and, as an honorary at Kirwan station, I just try to keep up with the advances. I must be due for a shift! I try and do one every three months. It is an incredibly busy service.

I refer to page 43 of the SDS which outlines performance of the QAS and, further, to the government's commitment to ambulance services. I note the announcement of 110 additional ambulance officers. How does that compare to past recruitment levels, and where will those ambulance officers be located?

**Mr DICK:** I am delighted to report to the committee on our initiative to ensure the Ambulance Service is appropriately staffed as demand continues to grow across Queensland. The important thing for us is to ensure that Queenslanders get the right care in the right place at the right time. The first port of call for many Queenslanders in an emergency context for health care is the Ambulance Service.

We have invested \$14 million to expand the Ambulance Service, with a major increase in ambulance officers across the state. The recruitment of 110 ambulance officers in the 2016-17 budget will be the most significant increase in ambulance officers in recent times. The distribution of additional ambulance officers was done on a demand and needs basis in the following areas. In Cape York there is 1.6 full-time equivalents. That is one full-time-equivalent field officer to support Indigenous communities to develop effective arrangements in pre-hospital care in Weipa and in Coen and 0.6 of an FTE being a paramedic to assist with additional demand for services in the dry season. In the Cairns and Hinterland LASN there is a 11.07 full-time-equivalent increase—in Edmonton in particular, in that growing part south of Cairns, 11.07 full-time-equivalent paramedics to respond to increased demand for service.

In Townsville there is a four FTE improvement: Kirwan station, two FTE identified by way of Indigenous paramedic traineeship to provide support to the local community and to support Indigenous employment and two full-time-equivalent paramedics to support the low-acuity response unit—a very important process to ensure people can be treated not necessarily in an emergency department but in the community. The LARUs have made a big difference in pre-hospital and general health care across Queensland.

In Central Queensland there is an increase of two FTEs: in Rockhampton station, two FTEs identified, again, through the Indigenous traineeship paramedic program—and I was delighted to join the member at the Kirwan station, where we recognised the Indigenous cadets for this year who will make a significant difference to their communities. In Wide Bay there is an increase of 7.25 full-time equivalents. In Hervey Bay there are 5.25 full-time-equivalent paramedics for increased demand for service: one FTE at Hervey Bay—again, that is through the Indigenous paramedic traineeship program; and in Bundaberg, again, one equivalent FTE identified through the Indigenous paramedic traineeship program.

In the south-west there are two FTEs in Charleville supporting the expansion of the Indigenous paramedic traineeship program. On the Darling Downs there are 9.3 full-time equivalents: Toowoomba, 0.24 full-time-equivalent paramedic to improve internal relief; Fairview, 2.49 full-time-equivalent ambulance patient transport officers; and Kingaroy, 6.57 full-time-equivalent paramedics for increased demand for service.

On the Sunshine Coast there is an increase of 17.9 full-time equivalents: Caloundra, 3.45 full-time-equivalent paramedics to improve relief ratios and another 2.63 full-time equivalents for operational supervisors for paramedics; Yandina, 5.25 full-time-equivalent paramedics for the new station to meet increasing demand for service. At Gympie there are 6.57 full-time-equivalent paramedics for increased demand for service. In West Moreton there are 8.69 full-time equivalents. In Ipswich there are 1.44 full-time-equivalent paramedics for improved relief ratio. There are 5.25 full-time equivalents for the LARU in Ipswich to meet increased demand—two full-time equivalents for Ipswich station, again through the Indigenous traineeship program.

In Metro North there are 7.74 full-time equivalents. In Caboolture there are 5.25 full-time equivalents, again for the LARU program. On Bribie Island there are 2.15 full-time equivalents, being ambulance patient transfer officers to meet increased demand for services. In Metro South there are 18.59 full-time equivalents. The member for Greenslopes will be interested in that. Durack station will have a significant increase because of the demand growing in the south-west of Brisbane—9.19 full-time-equivalent paramedics and 2.15 full-time-equivalent ambulance patient transport officers. Woodridge station will benefit, with 5.25 full-time-equivalent LARU paramedics and two full-time-equivalent identified paramedic traineeships. That is important for the city of Logan.

On the Gold Coast there is an increase of 19.86 full-time-equivalents: Southport station, 8.18 full-time-equivalent paramedics to improve relief ratio and to respond to increased demand for service; Runaway Bay station, 9.19 full-time-equivalent paramedics for increased demand for service; and Coomera station, 2.49 full-time-equivalent ambulance patient transport officers.

I am delighted to say that the funding for the extra front-line officers in the state budget was part of our \$673 million allocation to the Queensland Ambulance Service—an increase of \$39.8 million on last financial year. We will continue to provide the Ambulance Service with the resources they need to continue to deliver services for Queenslanders.

**Mr KELLY:** I refer to page 43 of the SDS which outlines performance for QAS. Will the minister advise the committee on the Queensland Ambulance Service's statewide cardiac strategy?

**Mr DICK:** This is a really interesting program being operated by the Queensland Ambulance Service. We are investing approximately \$842,000 for the rollout of the statewide cardiac strategy this financial year. Cardiac reperfusion, which is returning blood flow to the heart muscle, and the CPR Awareness Program are key parts of the Queensland Ambulance Service's statewide cardiac strategy. Treatment strategies for heart attack patients continue to evolve, and timely access for treatment options that unblock heart vessels is the key to successful care. Again, in 2015 when I visited Kirwan station the member for Thuringowa may recall that there was a training session for paramedics that day about cardiac arrest—a very interesting program. I think it was the thrombolysis drug training program. It was very interesting to see the paramedics engage with that and the incredible difference that it can make to survival rates and health outcomes if administered early.

Paramedics, again, are often the first medical contact with heart attack sufferers and they play a key role in providing or facilitating early and emergency medical care. The expansion of the QAS's statewide cardiac reperfusion strategy provides ongoing training and support to advanced care paramedics across urban, rural, isolated and remote locations throughout Queensland. Decreasing the time from symptoms to unblocking the coronary artery is, of course, crucial to improving outcomes and the long-term health of patients, as I have indicated. In order to save time and heart muscle, Queensland Ambulance Service paramedics either administer clot-busting drugs in the field or in the home, as we talked about—thrombolysis drugs—or, alternatively, take patients directly to an interventional cardiologist in cardiac catheterisation facilities. That is the mechanical or physical removal of coronary blood clots. We continue to support our paramedics. They are also supported by senior critical care paramedics and the medical officers who work directly for the QAS providing decisions, support and assisted electrocardiogram interpretation where required so that the system responds broadly to cardiac arrest, not just necessarily on the scene but across the system. Interventional cardiology groups and the Queensland Health Statewide Cardiac Clinical Network are very supportive of the expansion of the program. We have leading clinicians in our hospital system supporting this as well.

I am pleased to say that, as at 22 July this year, 722 paramedics are accredited to administer specialised clot-busting drugs to the Queensland community in life-threatening cardiac situations. The majority of paramedics working in rural and remote locations in Queensland, including the Torres Strait and the Cape, North-West and Central Queensland, Central-West, South-West, Wide Bay and Darling Downs local Ambulance Service networks—the LASNs—are now accredited to administer clot-busting drugs. Several patients suffering serious heart attacks have already benefited through the expanded access to this life-saving treatment.

The CPR Awareness Program, of course, is a longstanding program that is taking the CPR message more broadly to the community. That is delivered in partnership with the Queensland Ambulance Service and local ambulance committee members. Can I put on record my thanks and appreciation for local ambulance committee volunteers across Queensland. They play a really important part in supporting primarily what happens in ambulance stations and in providing direct financial support in many instances for ambulance stations and paramedics. I want to thank them publicly for the work that they do across Queensland. Since the launch of an updated CPR Awareness Program in mid 2014, 36,624 Queenslanders and visitors to our state have attended a CPR Awareness Program. They are very strong numbers and I hope that we can continue to grow the awareness of CPR throughout Queensland.

**Mrs MILLER:** My question is to the commissioner, but before I get into that I would like to echo the thanks that I have for our local ambulance committee as well as the ambulance officers at Redbank and Springfield. I would like to thank them for their commitment to our community. Commissioner, in relation to the huge number of students who are enrolled in universities doing a bachelor of paramedics, they are telling me that they cannot get—or very few of them can get—internships with the Queensland Ambulance Service. They also tell me that, unless they get an internship within three years, their degree becomes useless. I want to know about the recruitment of the interns into the Queensland Ambulance Service. What happens to those students who have a bachelor of paramedics? Given that

they have a HECS debt of roughly \$35,000 to pay off, they cannot appear to get an internship with the QAS. Could you comment on that, please?

**Commissioner Bowles:** First of all, there are now six universities that deliver the paramedics program within Queensland alone and I think the number nationally is 13 in total. We have a large number of universities within Queensland that are delivering us a very good, high-quality product. Last year—and these numbers are approximate—we took on about 260 university graduates into the Queensland Ambulance Service. From memory, I believe about 172 of them came from Queensland universities.

**Mrs MILLER:** The rest are from Victoria, I understand.

**Commissioner Bowles:** It is not just a matter of showing up and, 'Here's your kit and defibrillator' and that sort of stuff; it is a little bit more complex than that. The first thing we do with the paramedics is we ask them to apply for the role and put forward why they believe they are the best candidate for the role. For the students who are appropriately qualified, we do a range of assessments. One of them, which is very, very important, is a psychometric assessment of the students to make sure that they are appropriate to the type of role that it is. Basically, we did not want to intentionally harm anyone. We have to make sure that we put them through the psychometric testing.

Then we do a skills based assessment. That is not necessarily about being a paramedic—although that is a component of it—it is a lot about problem solving. It is a lot about how to get on with people in different situations to see how appropriate you are for it. This, I think, is why we have such a large number who come from Queensland universities because the product is so good. They come through that better than most other places. At the end of the day, we pick the best paramedics for our patients, the people who can do the role the best when they respond to the community. As I say, we are very fortunate that, in the main, the Queensland universities are just so strong in their program that the majority always come from Queensland anyway.

**Mrs MILLER:** I have a follow-up question, if you do not mind. My understanding is that there are graduates from the bachelor of paramedic courses throughout Queensland who are unemployed and that they are having to go to London to pay for an accreditation so that they do not lose the value from their course, which they cannot get in Queensland. I am wondering whether you could please investigate that, because we do not want to lose their skills. They are highly trained as graduates, yet they are having to seek work and seek accreditation in London. Could you have a look at that, please, on behalf of the graduates?

**Commissioner Bowles:** Can I just add one further point? Pretty much from Gympie up, we are able to attract and retain paramedics because of the way in which we recruit. Some of our paramedics just do not want to go to Gympie, or they just do not want to go to Mount Isa, or they just do not want to go to somewhere that is not Spring Hill, or Roma Street, or the Gold Coast, or one of those locations. They make a deliberate choice of not being employed in the first round. Then what we do for the south-east of the state, where we can always attract lots and lots of people, is very much on a merit based approach. A lot of them just put up their hand and say, 'Yes, I'll go to Townsville,' 'Yes, I'll go to Gympie.' The larger provincial places are a lot easier to fill, obviously, but your Biloelas and places like that can be quite difficult for us to fill. The way in which we put in this policy allows the paramedics who are willing to go to a lot of these places to have a much easier entrance into the system. It has fixed some long-term problems that have been around my whole time in rural and regional Queensland.

**CHAIR:** Thank you.

**Mrs MILLER:** Will you look at the issue, though?

**Commissioner Bowles:** We are always looking at new ways. One of the things we need to look at is we have a casual pool now within Brisbane, for example. We have about 70 active casuals. Most of the casuals have come from not wanting to go somewhere else. People make choices to go and live in London. I know as a 21-year-old these days they do.

**Mrs MILLER:** But they are forced to. Commissioner, can I just say that they believe that they are forced to because they cannot get in in Queensland.

**CHAIR:** Member for Bundamba, with respect, I think the commissioner has answered the question.

**Commissioner Bowles:** I will follow it up for the member.

**Mr DICK:** We are happy to look at that. This is a challenge in the public sector more broadly. In the education system, there are more teachers who are produced through universities than there are

places in the state education department, for example. There are a growing number of courses offered by universities. We do not control, as a state, the courses that are offered by universities. We have to be fair in employment practices and we always want to give opportunity to Queensland students who have gone through university—and we will always try to do that—but I do not think that we are in a position to offer or guarantee employment. I think that would be unfair.

**Mrs MILLER:** No, I do not want that. I just want you to look at it.

**Mr DICK:** Yes, I am very happy to look at it and see what we can do. This is why we are moving down this path of training Indigenous paramedics as well through the cadet program. That is a great career path for Indigenous people. The students I have met in the Indigenous traineeship program have been amazing people—amazing young people, mainly. They are going to make a big difference to their communities going forward. We are happy to look at that and see what we can do.

**CHAIR:** Thank you, Minister. Member for Surfers Paradise?

**Mr LANGBROEK:** Thank you, Madam Chair. Can I go back to a couple of questions that I asked at the start in the last section of questions, commissioner? I would like you to advise the committee, if you could, what has improved for the paramedics by being able to administer Droperidol instead of the other drug. You have already mentioned that paramedics are not going to be put into a dangerous situation. They will call police. Therefore, they have to wait. There might be a critical patient there. They have this person who is psychotic. They have now been given the opportunity to use a different drug. What has improved for the paramedics in being able to administer Droperidol instead of the other one that you mentioned?

**Commissioner Bowles:** Firstly, I just want to correct something. I did say that the dosage of Droperidol before was 15 milligrams two times 15 minutes apart. It is actually 10. I just put that. One of the main reasons for this is that it is a safer drug.

**Mr LANGBROEK:** For the patient?

**Commissioner Bowles:** Yes, for the patient—very much so for the patient—but also for the paramedic, because they do not have as much risk of needle stick or other types of injuries. You can have a very aggressive patient.

**Mr LANGBROEK:** Why is there less chance of a needle stick? You are going intramuscularly as opposed to intravenously. I can tell you, having given them, it is a needle. I just need you to clarify that for me.

**Commissioner Bowles:** It is a lot easier to hold someone's arm and hold them still than go and find a line.

**Mr LANGBROEK:** Yes.

**Commissioner Bowles:** It is much harder. They are chalk and cheese. They are not comparable.

**Mr LANGBROEK:** Okay. It is safer for the paramedic.

**Commissioner Bowles:** It is very much safer for the paramedic. Most emergency departments now are going this way as opposed to Midazolam, or starting to roll out this way, because it is seen as a very safe drug for these types of patients.

**Mr LANGBROEK:** Okay. Thank you. My other question was about the overtime on page 46 of the SDS, which was \$58 million out of \$467 million. I just wondered if you would be able to provide for the committee a breakdown between what is for meals and what is for shift overtime? Could that be taken on notice or, if you have it there, if you could provide it we would appreciate that? It is a significant amount of a budget of \$467 million, which is going to increase to \$487 million and it is a significant amount of overtime, I would think.

**Commissioner Bowles:** As I say, a lot of overtime—and I will go through the amounts. Our model of service delivery is very different from other states.

**Mr LANGBROEK:** From other states?

**Commissioner Bowles:** Very much so. We have ambulance services where no-one else has ambulance services. We have ambulance services in communities like Aramac—very small communities. In almost every other state they are volunteer based. Even if you take geographically large states like Western Australia, they are pretty much centred around Perth and a couple of places.

**Mr LANGBROEK:** Because of our decentralised nature?

**Commissioner Bowles:** Yes. Everything else is run by volunteers. They have a volunteer response. They do not have a cost associated with it. If we go back over history—and I have been in this system for a long time—we had 96 individual ambulance services. What happened in 1991 was that 96 individual ambulance services came into one through a bipartisan parliamentary select committee. The stations that now exist have been there forever and in some cases over 100 years. Next year as an Ambulance Service we will be 125 years old. We have a long and proud legacy of delivering services in a very different way to the rest of the nation.

**Mr LANGBROEK:** Deliberately?

**Commissioner Bowles:** Yes, very much deliberately.

**Mr LANGBROEK:** And would not consider their model, which obviously considers volunteer services a bit like in the Rural Fire Service because that would be downgrading our service?

**Commissioner Bowles:** You would not have an advanced care paramedic response in a very decentralised state like Queensland if you did take it away and you did put volunteers in. We use volunteers now. In all of these locations we have emergency drivers. In last year's Ambulance Achievement Awards—we hold them every year in Ambulance Week—five emergency drivers that support our permanent paramedic from Winton were the winner of one of our major prizes. As I say, the policy of government is that the current model stands, and it is not my role to do anything different.

**Mr LANGBROEK:** I was not suggesting that. I was just wondering because you mentioned the other states. You were going to give us a breakdown of the overtime amount between shift and meal, if possible.

**Commissioner Bowles:** It is probably a little bit more complex than that.

**Mr LANGBROEK:** Whatever the categories are, if you could.

**Commissioner Bowles:** Sick allowance is \$7.84 million. That is paying double time for sick shifts. Bear in mind, that would be comparable to any other ambulance service. We did 38.9 million kilometres last year. We put our people in the back with almost a million patients that are all very unwell and very sick and of course that is going to affect our paramedics from time to time. We do have sick leave, like all other ambulance services. On-call—that is that service that we provide in rural and regional type locations where there is not a 24-hour permanent ambulance station—we spent about \$8.2 million. For community education—this is out teaching people in the community about first-aid courses and so on—we pay about \$137,000 in overtime. In terms of meal overtime, we pay about \$17 million for meal penalty. These are all approximates.

**Mr LANGBROEK:** Yes, sure.

**Commissioner Bowles:** Shift shortages that come about normally by illness also—it is just the way in which they get coded on the time sheet—make up \$8.39 million. Shift extensions—and we do not apologise for shift extensions; it is about getting the closest unit to the patient—make up \$12.5 million. Training our paramedics in overtime—a lot of it can be done on shift—is almost a million dollars. In responding to almost 1,100 or 1,200 events throughout the state a year, we spend \$1.795 million on sporting events. A lot of that is recovered. Overtime in ambulance services is anywhere between about 10 and 15 per cent, depending on the model of service delivery that they use, and we are not out of sync with any other system.

**CHAIR:** Does that satisfy the information you were seeking so there is no matter on notice?

**Mr LANGBROEK:** Yes, that sounded very comprehensive. Thank you, Commissioner, and thank you for the explanation as well. May I ask you about the Capital Statement, page 103? It outlines ambulance station capital works. Are you aware of any ambulance stations across the state that currently are unable to house QAS vehicles due to building design constraints? It is really more to ask about the fact that there may be a facility that cannot house a QAS vehicle which I think would be quite interesting for the committee to hear about.

**Commissioner Bowles:** Let us explain the fleet. We have a van type ambulance, which is the normal one that you see running around. That is the majority of our fleet. They cost about \$238,000 each. We have that type of vehicle. We have a normal troop carrier that is just like a Toyota that is converted. We also have a cab chassis Toyota that is converted into like a butterbox type modular that sits on the back. We also have a two-stretcher box built on the back of a Mercedes 519 cab chassis. I believe they are the ones that you are referring to. I believe the two-stretcher configuration was introduced into the Ambulance Service in about 2012-13. We knew at the time that they would not fit in all response locations.

As I said before, we have a history of 125 years next year, and some of our stations are not built to house some modern larger vehicles, but because we have so many options we can put them in stations that can house them. I do not know the exact number of how many stations they will not go into, but it would be a very small number of them.

**Mr LANGBROEK:** That particular vehicle, though?

**Commissioner Bowles:** Yes, that particular vehicle.

**Mr LANGBROEK:** Could we get that on notice if possible, please? Would it be possible to find out where that particular Mercedes vehicle is not able to be housed in a normal ambulance facility, Minister?

**Mr DICK:** We will take some advice.

**Mr LANGBROEK:** I am seeking, for the committee's information, whether there are some ambulance sites that cannot house a particular vehicle that the Ambulance Service has.

**Mr DICK:** I am not aware of that.

**Mr LANGBROEK:** The commissioner has confirmed that that is the case and I am asking if it is possible to find out where those facilities are, for that particular vehicle.

**Commissioner Bowles:** It would be a very small number. We were fully aware of that at the time they were introduced in either 2012 or 2013—my memory escapes me, but it is going to be around that period. We run a network of ambulance services so it has no impact in any way, shape or form.

**Mr LANGBROEK:** I am only asking as an information-gathering exercise. If it is a small number, I wonder if the minister would be kind enough to take it on notice.

**Mr DICK:** We operate from 290 sites. We will see if we can find the answer for you this evening. If we cannot, we will consider what we will do after that.

**CHAIR:** I question the relevance of the question to the appropriation, particularly given you are talking about the decision made to purchase the vehicles in what year?

**Mr DICK:** It was somewhere between three and four years ago.

**Commissioner Bowles:** It might even be a little bit longer.

**Mr LANGBROEK:** Can I say simply that it is an important part of the Capital Statement. If we have facilities that cannot house current vehicles, that will become a significant issue for the department down the track to have to build new facilities or else get different vehicles. I would have thought it is relevant to the budget.

**Commissioner Bowles:** We have a fleet of 1,330 operational vehicles throughout the state. The amount of these two-stretcher cars would be probably 100 or so—not many at all.

**Mr LANGBROEK:** A very small proportion, and not many facilities in which they cannot be housed.

**Commissioner Bowles:** Not many facilities they cannot go into.

**CHAIR:** Commissioner Bowles, I noted that in your answer you mentioned that there are a range of different vehicles in your fleet.

**Commissioner Bowles:** There is. We have a lot of options.

**CHAIR:** I am failing to see the nexus particularly to the appropriation. The ultimate decision comes to the minister about whether he takes it on notice, but I would say it is tenuous.

**Mr DICK:** We will take it on notice today.

**CHAIR:** I invite the member for Thuringowa to ask a question.

**Mr HARPER:** Can the minister advise how QAS is working to protect paramedics from occupational violence?

**Mr DICK:** Thank you, member for Thuringowa, for your question. Of course, we have taken very strong action to try to protect paramedics, but we are working with paramedics as well. We had a task force set up to address violence in the Ambulance Service. There is no excuse for any form of violence or abuse against a paramedic, against a patient transport officer—against anyone, including verbal abuse to a communications centre staff member—and there is no excuse for any violence or abuse against anyone in the health system.

We have taken this seriously. We set up two task forces—one for the Ambulance Service and another for the broader hospital and health services, for staff working in public hospitals around Queensland. The Queensland Ambulance Service task force included the Queensland Ambulance Service, staff of the QAS, United Voice Queensland, representatives of the workers in the system and representatives from the university sector. We received an interim report. We implemented a \$1.35 million mass media marketing campaign, including social media, to raise public awareness and to drive home the message that abuse against ambulance officers will not be tolerated. On my advice, the effect of that has been very positive and has had some impact in the community in changing attitudes and raising awareness that it is just not on to abuse anyone in the Ambulance Service, particularly physically assault them. The campaign has since been rolled out in conjunction with the Queensland Ambulance Service's zero-tolerance campaign.

I received the Paramedic Safety Taskforce final report in April, and we are going to implement all of those 15 recommendations. That includes a range of measures such as delivery of tactical de-escalation and a safety program developed in consultation with experts from the Queensland Police Service. I want to acknowledge the very strong support the Queensland Police Service has provided to the Ambulance Service. They are often partnering with us in violent incidents, and officers of the QPS are always so keen to support and protect paramedics as necessary. I thank publicly the Queensland Police Service for their support in developing programs and training and in supporting us on the scene.

I want to address some issues that remain outstanding before we conclude this evening. Did you have something, Commissioner?

**Commissioner Bowles:** Just to update the number of ambulances that it is. Out of a fleet of 1,330 operational vehicles it is 160.

**Mr LANGBROEK:** Thank you very much, but I understand the minister will not take on notice the locations that cannot fit those vehicles. That is noted.

**Mr DICK:** I will take advice from the commissioner about that, because I do not want a campaign run in the community that creates alarm about ambulances not being able to be properly housed. I am not saying that the member for Surfers Paradise would do that—I think that would be the last thing he would do—but I need to be careful about that. I will take advice from the commissioner and if I can communicate back to the committee about that I will. I will take some advice first. I think the director-general had something as well.

**Mr Walsh:** In relation to the FTE numbers in the Department of Health and clarifying the previous year's SDS broken down in the same way that this year's SDS is broken down, the breakdown for the 2015-16 SDS estimated actual for eHealth Queensland, Health Support Queensland and the other Department of Health, which are the three broken down in this year's SDS, it is 1,102, 3,867 and 1,596 respectively. The question was the comparison with the other Department of Health, given that this year it is 1,659 compared to a budget of 1,759. The question was: why has that decreased? In actual fact it has increased from last year, from 1,596, but is still within the same target that was applied last year. The budget last year is 1,759; the budget this year is 1,759. Both are under budget, but this year is higher than last year.

**Mr DICK:** I want to address some issues in relation to staffing to clarify issues for the committee. Over the past year Queensland Health has added an additional 4,183 full-time equivalents, raising the number of employees from 75,442 to 79,625. The majority of this increase has been delivered in the HHSs, which increased full-time-equivalent staffing positions by 3,894. Ninety-three per cent, I can advise the committee, of the increase in staffing has occurred in the organisations responsible for front-line service delivery. Of the new employees, 3,070 were clinical. In 2015-16 we employed 1,940 new nurses, 651 new doctors and 479 new allied health professionals.

That means almost three-quarters of the increase in FTEs has been to the front-line clinical workforce. The FTE increase fulfils our election commitment to rebuild the front line damaged and dismantled by the LNP. We have done a whole range of things: we have legislated safe nurse-to-patient ratios, we have launched our nurse navigators and school nursing initiatives, we are tackling the waiting lists, we are reinvesting in patient safety and we are doing it by providing the front-line staff needed to ensure that the people of Queensland receive the highest possible quality health care. 2015-16 was a year of repair and restoration and 2016-17 will be a year of consolidation. We have completed the heavy lifting in repairing the system following the LNP's cuts.

I also have a list of projects that form part of the priority capital works program that we have discussed. I will table that list of those announced projects, as I said I would, for the benefit of the committee.

**CHAIR:** Thank you. The minister is seeking leave. Is leave granted? Leave is granted.

**Mr DICK:** I also thank the committee for your work today and for the work, as I have indicated earlier, that you have done in considering a number of matters, some of which have been difficult. I thank all committee members and particularly you, Chair, for your work in dealing with that workload. I thank the staff of the Department of Health, the Queensland Ambulance Service and, of course, the hospital and health services for their work in preparing for the estimates committee, which they did very diligently and thoroughly.

**CHAIR:** Thank you very much, Minister. The time allocated to consider the estimates of expenditure in the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee portfolio has expired. On behalf of the committee, Minister, I thank you sincerely. I also thank the director-general, chief executives and officials for your attendance. Thank you, Commissioner Bowles. Minister, I ask that you convey the thanks of the committee to those executives who left prior to the consideration of the Queensland Ambulance Service and also to all staff of the Queensland Ambulance Service and the health services across the state. I am sure I speak on behalf of every member of the committee when I say that they deliver imperative services to the community and we very much appreciate their diligence in doing so.

The video broadcast of the hearing will be available on the parliament's website soon and a proof transcript of proceedings will be published. As that completes the committee's hearing, on behalf of the committee I thank the Hansard staff, the secretariat of our committee and the attendants for their assistance. I also thank my fellow committee members and those who sought leave to appear today for their contributions. I declare this public hearing closed.

**Committee adjourned at 6.47 pm**