

# FRIDAY, 29 JULY 2022

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## ESTIMATES—HEALTH AND ENVIRONMENT COMMITTEE—HEALTH AND AMBULANCE SERVICES

### Estimate Committee Members

Mr AD Harper—Chair  
Mr R Molhoek  
Mr SSJ Andrew  
Ms AB King  
Mr ST O'Connor  
Ms JE Pease

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### Members in Attendance

Mr DF Crisafulli  
Ms RM Bates  
Dr A MacMahon  
Mr MC Berkman

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### In Attendance

Hon. YM D'Ath, Minister for Health and Ambulance Services  
Mr S Zanatta, Chief of Staff  
Ms T Lenz, Senior Policy Adviser

#### **Queensland Health**

Mr S Drummond, Acting Director-General  
Mr M Rigby, Acting Executive Director, Office of the Director-General  
Dr D Rosengren, Acting Chief Operating Officer  
Dr P Aitken, Deputy Chief Health Officer

#### **Clinical Excellence Queensland**

Dr H Brown, Acting Deputy-General

#### **Queensland Mental Health Commission**

Adjunct Associate Professor I Frkovic, Commissioner

#### **Hospital and Health Services**

Ms L Davies Jones, Health Service Chief Executive, Mackay Hospital and Health Service  
Ms J Hancock, Acting Health Service Chief Executive, Metro North Hospital and Health Service  
Mr C Carey, Health Service Chief Executive, North West Hospital and Health Service  
Ms D Carroll, Health Service Chief Executive, Wide Bay Hospital and Health Service

#### **Queensland Ambulance Service**

Mr C Emery, Commissioner

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**The committee met at 9.00 am.**

**CHAIR:** Good morning. I declare this hearing of estimates for the Health and Environment Committee open. I would like to start by respectfully acknowledging the traditional custodians of the land on which we meet today and pay our respects to elders past and present. We are very fortunate to live in a country with two of the oldest continuing cultures in Aboriginal and Torres Strait Islander peoples, whose lands, winds and waters we all share.

I am Aaron Harper, member for Thuringowa and chair of the committee. With me today are Mr Rob Molhoek, the member for Southport, who is the deputy chair. The other committee members are: Mr Stephen Andrew, member for Mirani; Ms Ali King, member for Pumicestone; Ms Joan Pease, member for Lytton; and Mr Sam O'Connor, member for Bonney. This committee has granted leave for a number of non-committee members to attend and ask questions today. They are: Mr David Crisafulli, member for Broadwater; Mr Jarrod Bleijie, member for Kawana; Ms Fiona Simpson, member for Maroochydore; Ms Ros Bates, member for Mudgeeraba; Mr Andrew Powell, member for Glass House; Mr Jon Krause, member for Scenic Rim; Mr Michael Berkman, member for Maiwar; and Dr Amy MacMahon, member for South Brisbane.

Today the committee will consider the Appropriation Bill 2022 and the budget estimates for the committee's areas of responsibility. I remind everyone present that any person may be excluded from the proceedings at my discretion as chair or by order of the committee. The committee has authorised the hearing to be broadcast live, televised and photographed. Copies of the committee's conditions for broadcasters of proceedings are available from the secretariat. I ask all present to ensure that phones and other electronic devices are switched to silent mode if not turned off. I also remind everyone that food and drink is not permitted in this chamber. I encourage everyone to wear face masks while in the chamber and remind members to remove face masks when speaking.

The House has determined that the committee will examine estimates for its portfolio areas as follows: health from 9 am to 12.15 pm, ambulance services from 12.30 pm to 1.30 pm, environment and the Great Barrier Reef from 2.30 pm to 4.15 pm, and science and youth affairs from 4.30 pm to 5.15 pm.

The committee will now examine the proposed expenditure contained in the Appropriation Bill 2022 for the portfolio of the Minister for Health and Ambulance Services. Good morning. I remind honourable members that matters relating to these portfolio areas can only be raised during the times specified for the area, as was agreed by the House. The committee will suspend proceedings for breaks from 10.30 am to 10.45 am and from 12.15 pm to 12.30 pm.

The committee will commence with the examination of estimates for the health portfolio area. I remind those present today that the committee's proceedings are proceedings of the Queensland parliament and are subject to the standing rules and orders of the Legislative Assembly. It is important that questions and answers remain relevant and succinct. The same rules for questions that apply in the Legislative Assembly apply in this hearing. I refer to standing orders 112 and 115 in this regard. Questions should be brief and relate to one issue and should not contain lengthy or subjective preambles, arguments or opinion. I give a general pre-warning to all members today that I am not going to tolerate dissent or disorderly behaviour. I want this estimates hearing to be respectful. I will pull it up if it descends into a rabble and we will go downstairs if necessary. Let's all have a good day. Questions should be brief, as I said. I intend to guide proceedings today so that relevant issues can be explored fully and to ensure there is adequate opportunity to address questions from government and non-government members of the committee.

On behalf of the committee I welcome the minister, the director-general, officials and members of the public to the hearing. For the benefit of Hansard, I ask officials to identify themselves the first time they answer a question referred to them by the minister or the director-general. I now declare the proposed expenditure for the portfolio area of health open for examination. The question before the committee is—

That the proposed expenditure be agreed to.

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

**Mrs D'ATH:** I would like to begin by acknowledging the traditional owners and custodians of the land on which we hold this meeting today and I pay my respects to the elders past, present and emerging. I pause on those words past, present and emerging. When we look at our health system throughout that time frame we see it has been an interesting journey. For example, 12 months ago when I sat here in front of the committee our COVID vaccine rollout was just starting. We were in a race

to double-dose. We set up mass vaccination hubs, which played a huge role in protecting Queenslanders, and I am very pleased to inform the committee that currently 93 per cent of Queenslanders are fully vaccinated. That makes us one of the most fully vaccinated jurisdictions in the world. Of course, we now know that the national definition of ‘fully vaccinated’ being two doses is not enough.

Presently, the nation is weathering the worst COVID-19 wave since the global pandemic began and influenza has returned with force following two relatively mild seasons. However, our world-class health staff are meeting the challenge, as are Queenslanders themselves. The fact is that our health system is performing admirably in light of the pressures. Is it performing at the same rate as pre pandemic? No. The pressures on our system from COVID and influenza A are immense. That should never be forgotten. Anyone who has ever travelled overseas or has been paying attention to the global impact of COVID would know that health systems internationally are under extreme pressure.

We can hold our head up high knowing that things would have been dramatically worse had we not taken the actions we did since the beginning of 2020, if we had not also rebuilt our workforce and expanded our beds and invested in expanding and building new health facilities. If all of these investments and decisions had not been made, our system could well have crumbled around us. As the pressure continues and our staff soldier on we must continue to invest, and that is what we are doing.

Our public hospital and health system in Queensland helps improve the quality of life for tens of thousands of us every single day. In fact, 100 per cent of category 1 patients who present to emergency departments are seen on time—a statistic some like to gloss over or completely ignore. You can see from the Queensland Plan laid out by the Palaszczuk government that we are building our health system up to serve the people of Queensland for decades to come. That is why the Queensland Health and Hospitals Plan unveiled a record \$23.6 billion operational funding in the 2022-23 budget.

Demand for health services is rising rapidly, as is our population; by 2041 it is estimated to grow to seven million people, up from 5.2 million this year. An ageing population means an increase in patients with complex health needs. A decline in Queenslanders with private health coverage and a lack of funding for hardworking GPs by the former LNP federal government has led to more reliance on public health care. Our Queensland Health and Hospitals Plan outlines how we are addressing these issues now and in the future. It is big and it is an exciting list.

Key to our approach is a more sustainable and innovative health system that delivers better value for our patients, our staff, our partners and the broader community. We are embarking on a major reform agenda to determine how we can achieve this, investigating different models of care like Hospital in the Home and virtual care programs, workforce development processes and funding models. All this work is underpinned by governance advice and recommendations in the unleashing the potential report, which we announced earlier this year.

The \$23.6 billion health budget for the current financial year was a 5.6 per cent increase on the previous year. Importantly for hospital and health services, it is a 7.9 per cent increase. This budget will deliver 2,509 extra beds across the hospital system in addition to the 869 beds being delivered through existing expansions. It will also deliver an additional \$9.785 billion over six years to fund new hospitals and hospital expansions across the state.

On the Gold Coast we are investing in a new Coomera Hospital and bringing online extra beds at Robina Hospital. We are also investing in new hospitals in Toowoomba and Bundaberg. In the state's north we are expanding Townsville University Hospital and Mackay Hospital, while Sarina and Moranbah hospitals are being redeveloped. Other locations seeing hospitals expanded or redeveloped include Nambour, Redcliffe and the Prince Charles in Brisbane. We are also delivering the new \$750 million, 150-bed Queensland Cancer Centre which will be based at the Royal Brisbane and Women's Hospital. We are mindful that the pandemic and devastating floods earlier this year have taken their toll on the wellbeing of Queenslanders. An additional \$1.64 billion over the next five years will vastly improve our mental health services and deliver additional beds.

All of these initiatives, whether they are health reforms, capital projects or service improvements, mean little without the right people. The budget supports our commitment to employ 9,475 additional health workers by 2024, including an expansion of our graduate nurses program by an additional 770 each year from late 2022. Additional clinical facilitators and nurse educators will be recruited to supervise and train the newest crop of nurses. This \$30 million initiative is really important. As international workforce pressures bite, the Palaszczuk government is planning ahead by investing in homegrown healthcare professionals. I am sure this boost in nursing numbers will be welcomed by

hospital and health services. On that note, I would like to end by thanking all health workers for working tirelessly to keep Queenslanders safe and healthy, often under difficult circumstances. As the focus continues on COVID and our response, I want to take a moment to acknowledge the everyday duties performed across all occupations and professions within Queensland Health. What they do each day is nothing short of extraordinary and it makes me proud to be their minister. Because of their efforts going above and beyond, we have been able to continue providing health care that is among the best in the world. Thank you, Chair.

**CHAIR:** Thank you, Minister. On behalf of the committee, we also thank all of those health workers throughout Queensland for the extraordinary work they have done. Deputy Chair, who will be going first on your side?

**Mr MOLHOEK:** The member for Mudgeeraba.

**CHAIR:** Member for Mudgeeraba.

**Ms BATES:** Thank you, Mr Chair. Before I hand over to the Leader of the Opposition, with your indulgence I, too, would like to thank all those here in the room today for their work in running our public health system. I know it is not an easy job, particularly given the challenges of recent years. To the CEOs of our hospitals and health services, through you I would like to convey my sincere gratitude to your staff—every frontline clinician, every man and woman who makes things tick behind the scenes, for the 12-hour shifts, the double shifts, for the gruelling workload. They front up every day to care for Queenslanders and for that they will always have my admiration and my heartfelt thanks. Leader of the Opposition.

**Mr CRISAFULLI:** Minister, 2½ years ago the state government told us we needed more time to heal the health crisis. With ambulance ramping now at 42 per cent, why has the state government not successfully implemented a plan to get the health system ready for COVID?

**Mrs D'ATH:** I thank the member for his question. We have been planning and delivering our response on COVID since day one. We were the first in the country to actually declare an emergency declaration and acknowledge COVID was real as opposed to just overexaggerating. We took really strong decisions that many, including yourself, criticised but kept people alive, kept people out of hospital. It meant we did not have to dig mass graves or set up temporary hospitals. We actually got on with what we needed to do. That planning and that work continues today. COVID is not over. Did we foresee everything that might come from a global pandemic at the start of 2020? If you can find any health system in the world that has done that, I am happy to look at that record. The reality is we made the right decisions at the right time and in fact we have led the world in our response in saving lives. So we have been planning—I do not accept the preface of the question—

**Mr CRISAFULLI:** It is the worst in the country.

**Mrs D'ATH:**—we have been delivering and we have managed to deal with these challenges in a way where we have not had to say to people, 'We're going to turn you away from a hospital because we don't have a ventilator. In fact, we're not even going to pick you up in an ambulance,' like was occurring in the US and the UK, 'but we're just going to let you die at home because the facilities aren't there in our health system.'

**Mr CRISAFULLI:** Forty-two per cent.

**Mrs D'ATH:** We did not have to make those decisions—

**Mr CRISAFULLI:** Forty-two per cent.

**Mrs D'ATH:**—and I am very proud of that.

**Mr CRISAFULLI:** Minister, as a follow-up question, this government inherited ambulance ramping at 15 per cent. In the month before COVID, it had already doubled to 30 per cent. Today it is at 42 per cent. Does Queensland Health have an internal target to reduce ambulance ramping? What is that figure and when will it be reached?

**Mrs D'ATH:** We do not have an arbitrary figure. What we have—

**Mr CRISAFULLI:** No target? So there is no target? So you have given up?

**Mrs D'ATH:** Would you like me to answer the question?

**CHAIR:** Order! Sorry, Minister. Leader of the Opposition, I set the rules of engagement early. I said that the minister should be allowed to be responsive in her answer without unnecessary interjections. Minister.

**Mrs D'ATH:** The interjection is wrong. We every day are working to reduce—

**Mr CRISAFULLI:** Then what is the target?

**Mrs D'ATH:**—our patient off stretcher time. The target is in the SDS. The target is in the performance data which is—

**Mr CRISAFULLI:** So when will we be back to the 15 per cent the government inherited?

**Mrs D'ATH:** I am not debating with the member. I am answering the question.

**Mr CRISAFULLI:** It is 42 per cent. That is the worst in the nation.

**CHAIR:** Order! The minister is being responsive.

**Mrs D'ATH:** With all due respect to the member who keeps making statements about worst in the nation—

**Mr CRISAFULLI:** It is.

**Mrs D'ATH:**—often he is using incorrect data.

**Mr CRISAFULLI:** I am using the most up-to-date data the government gives.

**Mrs D'ATH:** Irrespective of that—

**CHAIR:** Order! Minister.

**Mrs D'ATH:**—anyone who is actually aware of what is going on, who turns the TV on every day, who looks at the newspaper, who listens to the radio sees that there are pressures on health systems right across this country and that there is, as the member likes to say, ramping going on everywhere. We are doing as best we can and I want to make it clear that the member would know that we have seen some improvements, but every time we achieve some gains we face another wave of COVID that sees a decline. I see the look on the member's face. I know that the opposition is not too thrilled that COVID is a real thing—

**Mr CRISAFULLI:** It is the worst in the country.

**Mrs D'ATH:**—but the fact is—

**Mr CRISAFULLI:** It is the worst in the nation.

**CHAIR:** Excuse me!

**Mrs D'ATH:** The member loves to cherrypick stats, but the reality is that we have made improvements in relation to our patient off stretcher time, but we also have faced three waves of Omicron in just seven months. The opposition likes to pretend that that has no impact on the health system, but the health system, our frontline workers and the community actually understand that it does and it is having an impact and it will continue to have an impact as we go through these waves. That is why we have a record investment in this budget to build more beds, to put on extra staff and to take pressure off our system both in the short term and the long term through the pipeline of capital investment and the initiatives we are putting in place.

**Ms BATES:** Minister, in May this year the minister ruled out ambulances bypassing hospitals. I ask again: is hospital bypass happening again on the Palaszczuk government's watch?

**Mrs D'ATH:** As the member knows, hospitals work across the system together with members of the QAS to ensure that they are aware of demands at each and every hospital. So it is not bypass; it is that they are going to the hospital that can best meet the needs that they have as far as demands at that time.

**Ms BATES:** Just to clarify, ambulances are going from hospital to hospital, so why is it not called 'bypass', because that is what was banned by the LNP back in 2012?

**Mrs D'ATH:** And yet the LNP still had ramping.

**Ms BATES:** At 15 per cent, Minister, not at 42 per cent. Minister, the opposition has obtained ambulance logs. They show that hospitals are on bypass. Who should Queenslanders believe—health heroes doing the best they can or a health minister out of her depth?

**CHAIR:** I will get you to rephrase the question without the unnecessary remarks.

**Ms BATES:** Who should Queenslanders believe? RTI documents show bypass is back. Who should Queenslanders believe?

**Mrs D'ATH:** Thank you. They should certainly believe the government which actually quotes statistics properly, and I am happy to get back to the other member's question about patient off stretcher time too and comparing to other jurisdictions—

**Ms BATES:** Biggenden Hospital on bypass, Minister.

**Mrs D'ATH:**—which is not accurate.

**Mr CRISAFULLI:** It is in the logs.

**Ms BATES:** It says in the logs—

**Mrs D'ATH:** I have answered your question, but I am happy—

**Ms BATES:**—Biggenden Hospital on bypass.

**CHAIR:** Member for Mudgeeraba, allow the minister to be responsive to the question.

**Mrs D'ATH:** Thank you, Chair. I would also ask the acting director-general to explain how the current system works so that the member better understands.

**Ms BATES:** So is it redirection or is it bypass?

**CHAIR:** Excuse me, member for Mudgeeraba.

**Ms BATES:** It clearly says it here.

**CHAIR:** Acting Director-General, please.

**Mr Drummond:** Thank you. We do not have bypass as a protocol or as a process inside the Queensland Health ambulance response system. We do have diversion of ambulance to the appropriate clinical services for that patient's condition. For example, if it is a particular condition associated with obstetrics, not all of our hospitals have obstetrics, so an ambulance will go to the facility that has the clinical capability for that patient. There is no structure. We have stuck with that there is not a bypass process inside that. If I could just add one—

**Ms BATES:** Can I ask why it is actually in the ambulance logs that it says bypass and redirection?

**Mr Drummond:** I cannot comment on that. What I can comment on is that we do load-share on the basis of where it is clinically appropriate for a patient to go. We have coordinated hubs that work with ambulance and our hospital and health services around where we have best capacity at any time to service the need from the community.

**Ms BATES:** Just to clarify, Mr Drummond, I understand as a nurse and a clinician that you do not take a cardiac patient to a hospital that does not have a cardiac cath lab, for instance, but we do know from these logs from the RTI that patients are bypassed. It actually says Biggenden hospital was bypassed at five o'clock. We also know that ambulances are going from one hospital to another hospital to another hospital. So what is the name that this government calls that if it is not bypass?

**CHAIR:** Before you answer, member for Mudgeeraba, you have asked the question, put it twice. It is being—

**Ms BATES:** I was just clarifying.

**CHAIR:** Let me finish. It is being repetitive. Mr Drummond?

**Mr Drummond:** We do not have bypass. I cannot comment on what is inside an individual log and the nature of those notes that are actually written there. We do not have bypass as part of our system for ambulance flow.

**Mr CRISAFULLI:** Well, it is happening.

**Mr Drummond:** With regard to the statistics that are quoted, the health jurisdictions across Australia measure many different things. New South Wales measures transfer of care, not POST. It is not comparing the same percentage. They are two completely different time stamps. The facilities that each jurisdiction includes in that reporting are different, so the cohort of facilities and what time stamps are being used are different across that. We do not have a nationally consistent measure.

**Ms BATES:** Sure. With all due respect, time stamps is not about whether you go from one hospital to another hospital to another hospital.

**CHAIR:** You asked the question, member for Mudgeeraba.

**Ms BATES:** I will move on. Mr Drummond, what is the government's financial obligation regarding the \$108 million Aspen Medical contract for Wellcamp and, to be clear, is there a minimum spend?

**Mr Drummond:** Thank you for the question. The government's commitment with regard to the medical component of QRAC ceases as soon as the facility ceases operating.

**Ms BATES:** There are no additional funds—

**CHAIR:** The question has been answered.

**Ms BATES:** It is a follow-up question. I asked was there a minimum spend. You said it finishes at this particular date. Does that mean that there was an additional amount in that contract that still has to be paid out?

**Mr Drummond:** Only for the operation of the facility.

**Mr CRISAFULLI:** Director-General, there is a \$108 million funding window. Yesterday the Deputy Premier said that we should direct questions of that nature to this committee. I believe at the moment the figure is circa \$7 million that has been spent. As of today, are there any other obligations to increase that amount of money?

**Mr Drummond:** The \$7 million was up to that point in time. We will continue operating the facility to the end of this month and at that point in time we will still have some additional payments above that \$7 million, but the total spend will be under \$10 million. We have been spending about \$1 million per month.

**Mr CRISAFULLI:** If that is not used any further there will be no further contractual obligation? The \$108 million envelope—there is no set amount, there is no minimum floor, there is nothing else that has to be paid over and above that at the end of that contract?

**Mr Drummond:** With regard to the Aspen Medical contract—

**Mr CRISAFULLI:** No, with regard to the \$108 million.

**Mr Drummond:** The \$108 million. If you are referring to our contract to provide the clinical support for the residents of QRAC, the payments under that stop at the point the facility stops operating.

**Ms BATES:** Mr Drummond, until 2020 the state government's budget had a target for the percentage of category 2 and 3 elective surgery patients treated within clinically recommended times. What benefit is there for Queenslanders to not have this information in this year's budget?

**Mr Drummond:** With regard to our current 2½ years of response to COVID, we know that planned care is constantly being interrupted by these waves. As explained in the SDS and the notes, both last year and this year, we are unable to predict exactly how the COVID waves will result in interruptions of planned care. That actually includes the referrals from primary care, because during these waves we have seen impacts into primary care as well as our secondary facilities. The relevance of those percentages which were applied in a non-COVID environment, where we would have a normal planned care program, is different.

**Ms BATES:** Just to clarify, is there no target at all for category 2 and 3? I do understand that because of COVID things have been put on the backburner, but what about the patients who are currently category 2 and category 3? How do they know whether they are actually going to be seen this year?

**Mr Drummond:** We always triage and look at the clinical conditions of our patients and prioritise them on the basis of their clinical conditions, and we still do have guidelines with regard to what is a 'treat in time' for a patient, whether it is a category 1, a category 2 or a category 3. The percentages issue that you are talking about of compliance with that—those percentages were set, and they are very comparable nationally, in a non-COVID environment. Planned care has been interrupted, and that includes outpatient care, but we are continuing to see our most critical patients. They are seen through outpatients; they are operated on for planned surgery.

**Ms BATES:** Last financial year, how many patients were in a hospital emergency department, including clinical decision units and medical assessment units, for more than 24 hours before being discharged or admitted as an inpatient?

**Mr Drummond:** I am sorry, I do not have that stat by individual patient readily in front of me.

**Ms BATES:** Would you be able to take that on notice?

**Mrs D'ATH:** Yes.

**Ms BATES:** Mr Drummond, documents released under right to information show that work was being done by departmental staff in Clinical Excellence Queensland to change the way patient off-stretcher time was being measured in August and September last year. Whose idea was it to make this change?

**Mr Drummond:** It is important that we understand that there are many time components that make up the patient's journey from community into our emergency departments. The work that was being considered at that time was so as to be able to delineate inside what is called POST, which is

patient off-stretcher time, to give further granularity around what are the components that are directly controlled inside the emergency departments.

When we refer to that information around the subset of POST, which is transfer of care, that was to give us additional data and granularity so that we can focus our efforts on parts of the time management in that journey. For example, we need to understand, if a bed is requested, how long it actually takes us to do that. In a POST situation we need to understand what is the time difference between when an ambulance crew has presented somebody for triage and when they have accepted and transferred that care of the patient. That is a subset within POST.

We were not intending to change all of our metrics. It was a necessary component to actually understand the granular components inside those so that we are actually able to focus our efforts. That was the intent within that and absolutely this was to allow us to have a greater detail of conversation with our emergency departments and our hospitals around how flow was affecting them.

**Ms BATES:** Just to clarify, the current measure is 'on arrival'. There are no plans to change that to 'from triage'?

**Mr Drummond:** We are constantly looking to have both the POST, which is the combined performance of the ambulance and the emergency departments, and to also have a look at the components within that that are emergency departments so that we can focus those conversations to who has those particular challenges in the total time.

**Ms BATES:** If it is a yes or no question, there is no plan—

**Mr Drummond:** Yes, we will be maintaining POST.

**Ms BATES:** Has any consideration been given to, as I said, any other changes to these performance metrics, such as the change to patient off-stretcher time? You have probably already answered that. The 'on arrival' remains the target, not the 'from triage'. My next question, Mr Drummond, requires a simple yes or no answer. Were you aware of this statement by the Premier on 19 May last year—

I have given the departments a two-year time frame to get the satellite hospitals up and running.

**Mr Drummond:** Yes.

**Ms BATES:** Given the Premier's deadline of 19 May 2023, are all seven satellites hospitals going to be operational by then?

**Mr Drummond:** We continue to endeavour to deliver all satellite facilities—all seven of them—into 2023. Four of those sites have had particular challenges with those time frames and we are continuing to work around how we treat and mitigate the impact. That includes what is happening with the construction industry and interruptions with supplies, whether it is steel or other materials, which is materially affecting all building programs across Australia at the moment. Also in that, we had two of the sites where we had to do additional work with the local people around native title. We had a site, the Metro South site, where we selected an alternative site. At the Tugun site we had additional condition issues with regards to that site that we have had to work with. The department is actively working to deliver those within 2023. As we look at all of those issues and we adjust in our time lines, we are absolutely working to deliver those by the end of 2023.

**Ms BATES:** Just to clarify, which four satellite hospitals and what is the proposed time line for those?

**Mr Drummond:** Kallangur, Bribie Island—the intention is still 2023—Tugun and the Metro South site.

**CHAIR:** Do you have a brief question, member?

**Ms BATES:** Yes, I do. Mr Drummond, Queensland Health's website still says the program will cost \$265 million. Budget papers say it will cost \$280 million. Is that the \$15 million overspend that you were discussing before? Is that where that \$15 million is?

**Mr Drummond:** In all of our construction projects we are experiencing an inflation impact on, effectively, materials supply and cost for construction that is significantly different from what we envisaged pre COVID.

**Ms BATES:** Briefly, Mr Chair, with your indulgence: how many overnight beds will each of those facilities have and which one of them has a 24/7 emergency department?



**Mr Drummond:** They do not have overnight beds and they do not have emergency departments. They have urgent care centres, which is appropriate to the role for an ambulatory satellite hospital. These are hospitals. They meet the definition of a 'day facility'. But they are not an overnight facility.

**Ms BATES:** I have a final question to the minister to wrap up.

**CHAIR:** You are pushing the friendship a little.

**Ms BATES:** Minister, the peak body for doctors in Queensland disputes that these facilities are actually hospitals, the cost has blown out so far by \$15 million and they are running late. If you cannot build a fake hospital on time and on budget then how can Queenslanders trust that you can actually build a real one?

**CHAIR:** Before you answer that Mr Drummond—

**Ms BATES:** It was not to Mr Drummond; it was to the minister.

**CHAIR:** Minister, before you answer that: member, I am going to get you to take out all of the imputations and the ridiculous statements that you put in there. Make it a succinct, short question without the unnecessary commentary, please. Repeat the question.

**Ms BATES:** The AMAQ says that these are not actually hospitals. How can Queenslanders trust that these satellite hospitals will be built on time, let alone be real hospitals as announced in this year's budget?

**Mrs D'ATH:** As the member knows, we are delivering on a whole pipeline of capital investment across this state: many that we have built and opened since 2015, those that are under construction and those that we are committed to. The acting director-general has outlined to you some of the delays. They are delays that the entire economy is seeing. The housing sector is seeing it in relation to supply chain issues. I am sure you would respect the fact that there have been some delays in relation to negotiation around native title and the elders. We should have those discussions and that is important. No matter who is in government those issues would be happening. I can say that it is a Labor government that they can trust to deliver on these initiatives.

**CHAIR:** Thank you, Minister. The period for opposition questions has ended and it is time for the crossbench. Member for Mirani, do you have a question?

**Mr ANDREW:** I do. Thank you to all frontline workers and the hospital staff who are here today. I appreciate your support given the COVID issues that we have had. Aspen Medical won the contract under an emergency procurement procedure so it did not go to tender. With reference to the department's highlights at page 19 of the SDS and the goal of partnering with health services, how are Department of Health contracts normally awarded, Mr Drummond?

**Mr Drummond:** We have well publicised procurement guidelines. There are exceptions to those. A procurement guideline would normally involve us going to public tendering, an evaluation by a full panel against criteria and the exploration of those in a very comprehensive process. Our emergency procurement guidelines allow us in exceptional circumstances—and we have exercised emergency procurement through COVID frequently when we have had to urgently get whether it is PPE or clinical supplies to allow us to be able to respond to an emerging situation. Given the nature of the need to step up quarantine facilities very rapidly, the department reviewed whether it was appropriate to do an emergency procurement delegation. The director-general of that time approved that, to meet those time lines, it was necessary to go out to—

**Mr ANDREW:** So it was the only company that could provide these services?

**Mr Drummond:** There was a comprehensive, first of all, consideration of whether we could provide that within the hospital and health services network. We worked with the HHSs first. Then we worked with other private providers that already Queensland Health contracts with for clinical services, particularly inpatient clinical services, but they were unable to supply staff as well. Then there was a consideration of who would be an appropriate external provider.

**Mr ANDREW:** What about the Pinkenba camp? Does Aspen Medical service that facility as well?

**Mr Drummond:** It is not open.

**Mr ANDREW:** How many service contracts has the department entered into with Aspen Medical and at what cost, over the Queensland Health system?

**Mr Drummond:** I do not have the detail with regards to all contracts with Aspen. I can speak to the QRAC one.

**Mr ANDREW:** Could you take that on notice? Can we get overall what contracts Queensland Health has with Aspen Medical and the value of that?

**Mr Drummond:** We do not publicly release information around individual spend with particular providers. Obviously in the interests of the public information around QRAC we are being very clear.

**Mr ANDREW:** In the interests of the Queensland taxpayers—

**CHAIR:** Member for Mirani, I am happy for you to ask a supplementary question if you have another one.

**Mr ANDREW:** I refer to the SDS and the overview of the Queensland Health system operating at its greatest potential. Have Queensland hospitals been impacted by supply shortages of medicines or other medical products? I have heard from a lot of people that they do not have dyes for CT scans, MRIs and such.

**Mr Drummond:** Absolutely there have been global and national interruptions to clinical supply. Contrast for medical imaging is an example where there has been a worldwide shortage. Queensland's response to that has been to put appropriate other modalities of imaging in that support a patient and that do not require a contrast. We have had a contrast supply, for example the dyes that you are talking about, but they have been limited at the rate we have been getting that to historical usage. We have put other safe modalities of imaging in place so that we can treat those patients.

**Mr ANDREW:** I think the private sector seems to still have stock but the Queensland government does not have stock.

**Mrs D'ATH:** He is just debating.

**CHAIR:** Let us go to a final question.

**Mr ANDREW:** How many abortions were carried out in government and non-government organisations last year and at what cost to Queensland overall?

**Mrs D'ATH:** Chair, while Mr Drummond looks up the answer to that, can I ask members to state to whom they are asking the questions?

**CHAIR:** Yes, that would be helpful, members. This will be the final question and then we will move to government questions.

**Mr Drummond:** Termination of pregnancy services are a hybrid model whereby the publicly available services are delivered between both hospital and health services and private providers. We do not publicly report on the amount of terminations of pregnancy that we have performed in any of our datasets.

**Mrs D'ATH:** It would be impossible for us to report on non-government terminations when they can get access to medications through their GPs that would not be reported to us.

**CHAIR:** We will move to government questions. Minister, with reference to page 2 of the SDS in the 2022-23 budget, how has the Queensland Health and Hospitals Plan addressed the unprecedented demands on our health system?

**Mrs D'ATH:** Thank you, Chair. Health systems across the country and indeed around the world are under unprecedented strain. The demand pressures we see today have been growing for some time, but they have become more pronounced and acute as a result of the global COVID-19 pandemic. Queenslanders know that the solutions to these issues are not simple. They want to know that decision-makers have a plan, and that is why I am proud that the Palaszczuk government's Queensland Health and Hospitals Plan has been announced. This plan identifies the key issues confronting our health system and sets out the fully-funded measures that we will take to address these nationwide measures.

Our health system is confronting growing demand; that is no secret. Since 2015 QAS demand has grown by 33 per cent; ED presentations have increased by 36 per cent; and patient admissions have risen by 40 per cent. In addition to this growth in demand, the Queensland Health and Hospitals Plan outlines a number of complex factors which are making the delivery of health care even more complex and which I now will outline for the benefit of the committee.

Queensland's rapidly growing population, in part driven by strong management of the pandemic, has made Queensland the best place to live and work. With a 20 per cent increase in the state's population expected to occur by 2036, we will see more demand on government services such as hospitals. Our population is ageing, and the number of Queenslanders aged 65 and over will increase

by 50 per cent by 2036. This demographic is a disproportionate contributor to our ambulance and ED demand. Growing numbers in this cohort will increase the demand for these services.

In addition to this, the most recent COVID wave has shown that the ongoing impacts of the pandemic will be severe. We have had more than 900 inpatients in our hospitals as a consequence of the most recent wave. That is equivalent to the number of beds we have in the Royal Brisbane and Women's Hospital. We are also having to deal with significant rates of staff furloughing due to COVID-19 and other respiratory illnesses currently circulating in our community. Right now we have over 2,700 staff furloughed for COVID alone, let alone those who are off for other illnesses. On top of this we have more than 500 aged- and disability-care patients in long-stay beds. What these patients need are Commonwealth funding packages and more appropriate care settings.

GP availability is also projected to fall by 15 per cent in cities by 2032. This is being exacerbated by the Medicare rebate freeze enacted by the previous government. Declining private health insurance is also a factor. There are now 3.1 million Queenslanders not holding private health insurance, the lowest in about 20 years.

To confront these significant pressures you cannot have cheap slogans and no detail; you need a strategy with funding behind it. That is what our Queensland Health and Hospitals Plan delivers. At the centre of our plan is this year's unprecedented health budget—a record budget that delivers an increase of more than seven per cent in operational funding for our HHSs. Our record health budget commits to an historical \$9.785 billion investment to deliver a record 2,509 new hospital beds over six years. We will be delivering 2,220 new hospital beds through three new hospitals: Coomera, Bundaberg and Toowoomba. We are also delivering 11 hospital expansions: in Cairns, Hervey Bay, Ipswich, Logan, Mackay, Princess Alexandra, QEII, Redcliffe, Robina, Prince Charles and Townsville. On top of that, we are building a new Queensland cancer centre.

We will be delivering 289 new fast-track beds in areas of most need—this is on top of the 1,350 beds we have already delivered since coming to government—and we have 869 new beds being delivered through current expansion programs. We are delivering on a staff commitment of 9,475 frontline workers in this term of government to build on our existing record of 10,000 more nurses, 3,000 more doctors, 1,000 more ambulance officers and 2,000 more allied health professionals that we have already employed. This budget will bring a record \$1.1 billion to the Queensland Ambulance Service and an additional \$1.65 billion for mental health investment.

I not going to pretend that this budget is a silver bullet, because it is not—the problems are complex and the solutions will require many different initiatives and investments—but it is an historic investment in building the capacity of Queensland hospitals from both a capital and a staffing perspective. That is what Queensland deserves.

**Ms KING:** Director-General, with reference to page 2 of the SDS, what specific operational initiatives will be delivered in emergency departments with the additional \$6.784 billion investment over four years to deliver better care for Queenslanders?

**Mr Drummond:** I will ask Dr David Rosengren, our chief operating officer, to come up and provide some information on that. First I would like to set a scene. We often talk about ramping but, in fact, the ramping of ambulances is only one of the ramps that exist inside our acute system. It is necessary to holistically intervene across all of the components. We have that first queue, which is those patients who are actually waiting for an ambulance. We then have a queue between the ambulance and our emergency departments—a second ramp. We then have a ramp between our emergency departments and our hospitals. Then we have a ramp where people leave the hospitals and have to get into aged care, disability, community supported ambulatory services or our Hospital in the Home capacity. When you think about that, if we intervene on only a single component of that system, all that does is create blockages in those other components.

It is absolutely necessary for us to look at this as a whole-of-system issue and intervene across all of those components. Even when we think about that last ramp, which is back to the community, we have variably 500 to 600 patients every day that we are waiting to get back out to aged care or into disability. We do not control that pipeline. We have to work and partner with the Commonwealth to be able to deliver that capacity. This plan and this budget allow us to intervene across all of those ramps, all of those queues, to holistically address the challenges for the system.

**Dr Rosengren:** Good morning. My name is Dr David Rosengren; I am currently a senior staff specialist in the emergency and trauma centre at the Royal Brisbane and Women's Hospital and also the Acting Chief Operating Officer for Queensland Health. Following on from that brief summary from the director-general, we do have a range of strategies already in place to support emergency

department capacity and flow, and we will continue to invest in and expand on those over the coming number of years. I think it is very important to recognise that our emergency department access and flow is simply one component of our total patient experience and reflects pressures and challenges that might be present at multiple layers throughout the patient's health experience with the public health service.

It is important to recognise that on a daily basis currently through our health contact centre, through 13HEALTH, we receive about 4½ thousand contacts from the community every single day as well as over 3,000 direct contacts through the QAS triple-O call centre. We have very well established—and we are continuing to invest and expand on that—coordination hubs involving senior medical, senior nursing and senior paramedic staff to be able to sort and screen those calls so that we can provide the best and most timely advice to the community about, first of all, whether they do need to access health care and, following that, what the most appropriate time and location of that health care will be. Of the 3,000 triple-O phone calls that the ambulance get every single day, only about 58 per cent of those require a transport into the emergency department. We are successfully able to provide support in the community.

We use a number of strategies in partnership between Health and Ambulance, including mental health co-responders and access to inreach residential aged-care teams such as our RADAR, CAREPACT or GEDI teams. Where people do require clinical support, we can also find strategies to provide that to them in their local location, rather than needing to transport them up to the emergency department. We have invested quite heavily—we will continue to do so—in strategies within our emergency departments: supporting ambulance off-load in a timely manner with additional nursing staff to support, providing care for patients while they are waiting, through our TIN nurse program. We have created and will continue to create additional infrastructure to support our streaming of our patients into our subacute, fast-track or minor injury units. We will continue to open some additional minor injury and fast-track capabilities to support our emergency departments over the coming years.

One of the challenges we have in emergency is that the growth in our demand has been primarily growth in demand in our higher complexity patients—in our category 1, 2 and 3 patients. That presents significant challenges with regard to the combination of complexity and the time that is required in order to provide that care.

We are introducing models of care where we have our mental health teams working side by side with our emergency department teams for timely mental health access to care. We have our CAREPACT, our residential aged-care teams, working beside us in the emergency department. We have access to hospital in the home and a whole range of other strategies. Then we also have what is called virtual ED where we can actually work in partnership with virtual ED. Again, this is for general practitioners and for the local community to have direct contact via telehealth with expert emergency department care to help manage care.

I could probably go on for about 15 minutes on the various models that are being supported and created. We have in this coming forward year commenced a program working with some of our emergency departments with the greatest challenges in capacity and flow to support targeted investments in improvement programs. It has been exciting to see the health services and the clinicians put forward their proposals, including different models of care, different workforce models of care, physicians' assistants, utilising undergraduate nurses to support our care and observing our patients while they are waiting for care and for their care to be completed and using scribes in the emergency department to support the doctors around the efficiency and the volume of work that they can deliver. There are some very innovative and new models of care which we will be very keen to implement with the additional funding over the coming period of time.

**CHAIR:** Thank you very much, Dr Rosengren; commendable work across the board.

**Ms PEASE:** May I too acknowledge the great frontline workers and thank them for their outstanding work protecting and looking after Queenslanders. Can the minister please inform the committee on how the government is investing in the frontline nurse workforce needed to provide Queenslanders with quality health care and are there any alternative approaches?

**Mrs D'ATH:** The Palaszczuk government is very proud of our record of investing in our frontline health workers. After the savage cuts we saw under the previous government—cuts of over 4,400 frontline workers, including 1,800 nurses—we began rebuilding as soon as we came into government. Since 2015 we have hired more than 15,000 extra frontline health workers, including 10,638 nurses—a 38 per cent increase. I can only imagine how we would have managed COVID and what we would

have gone through in the last 2½ years if not only we had not had the extra 10,638 nurses but in fact had 1,800 fewer.

I am pleased to inform the committee that we are hiring even more nurses. We are investing almost \$30 million to recruit an additional 770 graduate nurses and midwives each year. This will take Queensland Health's total annual nurse and midwifery graduate intake to over 2,500. On average it is 1,750, but we are increasing it by more than 750 on top of that. That is a 50 per cent increase in recruitment of our nursing and midwifery graduates every year from the end of this year. It is exciting to know that we are going to grow our own. That is what we need to do.

Right now every jurisdiction is trying to poach staff. Every jurisdiction is overseas trying to recruit staff. The best thing we can do is train our own people right across the state, including the regions where we know if we get graduates after their regional training into regional hospitals they are much more likely in the longer term to want to keep working in regional and remote communities.

We will ensure that these graduates are supported in the health system by funding an additional 150 clinical facilitators and nurse educators. This is critical. Right now it is hard to bring in new graduates because they need mentoring. Our experienced staff have little time to spare right now to provide that support, but if we do not provide that support we are not going to be able to grow our own and build a bigger base of nurses. That is why we are going to employ additional facilitators and educators to take on that load to ensure that we can put on extra graduates. This is about building our next generation of nursing and midwifery workforce.

Nurses and midwives account for around a third of our entire clinical workforce. We are very proud of every single one of them—whether they are graduates or have years of experience behind them. The nursing and midwife boosts to our graduate ranks will strengthen the health system front line for years to come.

Our Health and Hospitals Plan identifies expansion of our bed base and our staffing numbers as two key elements of our response to the record demand growth that we are seeing across the state and across the country. Let us be clear: you cannot expand hospitals and you cannot build new hospitals if you do not have the workforce to run them and open those beds. That is what this is all about. I am very proud that we are able to make this commitment and increase so significantly our graduate program for nurses and midwives.

**CHAIR:** This will be the final question from government members. Minister, can you please outline how the Palaszczuk government is investing in health facilities in North and Far North Queensland, including at the Townsville University Hospital and, something close to my heart, the Kirwan health precinct?

**Mrs D'ATH:** I know how dear it is to your heart, Chair. I know how hard you lobby for your community. I know that you are very passionate about your area and particularly about the Kirwan Health Campus.

The Palaszczuk government is focused on providing good jobs, better services and a great lifestyle. There is no better example of that than our health investments in North and Far North Queensland. The government is increasing our operational funding for the Townsville HHS to \$1.2 billion in this year's state budget. This is a 6½ per cent increase. We have increased the operational funding for the health service by 59 per cent since we came into government or \$445 million, up from \$758 million in 2014-15.

Since 2015 we have hired 183 more doctors, 295 more nurses and 75 more allied health professionals across Townsville and the surrounding region. Our Queensland Health and Hospitals Plan includes a new \$530 million expansion of the Townsville University Hospital, which will deliver around 143 extra beds by 2026 as well as create 1,276 construction jobs. We are currently delivering our new hybrid theatre at the Townsville University Hospital at a cost of \$17 million. We are also continuing work on our \$40 million expansion of the Kirwan Health Campus. I know that the member for Thuringowa has been a strong advocate for this project.

The expansion and refurbishment of the campus will increase capacity and provide services closer to home for the local community as well as reduce pressure on the Townsville University Hospital. It will include an expansion of women's, children's and dental services and include the introduction of midwifery community clinics. It will also upgrade staff and public amenities, install technology to support telehealth and upgrade car parking at the site. Detailed planning is currently progressing and we expect construction to start next year and expansion to be completed by 2024.

For Far North Queensland, the Cairns and hinterland region, the government has increased the operational funding for the hospital and health service to \$1.2 billion this year, an increase of nine per cent on the previous year. We have increased the overall budget by 77 per cent since coming into government. Since 2015 we have hired 243 more doctors, 695 more nurses and 54 more allied health professionals across the Cairns and hinterland region.

A new hospital expansion program includes a \$250 million investment to refurbish the Cairns Hospital and deliver a new surgical centre which together will deliver around 96 extra beds by 2026 and create 611 construction jobs. We are also entering into a lease arrangement. That will deliver around 45 extra beds next year through a subacute expansion. Also in Cairns, we are currently delivering our \$75 million Cairns Hospital mental health unit, a \$30 million expansion of the emergency department and our \$11.5 million youth residential drug rehabilitation and treatment centre.

In Atherton, we are continuing to deliver our \$74.8 million redevelopment of the hospital. Our new investment in the next phase of the building rural and remote health program will replace the Cow Bay Primary Health Centre in the Daintree with new modern infrastructure. In the Torres Strait and the cape we have increased our operational funding to \$277 million this budget, an increase of 10.7 per cent. The increase in operational funding since coming into government has been 61 per cent.

Since 2015 we have hired 28 more doctors, 103 more nurses and 28 more allied health professionals in the Torres and cape. Our new investment in the next phase of the Building Rural and Remote Health Program will replace the Bamaga Hospital and the Pormpuraaw Primary Health Care Centre with new, modern facilities. We are continuing to deliver our redevelopment of the Thursday Island Hospital and Thursday Island Primary Health Care Centre at a cost of \$46 million and the Mer (Murray) Island Primary Health Care Centre at a cost of \$7 million.

**CHAIR:** In the remaining 30 minutes I will go in 10-minute blocks—member for Mudgeeraba, then to the crossbench and then back to the government.

**Ms BATES:** My question is to the minister. The Women's Safety and Justice Taskforce revealed police were forced to retest 47 samples from sex offences after the lab found insufficient DNA for further processing. Remarkably two-thirds were actually found to have sufficient DNA. Has the minister contacted the victims in these cases to apologise on behalf of the government?

**Mrs D'ATH:** As the member would know around Forensic and Scientific Services, even though some samples have tested and found to have DNA, there may already be other DNA in relation to those particular matters that have already satisfied the evidentiary needs of the courts. Having said that, I would not be contacting anyone that may result in me involving myself in ongoing proceedings before the courts or matters that could come before the courts.

The member well and truly knows that there is a comprehensive inquiry going on right now, led by His Honour Walter Sofronoff, into Forensic and Scientific Services. This is the most comprehensive review of forensic services that has occurred in decades. It has broad terms of reference that allows for the commissioner to look at whatever samples, any testings and any systemic issues and reviews in how the testing is done. I am going to wait for that process to be completed before I form any particular views on any findings and will take into account, of course, any recommendations that come out of that inquiry.

**Ms BATES:** Earlier this year the minister said the opposition was playing 'pure politics' on this issue. Given the results of these tests, does the minister now regret her comments?

**Mrs D'ATH:** I made it very clear at the time that the information I had before me was that adequate processes were in place. More information came to light. I have acted on that information, which is appropriate for me to do, and initiated this inquiry.

**Ms BATES:** Director-General, can you advise where in the budget the commission of inquiry is funded?

**Mr Drummond:** Forensic and Scientific Services have a recurrent budget and a MOHRI associated with their operations. When we announced the commission of inquiry, the costs associated for Queensland Health are part of the budget allocation of Forensic and Scientific Services.

**Ms BATES:** Can the director-general advise when he was advised this commission of inquiry would be needed?

**Mr Drummond:** Sorry, I cannot remember the exact date. Obviously that was an ongoing discussion between us announcing that we would have the review and the process to establish

appropriate independent reviewers. Subsequent to that announcement and our establishing those independent reviewers, there was a decision made.

**Ms BATES:** Director-General, did the department give initial advice that the commission of inquiry would not be needed—yes or no?

**Mr Drummond:** Our initial advice was to support a review. It was not considered in our initial advice whether a commission of inquiry would be occurring.

**Ms BATES:** So when did you change your mind about a commission of inquiry?

**Mr Drummond:** Are you asking as the director-general or—

**Ms BATES:** Yes, as the director-general.

**Mr Drummond:** As the director-general, that was not the decision of the director-general to do a commission of inquiry.

**Ms BATES:** Minister, a right-to-information application has revealed the management of the forensic services lab's initial response was to attempt to seek to punish whistleblower and forensic expert Kirsty Wright. Minister, why would your department first seek to punish Dr Wright instead of listening to her on this issue?

**Mrs D'ATH:** The matter is before a commission of inquiry and all information that is readily available will be considered. I am not going to comment any further in relation to that matter.

**Ms BATES:** Director-General, have you received advice from clinicians and/or capital experts from within the Queensland health system not to call the facilities 'satellite hospitals'?

**Mr Drummond:** I have not received advice to that effect. There may have been advice that was provided to previous directors-general.

**Ms BATES:** Could I please call the Health Ombudsman?

**Mrs D'ATH:** I advise that the current Health Ombudsman is unwell. Mr Scott McLean will be delegating on her behalf today.

**Ms BATES:** I have a question about the Dr William Braun case. An extension for the investigation was never submitted by the OHO. That oversight effectively quashed the case against him. I appreciate that you or who you are standing in for have only been in the role since the beginning of this year, but the question has to be asked: how was this ever allowed to happen?

**Mr McLean:** Essentially, as I understand it, it was a case of human error. To take your question probably one step further—what has the office done to ensure that that does not occur again?—a number of steps have been taken. The first one is that the office has updated its IT services, updated its IT resolve, to allow for better reporting. There has been better training of the staff to ensure that does not occur again. The other area that I think has been undertaken by the director executive of investigations is in relation to getting better reporting so that, again, oversight will not occur again. Having said that, of course, it is a question of human error.

**Ms BATES:** I am sure the patients are probably upset that that is the case.

**CHAIR:** No commentary, member for Mudgeeraba.

**Ms BATES:** How many other investigations before the OHO are now jeopardised given this ruling by the court?

**Mr McLean:** That is a question that I would need to get some information for.

**Ms BATES:** Are you happy to take it on notice?

**CHAIR:** It has imputations all through it. Maybe ask another question.

**Ms BATES:** There are no imputations. There was a ruling—

**CHAIR:** Just rephrase the question.

**Ms BATES:** Sure. There was a ruling after the Dr William Braun case that could well jeopardise other investigations currently with the OHO. How many of these other investigations may be at risk because of this ruling?

**Mr McLean:** I do not have that information. If it is a case that I could ask to take it on notice—

**Ms BATES:** Would you be able to take that on notice, Minister?

**Mrs D'ATH:** We will take that on notice.

**Ms BATES:** Minister, how many times have you met with the Health Ombudsman since becoming the Minister for Health and Ambulance Services?

**Mrs D'ATH:** I would have to go back and check my diary records.

**Ms BATES:** If you could provide that to the committee, that would be appreciated.

**Mrs D'ATH:** They are publicly available, so I am sure the member can look them up.

**Ms BATES:** Minister, section 86 of the act says that if an investigation is not completed within two years after the decision to carry it out the Health Ombudsman must give notice to you as minister. Have you received these notices from the ombudsman, particularly in relation to the William Braun case?

**Mrs D'ATH:** I would need to go back and check our files on that, so I am happy to take that on notice.

**Ms BATES:** Did you receive a notice at all in relation to Dr William Braun?

**Mrs D'ATH:** I will have to take that on notice.

**Ms BATES:** My next question obviously is superfluous because it was: why didn't you question it had taken it so long? Were you ever made aware, Minister, of why the case was before the Court of Appeal?

**Mrs D'ATH:** I do not recall having that conversation.

**Ms BATES:** Were you aware that the deadline for the application extension had been missed?

**Mrs D'ATH:** As you would appreciate, the Office of the Health Ombudsman does operate independently of me and does not necessarily brief me every step of the way in relation to investigations that they have going on.

**Ms BATES:** I understand that, Minister, but this is a pretty high-profile case and one that I have raised in two estimates.

**Mrs D'ATH:** Irrespective of the profile of the case, the Office of the Health Ombudsman operates independently of me and does not brief me every step of the way on investigations.

**CHAIR:** Member for Mudgeeraba, I will remind you—and you know this, having been on the health committee in previous years—that the Health Ombudsman briefs the committee regularly around any extensions.

**Ms BATES:** Minister, have patients been failed by this inexplicable oversight?

**CHAIR:** You are seeking an opinion.

**Ms BATES:** Minister, is Dr Braun now working in a Queensland Health facility?

**Mrs D'ATH:** I do not believe he is, but I am happy to take that on notice and get back to you before the end of the session today.

**Ms BATES:** If the minister does not know, I think the director-general does.

**CHAIR:** There is just no need for it, member for Mudgeeraba, and you are just about out of time.

**Ms BATES:** My last question is to the minister: will William Braun ever be allowed to work for Queensland Health again?

**Mrs D'ATH:** As I say, I am not aware that he is working for us. In fact, we are continuing to provide support to any former patients. As far as employment, as the member knows—she reminds us constantly of being a nurse—

**Ms BATES:** And a former hospital administrator.

**Mrs D'ATH:** I am sorry, I did not hear the interjection. As the member knows, I do not directly employ any operational or clinical staff. It is not my decision whether someone is or is not employed by Queensland Health or any individual HHS. They must go through a proper process, apply for those jobs and meet the relevant criteria. Those HHSs would be aware whether there were any restrictions on practices or suitability to be employed.

**Ms BATES:** Maybe the OHO could provide—

**CHAIR:** I will pull you up right there, member for Mudgeeraba.

**Ms BATES:** I wanted to know if the victims who wrote to the OHO are going to receive any compensation at all given the ruling of the court.



**CHAIR:** I am going to move on to the next block of questions. I am happy to go through to the crossbench. Member for South Brisbane, do you have a question?

**Dr MacMAHON:** Minister, yesterday the federal Labor government said that by the end of the year inflation may reach 7.75 per cent, yet nurses are being offered an increase of just four per cent on their base rate this year. What is the government's plan to make sure that hardworking healthcare workers who have been on the front lines of the pandemic get properly paid?

**Mrs D'ATH:** I thank the member for the question. The pay offer that has been put forward in addition to any other arrangements we enter into through the bargaining process—obviously the base salary increase is just one component of improvements to their wages and working conditions available through the bargaining process—is one of the most generous offers across the country right now. We are pleased that we can offer that. I acknowledge the tremendous work that our health workers do each and every day. They are worth every cent we pay them. The original offer was going to be 2½ per cent, and I am very grateful that, because we have managed the budget well and the work the Treasurer has done, we are able to offer this additional increase. It would be misleading to say that four per cent is the only benefit they will get through the bargaining process.

**Dr MacMAHON:** Minister, would the government see this as an effective pay cut for workers? If inflation does reach 7.75 per cent we will effectively be giving our frontline healthcare workers a pay cut in real terms.

**Mrs D'ATH:** I thank the member for the question. If the member can point to anywhere in the economy right now where businesses are offering over seven per cent wage increases per annum I would be very interested to see that—or any government, for that matter.

Our without prejudice offer to the nurses and midwifery union in June this year includes an annual increase to wages and allowances—so allowances as well—of four per cent, four per cent and three per cent over the forward years with a cost-of-living adjustment and other items. We have built in a cost-of-living adjustment as well to factor in that we know there are escalating costs and inflation. We recognise that, and that has been built in as part of the without prejudice offer.

**Dr MacMAHON:** If we do reach 7.75 per cent that cost-of-living adjustment of three per cent will still not be enough to make sure that workers—

**CHAIR:** That is giving an opinion.

**Mrs D'ATH:** It is still the highest pay rise offered to nurses across the country.

**Dr MacMAHON:** Minister, I know the government has recently said they will not be charging sexual assault victims without Medicare for rape kits. You have also said that you will review policies for other medical costs, including STI tests, pathology tests, MRIs and treatment for injuries. Can you advise what the scope and status of that review is?

**Mrs D'ATH:** I will ask the acting director-general to update us.

**Mr Drummond:** As the minister confirmed, we do not charge for rape kits. With regard to Medicare ineligible patients and those other services, we are currently doing a review with all of the hospital and health services to work with them on when that is being applied. It is not applied across all patients, so we are moving to consistency in policy and consistency in application and that will be achieved before the end of the year.

**Dr MacMAHON:** Are there budget considerations attached to that?

**Mr Drummond:** Within the \$23 billion health allocation there will be a small component of costs associated with that. The recoverable rate on billing ineligibles is not 100 per cent. We do not receive funding for all of these patients even when they are charging an ineligible patient, so it has a small implication for us that is well manageable within the allocation for our hospital and health services.

**Dr MacMAHON:** Can I confirm that this will also include things like pathology tests, MRIs and treatment for injuries?

**Mr Drummond:** The components that are Queensland Health costs we can absolutely commit to.

**Dr MacMAHON:** Minister, can I ask when we will be able to see details of the action plan to ensure easy access to abortion services in all Queensland public hospitals and HHSs?

**Mrs D'ATH:** Certainly I am keen to see an expansion of the services that we do provide. The decriminalisation of abortion was just one very important step in this state, but it was the first step. It was disappointing that Marie Stopes chose to walk away from the services in our regions. We have

been working very hard in relation to how we fill those gaps but, quite honestly, I do not want to just fill the gaps they left behind: I want to see an improvement across our HHSs as far as services. That does not mean our HHSs will be the ones that directly provide those services on each occasion. We partner with the private sector as well and other providers when we can do that. As long as the service is available, that is what is most important.

I know that for surgical terminations the majority of women still have to travel to Brisbane. I am very grateful that some of our HHSs like Townsville have committed—from memory, I think it is around \$1 million—out of their operational budget this year to ensure they are providing these services. I know that Central Queensland is reintroducing those services. That replaces what Marie Stopes removed, but I do want to see more services provided and more accessibility because we know that timing is essential around these issues. We also know that it is sometimes very difficult for people who need terminations to leave their homes because their pregnancy might not be known by their partner and they might not want them to know, and if they are travelling away they have to explain why they are going to be away from home. There are a lot of complex factors around this. We are looking at reviewing all of the HHSs. I have asked all of the HHSs to look at what services we can provide and how we improve on them.

It is an ongoing journey. We have to deal with a whole lot of issues within the health system in relation to surgical terminations that we have not done before. We have to deal with conscientious objectors as well. We have to look at the skill set and expertise we have in each of those HHSs and how we ensure we are putting patients first.

**Mr ANDREW:** Minister, in your opening statement you made a comment that 93 per cent of Queenslanders are vaccinated. Has the vaccine rollout been safe and effective, as far as you are concerned, given the COVID wave that has happened? Through this COVID wave, have the mandates been beneficial to the health system? We are looking for staff all over the world, and a lot of people who are out of work have come to me. Will the mandates be dropped? Have they been beneficial? Has this rollout been safe and effective for Queenslanders?

**Mrs D'ATH:** I will start with the last bit first. Has it been safe and effective? Yes. As I said at the beginning, we have not had to dig mass graves and we have not had to put up temporary hospitals. We did not set up the convention centre, as we originally planned, to have additional bed capacity. We have saved thousands of lives by delaying COVID coming into our community for two years while we got the community vaccinated. I am absolutely very proud of that and I believe it is safe and has been effective.

What we do know is that with the new variants, such as Omicron, two vaccinations are not enough; we need a third and we need a fourth. I welcome the decision of ATAGI to expand it to children from six months now as well. We need to keep vaccinating. To do that, yes, we needed to put mandatory measures in place. That absolutely resulted in our vaccination rates going up. If we had not put in restrictions around licensed venues, where you had to be vaccinated, for example, we would not have got to the 93 per cent. I have no doubt about that. Those measures have worked. They did their job. I am glad we got to a point where we did not need to maintain those measures because now the proportion of people unvaccinated in the community is so small that they do not necessarily lead to a greater risk in those public settings.

As for mandating, what we have left is mandatory vaccinations in health settings, aged care and disability in my portfolio. Why? Because they are most at risk. They are most at risk because they are treating people with COVID. They are also working with the most vulnerable in our community who are at most risk of dying from COVID. Those mandatory vaccination requirements are still critical.

Ultimately, the public health emergency declaration will be lifted. When it does, it will be up to the Commonwealth to decide whether aged care and disability should continue to be mandated, because we will not have the head of power to do it because we do not regulate them, but the sectors themselves can do that. Will we remove the mandatory vaccination for health workers in the public health system? No. Why? Because we mandate a number of vaccinations for our health workers and have for some time. COVID is just one vaccination. Our staff have to be vaccinated for a whole lot of things, and it is an employment condition that if you are not vaccinated you do not work. We should not treat this any different, especially when we know the deadly nature of it, especially when we have an obligation under workplace health and safety to our staff to make sure we reduce the risk for them, and that is what we will do. We have made it an employment arrangement, not just reliant on a public health declaration going forward.

**CHAIR:** Minister, thank you for your comprehensive answer. We will go to the government for the last eight minutes and then come back to non-government questions after the break.

**Ms PEASE:** Minister, with reference to page 1 of the SDS, can you advise of any steps the government is taking to mitigate the spread of COVID-19 at this year's Ekka?

**Mrs D'ATH:** I know there has been a lot of interest in this year's Ekka because, sadly, we have not had the Ekka for the last two years because it has had to be cancelled for COVID. It is really important that we plan for this year's Ekka. We need big events like this to be able to operate. We need to learn to live with COVID. As we can see with the latest wave, COVID is not going away anytime soon so it is about how we can better manage COVID in our community.

We know and the community knows what we need to do: use good hand hygiene, so take your sanitiser with you; make sure you are vaccinated; wear masks; and, most importantly, stay home if you are unwell. The best thing people can do is if they are unwell—whether or not they get a negative test on the morning they are planning to go to the Ekka—do not go. If your child is unwell, do not go. Wait until you are feeling well, or if you have COVID you will need to isolate for seven days so you are not exposing other people.

I am thrilled about partnering with the organisers of the Ekka so we will provide free masks this year. We will have free masks available at the entrances. There are 100,000 free masks that will be provided to the RNA, which will then distribute them at all of the entrances. As I said, in addition we ask people to practise good hygiene and social distancing and receive their flu vaccination as well. I know that a few years ago our Governor, Her Excellency, as the former chief health officer, suggested that people might want to stay away because of the flu. This year we are saying to go and enjoy the Ekka, but the best thing you can do is wear masks. We will provide them free for you if you forget to take one with you, although if you are travelling by public transport please wear those masks—it is actually mandatory.

Also, we ask people to make sure they have their vaccinations up to date. If you are due for your booster, go get your booster. If you have not had your flu shot, go get your flu shot. We know it makes a difference. As much as we are talking about COVID, I do want to emphasise to parents that influenza A does disproportionately affect young children. We have seen a lot of young children being admitted to our hospitals with upper respiratory conditions. The flu vaccine is available and I strongly encourage people to get that flu shot as well as their COVID shot.

**Ms KING:** With reference to page 13 of the SDS, will the minister provide an update on the Palaszczuk government's Satellite Hospitals Program and how it will benefit communities right across South-East Queensland?

**Mrs D'ATH:** I thank the member for her question. I know that you are very passionate about the satellite hospital that is going in at Bribie Island, and I can absolutely appreciate why when you look at your demographics and the elderly population you have and the distance they have to travel. It might not seem like a long way to Caboolture, but when you are travelling from Bribie Island and you are unwell it certainly is.

We know that these satellite hospitals are going to make a lot of difference for people with minor injuries or illnesses. Not having to go to the big emergency departments for a minor injury or illness for your child or yourself will take pressure off our EDs, so that is a great thing. Also, having other services—whether it is mental health services, outpatient services, dialysis or oncology treatment—closer to home makes all the difference. With renal dialysis treatment, for example, you are already sitting there for hours a day, generally three times a week. If you also have to travel up to an hour to get where you have to go and then get yourself home after your treatment, that really has an impact on your quality of life and your treatment. I am thrilled that we are providing these services in our satellite hospitals.


As we heard during the previous line of questioning, we are now budgeting around \$280 million. There have been some increases in costs due to supply chains across the globe right now. We are committed to delivering on these seven wonderful satellite hospitals: at Ripley, Tugun, Eight Mile Plains, Redlands, Kallangur, Bribie Island and Caboolture. We are supporting roughly 773 construction jobs in South-East Queensland while doing this construction as well. The fact that we have been able to put out seven individual projects as a single procurement project has meant we can manage this project far better. We can ensure a high quality of delivery and manage the financial costs of that.

I have been going around to the sod turning. We have had a number of sod-turning events already and I know that the Premier did a sod turning at Ripley. We can talk with Hutchinson Builders

on each one of these sites and see familiar faces, so we understand the importance of having consistency in the way we are delivering this. I think it has been a smart way of doing procurement and capital procurement. It is something we are going to build on now with our capital expansion that we have in this year's budget. This model really works. This is something we should be trying to do more often. In doing so, we are making sure we are supporting local jobs as well. Not only are we providing a wonderful satellite hospital for your community with the services they need closer to home, we will also be supporting local jobs in the construction of those satellite hospitals.

**CHAIR:** Thank you, Minister. We will now have a break for 15 minutes and return at 10.45 am.

Proceedings suspended from **10.29 am to 10.45 am.**

 **CHAIR:** Welcome back, everyone. We will continue the hearing and resume questioning for the portfolio area of health. I go back to the opposition and the member for Mudgeeraba.

**Ms BATES:** Mr Drummond, are you the subject of an investigation by the Crime and Corruption Commission?

**Mr Drummond:** Not that I am aware of. I am participating currently in a multiparty investigation that I am one of the respondents.

**Ms BATES:** To clarify your last statement, is there an ongoing or has there been an investigation into your conduct when you were CEO of the Metro North HHS, undertaken by the Metro North HHS, for what the Crime and Corruption Commission detailed as 'suspected corrupt conduct'?

**CHAIR:** I pull you up there for a moment, member for Mudgeeraba. I think the director-general has answered the question in the first instance. I will allow some latitude in the response.

**Mr Drummond:** I am part of a multiparty responding to an issue with Metro North from when I was the chief executive.

**Ms BATES:** To clarify, that investigation is still ongoing?

**Mr Drummond:** Yes.

**Ms BATES:** Are you one of the 23 Queensland Health employees with an open investigation for misconduct?

**CHAIR:** I think the director-general has answered the question.

**Mr Drummond:** I have answered yes. I am not sure whether there are 23 or what that is, but, yes, I am part of an open investigation.

**Ms BATES:** To clarify, there is an investigation still ongoing by Queensland Health in relation to your conduct and being potentially corrupt?

**CHAIR:** Member for Mudgeeraba, the director-general has answered the question. I ask you to go to your next question.

**Ms BATES:** Can I finish the question which was: are you aware when this investigation into potentially corrupt behaviour is due to finish?

**Mr Drummond:** No.

**Ms BATES:** Minister, Mr Drummond is the highest ranking public servant in Queensland Health. Do you believe it is appropriate that Queensland Health undertake an investigation into suspected corrupt conduct for its own acting director-general?

**CHAIR:** Seeking opinions.

**Mrs D'ATH:** I have all faith in our Ethical Standards Unit and the way we investigate matters, whether it is the director-general or anyone else. There are external bodies that can undertake other investigations if there are complaints, as the member is well aware, including the CCC. All of those avenues are available if such allegations warrant that sort of investigation. This is not a situation where only health could investigate those allegations.

**Ms BATES:** Minister, who first approached Mr Drummond to take on the role of acting director-general? Was it Treasurer Dick?

**Mrs D'ATH:** Not that I am aware of.

**Ms BATES:** Mr Drummond, are you still employed by Deloitte?

**Mr Drummond:** No, and I have never been an employee of Deloitte.

**Ms BATES:** Have you ever received any remuneration from Deloitte since you took a position with Queensland Health in January?

**Mr Drummond:** No, I have not. Just to be very clear, I was a partner in Deloitte, not an employee, and my partnership has been suspended. I have not been paid at any time by Deloitte since taking on this role.

**Ms BATES:** Can you tell me, Director-General, in the last financial year how many and the value of all contracts entered into with Deloitte by all Queensland Health agencies, not just the Department of Health? I am happy for you to take that on notice if the minister is prepared to do that.

**CHAIR:** You are straying outside the estimates process for health. You just asked for all agencies. Rephrase the question.

**Ms BATES:** To clarify, Mr Chair, I asked about all Queensland Health agencies.

**Mr Drummond:** I can assure the committee that as the director-general, I do have appropriate conflicts of interest in place with regards to my former role with Deloitte, and I have not been involved with either determining any contracts with Deloitte or any approval of any contracts with Deloitte. We do not publicly provide information on individual contracts with vendors. We do provide overall spend. I am prepared to say that there have been four contracts that involve Deloitte since my employment, but none of those were involved with myself and the selection or the sign-off of those. Sorry, I need to correct that—three.

**Ms BATES:** Three contracts?

**Mr Drummond:** Yes.

**Ms BATES:** Director-General, how many other staff are on either leave or secondment from Deloitte but are currently working for Queensland Health?

**Mr Drummond:** One that I am aware of. You are saying all of Queensland Health. There are 120,000-plus people. I am aware of one other.

**Ms BATES:** Did you have any role in appointing those staff members?

**Mr Drummond:** No, that was the previous director-general.

**Ms BATES:** Can you tell me how that process for appointing those staff was undertaken? It seems strange to me that there would be other staff on a similar type of arrangement.

**CHAIR:** I am again going to pull you up there, member for Mudgeeraba. You are starting to stray well away from what we are examining in terms of appointments. I ask you to move on.

**Ms BATES:** I will move on, Mr Chair. Minister, the Coaldrake review warned of the dangers of 'dual hatting'. Mr Drummond's employment arrangements fit that description; he has previously been a partner in a private firm netting millions from Queensland Health and yet he is also the acting director-general. Will this type of employment arrangement be required to cease given the findings of the Coaldrake review?

**Mrs D'ATH:** The acting director-general has just made it very clear that he has not drawn any income whatsoever from that partnership since he came into Queensland Health. Will we make sure that no-one comes from the private sector into the Public Service to fill jobs? I think the Coaldrake report actually talks about how we have a bit of a brain drain happening across the Public Service because we have lost a lot of good public servants and we rely too much on consultants. Instead of paying the money for consultants, I would rather have them as direct employees of the department and of agencies. We lost a lot of good people over many years, particularly from 2012 to 2014. I want to make sure that we find the best and the brightest and we have them working for us across government.

**Ms BATES:** I want to tie this all together. Here is my question: the acting director-general was or is being investigated for alleged corrupt conduct by the same agency he runs.

**CHAIR:** He has answered that.

**Ms BATES:** He is also a partner of an organisation which has been awarded over \$5 million by Queensland Health in the last year alone. That is the amount that we know about; it is very likely much more. How is his position as the acting director-general tenable?

**Mrs D'ATH:** For all the reasons that the acting director-general just said. He has a conflict-of-interest plan in place. He is not involved in any of the decision-making around that procurement. He has not drawn any income through his partnership with Deloitte. You can frame that question as many different ways as you want, with all the imputations and inferences you like, but the reality is that there

is nothing that the acting director-general has said that puts him in conflict with his role as the acting director-general.

**Ms BATES:** Even though there is an ongoing investigation into potential corrupt conduct?

**CHAIR:** There is no need, member for Mudgeeraba, again.

**Ms BATES:** I am just clarifying the minister's response.

**CHAIR:** No, the running commentary—

**Mrs D'ATH:** In all the time this investigation has been going on, there have been no negative findings against the acting director-general. I am not going to make decisions to not put the best people into roles when there are no findings that say they are not suitable for that role.

**Ms BATES:** Until such time as there are findings.

**CHAIR:** Sorry, Minister.

**Mrs D'ATH:** Until such time as there are findings.

**Ms BATES:** I just want to clarify—

**Mrs D'ATH:** There may not be findings. I know that there is not a public servant that the opposition will not attack, sack or politicise.

**Ms BATES:** I do not know; I think there were some public servants who were attacked just recently.

**CHAIR:** Order! Member for Mudgeeraba.

**Ms BATES:** Thank you.

**CHAIR:** No. I am going to warn you against the running commentary that is not required after the minister or whilst the minister is providing a response. Can you cease all those interjections.

**Ms BATES:** I go back to the director-general. You mentioned there was one staff member who is on leave or secondment from Deloitte currently working for Queensland. Who is that?

**CHAIR:** We are not going to name people. You cannot name people.

**Mrs D'ATH:** It is not relevant. The standing orders, Chair, actually say that individuals should not be named.

**Ms BATES:** Okay. I will ask my final question in this block. Mr Drummond, can you please advise this committee about the allegations of sexist, predatory and bullying behaviour of a Metro North manager towards female staff, including when you became aware of it?

**Mr Drummond:** There was an investigation with regard to conduct in the communications unit multiple years ago. That concluded after I had left Metro North, so I am not aware of what were the final outcomes of that matter.

**Ms BATES:** Not even as the current director-general?

**Mr Drummond:** It was under the investigation of Metro North at that point.

**Ms BATES:** As the director-general, you are not notified of the outcome of these investigations?

**Mr Drummond:** If it was a serious matter that was with the Ethical Standards Unit of the department that had concluded after I commenced as the director-general, then yes. This matter was concluded after I had left Metro North and before I became the director-general.

**CHAIR:** Member for Mudgeeraba, I am not sure where you are going—

**Ms BATES:** I am going on.

**CHAIR:** No, allow me to speak, please. I am not sure that line of questioning is really relevant to the estimates process. I would ask you to move on to another question.

**Ms BATES:** Thank you. Minister, I have just checked your official diary and can only find two occasions where you have met with the Health Ombudsman during your entire time as minister. Did you ask for the status of the Braun investigation in either of those meetings?

**Mrs D'ATH:** I cannot recall whether the particular issue was discussed at those meetings at this point, but I am aware that my office has been kept up to date in relation to investigations.

**Ms BATES:** There is a statutory obligation that the OHO advise you if an investigation is going to run over the two years. Were you ever notified?

**Mrs D'ATH:** I have already taken that on notice.

**Ms BATES:** Thank you. I will move on thanks, Mr Chair. Could I please call the CEO of Metro North HHS?

**CHAIR:** We welcome Ms Jane Hancock to the table.

**Ms BATES:** Last year on the morning of estimates the government announced 64 beds for Metro North HHS. I asked if those beds would meet demand and you said—and I am quoting from *Hansard*—

Yes, those beds will be enough ...

Now ambulance ramping at Caboolture has hit 42 per cent and Prince Charles is at 48 per cent. Was that statement incorrect?

**Ms Hancock:** Just a correction: I did not appear for Metro North Hospital and Health Service last year.

**Ms BATES:** Sorry. I beg your pardon. You are right. It was Professor Hanson. Last year—and, as I said, I quoted from *Hansard*—when I asked if 64 additional beds which were announced that morning for Metro North HHS would be enough, Professor Hanson answered yes. Since then ramping has exploded at Caboolture and Prince Charles. Do you believe that the statement that was given last year was incorrect?

**CHAIR:** That is seeking an opinion from someone about a person who is not here at the table. Move to your next question, please.

**Ms BATES:** Ms Hancock, can you tell me the number of ambulance lost hours across Metro North up to the end of June this year?

**Ms Hancock:** I cannot at this point in time recall the total number of hours lost for Metro North.

**Ms BATES:** I am happy to provide you the information as a question on notice. I have seen an RTI document with a daily lost time report sent by your hospital on 14 December 2021. I know that you can draw reports from that information, so are you going to take that on notice to get back to the committee about the lost hours?

**Ms Hancock:** I would have to ask the minister.

**Mrs D'ATH:** My understanding is that that information is available through our performance data release which—

**Ms BATES:** We had to get it through an RTI, Minister.

**Mr MOLHOEK:** Is that taken as a question—

**Mrs D'ATH:** It is available on publicly available performance data. That is my understanding.

**Ms BATES:** Ambulance lost—

**CHAIR:** The minister has answered the question.

**Ms BATES:** No, sorry: ambulance lost time to the end of June this year, not what has already been published. What currently is the lost hours?

**CHAIR:** You have the ambulance services in front of you after. Do you want to move to another question?

**Mr MOLHOEK:** I raise a point of order, Chair: the information that is being asked for is not published online and it is not freely available without us having to process an RTI, so I ask that that be put as a question on notice.

**Mrs D'ATH:** Chair, I do not know why it is not available other than as an RTI. Irrespective of that, I am happy to look at it. I will take it on notice, but I will take it on notice stating that I will look at the volume of information that has to be collated to provide that and if it is not unreasonable what is being asked for I will provide that information.

**CHAIR:** Thank you, Minister.

**Ms BATES:** Thank you. Ms Hancock, I want to ask you a few questions about the Caboolture Hospital. The opposition received an anonymous letter from hospital staff alleging unsafe surgery practices, patient harm in the maternity ward and inappropriate staff appointments. In a letter to me, the minister has said that these matters are subject to 'a system review or ongoing investigations'. Can you tell me how many investigations are underway?

**Ms Hancock:** Thank you for the question. First before I answer that question, I want to state that it is an absolute privilege to be working in my current role as acting health service chief executive for Metro North and just want to, in relation to the 23,000 staff who work for Metro North, including Caboolture, Woodford and Kilcoy, note the high quality of care that they seek to provide to patients every day and acknowledging, as many of you have this morning, that it is not always easy, especially in this environment, but they are always striving to do better and we want to do better.

**Ms BATES:** Thank you. So how many investigations are underway?

**Ms Hancock:** In relation to Caboolture, Woodford and Kilcoy hospital and health service, there are 12 investigations currently in progress.

**Ms BATES:** Are any of these investigations before a coroner?

**CHAIR:** She would not be able to answer it if it was before a coroner.

**Ms BATES:** Yes, she would, because if a patient dies it is the job of the hospital to refer it to the coroner. It is an automatic coroner's case. You know that as a paramedic.

**CHAIR:** I am going to say it would be sub judice if there are cases that are before them, so I will ask you to move on to your next question.

**Ms BATES:** I was not asking the name of a patient; I was just asking how many of these investigations are before a coroner.

**Ms Hancock:** Metro North Hospital and Health Service in relation to investigations works with multiple agencies including the Coroner, the CCC and the QPS when it is appropriate to do so. Would you like me to pick up on your inquiry about the surgical services review?

**Ms BATES:** Certainly in a minute; I just have to follow-up with some questions because you have just started to raise the issue anyway. The first one obviously was how many are before a coroner. How many of these investigations are before the CCC and how many of these investigations are being managed internally of these 12 investigations? How many are before a coroner, how many are before the CCC and how many are being managed internally?

**Ms Hancock:** All of the matters in relation to Caboolture are done in partnership with those other agencies. The majority of those or all of those are being managed internally in partnership with those other agencies by Metro North Hospital and Health Service.

**Ms BATES:** Again, are any of these investigations before a coroner? Did someone die in any of these investigations that you currently have going—12 of them? Did someone die and it is before a coroner?

**Ms Hancock:** There have been no deaths at Caboolture Hospital in relation to surgical services since June 2020.

**Ms BATES:** So all of these investigations are being managed internally; is that right?

**Ms Hancock:** That is correct.

**Ms BATES:** So why are these matters being managed internally and not independently?

**Ms Hancock:** Perhaps if I start with the surgical services review. In relation to that review, the complaints were received by members of the community and staff. Those matters were immediately brought to the attention of the board of Metro North Hospital and Health Service. The chair of the board of Metro North commissioned an independent review of surgical services at Caboolture Hospital. That review was conducted by Dr Jim Sweeney, who is a well-known surgeon from South Australia. He is an examiner with the Royal Australasian College of Surgeons and Dr Sweeney provided his report in November last year. With regard to the recommendations in that report, 94 per cent of them are completed and the rest are on track to be completed in the coming months. Dr Sweeney has again been commissioned to come back in September to see whether the intentions of the recommendations that have been made have been enacted consistent with what his intent was and to provide that external view or lens, if you like, on the actions that we have taken to respond to those concerns that have been raised.

**Ms BATES:** Thank you. Just going back to your comment before that since June there have not been any surgical deaths at Caboolture, were there any surgical deaths prior to June 2020, because some of the cases that made complaints were actually before that?

**Ms Hancock:** That is correct. I would have to—I am sorry; is there a question there?



**Ms BATES:** I want to know how many surgical deaths prior to June 2020 were part of the investigation and if there were deaths where patients raised the issue, either with the government, the opposition or with the helpline or the phone line, were they investigated and how many were there?

**Ms Hancock:** In relation to the matters around Caboolture Hospital and the specific number of deaths, I will have to get that information before 2020. It is well before my time in Metro North and I do not have that information to hand.

**Ms BATES:** Are you prepared to provide the committee with that information if the minister is—

**Mrs D'ATH:** My understanding is the question is specifically around those that are currently under investigation, so if there is any relating to the current investigation—that is, before 2020—

**Ms BATES:** I understand, Minister, but there were—

**Mrs D'ATH:**—I will take that on notice.

**Ms BATES:** Thank you, but there were patients who actually submitted to this inquiry before June 2020.

**Mrs D'ATH:** I am not debating it; I am saying if the question is have there been any deaths that are part of the current investigation prior to 2020, I will take that on notice.

**CHAIR:** Member for Mudgeeraba, we are going to—

**Ms BATES:** Thank you. The letter also alleges—sorry, this is to Ms Hancock—

**CHAIR:** This will be a very brief question because you are at the end of your time.

**Ms BATES:** Thank you. The letter alleges there was a negative outcome from the labour ward. Is there an investigation and did the negative outcome lead to a loss of life or serious harm for a mother or a baby?

**Ms Hancock:** In relation to any complaints that are raised by any members of the public or any adverse events, we have a series of processes to review those adverse events and also to investigate when consumers make complaints or in fact staff make complaints. With regard to anyone who has been involved in either the surgical services review or adverse events at Caboolture in relation to maternity services, I would like to acknowledge how difficult these times have been for them and also thank them, and certainly the people who have participated in the surgical services review, for coming forth and raising those concerns.

**Ms BATES:** Thank you. So of these—

**Ms Hancock:** In relation to—

**Ms BATES:** I just want to know if, as the letter said, there was a negative outcome. Was that a SAC 1 incident for a mother or a baby?

**Ms Hancock:** In relation to maternity services, there is a review currently underway in relation to obstetrics and gynaecology services at Caboolture Hospital that is being undertaken by Professor Ted Weaver.

**CHAIR:** We will move on to questions from the crossbench. Member for Maiwar?

**Mr BERKMAN:** Thanks very much, Chair, and thanks to everyone for your time today. I will put my first question to the director-general, if I could please. I ask this against the backdrop of yesterday being World Hepatitis Day, for what it is worth. I understand that approximately 85 per cent of hepatitis transmission in Queensland right now occurs in prisons. Has the department assessed how this level of transmission could be reduced through the introduction of harm reduction initiatives, including a needle and syringe program and widespread availability of opioid substitution therapies in prisons?

**Mr Drummond:** I am sorry, I do not have information on that matter in front of me. I cannot answer. I have only recently been the director-general. There may well be activity going on on that, but it is not something that I have been currently briefed on.

**CHAIR:** Member for Maiwar, if we can try to stick with the Appropriation Bill in front of us. I understand where you are coming from on that. Do you have a supplementary question?

**Mr BERKMAN:** I have. Before I move on, though, I might ask the director-general this: my understanding is that this is something that is dealt with through the Clinical Excellence division of the department. Is that perhaps a question that could be referred to one of the other very many public servants who are available here at the hearing today?

**Mr Drummond:** I would be very happy to call Dr Helen Brown, who is the acting deputy director-general of Clinical Excellence Queensland.

**Dr Brown:** Yes, there is a number of opioid substitution programs currently available across our correctional facilities in Queensland. At present we do not have a needle exchange program, but it is something that has been considered. On the specific question with regard to hepatitis C I would have to get further detail, but my understanding is that we do have availability of testing and that there is availability of treatments as well for our incarcerated consumers in Queensland.

**Mr BERKMAN:** Thank you. Director-General, given that answer, is this work that the department has identified as a priority for its work with Corrective Services over the coming year, or is there funding allocated to expand these programs in the coming years?

**Mr Drummond:** I will ask Dr Brown to answer that.

**Dr Brown:** What we actually get is base funding per consumer, as opposed to specific programs, and then we have to try to make that fit where we can. Obviously there is a multitude of different medical conditions across our corrective services that have many priorities and we are trying to address each of those.

**Mr BERKMAN:** Thank you very much for the response. If there is time, I have a further question that I would put to the Mental Health Commissioner, if possible.

**CHAIR:** Yes, through the director-general.

**Mr BERKMAN:** I have a question around harm reduction broadly, as I have had in previous years. In accordance with the Queensland alcohol and other drugs strategy's stated objective to expand harm reduction in Queensland, can you outline what work has been done to support a rollout of drug checking, or pill testing as its often called, at events like musical festivals in Queensland?

**Mr Frkovic:** Certainly from my perspective, where I sit, I think this has been on the agenda and there has been discussion around this. I think there has been some progress in terms of being able to get what I am calling broadly some level of licensing for organisations to be able to do that. I am certainly not across the detail of that at this particular point in time, but there is certainly organisational capacity to do that at various festivals, but it is also a process of getting the licensing right for those organisations to be able to undertake that. That is my understanding of where things are up to at this particular point in time.

**Mr BERKMAN:** From your experience, and I guess more broadly your understanding of the ways people use drugs in Queensland and the risks that that creates, could a drug-checking program like this potentially save lives?

**Mr Frkovic:** I think there is evidence, both from other jurisdictions in Australia and internationally, which would suggest that having drug-checking facilities, particularly temporary ones or even fixed sites, can contribute to saving lives.

**Mr BERKMAN:** The ACT government recently moved to decriminalise possession of small amounts of illicit drugs. Given that this was also a recommendation of the 2019 Queensland Productivity Commission report into recidivism, has the commission considered what benefits this approach might have in Queensland as a harm reduction measure?

**Mr Frkovic:** As a function of the Queensland Mental Health Commission, one of our roles is to support the government in developing a position around alcohol and other drugs in Queensland. As part of that process, in consultation obviously with government but also the crossbenches and the broader Queensland community, we have done work on a new drug and alcohol plan for Queensland which obviously has been slightly delayed. We have just had a parliamentary inquiry which also unpacked a lot of these issues. That plan now is with government for consideration.

As the member would be aware, there is a spectrum of different responses around responding to people who may use illicit substances but also alcohol and other drugs more broadly. One of the options that certainly came through very strongly of where Queensland is at in terms of our infrastructure and where the community is at is that we have a much stronger focus at this particular point in time on diversion more broadly across all substances, which I think also points to a long-term strategy and thinking about what decriminalisation versus diversion at this particular point in time means for Queensland and people who obviously have a level of addiction that they are currently dealing with. I think the principle, certainly from the work we did with the community, was that this was not about going soft on drugs; this was really about ensuring that people who have an addiction get the right

response—people who are not traffickers, manufacturers, suppliers but people who have a health problem—and get into health support and treatment rather than into the criminal justice system.

**Mr BERKMAN:** Is it fair to say that for people who are using it purely for personal use and possession criminalisation could act as a barrier to people accessing health supports if they are facing addiction issues personally?

**Mr Frkovic:** Definitely, and I think there is enough evidence to be able to support that.

**Mr ANDREW:** Minister, just to follow on from the question that I asked in a previous session around mandates and the continuation of those, I spoke last estimates about the COVAX-19 vaccination, which does not allow transmission of COVID-19. It has been proven and millions of doses have been given out, from what I have been told. Will the Queensland government look at allowing people in a mandated situation to access COVAX-19 so that they can continue working, because it does not have the need for continuous vaccinations, it is cost effective and it works in a way that does not allow transmission from patient to patient or people with it?

**Mrs D'ATH:** Thank you for the question. The vaccinations that are available—and I am happy to have the Acting Chief Health Officer come up and expand on this—whether it is to health workers or any other Queenslanders or Australians, are what is approved by ATAGI. They decide what vaccinations are available and approved through the TGA. Those are the ones that are available. If it is approved as a vaccine then, as far as requirements of COVID vaccinations for employment, that is what is required, but we will not go outside the TGA rulings on that. I might ask the Acting Chief Health Officer if he wants to add anything to that.

**Dr Aitken:** I completely agree with what the minister has said. The vaccines we use are those that have gone through a very rigorous evaluation process and they are the ones that are approved by ATAGI. There are a number of other alternative, different vaccines in development—and that is part of the normal scientific development process—but we have an obligation to keep Queenslanders safe and we have an obligation as part of that to only really use the vaccines that have been approved and been shown to be safe through that evidence review process, and they are the ones that we have in place currently.

**Mr ANDREW:** Director-General, it has been brought to my attention that some of the respirators have been failing in hospitals. Could you expand on that? Is everything that we are using as far as respirators fit for purpose?

**Mr Drummond:** If you are talking about respirators in intensive care units then absolutely we have rigorous programs around how we select clinical equipment that involves clinicians in the selection of what products we actually use. We have a very strong internal provider, Biomedical Technology Services, that supports our infrastructure.

**CHAIR:** We will move to government questions. Minister, can you please outline how the Palaszczuk government is investing in health facilities across the Wide Bay, Darling Downs, Mackay and Central Queensland regions?

**Mrs D'ATH:** I think what this year's budget and every budget before it shows is that the Palaszczuk government invests for all Queenslanders, no matter where you live and that includes in our regional, rural and remote communities. The investment we have already made in the past, this budget and this plan certainly build on that. The \$9.785 billion over the next six years to build new beds will mean significant investment in our regional Queensland towns, with funding for two new hospitals and four major expansion projects.

For Wide Bay, for example, we have increased the operational funding to the hospital and health service to \$772 million this year, which is an increase of 6½ per cent on their budget from the previous year and a 68 per cent increase since we came into government. Since 2015 we have hired 105 more doctors, 355 more nurses and 37 more allied health professionals in the Wide Bay region. Our new Queensland Health and Hospitals Plan includes \$1.2 billion set aside for the new Bundaberg hospital. The new hospital will deliver around 121 additional beds by 2027 and certainly will be a game-changing infrastructure project for the Wide Bay region, creating around 2,887 jobs during construction.

Our new infrastructure investment also includes \$40 million for an expansion of the Hervey Bay Hospital to deliver around 35 extra beds by 2024. Currently we are delivering our \$39.6 million Fraser Coast Inpatient Mental Health Service Enhancement project across the Hervey Bay and Maryborough hospitals and we are progressing on our new \$15 million residential drug rehabilitation and treatment centre for Bundaberg. These investments build on our strong record of infrastructure enhancements across Wide Bay, such as the \$44.7 million investment in the new Hervey Bay emergency department,

which opened in 2019, and our \$12.2 million upgrade of the Maryborough Hospital emergency department and specialist outpatient department, which opened in 2020.

For the Darling Downs region, the government has increased the operational funding to \$1 billion for this financial year, which is a 7.8 per cent increase on their budget and a 64 per cent increase since we came into government. Since 2015 we have hired 219 more doctors, 557 more nurses and 75 more allied health professionals in the Darling Downs region. Our new record infrastructure investment includes \$1.3 billion for the new Toowoomba hospital, which will deliver around 118 extra beds by 2027 and create around 3,127 construction jobs.

Our new investment in the next phase of the Building Rural and Remote Health Program will include replacing the Tara Hospital with a new modern facility. Currently we are delivering a two-theatre day surgery at the Baillie Henderson Hospital site at a cost of \$42 million, as well as our \$17.7 million expansion of the Toowoomba Hospital emergency department. I am also very proud that our government has delivered the \$92.5 million Kingaroy Hospital redevelopment. I am sure the member for Nanango, who was at the opening, is just as thrilled about that wonderful new hospital.

In the Mackay region the Palaszczuk government has increased the operational funding for the hospital and health service to \$562 million in this year's budget, which is an increase of 9.2 per cent on their previous budget and a 75 per cent increase since we came into government. Since 2015 we have hired 122 more doctors, 336 more nurses and 104 more allied health professionals across the Mackay HHS region, which I know the assistant health minister is very thrilled about. Our new infrastructure investments include \$250 million for an expansion of the Mackay Hospital, which will deliver around 128 extra beds by 2026 and around 610 construction jobs.

The first tranche of phase 2 of the Building Rural and Remote Health Program will replace Moranbah Hospital with a new modern hospital. I cannot wait to see the new one because I saw the old one when we were talking to them about getting vaccination rates up. I congratulate them on how well they did to get those vaccination rates up. I know how important that hospital is to the local mining industry. I acknowledge the work they have done in the past, including at the time of a pretty horrific incident. We know that we need a hospital that can support the resources sector. The new Moranbah hospital will have an emergency department and inpatient unit side by side to allow it to better respond to large-scale emergency situations. It will also include the provision of a helipad to improve access. Currently we are delivering the \$31.5 million redevelopment of the Sarina Hospital.

For the Central Queensland HHS we have delivered \$754 million in this state budget, which is an increase of nine per cent on the previous year and a 62 per cent increase in their operational funding since we came to government. Since 2015 we have hired 119 more doctors, 500 more nurses and 50 more allied health professionals across the region. Earlier this year we opened the new \$16.3 million Rockhampton residential drug rehabilitation and treatment centre with the Premier and the members for Rockhampton and Keppel. Before that, in 2020 we delivered the new emergency department at the Gladstone Hospital. For the Rockhampton Hospital we are currently delivering a new \$18.2 million cardiac hybrid theatre and a \$12.8 million expansion and the refurbishment of the mental health ward. I am short of breath going through all of the things we are doing.

We are also replacing the Blackwater Multipurpose Health Service with a brand new facility as part of our investment in phase 1 of the Building Rural and Remote Health Program. In addition, we are investing \$12.5 million to expand and upgrade the Woorabinda Multipurpose Health Service and \$7.2 million to expand the Moura community hospital to become a multipurpose health service.

**CHAIR:** Thank you very much for the significant investment in regional Queensland health. Is there a question from the member for Pumicestone?

**Ms KING:** Director-General, my question is to you, if I may. With reference to page 2 of the SDS, what specific allied health scope-of-practice initiatives will be delivered as part of the additional \$6.784 billion over four years to deliver better care for Queenslanders?

**Mr Drummond:** I would like to call Dr Helen Brown, the Acting Deputy Director-General of Clinical Excellence Queensland, to speak to this issue. Overall, workforce is going to be the single largest challenge for the health system across Australia and within Queensland over the next decade. The opportunities to recognise maximum scope of practice to have a look at those alternative models of care that are proven, contemporary and effective is an essential component of us delivering the care that our community deserves and needs. When we think about the expansion of our workforce, that growth is an opportunity for us to implement new models and expansion of what we are doing at the same time. I will hand over to Dr Brown.

**Dr Brown:** Across all of our hospital and health services, all of our patients are cared for by a multidisciplinary team of health professionals adopting innovative models of care. Allowing all members of that multidisciplinary team to work to their top of scope is essential for us to be able to maintain sustainable healthcare delivery for all Queenslanders into the future. We have shown that our workforce is agile and is able to adapt to this, in particular over the course of the pandemic that we have been experiencing for the past two years.

There is a range of different programs that we are implementing. With regard to allied health, one such program is our physiotherapists in the emergency department, which we have across a number of our HHSs. They are able to see the category 3 to category 5 patients who present with musculoskeletal problems. They are able to see them faster so they have less time waiting. They have a greater ability to discharge home and also, under the legislation, have an extended practice authority to prescribe a set number of analgesics for those patients, which can only be dispensed at the hospital at which they are working, having undergone an appropriate training course to be allowed to prescribe those. We have other examples of allied health. In the Darling Downs, at the Toowoomba Hospital we have allied health clinical lead and medical assessment and planning units so that our patients can be seen faster and more efficiently to expedite the time they need to stay in hospital and allow them a safe discharge home.

Other such models include where we have vestibular physiotherapists who are able to see our outpatients. For myself in neurology, we use them for our dizzy patients—and that works exceptionally well—so they have less time on a waiting list, are able to be seen and, in a number of instances, are able to be safely discharged home without requiring any medical specialist input. We have similar models as well for our audiologists, in both adult and paediatric—again, with similar good results—where it avoids unnecessary waits on a waiting list, if that condition is able to be managed safely and effectively to allow for that patient to then be discharged back to their GP.

We also have a dietician-first gastroenterology clinic, where eligible category 2 and 3 patients can be allocated to be seen by the dietician. In some instances this means they do not need onward referral to a gastroenterologist to be seen; they are able to be safely discharged home. In other instances it also safety-nets those patients, so if it is realised that they have a higher categorisation they can be up-categorised in order to be seen by the specialist.

Our physiotherapists, while category 3 patients are waiting to see gynaecologists or other specialists for pelvic floor issues—and in a number of those conditions they do not actually need to go on and see the specialist because they have actually seen the physiotherapist with speciality in that area—are able to give them a treatment plan to help with their symptoms. Again, this reduces unnecessary and often significant wait times for this particular condition.

We also have similar physiotherapy-led models at our back pain clinics at Metro South. Appropriate category 2 and 3 patients can be assessed by a physiotherapist who has expertise in lower back pain, and they can be either given a management plan and discharged home or escalated appropriately or at times actually onward-referred, instead of to the neurosurgeon they were sent to see, to a neurologist because they have been found to have an alternate condition.

Another program is for our pharmacists to be allowed to have continuity. We have run the Queensland UTI pilot for pharmacy prescribing here in Queensland. That has been a very successful model of care. It has allowed community pharmacists who have undergone appropriate training to be allowed to prescribe, in a protocolised fashion, one of three antibiotics for uncomplicated urinary tract infections for females aged between 18 and 65. The pilot has been successfully implemented and we now are in the process, having completed the consultation on the legislation that allowed that extended practice authority as part of the pilot, for that to be embedded as part of our business as usual.

Pharmacy prescribing is not a new model. It has been part of business as usual in the United Kingdom, where they have independent pharmacy prescribers who, having gone through a postgraduate course to study appropriately prescribing, can then prescribe any medication for any condition, except controlled drugs and non-licensed drugs, providing it is within their scope of practice. That is the same model that we use here in Queensland for our nurse practitioners and it allows better access for our community.

Similarly, depending on in which province you live, in Canada there are a variety of models of care where pharmacists are able to prescribe antibiotics for urinary tract infections. In New Zealand they actually classified Trimethoprim, which was the antibiotic used in over 90 per cent of the pilot that we ran here in Queensland. They did that back in 2012. Pharmacists who had been trained appropriately were allowed to independently prescribe without a prescription Trimethoprim. Depending

on which way you look at it, either New Zealand is 10 years ahead of us or we are 10 years behind in adopting this model of care.

We also have transition in care of our pharmacy projects. This identifies high-risk patients. Our inpatient pharmacist then does a handover to the community pharmacist and, if necessary, to their general practitioner. With these patients a number of changes can have happened whilst they are in hospital. They may not always understand it. Whilst they are given a discharge summary with a full list of their medications, sometimes the process is overwhelming. If they misunderstand, their condition might recur or they might have adverse effects if they are taking the wrong medication. Having that extra layer of protection of having a pharmacist being able to follow up with them and their community pharmacy post discharge is hugely important for that patient and for ensuring the safety of our patients.

As part of a government election commitment, we also are in the midst of finalising a protocol, which is not yet finalised, looking at the scope of practice in North Queensland for pharmacists to be able to prescribe for conditions there. This is one of our most vulnerable cohorts of patients. They are also most vulnerable to workforce shortages. Ensuring we are using all of our multidisciplinary team members of our healthcare profession to their absolute top of scope is important, because all Queenslanders deserve equity of access to health care and to be able to get this as close to home as possible.

**CHAIR:** Thank you very much for a very comprehensive response, Dr Brown. I picked up two things there: being a fellow Kiwi but also very acutely aware of the North Queensland pharmacy trials. There are outstanding numbers and responses. Thank you so much. I have a question from the member for Lytton.

**Ms PEASE:** With reference to page 9 of the SDS, can the minister please outline how the 2022-23 budget advances Queensland's health objectives to prevent illness and injury, address health problems and protect the good health and wellbeing of Queenslanders?

**Mrs D'ATH:** I thank the member for her question. I also thank Dr Helen Brown for her comprehensive answer on our workforce and the importance of making sure that we optimise all of the skillsets we have across our profession. Our people are our most important asset. That is why it is important that our health system works to prevent disease and reduce chronic illnesses—so that Queenslanders live longer and healthier lives and remain out of hospital. That is why we are preventing disease and death. It continues to be a high priority by the Palaszczuk government.

This year's record health budget focuses on key priorities such as cancer prevention and early detection, newborn screening, flu vaccination and helping Queenslanders achieve a healthy weight, because we know that obesity is a major problem for this state. When I look at child obesity, when I travel around the regions, the percentages that we need to try to prevent are quite extraordinary. It also seeks to boost funding in this year's budget to continue critical prevention work in sexual health, oral health, smoking prevention and immunisation.

Through the 2022-23 budget we will invest \$80 million in cancer-screening programs such as BreastScreen Queensland. As we know, finding breast cancer early reduces the chances of dying from the disease and can simplify treatment and reduce recovery time. I will say to every woman out there, particularly those who are 50-plus and have not gone to get their breast screen—I got mine recently at one of my local facilities—they should be going and getting their screening done. It is free, it is available and it is really important.

Australia has the highest rate of melanoma in the world—again, I am getting my skin checked next week. Queensland's melanoma rate is estimated to be 40 per cent higher than the national average. We love our sun, but we do need to make sure we are looking after our skin. Skin cancer is preventable. Each year, thousands of Queenslanders are hospitalised with malignant skin cancers. The 2022-23 budget provides an additional \$8.3 million over four years for skin cancer prevention to fund a public awareness campaign, including pop-up clinics.

In June I announced with the Palaszczuk government that we are also expanding the newborn-screening program to include two serious genetic conditions—spinal muscular atrophy, known as SMA, and severe combined immunodeficiency disease, known as SCID. These conditions will be added to more than 30 conditions identified through the screening program that we already run. These two new genetic tests will occur from May 2023. I take this opportunity to thank the parents of children with SMA and SCID who have advocated for this change, like Kate and Grant Gough, who, with their beautiful baby Oakley, and Louise Grant, with her lovely daughter, all joined me in announcing the expansion of the program. Testing for SMA and SCID can improve the quality of life and life expectancy of babies diagnosed early in life with either of the two conditions. Through an investment of \$1.6 million and

recurrent funding of \$1.2 million from 2022-23, Queensland Health will purchase new genetic testing equipment, upskill pathology staff and test the samples of tens of thousands of Queensland babies born each year.

On the issue of obesity, it continues to be a major public health issue with an estimated annual economic impact of \$756 million to Queensland. Queensland led the development of the National Obesity Strategy 2022-32, which was released in March. This year's budget also sees a \$22.9 million investment in preventative health programs through Health and Wellbeing Queensland. I acknowledge the great work that Health and Wellbeing Queensland are doing to encourage Queenslanders to exercise more and adopt healthy eating practices. In doing that, I thank them for coming along to the recent Jetty 2 Jetty Fun Run at Redcliffe to remind people about the importance of healthier lifestyles.

**CHAIR:** Member to Mudgeeraba, we are going to give you a chunk of time to ask some questions. I hope they are around the Appropriation Bill which is before us.

**Ms BATES:** Of course they will be. Can I recall the CEO of Metro North. Going back to the reviews at Caboolture, in relation to the mother and baby that was outlined in the letter that led to an extension of the review, can you tell the committee what happened? Was there a death? Did a mother or baby die at the Caboolture Hospital?

**Ms Hancock:** In relation to that specific issue, I cannot provide those details except to say that it is part of that broader review of obstetric and gynaecology services that is being undertaken by Professor Weaver, under a part 9 investigation, of those services at Caboolture.

**Ms BATES:** To be clear: I want to know how many deaths occurred as a result of surgical services prior to June 2020? That is the last five years.

**CHAIR:** Order, member for Mudgeeraba. I am going to counsel you on this. With great respect, I am trying to give you as much time in this section; however, this is a repetitive question. You asked these questions before in the previous block of questions.

**Ms BATES:** I did, but I am clarifying, Mr Chair.

**CHAIR:** Allow me to finish, Member. You have had these questions answered before. I am asking you not to be repetitive in your line of questioning and bring it back to the Appropriation Bill before us and not politicise or whatever with the line of questioning you are going with for any particular tragedy—

**Ms BATES:** I am not politicising, but thank you for your guidance, Mr Chair. What I want to know is the number of surgical deaths at Caboolture Hospital prior to June 2020.

**Mrs D'ATH:** I have already taken that on notice.

**CHAIR:** It has been taken on notice. I will ask the member to continue.

**Ms BATES:** Ms Hancock, can you provide a list of all of the 12 investigations currently underway that you mentioned earlier?

**Ms Hancock:** I am sorry, you are asking for a list—

**Ms BATES:** A list of the 12 investigations currently underway at Caboolture Hospital.

**CHAIR:** What has that got to do with the Appropriation Bill, Member?

**Ms BATES:** It has to do with both—

**CHAIR:** It actually does not.

**Ms BATES:** It does. It has to do with staff and patient care which all comes under the appropriations. The CEO opened the question up by telling the committee that there are 12 current investigations.

**CHAIR:** I will allow latitude in the response. I think the CEO has given an adequate response, but do you want to add anything?

**Ms Hancock:** Just to say that I provided a response that stated that there were 12 investigations. That was a direct answer to your earlier question, Ms Bates. In relation to—

**Ms BATES:** Can you provide me with a list—

**Ms Hancock:** Excuse me?

**Ms BATES:** Can you provide me with a list of those 12?

**CHAIR:** You have already asked this question.

**Ms BATES:** I want the detail of these 12 investigations.

**Ms Hancock:** I would have to take advice on that.

**CHAIR:** Whilst you are taking advice, I am going to take advice. I am going to ask the member to move on to the next question.

**Ms BATES:** My final question to the CEO is: Queenslanders deserve to know whether a mother or baby has died at Caboolture Hospital; is the answer yes or no?

**CHAIR:** This is again a repetitive question. I am ruling that out of order. Have you got any other questions—

**Ms BATES:** Fine. I will move on.

**CHAIR:**—in relation to the estimates process?

**Ms BATES:** Yes, I do. I have plenty of questions, thank you.

**CHAIR:** Good. Let us move on to those.

**Ms BATES:** Can I call to the table the CEO of the Wide Bay HHS. What new information was provided to Queensland Health which triggered the clinical review and health services investigation?

**Ms Carroll:** Firstly, I would like to acknowledge that each and every day our staff come to work to provide quality, safe care to our patients. I have to recognise the work that they have done throughout the pandemic. There have been two incidents of medication issues involving one nurse in one incident and three nurses in another incident. Internally we did a thorough investigation of those matters—both clinically and through HR processes. We did our due diligence reviewing those cases and took swift and appropriate action. We escalated the matters to the appropriate external parties.

Basically, the matters were raised and through to the minister and Clinical Excellence Queensland. The DG has commissioned an external review through a health service investigation under part 9 and a clinical review of cases because there were claims made that there were extraordinary outcomes of deaths. I must say that, through all the investigations that we have undertaken, there is no evidence of patient harm.

I certainly welcome the health service investigation and clinical reviews. No stone will be left unturned to review the matters that have been raised. The report obviously goes to the DG. From the HHS point of view we want to hear from our consumers. We welcome people raising concerns. Any recommendations for improvement will certainly be followed through.

**Ms BATES:** When will the reviews be completed?

**Ms Carroll:** This has only just commenced. Due diligence needs to be undertaken through the process—going through medical records and interviewing staff.

**Ms BATES:** Do we have the terms of reference?

**Ms Carroll:** Yes, the terms of reference—

**Ms BATES:** Are they publicly available?

**Ms Carroll:** I might put that question to the DG.

**Ms BATES:** Are the terms of reference for this review publicly available?

**Mr Drummond:** We are not publicly releasing them. We have announced what we are intending to do with the investigation. We do not generally release all of the details of the terms of reference. I am very happy to release the information with regard to what is being looked at.

**Ms BATES:** You did for Caboolture and Mackay so what is the difference between them?

**Mr Drummond:** This is a health service investigation commissioned by this director-general. With regards to that, I am very comfortable with releasing what the reviewers are being asked to look at.

**Ms BATES:** Ms Carroll, in total how many staff have faced disciplinary action over these concerns?

**Ms Carroll:** In total, the one incident that involved an S4 medication disciplinary action was undertaken with that nurse. In the other matter we have terminated one nurse. That occurred in April. There are three other nurses involved in that case that have disciplinary action of a lesser nature.

**Ms BATES:** In all cases were these staff reported to Ahpra?

**Ms Carroll:** Yes.



**Ms BATES:** You mentioned before that you do not believe there have been any instances of serious patient harm or death from inappropriate drug administration at the Bundaberg Hospital; is that correct?

**Ms Carroll:** That is correct.

**Ms BATES:** There has not been any patient who received medication at the Bundaberg Hospital who subsequently died at a private hospital that you are aware of?

**Ms Carroll:** I am very mindful of patient confidentiality and privacy. We are going through an investigation. I do not want to pass details. We have certainly had that case reviewed and that has been done as well. We are going through the investigation and really want to respect the patient's privacy and confidentiality through this process.

**Ms BATES:** Ms Carroll, I want to confirm with you that the hospital which is to be built in Bundaberg by 2027 will not be a level 5 hospital?

**Ms Carroll:** We are certainly very pleased to see the Bundaberg new hospital being announced—that we will get an additional 121 overnight beds. I think it is very much needed. If you recall, Bundaberg Hospital was evacuated in 2013. I happened to be there through that process.

**Ms BATES:** So is it a level 5 hospital or a level 5 service?

**CHAIR:** Member—

**Ms BATES:** That was the question.

**CHAIR:** Ms Carroll is answering it. I am really interested in the response. Can we not interrupt her and allow her to continue the response?

**Ms Carroll:** As we have said, within the new build we will have the capability and capacity to have expansion of services. We already have some level 5 services that we provide now. We will certainly have a cath lab built into that so the capability will be there. As the Premier said recently, we do plan to expand services as the need arises. Then you have the workforce et cetera. Certainly we will have a world-class hospital built.

**Ms BATES:** Sure, but will it be level 5 services?

**CHAIR:** Again—

**Ms BATES:** You mentioned before that the cost of the facility is going to be \$1.2 billion; is that correct?

**Ms Carroll:** That is correct.

**Ms BATES:** How much funding has been provided in this budget for that project?

**Ms Carroll:** Basically, we have money for early works within that project. There is \$20 million in early works that we are working on going forward. We are working at full pace to deliver that project. We have a team convened and we are going through all of the processes to deliver that project.

**Ms BATES:** As a percentage of the \$1.2 billion total project cost, what does \$20 million represent as a percentage of it?

**CHAIR:** Early works.

**Ms Carroll:** We are working towards early works that we anticipate commencing at the end of this calendar year. We are certainly on track and working with a team. We have had user groups with our clinicians. We will certainly be doing further stakeholder community consultation. It is on track.

**Ms BATES:** That is 1.6 per cent of the total budget cost. Ms Carroll, the latest data we have shows Bundaberg, Maryborough and Hervey Bay hospitals see amongst the fewest patients on time in their EDs across the state. Hervey Bay does not get another new bed for three years and it is seven before the new Bundaberg Hospital opens. How are you going to fix your EDs?

**Ms Carroll:** I would just like to say that our emergency department staff work exceptionally hard, partner with our QAS partners and work as a team. Basically, all of our category 1 patients—our highest priority patients—are seen in time. Obviously we work through the triage process. We have money in this budget to expand beds in Hervey Bay which includes fitting out above the emergency department.

**Ms BATES:** The chicken coop?

**Ms Carroll:** Actually, we went up there recently. It is not a chicken coop.

**Ms BATES:** Sorry, I made a mistake. It was a pigeon coop.

**CHAIR:** Sorry, Ms Carroll. I am going to pull it up for a minute.

**Ms BATES:** That is what the locals call it. They call it a pigeon coop.

**CHAIR:** Member for Mudgeeraba, I will counsel you again on your running commentary. As entertaining as you think it might be for others, we are getting a comprehensive response from Ms Carroll. Can you cease with the running commentary?

**Ms BATES:** Sure.

**Ms Carroll:** I would like to say that we had the foresight in our planning to build the shell. It was designed at that time for a 10-bed ICU and a 25-bed medical ward. It is actually being used at the moment. It has prototype rooms for the new mental health unit—

**Ms BATES:** Good. That is great.

**Ms Carroll:**—that is being constructed as well, which is 22 beds. Then we will refurbish the Maryborough unit for 10 beds, which is an extra 18 beds for that area.

**Ms BATES:** How long has that second storey been empty?

**Ms Carroll:** It was never designed to be fitted out; it was for future planning for the units. As I said, it was plumbed to be designed for that. I think it was good planning. The plan is to have the helipad on top. Also, in February this year we opened up an additional 18 beds at Maryborough Hospital that have been commissioned.

It is not all about inpatient beds. We have put in a number of programs to help with hospital avoidance: our HITH program including the mental health HITH program, which is the first in the states; the Oasis centre, which is adjacent to the emergency department; interim care beds for our aged-care patients; and new models of care to help with the demand through the services. It is multiple models that help.

**Ms BATES:** Thank you very much for your time. Could I call the CEO of North West Hospital and Health Service, Mr Craig Carey?

**CHAIR:** You have five minutes left, member for Mudgeeraba.

**Ms BATES:** Good morning, Mr Carey. I would like to ask some questions in relation to the tragic deaths of Betty Booth, Shakaya George and Adele Sandy at the Doomadgee Hospital. Before I do, I want to place on record my sincere condolences to each of their families. I appreciate that you have only been in the role since late last year; however, in that time how many times have you personally briefed the minister about the situation in Doomadgee regarding deaths from rheumatic heart disease?

**Mr Carey:** I start by acknowledge the traditional custodians, the Waanyi and Gangalidda people, of Doomadgee. I also express my deepest and sincere apologies and condolences to the women's family members, friends and community. In relation to the question, I am conscious that I spent time with the minister and the director-general visiting the community. That is the primary time through which I have briefed the minister in relation to these issues.

**Ms BATES:** We are aware of a letter from the former HHS board to Queensland Health that 'efficiencies can only be achieved through cost reduction in other areas of the health service'. Were the former board talking about efficiencies requested of them through efficiency and productivity dividends?

**Mr Carey:** I am not in a position to answer that question.

**Ms BATES:** The minister refused to tell us the value of those dividends—questions on notice 11 and 12—for this financial year. However, since 2015 there has been \$12.5 million in cuts through those dividends.

**Mrs D'ATH:** Point of order, Chair.

**Ms BATES:** What clinical services, like our RHD services—

**CHAIR:** Pull it up, member for Mudgeeraba.

**Ms BATES:**—have been reduced as a result of those dividends or cuts?

**CHAIR:** Order, member for Mudgeeraba!

**Mrs D'ATH:** Point of order, Chair: I have provided responses to the questions on notice.

**CHAIR:** I saw that. They were very comprehensive.

**Mrs D'ATH:** The member might not like the response but I have provided the response, so it is inaccurate to say that I refused to provide them.

**Ms PEASE:** Point of order, Mr Chair: this is actually misleading the estimates process. I ask you to caution the member, please.

**CHAIR:** Thank you, member for Lytton. I will again—

**Ms BATES:** Thank you.

**CHAIR:** Member for Mudgeeraba, let me finish. This line of questioning and the imputations are not appreciated. Can you go to another question that is around the appropriations?

**Ms BATES:** Were any clinical services, like the rheumatic heart disease services, reduced?

**Mr Carey:** As you have already acknowledged, I have been in the role for a relatively short period of time. I can confirm that there has been an uplift in terms of the range of services that we are providing. In conjunction with the Department of Health, as well as our healthcare partners within Doomadgee, we are working very hard.

Also, recognising that the Minister for Health and Ambulance Services launched the Ending Rheumatic Heart Disease: Queensland First Nations Strategy earlier this year, there is an additional \$7.4 million included in that plan. That will be going to a range of communities including Doomadgee. There are five key areas that are the focus of that strategy. The focus is on Aboriginal and Torres Strait Islander leadership, community based programs, enhancement in our First Nations communities and looking at the prevention of rheumatic heart disease—not only early intervention but also effective care and support of people within those communities.

Locally we are putting in place a range of strategies to ensure a much more robust approach to rheumatic heart disease programs and services, including mandatory training for other staff and making sure that all of our staff, including visiting staff, are aware of the signs and symptoms of acute rheumatic fever and rheumatic heart disease. We are also reviewing the clinical pathways that we have in place to ensure that we have a very robust and comprehensive program in place to respond to rheumatic heart disease in these communities.

**Ms BATES:** These processes will guarantee there will not be any more preventable deaths in Doomadgee from RHD?

**CHAIR:** Member for Mudgeeraba, would you like to rephrase that.

**Ms BATES:** If anybody in Doomadgee presents with a sore throat that is likely to be strep throat that could lead to rheumatic heart disease, your staff will be able to recognise that and treat it?

**Mr Carey:** Yes, I am confident they will be able to do that. I would also like to take this opportunity to acknowledge the clinical and support staff who choose to live and work in Doomadgee. It is one of the most rural and remote areas within Queensland. I know that my staff see firsthand the social and economic disadvantage of illnesses like rheumatic heart disease and how something that can be so preventable that damages heart valves can have such a foothold in our First Nations communities in Queensland.

**Ms BATES:** Thank you very much, Mr Carey; I appreciate your answers. Can I please call up the CEO of the Mackay HHS?

**CHAIR:** I will allow you one question and that is it. We are out of time. You are well over.

**Ms BATES:** When is the report into the failures of the Mackay hospital obstetrics and gynaecology department going to be released?

**Ms Davies Jones:** In terms of the part 9 independent investigation into the obstetrics and gynaecology service the investigators did ask for an extension through to August, so at the moment we have a time frame of August. It is very, very important that we allow the investigators to thoroughly undertake their work and that they do that unfettered so we can understand anything that we need to know and that there are learnings and that we have the answers for community and our staff. At the moment we have a time frame of August.

**Ms BATES:** Can I just ask one question?

**CHAIR:** Member for Mudgeeraba, I said you could have one question.

**Ms BATES:** Other than the medical services director and the former director of obstetrics and gynaecology, have any other staff been stood down or reprimanded?

**CHAIR:** Just ignore that question. I am ruling it out of order. If I am giving an instruction, Deputy Chair, perhaps you could counsel the member for Mudgeeraba. You are well and truly ahead on time.

I have given you lots of latitude. There are members beside you who may want to ask questions and contribute, and I am going to move to them.

**Dr MacMAHON:** My question is for the minister. We have recently been alerted to the vast disparity between COVID-19 virtual wards in the metro north region compared to the rest of the state. Can you explain why the level of health care available to people in most of Queensland is much lower than those people who are in the Metro North HHS region?

**Mrs D'ATH:** I thank the member for the question. I do not accept the premise of the question. I would want a lot more detail and explanation as to why the member claims that people are not getting adequate virtual care elsewhere in the state. Everywhere I have travelled around the state I see the work that is being done by our HHSs to support people in the communities through virtual care and hospital in the home.

**Dr MacMAHON:** I would like to recall Ms Hancock from the Metro North HHS. Ms Hancock, are you able to outline what kind of care a person in metro north would receive if they come into contact with the COVID virtual ward?

**Ms Hancock:** Thank you for the question. In relation to virtual models of care, especially in the response to COVID, before I get to talking about metro north perhaps I can put that in broader context. In response to COVID-19, across the state we set up a coordinated response that included virtual models in the majority of hospital and health services. That was supported centrally by a model of care that we did in partnership with an external provider. We stood that up over the December to January period. That was the Department of Health. What I am saying here is that in the context of COVID we have deployed virtual models that have been supported by a spine, if you like, that has been supported centrally. This meant that patients who were diagnosed with COVID-19, who were positive for COVID-19, could register. They could do that through a variety of mechanisms that were open. They were then triaged through the process, and through that process they were then referred to hospital and health services where virtual wards would take over the care of the patient when that was appropriate. When the care provided exceeded the capability or the capacity of the virtual ward, then that patient or consumer would be admitted to an inpatient ward.

I feel that I can make some comment about that, because over that period of time when we first stood up those virtual models I was acting in the COVID health response lead role and saw firsthand the work virtual wards were doing at Mackay. Cape and Torres had a very well-developed model of care for virtual care, providing access for consumers and patients. Where there wasn't the infrastructure, say in the North West Hospital and Health Service, that was supported by the virtual ward out of Townsville Hospital and Health Service. There was a network system providing support and making sure Queenslanders were getting access to COVID therapies and care in the right place at the right time.

The Metro North Hospital and Health Service currently has—and it makes sense, doesn't it—a large percentage of the population over the state, and we have our virtual ward together with a virtual ED. People can access that through a virtual portal. We are also supporting the Central West Hospital and Health Service. We have a partnership with them, so they access the virtual ward and also Norfolk Island, which is the responsibility of metro north. In relation to that interface, consumer patients can be referred by a variety of mechanisms into the virtual ward. They are assessed. If they satisfy the criteria for antivirals, antivirals are organised for them and they are monitored over a period of time until clinically they are able to be discharged.

**Mrs D'ATH:** Can I also add that, as a member whose whole community is in metro north, despite whatever figures people might read on pages I have continually been stopped by elderly people in my community, including people from the local RSL, who registered when tested positive. They have had nothing but incredible praise for the way they have been contacted by clinicians on a daily basis. They have checked in with them and their wife or husband who were also positive. They could not be more pleased with the treatment and support they received through this system when they had COVID. In fact, it is the basis upon which we have said that this works so well we are expanding these services into more general areas of our health service. I am very proud of the work the whole health system is doing, but I always get constant praise for how well metro north has done with the virtual ward for COVID patients.

**Ms Hancock:** I think that was the point I was making about the Metro North standard, but everywhere seems to be higher.

**Mr ANDREW:** Director-General, how much sick leave and workers compensation payments has Queensland Health been paying out in the first six months of this year and how does that compare with

the past three years? You might have to take that on notice. I have a sneaking suspicion it is much higher than previously. Can Queensland Health estimate what fraction of this would be due to the current vaccinated workers being off sick with COVID or from COVID vaccine injuries? If significant, would they accept that this reflects a complete failure of the vaccine mandates to reduce the burden of such costs on Queensland Health?

**Ms PEASE:** Point of order, Chair.

**Mr ANDREW:** It is a fair question.

**CHAIR:** Member for Mirani, it is not a fair question. You are making a whole heap of imputations.

**Mrs D'ATH:** They are all vaccinated because they are the only ones in the workforce.

**CHAIR:** You are making a lot of imputations and I will ask you to think about that for a moment.

**Ms PEASE:** Minister, with reference to pages 12 and 13 of the SDS, would you please outline the Palaszczuk government's investment in hospitals on the Gold Coast and Sunshine Coast and in children's health services?

**Mrs D'ATH:** Our investment continues into the areas of the Gold Coast and the Sunshine Coast and children's hospital services. They are all reaping the benefits of the new hospitals delivered as a result of the investment made by the former Labor government. They have significantly expanded capacity across the system and are delivering services closer to home on the Gold Coast and the Sunshine Coast. As Minister for Health, it is an honour to be continuing Labor's proud tradition of building new hospitals and delivering major expansion projects across the state. Our Queensland Health and Hospitals Plan delivers the biggest investment in new and expanded hospitals and new beds in Queensland's history, including the \$1.3 billion hospital in Coomera on the northern Gold Coast.

The government has increased the operational funding for the Gold Coast Hospital and Health Service to \$1.9 billion this financial year. That is an increase of 9.6 per cent in the operational budget. We have increased the operational funding for the Gold Coast Hospital and Health Service by 83 per cent since we came into government, knowing that it is such a growth area. Since 2015 we have hired 337 more doctors, 1,655 more nurses and 255 more allied health professionals on the Gold Coast. Our Health and Hospitals Plan includes a massive capital investment of \$1.388 billion for health infrastructure on the Gold Coast which will deliver an extra 608 beds. Our new \$1.3 billion Coomera Hospital will deliver around 404 new beds by 2027 and will provide a boost for local jobs by creating around 3,158 jobs during construction.

The new hospital will expand health service capacity on the Gold Coast and allow locals on the northern Gold Coast to be treated closer to home. Significant work has been undertaken with regard to design of the new Coomera Hospital, which will be built on a 13.5-hectare greenfield site owned by the Queensland government at George Alexander Way. Our hospital expansion programs will also deliver more beds at the Gold Coast University Hospital and Robina Hospital. We are delivering around 20 additional beds at Robina Hospital next year through a \$16.5 million transit lounge expansion, with a further 114 beds to be delivered by 2024 through a lease arrangement.

Our plan also includes a \$72 million modular expansion for the Gold Coast University Hospital which will deliver around 70 additional beds next year. This is in addition to the \$105.5 million Gold Coast Secure Mental Health Rehabilitation Unit we are currently delivering which will deliver 40 new beds by 2024. We have already opened an extra 157 hospital beds on the Gold Coast since 2015, including 10 new ED beds which came online at the Gold Coast University Hospital in June. These projects at the Gold Coast University Hospital, Robina and the new \$1.3 billion Coomera Hospital will cater for the growing demand in that region.

On the Sunshine Coast we are delivering a \$1.45 billion budget for that HHS this year. That is a 7.8 per cent increase on the previous year and a whopping 109 per cent increase since we came into government. Since 2015 we have hired 359 more doctors, 1,290 more nurses and 291 more allied health professionals on the Sunshine Coast. We are also continuing to deliver our \$86.2 million redevelopment of the Nambour General Hospital, which I visited a couple of weeks ago. I assume block A is now demolished because they were starting that on the Wednesday. A whole new emergency department will be built there. The new redevelopment has already delivered a new purpose-built space for renal dialysis, which we visited, more mental health beds and a new medical imaging department. It will see the number of hospital beds almost double, from 137 to 255 by next year.

For Children's Health Queensland, the government has increased the operational funding for the health service to \$924 million this state budget. We have doubled the operational funding by 101 per

cent since we came into government. We have hired 136 more doctors, 478 more nurses and 134 more allied health professionals in Children's Health Queensland.

**CHAIR:** That concludes the committee's consideration of the estimates for the health portfolio area. We will now have a break and the hearing will resume at 12.30 to consider the estimates for the ambulance service portfolio area, one of my favourites.

**Proceedings suspended from 12.15 pm to 12.30 pm.**



**CHAIR:** The hearing is now resumed. Welcome back, Minister and officials. The committee will now examine the estimates for the ambulance services portfolio area until 1.30 pm. Minister, would you like to make an opening statement before we start questions?

**Mrs D'ATH:** Thank you, Chair. From the outset, I wish to acknowledge the outstanding work of Queensland Ambulance Service paramedics and ambulance staff throughout the pandemic. Our dedicated QAS staff have been at the forefront of Queensland's pandemic response, helping to keep our community safe. There is no doubt the past 12 months have been particularly challenging for our paramedics and ambulance workers. Each and every day our Queensland Ambulance Service staff put the health and wellbeing of Queenslanders first. Each and every day they face unprecedented COVID-19 case numbers, influenza cases, hospitalisations and triple 0 calls. The least we can do is support them and provide them with the tools they need for the job. Providing our paramedics with the best training, equipment, technology and infrastructure allows them to be their best and improve patient outcomes for the sick and vulnerable. We are and will remain to be committed to ensuring our patients get the best care no matter who they are and where in our great state they live. We take our commitment to the pre-hospital care of Queenslanders seriously.

In 2022-23, the Queensland government is investing a mammoth \$1.1 billion into ambulance services. This investment is an increase of \$109 million or 11 per cent increase from the 2021-22 budget and includes \$81.8 million for capital expenditure. That means more stations, more upgrades and more support. We recognise there is an increase in demand for ambulance services. We are investing strategically where it is needed most. Across 2022-23, an additional 228 ambulance officers have been funded as part of the government's commitment for an additional 535 ambulance officers during this term of government.

The QAS Mental Health Co-responder Program continues to provide specialised health responses to patients experiencing a mental health crisis. In 2021-22, the successful program was expanded by an additional four services in the Gold Coast, Metro North, Metro South and Rockhampton hospital and health services and pursuant to the Care4Qld strategy. This vital program sees a senior medical health clinician working hand in hand with emergency medical despatchers and paramedics to provide the most appropriate specialised care.

I cannot talk about the pressures on our system without talking about COVID-19. In December 2021, we opened our borders to other states and territories. It was time for us to reunite families and step into the next stage of our recovery, but the decision also came with what we knew was unavoidable—our first wave of COVID-19. QAS stood up several COVID-19 fever testing clinics and transported confirmed COVID-19 patients to and from hospital and quarantine facilities. This unrecognised work is integral to the safety of all Queenslanders. Now, three waves in, the QAS continues to play a critical role in responding to the pandemic and continues to do so, and for that I thank them sincerely.

**CHAIR:** Thank you, Minister. Before you we go to the commissioner, I think it would be completely remiss of me not to also acknowledge all staff, no matter where they are located across Queensland. The Queensland Ambulance Service is a service I was very proud to have completed 30 years with.

**Ms PEASE:** I didn't know you were a paramedic!

**CHAIR:** I knew that was coming. On behalf of the committee, I acknowledge everyone out there who keeps looking after Queenslanders 365 days a year.

**Mr MOLHOEK:** Point of order, Chair—you forgot to mention Riverway Drive.

**CHAIR:** Thank you. I see ambulances up and down Riverway Drive, so that is ok.

**Mr MOLHOEK:** Director-General, the interim Coaldrake Review identified that a director-general is keeping information from the minister to provide plausible deniability. Was that referring to yourself as the director-general?

**Mr Drummond:** No.

**Mr MOLHOEK:** Is the director-general aware of any ministerial staff applying pressure to individuals in his department, including yourself, for responses that minimise problems or discouraging written advice on difficult topics?

**Mr Drummond:** No. We have had very respectful and appropriate interactions.

**Ms BATES:** Commissioner, could you please tell me the statewide percentage of patients transferred off stretcher within 30 minutes for each month from April this year?

**Commissioner Emery:** No, I do not have the figures for every month of this year in front of me right now. I acknowledge what has been said previously today: the way we report the patient off-stretcher time in Queensland is different to other jurisdictions. We report patient off-stretcher time at the percentage of patients that are less than 30 minutes across each of the facilities.

Of course, from our perspective, particularly in the south-east corner, it is very important that we treat the system as a system, and when certain hospitals are experiencing delays we have an integral role in ensuring that we can distribute patients across the network to ensure the whole system stays alive and keeps operating.

As has been mentioned a few times today, there absolutely has been some pressure in the system over the last couple of years. There is not a health system or an ambulance service across the world that has not struggled at times in terms of keeping up with the demand. The ambulance ramp or emergency department is where health and ambulance come together and that is the interface, but that continuum of the care that we provide at the hospital interface is so important, and so important to paramedics in terms of how they can hand over their patient in a safe and timely way.

**Ms BATES:** Commissioner, you mentioned that you report patient off-stretcher time less than 30 minutes. Are you able to provide that information for each month from April this year?

**Commissioner Emery:** That information is publicly available.

**Ms BATES:** Not for this quarter?

**Commissioner Emery:** I understand that the reporting has been uploaded today.

**Mrs D'ATH:** The data is out.

**Ms BATES:** So that information is available today. Minister, in the interests of transparency and accountability will you direct the commissioner to regularly release this information on a monthly basis rather than three-monthly?

**Mrs D'ATH:** We release our performance data quarterly. It was suspended during 2020, as part of the national cabinet decision to suspend reporting because of the lack of ability to measure like with like. We had nothing else to measure it against as we had not dealt with a global pandemic in the last 100 years. When we reintroduced our reporting, we chose to bring it in quarterly to align ourselves with what other jurisdictions were doing. In addition, of course, we have the Inform My Care website where there is a lot more information, the information that consumers have said they actually want. Our intention is not to change the way we do our reporting. I believe that our reporting is more than appropriate in the way that we are publishing it on a quarterly basis.

**Ms BATES:** Minister, can you advise the benefits to Queenslanders from having this information withheld from them, given that ambulance ramping has now hit 45 per cent in Queensland?

**Mrs D'ATH:** We had this statement earlier by the Leader of the Opposition as well saying we are the worst in the country. Can I just put the facts, the actual correct information on the record? Currently our patient off-stretcher time April to June quarterly data has us at 55 per cent within 30 minutes. Western Australia is 35.1 per cent transfer of care within 30 minutes. That is transfer of care. That is actually shorter. That is not patient off-stretcher time; it is the shorter period of time, and they are only getting to 35.1 per cent transfer of care within 30 minutes. Victoria measures it in 40-minute lots, not 30. Theirs is currently 59.83 per cent. You would have to think that if you were measuring around 30 minutes as opposed to 40, they would be very similar to us. New South Wales measures transfer of care as well, not patient off-stretcher time, and they have the lowest statistic they have had since 2013. So I would appreciate that in the line of questioning that the opposition puts and the statements they put out publicly, that when they say we are reporting the worst patient off-stretcher time, I hope after the facts I have just provided that the opposition will correct that information they are putting out there.

**Ms BATES:** Thank you, Minister—

**Mrs D'ATH:** In terms of the patient off-stretcher time and reporting it monthly versus quarterly and how it helps consumers, the statistics do not help consumers; our healthcare system helps

consumers. What we do each and every day and our efforts to streamline and improve our patient off-stretcher time, our triaging through the EDs, our admission to hospital beds, reducing hospital stays and getting people back into the community, aged care and disability is what helps consumers, not whether a particular statistic is published more often. The Inform My Care website is the sort of thing consumers want. It is a shame the LNP never ever talk about that website.

**Ms BATES:** Thank you, Minister. Just to clarify your earlier answer, for the June quarter 55 per cent of patients are seen within 30 minutes, so that means 45 per cent are not; is that correct?

**Mrs D'ATH:** In terms of patient off-stretcher time, as you are aware, they are still being cared for by paramedics. To say they are not being seen at all is not an accurate statement.

**Ms BATES:** No, I am talking about the 30 minutes, so thank you very much for your answer. Commissioner, could you tell me the amount of lost time QAS has recorded in the first six months of this year?

**Commissioner Emery:** As I have just said, the measure for patient off-stretcher time in Queensland is the percentage of patients at the 30 minutes, as the minister just said. Some patients do wait longer than that, but that time is actually the continuity-of-care time. That is a very important safety measure. It is the place where the ambulance interfaces with Health and it is extremely important that that transfer of care is done safely and timely. What is referred to as lost time is actually paramedics handing over the history of the patient and the cares they have already provided so there can be a safe transition directly into the emergency department. There are no paramedics that I know who want to leave those patients until such time as they can be deemed safe.

**Ms BATES:** Thank you, Commissioner. Again, that information is provided monthly to the minister, because we have seen those reports through right to information. How long has the QAS collected lost time for?

**Commissioner Emery:** Just to be clear, the patient off-stretcher measure is collected by Ambulance. As you know, it is a measure for ED timeliness; it is not a measure for Ambulance. We collect it because at the moment we hold the two time series. We hold the arrival-at-hospital time and we hold the transfer-of-care time. It is us who provide the information. We provide that information on a monthly basis to the performance reporting unit in the Department of Health. We provide it as a measure and we provide it as a flat file with detailed information. As the director-general said earlier, how that information is then used to manage changes in flow and patterns within the emergency department is really a matter for the emergency departments and the hospital and health services.

**Ms BATES:** Thank you, Commissioner. In February the opposition asked a question on notice to the minister in relation to the amount of lost time over the last six years. In her answer the minister said that she was advised that to provide six years of information would be 'not appropriate'. Did you provide the minister with that advice?

**Commissioner Emery:** No, I do not recall. I do not recall the question on notice. I think at the time we would not have had six years worth of lost-time data. It is something we would have had to have extracted from our data files. As I said, we hand the data over on a monthly basis. We do keep, as I said, a full file, but to derive those reports would have taken some time and effort, I would imagine.

**Ms BATES:** Just to clarify, you do keep that data? You did not say that it was not appropriate to release it? Did anyone else in the QAS advise that?

**Commissioner Emery:** I do not recall, sorry.

**Ms BATES:** Commissioner, five years worth of lost time was provided to the Auditor-General. He reported on that in his *Health 2021* report to parliament. Why is it that information is available to the Auditor-General but not to the opposition when asked for in a question on notice?

**Commissioner Emery:** That audit report was undertaken over several months, working with the auditor. There was a lot of work; we dedicated people to help that process. If I recall, that was a performance report into emergency department performance, so we were only a very small element of that. They did review our data capture methodology, because there was some discussion around the efficacy of the data capture at the time. We were provided with a very good report in terms of how we collect data and then administer the information. I think that investigation went for more than 18 months. It was a whole lot of work. It was not something that was done overnight.

**Ms BATES:** We have asked for six years and five years is already available. Is there any reason the opposition cannot—

**Ms KING:** He just answer that question, Chair.



**CHAIR:** Sorry, Commissioner.

**Ms BATES:**—have that data that was provided to the Auditor-General?

**CHAIR:** Sorry, Commissioner—

**Ms BATES:** I will ask the minister.

**CHAIR:** Member for Mudgeeraba, move on to another question.

**Ms BATES:** Minister, given that this information clearly has been collated before, have you misled the parliament in your answer to question on notice 53 by saying its release would not be appropriate?

**CHAIR:** I am absolutely going to rule that out of order. Member for Mudgeeraba, you are skating into an area that is completely inappropriate to the estimates portfolio before us. I ask you to move on to another question.

**Ms BATES:** Minister, a social media post from a team leader in the Queensland Health Media and Issues Team said that part of her work involved preparing questions on notice. Does your department treat questions on notice as an issue dealt with by media professionals rather than providing factual information?

**Ms KING:** There are imputations in that question, Chair.

**Mrs D'ATH:** I am happy to answer that, Chair. To allege that the communications unit within Queensland Health does not provide factual information is quite offensive to the hardworking team. They actually provide a lot of educational communication to Queenslanders each and every day. Just because you work in a communications unit does not mean that you are set up to provide false information. Maybe that is what the LNP's communication team does—

**Ms BATES:** I do not think so.

**Mrs D'ATH:**—but it is not what Health's communication does. While I am speaking, though, I would like to clarify something, Chair. I said earlier I could not compare the patient off-stretcher time for Victoria. I can because Victoria's transfer within 40 minutes is currently 59.83 per cent, which is a decline of almost 15 per cent since 2021. Our patient off-stretcher time within 40 minutes is 70.38 per cent, which means Queensland is currently outperforming Western Australia and Victoria when it comes to patient off-stretcher time. It is harder to compare with other jurisdictions because they do not have the same types of measurements.

**Ms BATES:** Apples and oranges are not 40 and 30.

**CHAIR:** Thank you for your clarification, Minister.

**Mrs D'ATH:** I do not think patient off-stretcher time within 40 minutes is apples and oranges.

**Ms BATES:** But ours is 30 minutes, so how can you even draw a comparison?

**Mrs D'ATH:** Sorry, I thought the member for Mudgeeraba was interested in beyond 30 minutes—how many people are waiting—

**Mr MOLHOEK:** Chair, could I ask a question?

**Ms BATES:** I have already asked that question.

**Mrs D'ATH:**—and over 70 per cent are seen within the 40 minutes.

**Ms BATES:** I would like to know how many patients are actually waiting more than 24 hours in an ED department. That would be a good measure.

**CHAIR:** Order! Member for Mudgeeraba.

**Mr MOLHOEK:** Chair, I have a question of the commissioner. Commissioner, can you advise how many significant incident reviews were conducted last financial year?

**Commissioner Emery:** I can probably get that exact number, but a significant incident review is part of our quality care arrangements in Queensland Ambulance Service. A significant incident review is triggered for any range of reasons: a large-scale incident, for example, when one of our staff are injured, if there is any indication that there is a clinical issue, a delay that we think may have caused some other harm potentially and a range of other reasons. That is a review we do very quickly—in the first 24 to 48 hours—to determine whether or not there is anything further to find. On almost half of those occasions the review brings up nothing. The review brings up that we have done a very good job, in fact. On a very small number of occasions we might find a deviation from policy or procedure or

something else that has changed that we might want to learn from—a lesson we might want to take into the future.

**Mr MOLHOEK:** Is someone getting that information, or should I just pose it as a question on notice?

**Commissioner Emery:** I can provide that number to you shortly.

**Mr MOLHOEK:** As a question on notice, can you provide the number of reviews and then how many of those have been referred or have involvement with the coroner and how many coronial matters are ongoing?

**Mrs D'ATH:** You seem to be adding a whole lot of questions there. Can we just be clear on what it is?

**Mr MOLHOEK:** Sorry, Chair—

**CHAIR:** Hang on, Deputy Chair. For clarification, the commissioner says he would be able to provide the information you sought. You have now gone to add a number of other asks—

**Mr MOLHOEK:** If I could just clarify, Chair.

**CHAIR:** Let me finish. We will allow the minister to respond with a bit of latitude if you wish.

**Mrs D'ATH:** I would like the initial question and what is being asked to be provided.

**Mr MOLHOEK:** Thanks, Minister. If I could clarify, I wanted to ask how many incident reviews. Then when the commissioner said he was not able to give me that information now I thought it would be helpful to actually—

**Commissioner Emery:** I can provide that number to you now.

**Mr MOLHOEK:**—provide the further questions that I would have asked had he provided an answer to that question.

**CHAIR:** We will get the data you are after now—

**Mr MOLHOEK:** So the question is—

**CHAIR:**—and you have another question then.

**Commissioner Emery:** The number is 371 in the period that you asked for. As I have already said, that indicates that we have taken the time to review. We do 1.2 million incidents a year, as I am sure you understand, and many of them are significant. It is incumbent upon us to make sure that when we respond in those ways we do take the time to make a review to determine whether there is anything else that we need to determine. If there are any matters that might involve other jurisdictions like the QPS or like the ombudsman, for example, then we do want to corral that information in a timely manner so that we can provide that as required.

**CHAIR:** Deputy Chair, the commissioner has answered that. Do you have a supplementary question?

**Mr MOLHOEK:** I do thanks, Chair. Of those 371 incidents, how many have been referred or have involvement with the coroner?

**Commissioner Emery:** Last year we proactively referred nine incidents to the coroner. It would be our standard practice that a significant incident review would be undertaken to provide information to the coroner, so nine.

**Mr MOLHOEK:** Of those nine, how many have coronial matters that are ongoing?

**Commissioner Emery:** I am not sure how many are still ongoing. What I can tell you is that we have not received any recommendations on the findings that we have had so far, so there have been no systemic issues notified to us or no outcomes notified to us.

**Mr MOLHOEK:** Thank you.

**Mr ANDREW:** Commissioner, returning to the regional base structure for the Queensland Ambulance Service, how has there been any improvement in response times and has there been a reduction in hospital ramping in certain regional areas?

**Commissioner Emery:** Are you referring to the structural realignment that we implemented?

**Mr ANDREW:** Yes, correct.

**Commissioner Emery:** In July of last year we implemented a regional structure to put additional oversight in what would have previously been described as the local ambulance service network

process, so this was introducing another level of support to those areas. By design it was not specifically around attacking the response times or the hospital ramping issue per se. That has been difficult over the last two years on the back of the global pandemic and all of the things that go along with that—450 people furloughed at any given time at the peak, fluctuations in triple 0 numbers between 2,500 on one day and 3,900 the next day. It was about putting additional support and infrastructure to support the districts to work with the health services in partnership and we have seen a lot of good initiatives from that.

The feedback that we are getting from our staff as we go around the state is that there is a lot more structure in terms of how we are approaching these things in terms of aligning ourselves more readily with the police and emergency services structure as well and having commensurate level people at local and regional levels who can deal in that disaster management and emergency management setting.

**Mr ANDREW:** Commissioner, with regard to the situation in Marian at the moment—between Marian and Eton and also the road that leads to Moranbah—there is a bit of a blind spot or a lag within response times in that area. Is there any proposal to bring forward a precinct maybe in that area to be able to service those response times in those areas, as Marian is a growing area?

**Commissioner Emery:** That Marian/Mirani area is definitely on our radar. I drove out there myself within the last 12 months with the local person to have a look at some of the development in that area. The local people absolutely have that in their view. That said, today when we look at the response requirements in the Marian and Mirani area—also when you bring in Eton, Pinnacle and some of those other communities around there—it is around about two responses a week. Some of those are well covered by Finch Hatton, Calen and Marlborough as you have discussed. All of our modelling at the moment still suggests that an investment into North Mackay is the best bang for buck. There are five additional positions going into Mackay out of the 120 positions that the minister announced earlier today, so those positions are in place. That enables an extra response out of the Mackay area. Whilst I acknowledge that that is about a 25- to 30-minute run depending on where you are, those sorts of numbers would be a big investment for an ambulance service.

**Mr ANDREW:** Thank you.

**Mr MOLHOEK:** Commissioner, if I could just clarify going back to the previous line of questioning: how many coronial matters are ongoing? I think you said there were nine.

**Commissioner Emery:** I do not know off the top of my head. I would have to potentially find that out.

**Mr MOLHOEK:** Are you happy to take that as a question on notice?

**Mrs D'ATH:** Yes.

**Mr MOLHOEK:** Thank you. Commissioner, the opposition has been told that some nights across Brisbane there have been as few as two ambulances on the road. I am wondering if you could advise if this is the case and why.

**Commissioner Emery:** That would not be the case. The resourcing in Brisbane, if you look at Metro North and Metro South combined, is almost 1,800 or maybe 1,900 paramedics. In general terms about a third of those would be rostered on any given day, so I guess we are talking 400 personnel, not two.

**Mr MOLHOEK:** Last year the former commissioner said that flexible work arrangements were not impeding the QAS's ability to deliver a 24-hour, seven-day-a-week service. Does that statement still stand?

**Commissioner Emery:** Yes, it does. The flexibility and the versatility of our staff and in fact simply their ability and willingness to roll up their sleeves over the last couple of years is what has enabled us to cope with all of the challenges that have come along with the global pandemic. Our business continuity planning very early in the piece identified that we would be doing things differently, that we would have to be agile. We have seen changes in our demand patterns, we have seen changes in roles that we have played, we have seen different functions, as has already been mentioned today, that we have undertaken and it has been the flexibility of our staff that has enabled us to keep moving.

We have a clinical attrition rate of two per cent. People do not leave our organisation. In organisations all over the world where people are struggling to retain staff, we have a clinical attrition rate of two per cent. Our ability to match our resourcing to our demand patterns and our secondary ability to make sure that our staff have work arrangements that keep them employed, valuing the

experience of the paramedics who do work for us across the state, has been vitality important to us now and will become even more so into the future. I firmly believe that to be the case.

**Ms BATES:** Just on the flexible work arrangements, I understand that there are a number of staff on those right now and that many of those, for whatever reason, have chosen to work Mondays to Fridays and day shifts et cetera which means you have a shortfall for night duty and weekends. What processes have you put in place to fill those gaps?

**Commissioner Emery:** No, that is not entirely correct. There are 1,400 flexible work arrangements—1,407 actually—amongst the 6,000 people who work for us. Yes, some of them do work day shifts and some of them do work afternoon shifts. Some of them exclusively like to work night shifts; some of them exclusively like to work weekends. As we balance that out, we have the opportunity to make sure that we are trying to give people an opportunity to stay full time wherever they can, undertake fractionated work whenever that suits them as well and gives us the flexibility to deliver across the 24/7 environment.

It is true to say that in years gone by we did have very rigorous cyclic roster patterns which really only suited people who were prepared to work full time on a rotational roster. That is not the workforce that we have today and nor is it the demand pattern that we see with the number of triple 0 calls coming through the front door. Our ability to be able to move with that is really important. We have very sophisticated decision-making software now. Some of the information I just provided to the member about Marian is derived from some of that software that we have available to us that gives us a geographical footprint that gives us an hour of day, day of week down to a 15-minute increment about where our resources are required. When we make considerations about roster patterns or flexible work arrangements we take those things into consideration to make sure that those roster patterns and flexible work are balanced against what the demands of the community.

**Ms BATES:** Thank you, Commissioner. So are you recruiting specifically for night duties and weekends for people who want to work those?

**Commissioner Emery:** We have started to do some of that. You would probably be aware of that from your former profession. As the minister has already mentioned with regard to a big investment or enhancement of full-time-equivalent staff over the past year and our ability to cope with the pandemic, we always knew from a business continuity perspective that it would be about how we kept our workforce at work. We expected that we would see high furloughing numbers and absenteeism, and we have seen that. At the peak of Omicron 465 paramedics or frontline workers were unable to come to work. Even today we provision for about 100 people to turn up sick each and every day.

It is hovering around 200 at the moment. We have recruited the numbers that the minister has already mentioned today. We recruited 677 headcount. Just over 400 of those were permanent. We recruited some fractionated workers, some temporary staff and some casuals to give us the ability to surge up and surge down so that when we had the 450 people furloughed we could manage those numbers and when we did not we were able to minimise our investment and save it for the next wave.

**Ms BATES:** My next question is to the director-general. Whistleblowers have told us that loss of wheelchairs is becoming a major issue in hospitals. How many wheelchairs are recorded as stolen from Queensland hospitals each week and are these wheelchairs used as beds on the ramp?

**Mrs D'ATH:** Aren't we dealing with the QAS section?

**Ms BATES:** I was asking about the ramp and wheelchairs.

**Mr Drummond:** I do not have any information with me regarding wheelchair theft and how stolen wheelchairs are being used.

**Ms PEASE:** Point of order.

**Ms BATES:** Is there any way you collect that data? Obviously if they have been stolen from hospitals—

**CHAIR:** Member for Mudgeeraba, I will take a point of order.

**Ms PEASE:** Is the member able to substantiate any of these claims?

**CHAIR:** That was going to be my next point.

**Ms BATES:** I am not going to do in the whistleblower, like the member for Maryborough wanted to do.

**CHAIR:** How about I give you the opportunity—because I am feeling extraordinarily generous—to ask one question that relates to the estimates process.

**Ms BATES:** Commissioner, going back to the question that was asked about as few as two ambulances on the road, can you tell me how many trucks are available on a night duty in Brisbane north normally?

**Commissioner Emery:** I guess it depends on what you call night shift. As I said, we pattern our rosters against our days. We have rosters that start at 6 am, 7 am, 10 am, 11 am, 1 pm, 2 pm, 3 pm and 4 pm; some of those shifts are 12 hours in length while some are eight and some are six. It depends on what hour of day. We model so that we can, to the extent that we possibly can, meet those hours of day. The pure night shift arrangement—so for those who are working between, I don't know, I guess it depends on what your timings are; we have shifts that finish at three or four o'clock in the morning. Traditionally we would not have had those. A traditional night shift was seven o'clock in the evening through to seven o'clock in the morning. At the trough of our modelling in Brisbane between metro north and south, 30 ambulances. That is not an exact number, but 30 ambulances—but at two o'clock in the morning it is probably 40 or 50. What we do know is that the most capacity we have in a very busy Ambulance Service is between midnight and six o'clock in the morning because, as those night shifts and afternoon shifts start to tail off, that is when we have actually the most capacity. Because of the modelling we do, we point our resources to day shifts and early afternoons and Monday. We know what the traditionally busy hours are and that is where we point our staff.

**CHAIR:** We will move to some government questions. Can the minister update the committee on the Palaszczuk government's investments into the Queensland Ambulance Service workforce?

**Mrs D'ATH:** I thank the chair, a paramedic of the Queensland Ambulance Service—

**CHAIR:** Not anymore; I have resigned.

**Mrs D'ATH:**—who understands the importance of investing in our workforce. It is not just the stations and the vehicles; first and foremost, it is our wonderful staff. It has been our paramedics, emergency medical dispatchers, call handlers, patient transport officers and the QAS support workforce that have seen us safely through the most difficult times in recent years. We say thank you for that.

It is no secret that the Palaszczuk government invests in our workforce, and our Ambulance Service is no exception. We have a record \$1.3 billion investment in the Queensland Ambulance Service this financial year. Since coming to government we have employed an additional 1,103 ambulance officers, bringing our numbers to 5,158 as at 31 March this year. This is a significant investment in our future. Ninety-eight per cent of the increase in staff since 2015 are frontline ambulance staff and operational support personnel, demonstrating the Palaszczuk government's commitment to meet the continued increase in demand for ambulance services.

This term alone we have committed to an additional 535 ambulance staff. I note that the opposition committed to 320 at the last election. As a government we were not prepared to sit on our hands in the face of the Omicron variant and looming flu season. In this budget we have funded an additional 228 frontline ambulance staff and moved forward their recruitment to see them already in our ambulances serving Queensland.

Along with the 228 staff in preparation for the 2022 winter influenza season, 135 QAS employees commenced on the winter surge period arrangement between June and September this year to provide increased frontline response capability in anticipation of expected increased demand for ambulance services. As of 31 March 2022 we have seen 325 graduate paramedics come through the Whyte Island training facility in the member for Lytton's electorate. I know that she is very familiar with this facility. Over 95 per cent of these graduates are from Queensland universities, which is fantastic news as well.

Recently I visited the Whyte Island facility and was able to see for myself some of these graduates put through their paces, from road crash trauma through to childbirth. It left me with no doubt that Queensland is in safe hands. As I continue to travel the state and visit ambulance stations I am continually amazed at the commitment our ambulance staff show to their community. The member for Mirani was asking about extra services and the commissioner was talking about 25- to 30-minute travel, but when you talk to those officers in really small stations out in the western region—the north-west and central west—and you see the hours they travel just to get to a single job, it is absolutely extraordinary. In doing that, I want to acknowledge our transfer services, the Royal Flying Doctor Service and all those partnerships we have that help us partner with QAS to support everyone in Queensland, not just those in South-East Queensland.

**Mr ANDREW:** And the rescue choppers. Yes, it is a very good service.

**Ms PEASE:** Minister, I wonder if you can please outline the progress and success of the QAS Mental Health Co-Responders program?

**Mrs D'ATH:** Thank you. I know the member is very interested, as are all members, in investing in mental health and what more we can do with the Queensland Ambulance Service. At every single station I visit the paramedics talk to me about how much mental health is taking up their roles now. There is an extraordinary number of mental health episodes and individuals dealing with mental health out in the community. That is why I am just so thrilled with the program that we have.

The member for Mundingburra and the chair were at Kirwan station for the first shift of the Mental Health Co-Responders program in the Townsville region. This program has made a huge difference in the community in North Queensland, as it has in other parts of the state. It is why the Palaszczuk government has invested over \$6 million in funding to support the expansion of the highly successful Mental Health Co-Responders program. During the pilot program over 1,000 patients were attended to by the mental health co-responder teams, and 65 per cent of patients were able to be treated and managed in their home. I am hearing similar figures. I think when I was in Townsville they said around 70 per cent are being diverted away from EDs, which is wonderful news.

Mental health is a serious and important issue the government is taking steps to address. Last financial year over 50,000 people called the Ambulance Service suffering a mental health crisis. This is a 20 per cent increase in just over three years. The Mental Health Co-Responders program provides a comprehensive, health focused response in a timely manner, undertaking a physical and mental health assessment and devising individually tailored treatment plans. The QAS provides senior paramedics and vehicles and the hospital and health service provides a senior mental health clinician to operate the program. The crews see people in a mental health crisis who access services via triple-O to discuss clinical problems as they arise in their home and identify solutions. It is a fantastic example, out of many, of the important collaboration between QAS and the hospital and health services.

In 2020 the government provided Queensland Health with \$1.1 million in funding for the QAS to conduct a formal study into mental health co-responders across Queensland Health, the Queensland Ambulance Service and the Queensland Police Service. This will help inform how the service is developed further across the state. The Mental Health Co-Responders program is currently operational in 12 sites across seven hospital and health services: Metro South, which has three sites; Metro North, three sites; Gold Coast, two sites; Sunshine Coast; Cairns; Townsville; and Rockhampton. In May last year I announced \$2.6 million in funding to expand the program and again in this budget I am incredibly proud to announce a further \$1.9 million in additional funding for the program, with recurrent funding of \$2.1 million going forward. Additional sites for the program will be commissioned in the Darling Downs, Mackay, Wide Bay and Sunshine Coast hospital and health services during 2022-23.

A systematic review by the Queensland Ambulance Service of the needs across both health and community sectors has seen the program implemented across Queensland in metropolitan and regional areas, with those reviews also being used to identify other areas that would benefit from this service. This is exactly the type of innovative program of prehospital care that sees Queensland Health and the Queensland Ambulance Service working together to improve the lives of Queenslanders.

**CHAIR:** Minister, with reference to page 31 of the SDS, can you advise the committee on the new and replacement ambulance stations?

**Mrs D'ATH:** As part of the record \$23.6 billion health budget for Queenslanders we are building on our significant investment in the Queensland Ambulance Service. We have runs on the board and I am proud of our track record in boosting frontline health services. It is the Palaszczuk government that has delivered new stations for Queenslanders in Yarrabilba and Munruben. We have delivered a new ambulance station and regional office at Drayton on the Darling Downs. Recently the member for Maryborough and my assistant minister, the member for Mackay, opened the brand new station at Urraween that will support the Wide Bay region and the Fraser Coast. That is what good Labor governments do; we build, grow and support health services because no matter where you live in Queensland, whether you are on Thursday Island or in South-East Queensland, we are delivering health services to make sure our system remains strong.

As part of the record health budget, we are investing a significant \$81.8 billion in capital purchases for the Queensland Ambulance Service to support essential frontline services. This money means that communities will benefit from improved ambulance services. Our paramedics and the QAS staff do an amazing job each and every day and the government will continue to equip them with the tools to do what they do best, which is save lives.

We continually plan for the future in the QAS capital budget. In 2022-23 we are investing right across Queensland with an investment of \$16.3 million to progress the planning and construction phases of new ambulance stations at Caloundra South, Lawnton, Morayfield and Ormeau, the new

Ripley Ambulance Station and West Moreton District Office, the replacement of the North Rockhampton Ambulance Station and Central Regional Office, and the new Burdell Ambulance Station and Townsville District Office. We are also investing \$15.6 million this financial year for the planning, design and construction phases for the redevelopment of the Cairns Ambulance Station and Operations Centre, the Southport Ambulance Station and Gold Coast Operations Centre, the Pimpama Ambulance Station and the Springwood Ambulance Station, and the completion of the refurbishment of the Rockhampton Ambulance Station and Operations Centre.

The government is also investing \$33.5 million this financial year to commission ambulance vehicles. That includes \$26 million to commission 130 new and replacement ambulance vehicles, including the continued rollout of power assisted stretchers, \$6 million for new enhancement vehicles and \$1.5 million for the fit-out of emergency response vehicles. The government is also supporting the QAS to grow, develop and establish the appropriate facilities to deliver world-class 21st century services that are responsive and agile and that can deliver to patients the most appropriate care safely and quickly.

**Ms KING:** Minister, can you please outline for the committee how the 2022-23 budget is supporting the delivery of the Indigenous Paramedic Program?

**Mrs D'ATH:** I find this a really exciting part of our portfolio and our responsibilities. The acting director-general and I have met a few Indigenous cadets as we have visited the QAS stations. This year's budget sees \$1.1 billion invested in our Ambulance Service, which is an 11 per cent increase as I have said before, and we are committed to 535 ambulance operatives during this term. One of the programs that is delivering more ambulance operatives in our system is the QAS Indigenous Paramedic Program.

Boosting our First Nations workforce across the entire health system and at all levels is critical to delivering culturally appropriate health care that is essential in improving First Nations health outcomes across Queensland. I am incredibly proud of the work that the Queensland Ambulance Service is doing to support Aboriginal and Torres Strait Islander peoples through this program. The Indigenous Paramedic Program was established to provide First Nations people with education and employment opportunities, while also building trust and safety with communities.

In April I had the pleasure of meeting Indigenous paramedic cadets in Mount Isa and Doomadgee. While in Mount Isa I met Caleb, a third-year cadet. Caleb spoke about how he initially trained as a diesel fitter but then followed his mum's and his aunty's footsteps into health care. He spoke about how he enjoyed being a part of the QAS family and how he was being supported by his team to complete his Diploma of Paramedical Science while receiving on-the-job training.

Caleb's experience is reflective of the approach that the QAS takes to the program, ensuring that it provides a supportive and a stepped approach to achieving several accreditation milestones. Currently, the Indigenous Paramedic Program is supporting 55 Indigenous cadets across 35 Queensland communities. Since 2015 the Indigenous Paramedic Program has seen 47 Indigenous cadets obtain a Certificate IV in Health Care, 43 completing the Diploma of Paramedical Science, 16 cadets are currently undertaking the Bachelor of Paramedic Science and nine cadets have graduated as registered paramedics.

First Nations Year 11 and 12 and university students can also obtain financial support and culturally appropriate mentorships through the QAS Aboriginal and Torres Strait Islander scholarships program. The program was established in 2020 and currently supports 20 Year 11 and 12 students and 15 university students studying business, IT, human services, public health and behavioural science. I am advised that the first two Jamie Jackway Paramedic Scholarship students will graduate at the end of this year and they will then transition into employment with the QAS.

Supporting the needs of Aboriginal and Torres Strait Islander communities is important to the Palaszczuk government. To see so many successfully complete training and go on to serve in their communities with the Queensland Ambulance Service is a wonderful achievement.

**CHAIR:** Hear, hear! Thank you very much, Minister. Minister, in relation to page 30 of the SDS, can you update the committee on the appointment of the much welcomed deputy commissioner, with whom I met recently as the local member, who will support not only North Queensland and rural and remote Queensland but also an enormous area in Far North Queensland, right down to Rockhampton?

**Mrs D'ATH:** Absolutely. It is yet another commitment being delivered by the Palaszczuk government for rural, remote and regional Queensland. At the last election we committed to delivering a new ambulance deputy commissioner for regional Queensland, to be based in Townsville, to deliver

better collaboration between hospital and ambulance services. The position of Deputy Commissioner Operations, North Queensland, Rural and Remote, fulfils this commitment to establish the position to focus on ambulance services in North Queensland and rural and remote health service delivery.

The Deputy Commissioner, Ms Kari Arbouin, will work closely with the assistant commissioners of the far northern, northern and central regions in relation to the delivery of ambulance services in our central and northern communities. The role will drive the regional, rural and remote ambulance services agenda, enabling a strong focus on ensuring local services and solutions are right for those communities and will collaborate with our partners across Queensland Health to provide contemporary, appropriate and well-integrated services to Queenslanders in the north. Ms Arbouin comes to the QAS having previously been in the role of Executive Director of Queensland Health's Office of Rural and Remote Health and has over 30 years leadership and management experience and cultural change, working closely with QAS, paramedic students and lectures. Ms Arbouin has extensive experience within the health system and brings to the Queensland Ambulance Service a wealth of knowledge to strengthen the relationship in rural and remote communities. Ms Arbouin is based in Townsville and commenced with the QAS on 13 June 2022.

**Ms KING:** This is a question that is very close to my heart. Minister, with reference to page 31 of the SDS, can you please update the committee on the success of the critical care paramedic unit in Caboolture?

**Mrs D'ATH:** A need for additional critical care paramedic coverage in the Caboolture area was identified following advocacy from the community, including from the members for Morayfield and yourself, member for Pumicestone, paramedics themselves and the United Workers Union. This important addition will improve the Queensland Ambulance Service's ability to provide lifesaving support within the community. I think many people in the community probably do not understand that different levels of paramedics operate across our system. Critical care paramedics are experienced advanced care paramedics who complete a 12-month internship with experienced critical care mentors. This will lead to additional tertiary qualifications, including a master's degree.

As a government we will continue to invest and support clinical advancement of our paramedics via supported study programs such as SARAS. Critical care paramedics have additional skills that allow them to make critical clinical decisions and also provide additional support for our advanced care paramedics. Critical care paramedics provide a high level of care and have access to a greater range of medications and interventions such as utilisation of the mechanical chest compression device and the advanced airway breathing tubes. They also provide additional support mentorship and advice to advanced care paramedics when attending critical cases.

The Queensland Ambulance Service staff enhancements announced in the Queensland 2020-21 budget included an allocation of 3.68 full-time-equivalent critical care paramedic positions for the Caboolture Ambulance Station, which supports the neighbouring ambulance stations of Bribie Island and Ningi to improve area coverage. These staffing enhancements commenced operations on 7 December 2020. Now they provide 24/7 coverage, operating a single-officer response working a day and night shift each day. Since December 2020 Caboolture critical care paramedics have provided life-saving interventions on an average of five to six times per day. An additional Isuzu MUX emergency response vehicle was allocated to support the Caboolture critical care paramedic model and is a much needed resource for the local community.

The Palaszczuk government will always work with local communities to provide the best timely health solutions. These critical care paramedics and the work that the QAS has done alongside the community to deliver additional frontline services in the community is a prime example of the collaboration on the ground to ensure that our local health services remain strong. It is all part of the Palaszczuk government's \$1.1 billion investment in the Queensland Ambulance Service which I am proud of.

**CHAIR:** Thank you, Minister. We have five minutes. I will go to the deputy chair first.

**Mr MOLHOEK:** Given the extraordinary levels we are seeing of ambulance ramping, I wanted to ask questions of the commissioner around workforce planning, management and capacity planning of the services. We have heard lots of announcements around total number of employees and extra positions. How many vacancies are currently unfilled or how many positions are currently vacant within the Queensland Ambulance Service as at today or the end of last month?

**Commissioner Emery:** As I said earlier, the workforce planning element of our business continuity plan back in 2020 was fundamental to us being able to maintain services throughout what has been a very difficult set of circumstances, as you can imagine. I have already quoted some of the



numbers of the recruits we brought into the system—667 recruits in the last 12 months, some of whom are qualified paramedics from interstate and other jurisdictions but many of whom are graduates from our system. We have seen high numbers of staff furloughing—up to 465 at the peak—and, as I said, almost double the absenteeism rate still today. Today we had about 2,100 people turn up to work; 12 months ago that was 2,000. Despite all of those additional pressures, more people are turning up to work for QAS each and every day.

In terms of vacancies overall, I know that we finished the financial year three positions above our FTE count. I am actually quite proud of the way, as someone quoted to me, we have landed the jumbo jet on the driveway in terms of being able to balance the staff furloughing and the injection of staff. To land the system at three FTE over at the end of the year I think was really good.

**Mr MOLHOEK:** I am pleased you mentioned furloughing. That leads to my other question. In terms of leave provisions—I understand that the service has been under a lot of pressure—can you perhaps comment on the status of untaken leave and accumulated leave now as compared to, say, three years ago, pre COVID, in respect of the wellbeing and health of our ambulance officers and staff? Has there been any significant blowout in the amount of accumulated leave or untaken leave?

**CHAIR:** There are a couple of questions there. We only have one minute left to go.

**Commissioner Emery:** The short answer, then, is no, there has not been. The embargoing of leave was No. 8 on our list in terms of how we might cope with additional furloughings. We never got to that; we have never stopped people taking leave. In fact, as you said, in terms of managing fatigue it has been really important to us to ensure that. We knew that people were going to take leave. We knew at the time, in 2020, that this pandemic would be months if not years. That has obviously been proven to be correct. At no point did we ever embargo leave. Leave has been discharged, other than a very small window of time—at around March through to June of the first year—when people came to us saying, ‘Overseas trip planned’, ‘Wedding cancelled’ and all of those sorts of things. At that point in time we allowed them to come back to work because we did not want them to lose that opportunity into the future and we were a little bit unsure in terms of what the overall furloughing might look like. The short answer is no.

**CHAIR:** We are out of time. I really apologise, member for Mirani, but we have to allow the minister to respond to some questions taken on notice and/or sum up.

**Mrs D'ATH:** Thank you, Chair. In relation to a question on notice from the member for Mudgeeraba—last financial year how many patients were in hospital EDs for more than 24 hours before discharge or admitted as an inpatient?—on average our EDs have seen over 6,600 patients each and every day. For the 2021-22 financial year, between 1 July 2021 and 30 June 2022, there were over 2.41 million presentations; that is, 10,600 more patients seeking care from the ED compared to last year. In the same period, 12,252 patients waited for more than 24 hours before being discharged or admitted to our hospitals. That is 0.51 per cent of the 2.41 million presentations.

The next question was how many other investigations before the Office of the Health Ombudsman are now jeopardised because of the Dr Braun ruling and are those before the court? In July 2021 an audit was undertaken of all investigations aged over 12 months. Of the 47 investigations aged over 12 months at that time, 22 matters were identified that had been failings in extending the time frame by the due date. There are currently 13 matters before the Office of the Health Ombudsman that are impacted regarding time frames; however, there were no significant operational procedural implications as a result of these failings.

Section 86 is an incorrect reference. The correct section is section 85 of the Health Ombudsman Act 2013. The Health Ombudsman has provided notice to me as the minister and to the parliamentary committee in accordance with the provisions of section 85(8) of the act in the matters relating to Dr Braun. Recognising that there are three legal proceedings afoot and considering privacy laws regarding employment status, it would be inappropriate for me to make any further comment or mention about Dr Braun's current employment status.

On the significant incidents review for last financial year and how many have been referred to the Coroner and how many are ongoing—this is the QAS—of the nine that the QAS are aware of, two have closed. Of the other seven, we have not received any other information from the Coroner at this point.

Chair, I also have two corrections. One is in relation to a question from the member for Mudgeeraba. In relation to the response provided to the committee about the Caboolture Hospital obstetrics investigation by the acting health service chief executive of Metro North Hospital and Health

Service, Ms Jane Hancock, I have been advised that Ms Hancock incorrectly referred to a part 9 investigation. To correct the record, the investigation should have been referred to as a part 6 investigation.

In relation to the question from the member for Mudgeeraba regarding the allocation of funding for the new Bundaberg Hospital, the chief executive noted that \$20 million has been allocated in this financial year for early works. I do want to make it clear on the record that the 2022-23 budget has allocated the full \$1.2 billion budget for the new Bundaberg Hospital and has allocated the full budget for all of the other new hospitals and hospital expansion projects under our Queensland Health and Hospitals Plan. The 2022-23 budget provides additional funding of \$9.785 billion over six years, including \$5.708 billion within the forward estimates period. This is clearly indicated in the table and the text of budget measures on page 155 of Budget Paper No. 4.

In closing, I will use the short amount of remaining time to thank all of the hardworking and dedicated Queensland Health staff. That includes all of our staff across Queensland Ambulance Service, the doctors and nurses on the front line in our emergency departments and the people behind the scenes who often do not get mentioned—cleaners, security officers, wardies, kitchen staff and every single person who works across our health system who makes our huge machine keep ticking along. Their tireless commitment to keeping Queenslanders safe inspires me every day.

I would like to extend my thanks to all the staff at the Queensland Ambulance Service, including Commissioner Craig Emery. There are not many places in the world like Queensland that have a huge land mass and population spread right across it, but 24 hours a day, 365 days a year QAS staff and Queensland Health staff are there so we can access high-quality health care. I thank Acting Director-General Shaun Drummond and his leadership team for the hard work they do every day.

That brings me to my ministerial staff. I thank them for their support throughout the year but especially in preparing me for estimates. We all appreciate and acknowledge that these hearings are an integral element of the democratic process.

I thank all of our statutory authorities that made themselves available today. To all of the chief executives of the hospital and health services and to all of the board chairs and boards who play a really important role in overseeing the operation of our hospital and health services, I say thank you for the great work you do.

I thank the Assistant Minister for Health, the member for Mackay, Julieanne Gilbert. It is great to be able to lean on someone like Julieanne when I need to, knowing she is every bit as passionate about public health as I am. Chair, I thank you, all the committee members and the parliamentary staff for facilitating today.

What I want to leave you with is this. On average, Queensland Health treats around 64,000 people every day. From ambulance pick-up through to care and then on to discharge, Queenslanders are not asked or expected to dip into their own pockets to pay for their treatment. Our world-class health system is something which should be celebrated, not talked down. With a record \$23.6 billion health budget, as well as a further \$9.785 billion for capital works, including our new hospitals and thousands of extra beds, the Palaszczuk government is committed to making it even better. All Queenslanders should be proud of our health system and the thousands of people who work within it. To all of them, I say thank you.

**CHAIR:** There are two remaining questions on notice. If we could have the answers to those back by 5 pm on Tuesday, 2 August that would be appreciated. We thank everyone for their attendance today.

**Mr MOLHOEK:** I think there are three questions on notice—deaths at Caboolture, list of reviews at Caboolture and lost hours at Metro North.

**Mrs D'ATH:** I do not think I took all of those on notice.

**CHAIR:** We do not have the list of reviews undertaken, thank you, member. We have two on the record. They are the two the minister has taken on notice to answer.

I thank all committee members for their contribution this morning. To the Queensland Ambulance Service and Commissioner Craig Emery, I say thank you. It would be remiss of me not to make a special shout-out to the northern region Queensland Ambulance Service. Minister, I made the very recent decision to retire from my honorary work, after 30 years. I am proud to have worked with the Queensland Ambulance Service. It would be really remiss of me not to say hello to my wife, Amanda, who is quickly catching me with her 27 years of service in the Queensland Ambulance Service. Thank you, everyone.

We will break until 2.30 pm when we will undertake the examination of the estimates for the Minister for the Environment and the Great Barrier Reef and Minister for Science and Youth Affairs.

**Proceedings suspended from 1.33 pm to 2.30 pm.**

## **ESTIMATES—HEALTH AND ENVIRONMENT COMMITTEE—ENVIRONMENT AND THE GREAT BARRIER REEF; SCIENCE AND YOUTH AFFAIRS**

### **In Attendance**

Hon. MAJ Scanlon, Minister for the Environment and the Great Barrier Reef and Minister for Science and Youth Affairs

Ms C Manton, Acting Chief of Staff

Ms D Shankey, Senior Policy Adviser

#### **Department of Environment and Science**

Mr J Merrick, Director-General

Dr K Hussey, Deputy Director-General, Environmental and Heritage Policy & Programs

Mr R Lawrence, Deputy Director-General, Environmental Services & Regulation


Mr B Klaassen, Deputy Director-General, Queensland Parks and Wildlife Service & Partnerships

Dr M Jacobs, Deputy Director-General, Science

Ms S Chrisp, Deputy Director-General, Corporate Services

Professor H Possingham, Queensland Chief Scientist

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 **CHAIR:** Good afternoon. The committee will now examine the proposed expenditure contained in the Appropriation Bill 2022 for the portfolio areas of the Minister for the Environment and the Great Barrier Reef and Minister for Science and Youth Affairs until 5.15 pm. As was determined by the House, the committee will examine areas within the minister's portfolio as follows: environment and the Great Barrier Reef from 2.30 pm to 4.15 pm and science and youth affairs from 4.30 pm to 5.15 pm. I remind honourable members that matters relating to these portfolio areas can only be raised during the times specified for the area, as was agreed by the House. The committee will suspend proceedings for a break from 4.15 pm to 4.30 pm.

A number of members sought and were granted leave to participate in the hearing. I will not go through the entire list as I did this morning. Needless to say, we have with us now Mr Michael Berkman MP, the member for Maiwar. I remind everyone present today that the committee's proceedings are proceedings of the Queensland parliament and are subject to the standing rules and orders of the Legislative Assembly. It is important that questions and answers remain relevant and succinct. The same rules for questions that apply in the Legislative Assembly apply in this hearing. I refer members to standing orders 112 and 115 in this regard. Questions should be brief and relate to one issue and should not contain lengthy or subjective preambles, argument or opinion. I intend to guide proceedings today so that relevant issues can be explored fully, and to ensure there is adequate opportunity to address questions from government and non-government members of the committee. I remind everyone present that any person may be excluded from the proceedings at my discretion as chair or by order of the committee. I ask all present to ensure that phones and other electronic devices are switched off or are on silent mode. I have put mine on silent mode.

On behalf of the committee, I welcome the minister, the director-general, officials and members of the public to the hearing. For the benefit of Hansard, I ask officials to identify themselves the first time they answer a question referred to them by the minister or the director-general.

I now declare the proposed expenditure for the portfolio areas of the environment and the Great Barrier Reef open for examination. The question before the committee is—

That the proposed expenditure be agreed to.

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

**Ms SCANLON:** Thank you chair, committee members and staff. Being the environment and Great Barrier Reef minister, I have been fortunate to meet and work with so many First Nations communities and see firsthand the important role traditional owners have had for thousands of years and will continue to have in caring for country and protecting our precious environment. I would like to acknowledge the

traditional owners of the land on which we are gathered today, the Jagera and Turrbul people, and pay my respects to their elders past, present and emerging.

Since we last met with the committee for estimates, the Palaszczuk government has continued to make significant strides in protecting and delivering for our environment. We announced a record \$2.1 billion package for our war on waste to increase recycling and create more jobs in resource recovery. We have returned more than 160,000 hectares of land, including the Daintree National Park, back to traditional owners. We have acquired the largest parcel of land for conservation in more than a decade. We gave a number of single-use plastics the flick—banning plastics like straws, cutlery, plates and polystyrene food containers—and we have released a five-year road map to phase out even more.

We have 54 new First Nations rangers. We have commenced the process to rename K'gari World Heritage area in recognition of the Butchulla people. We have provided more than 200 schools with funding to rollout organics programs. We have locked in an additional \$38.5 million for ongoing land justice on Cape York. We have led the nation in carbon farming thanks to our Land Restoration Fund.

This proud Labor budget will ensure that we continue to protect our national parks and reef and take action on climate change. This year the Palaszczuk government will deliver the largest ever investment into our national parks. A \$262.5 million investment will go towards creating new national parks and protected area and supporting the 17,000 jobs that rely on the tourism our protected areas generate. The injection for national parks and protected areas joins ongoing funding announced in last year's budget, like the \$270 million for the Great Barrier Reef.

It is a budget that sees \$964 million invested in the first tranche of our \$2.1 billion waste package. That will supercharge the rollout of recycling infrastructure and help regions develop long-term plans to turn trash into treasure.

The Palaszczuk government will also invest close to \$40 million to protect our native species. That is \$24.6 million to implement our South-East Queensland Koala Conservation Strategy and provide double the funding for our wildlife hospital network over the next two years and significant money to restore habitat, reduce the threat to koalas in hot spots, develop a sighting app and ongoing research. Plus, there is \$14.7 million to drive our Threatened Species Program. That investment will focus on three key areas: recovery programs, policy and threatened species assessment, continuing the work required to protect and reverse the trajectory of our threatened species.

This budget also bolsters our climate team to help as we decarbonise our economy and deliver our climate action plan. It is funding that has been welcomed across the board too. On our national park funding, Dave Copeman from the Queensland Conservation Council said—

This is an unprecedented level of investment, great news for threatened species and will protect the places we love for our children and grandchildren.

For our commitment to koalas and threatened species, Currumbin Wildlife Hospital chief vet, Dr Michael Pyne, said—

This much needed contribution from the Queensland government will help see more habitat restored, research and for the support organisations to protect our koalas.

This is a budget that delivers good jobs, better services and protects our great lifestyle. That is because of the efforts of staff from across all government agencies, including the Department of Environment and Science. I would like to acknowledge not just their work to date in helping to deliver this record budget but also in preparing for this afternoon. I would also like to quickly acknowledge and thank the chair, committee members and guests for the opportunity to appear before you today and talk about our strong plan for the environment, jobs and economic recovery.

**CHAIR:** Thank you very much, Minister. On behalf of the committee, I also thank all department staff for the work they do in the Department of Environment and Science. I will go to the member for Bonney for his first question.

**Mr O'CONNOR:** Minister, the classification of koalas was upgraded to endangered earlier this year. How has the state government's decision to approve the diversion of nearly \$3 million for a research lab at Dreamworld to the Steel Taipan roller-coaster helped support koala conservation?

**Ms SCANLON:** To be clear, this matter falls entirely in the Department of Tourism, Innovation and Sport, but I am more than happy to put on the record our delivery in koala recovery, as I have just mentioned. We have invested in this budget \$24.6 million for koalas. We have also implemented the strongest koala protections in Queensland's history. We have introduced strong vegetation management laws, which I note the member opposed in parliament. We have increased funding for our

South-East Queensland wildlife hospitals and we have announced the largest investment in protected area in Queensland's history that will protect critical habitat for koalas.

In relation to that particular proposal, as I said, it is not relevant at all to the Department of Environment and Science in terms of the grant funding. I understand that the tourism minister explained this at length in their hearing. I also understand that tourism officials have reached out to Dreamworld to discuss the original proposal now that international borders are open and have discussions about whether they are still interested in progressing with that particular proposal. To be clear, this was Tourism money, not Environment money. No koala funding from the Department of Environment and Science has been withdrawn or cut. In fact, we have increased it in this year's budget.

**Mr O'CONNOR:** Minister, how many koalas have ridden on the new roller-coaster?

**CHAIR:** That is a silly question, member for Bonney. We had a really good morning this morning. How about we stay on track and maybe pose a question appropriate to the Appropriation Bill.

**Mr MOLHOEK:** How many koalas will be allowed to ride on the roller-coaster?

**Ms KING:** That is disrespectful to the process.

**Mr O'CONNOR:** I thought it was good quality. Minister, your answer to prehearing question on notice No. 14 provided little detail on saving Queensland's koala program. Could one such project to help protect koalas be to establish Queensland's first native animal genomics lab to study some of the greatest threats koalas are facing?

**Ms SCANLON:** We are already investing in koala research with Wildlife Warriors at Australia Zoo and investing in trials with the University of the Sunshine Coast. We are already investing in this space. I do not think it would be appropriate for me to spend Department of Environment and Science funding on a theme park of what you are proposing.

Let's be clear: the proposal that was put forward was Tourism funding for this project. It would be entirely inappropriate to transfer money from the Department of Environment and Science to a theme park to deliver such a project. What we are doing is investing significantly in research and restoration. If the Department of Tourism, Innovation and Sport wish to provide that funding, of course we would welcome that, but it would be inappropriate for us to transfer important funding that we provide outside of the remit of what the South East Queensland Koala Conservation Strategy provides, which is what underpins how we roll out our investment of the koala funding provided in the budget.

**Mr O'CONNOR:** It makes you wonder why the then environment minister was at the announcement for that. Director-General, has your department had any involvement in the Dreamworld future lab project?

**Mr Merrick:** I also acknowledge the traditional owners on whose land we gather and pay my respects to elders past, present and emerging. I can confirm that the department has had no role in decision-making in relation to that project.

**Mr O'CONNOR:** Director-General, has the department had any advisory role or any other involvement?

**Mr Merrick:** No. I stand by the comment I just made.

**Mr O'CONNOR:** Director-General, over seven years ago the government set a target of having 17 per cent of Queensland's land area protected. We are currently sitting at 8.21 per cent—the same proportion as five years ago—but this budget finally announced significant funding for acquisitions. How many properties have you identified to acquire in 2022-23?

**Mr Merrick:** We have a very active acquisition program. We have also boosted resources in terms of specialist resources as part of that program. We acknowledge the very significant increase in funding we have received for protected area acquisitions that will roll out over the next four years. We have a pipeline of between 20 and 30 acquisition targets. Obviously I will not discuss the details of those today because they are commercial negotiations. They span across the state. We are very confident that we can move forward quickly and acquire some very high quality land for new national parks.

We have a comprehensive approach as well in terms of our approach to acquisition, with clear guiding objectives. We look to any potential acquisition in terms of a range of criteria. As the member would expect, it includes the contribution to the CAR principles—that is, it prioritises ecosystem contribution, ecosystem irreplaceability and urgency. It enhances climate resilience. It improves landscape and habitat connectivity. It consolidates high-biodiversity-value areas.

We also consider a range of other factors including Indigenous cultural significance, that it advances native title outcomes and of course path to treaty in the context of the government's agenda. We also look to significant partnerships and how it furthers those in terms of our international, interstate or national agreements. We also look at the opportunity around co-investing and leveraging other funding from philanthropic and other sources and the broader social and economic values any potential acquisition can bring.

**Mr O'CONNOR:** That was 20 to 30 high-priority properties for acquisition. What is the total number of hectares of all those properties combined?

**Mr Merrick:** We do know, in terms of that portfolio, what those existing properties that we are in advanced negotiations are. That will range between 600,000 and just over a million hectares. That said, they are commercial negotiations, so as to precisely what will be realised through the initial tranche I cannot give a precise figure. On the back of the additional funding we received, we are also looking at a broader swathe of potential properties that could provide interest and meet with those criteria that I spoke to. Clearly, the quantum of money is of a different order than we have historically had. It means that we can identify and consider properties of a larger scale than we have done hitherto.

**Mr O'CONNOR:** Director-General, the budget announced \$250 million for protected areas acquisitions but in 2022-23 will see just 10 per cent of that expended. Do you have a rough breakdown per year of when you would expect the remainder to be spent?

**Mr Merrick:** There is a forward profile. That said, the money is being held by Treasury, and the indication I have from Treasury is that we can, in consultation with Treasury, bring money forward depending on the timing of available property deals and when those commercial deals will be done.

**Mr O'CONNOR:** What is the forward profile? Is that your rough estimate within the department of when it will be expended?

**Mr Merrick:** Again, because we are doing major work in terms of now looking at the potential scope of the future pipeline, I think it is still open for discussion with Queensland Treasury as to the precise nature of the forward profile.

**Mr O'CONNOR:** Can you share any details around that profile with the committee?

**Mr Merrick:** In terms of the notional allocation, the money builds up from \$25 million in the current financial year to be very significant in the final year of \$125 million. As I say, there is opportunity within that period to move money depending on the specific timing of acquisitions.

**Mr O'CONNOR:** So half of the \$250 million is expected to be expended in the final year of the four years?

**Mr Merrick:** It is currently profiled. As I have indicated, there is flexibility in terms of the profile of expenditure.

**Mr O'CONNOR:** Minister, how much of this new funding will be spent before your government asks for a fourth term in 2024?

**Ms SCANLON:** I think the director-general has just laid that out quite clearly for you. To be clear, this is more than three times what the LNP has committed to. This is in addition—in addition—to the Land Restoration Fund, in addition to funding that is going to do restoration work for koala habitat. I will stand any day of the week on our track record at the next election compared to that of the LNP.

**Mr O'CONNOR:** Director-General, what proportion of the \$250 million will go towards better managing our conservation estate, or is it all just for acquisitions?

**Mr Merrick:** I can confirm the \$250 million is for acquisitions.

**Mr O'CONNOR:** It is solely for acquisitions? There is no additional funding?

**Mr Merrick:** Sorry, just to clarify—and capital works as well.

**Mr O'CONNOR:** Wasn't that an extra \$15 million on top of the \$250 million?

**Mr Merrick:** No. There is an additional \$12.5 million for the operational costs of new acquisitions but the \$250 million is for acquisitions and capital works.

**Mr O'CONNOR:** Do you expect there to be more expenditure on management as the estate increases by such a large amount?

**Mr Merrick:** Yes. Clearly we will want to manage those properties effectively. We have a significant range of responsibilities. We want to manage them to the best quality standards. Yes, we will invest more in the management of those properties.

**Mr O'CONNOR:** But that is not currently in the budget or the forward estimates. It is just the money for the acquisitions.

**Mr Merrick:** As I indicated, there is \$12.5 million as part of the announcement of \$262.5 million. That \$12.5 million is for operating costs.

**Mr O'CONNOR:** Director-General, in answer to pre-estimates hearing question on notice No. 12, it was confirmed that \$1.6 million was provided towards the management of private protected areas. That is roughly 36 cents per hectare. Do you think that is a sufficient incentive for a landholder to sign up to this program?

**Mr Merrick:** Through the chair, I think the member is asking for an opinion.

**CHAIR:** I was going to make a ruling on that. You are seeking an opinion, member for Bonney. I am happy for you to rephrase it, but I am going to allow some latitude to answering the question.

**Mr O'CONNOR:** I might continue with the deputy director-general if he is the best person to answer my next couple of questions. Deputy Director-General, over the last year how many requests has the department received from landholders interested in making their property a private protected area? Do you have any data on that, or could we find some data?

**Mr Merrick:** I think those questions have to go through the minister.

**CHAIR:** Yes, those questions have to go through the DG.

**Mr O'CONNOR:** Director-General?

**CHAIR:** Can you rephrase the question, please?

**Mr O'CONNOR:** How many requests has the department received from landholders interested in making their property a private protected area over the last year?

**Ms SCANLON:** I would direct that question to the deputy director-general.

**Mr Klaassen:** Yes, we get regular requests from landholders to join the program. We work with those landholders to assess the value of their property, the suitability for adding to the nature refuge estate. At the point we are ready for a property to be moved forward then we do up a conservation agreement and negotiate with the landholder, and we progress those as quickly as possible.

**Mr O'CONNOR:** Can we have some data on how many requests have been received by the department?

**Mr Klaassen:** Just to clarify, in the last 12 months?

**Mr O'CONNOR:** Yes.

**Mr Klaassen:** We would have to seek that information. We do not have that present at the moment.

**Mr O'CONNOR:** I am happy to take that on notice if the minister is happy.

**Mr Merrick:** I can add that in terms of 2021-22 an additional 10,486 hectares were added to the private protected areas network through the declaration of 12 new nature refuges in the last financial year.

**Mr O'CONNOR:** I am just trying to gauge the interest in the program from landholders. Do you have any data on how many have requests to be part of that program have been made to the department? Can we take that on notice? Can someone figure that out?

**Ms SCANLON:** We will attempt to come back at the end of the session.

**Mr O'CONNOR:** This question is to the director-general—probably to the deputy director-general again. What guidelines does the department have for management activities that landholders undertake on private protected areas? Specifically, I am wondering if there is a breakdown in the costs that landholders can apply for, a pricing guide for particular activities such as fencing, planting, weed management, labour costs. What does the department have in that regard?

**Ms SCANLON:** I will ask the deputy director-general to answer that.

**Mr Klaassen:** Thank you, member, for the question. For each nature refuge we negotiate an agreement around the particular aspects that we will want the property to be managed to. Nature refuge holders have the ability to apply for grants from the department through the Nature Refuge Landholder Grants Program. We have our NatureAssist program where they can receive further support. We also encourage property holders to work with local councils or other conservation groups to see what support



they can get to manage their properties. There is a vast suite of services available that can help a nature refuge landholder.

**Mr O'CONNOR:** I have a follow-up question on that. How much funding is allocated for those grant programs? I can see in the budget papers there was 2.325 for the NatureAssist toolkit, but how much is actually allocated each year for the grants to undertake that work?

**Ms SCANLON:** Member, can I ask that you ask in detail whom you are asking the question of? It is unclear.

**Mr O'CONNOR:** Minister, this question is to the deputy director-general if you allow him to answer the question.

**Ms SCANLON:** So the question was asked of me. Can you repeat the question, sorry?

**Mr O'CONNOR:** Yes. How much is actually allocated for the grant programs that the deputy director-general just referred to? There was funding for the NatureAssist toolkit in the budget, but it did not specify how much is allocated to those management grant programs.

**Ms SCANLON:** Just to clarify, do you mean for this financial year?

**Mr O'CONNOR:** Yes.

**Ms SCANLON:** I will defer to the deputy director-general if we have that here.

**Mr Klaassen:** We will get that piece of information and send it to you. The last round was approved in April, from memory, and there were about 80 grants approved. I just cannot remember the exact amount of the dollars, but we will have that and we will be able to get back before the end of the session.

**Mr Merrick:** If I can just confirm that in terms of the last financial year \$922,790 was provided directly to nature refuge landholders for on-ground management activities.

**Mr O'CONNOR:** This question is to the minister. The federal government has committed to protecting 30 per cent of Australia's land area by 2030. Given that we are the state with the lowest proportion of protected area estate at just 8.21 per cent, has the federal government asked you to do more?

**Ms SCANLON:** I thank the member for the question. I welcome the new federal Labor government. It is interested in protecting the environment unlike the former Morrison government which, as you have heard me mention in parliament, delivered the same amount of funding for World Heritage Listed areas like K'gari compared to 10 years ago—not increased it. It was something like \$140,000 compared to our \$10 million, so we are substantially—

**Mr MOLHOEK:** Chair, I ask you to rule on relevance. We do not need history lessons on the LNP.

**Ms SCANLON:** They do not like to hear the record of the LNP.

**Mr MOLHOEK:** That is not answering the question.

**Mr O'CONNOR:** Have they offered you more money?

**CHAIR:** Order! Order! The minister is being responsive to the question asked and I am allowing some latitude in the answer. I am interested.

**Ms SCANLON:** As you would know, member, our protected area estate is more than double the size of the entirety of Tasmania, so we have a huge protected area system. As I mentioned in my opening remarks, we have the largest investment ever—more than three times what the LNP committed to.

**Mr O'CONNOR:** The lowest percentage.

**Ms SCANLON:** I welcome the new federal government's commitment to 30 by 30. I also welcome the investment and announcements they have made in relation to ongoing protection, particularly investment in Indigenous protected areas and their interest in growing the estate. I have had a conversation with the new environment minister. I look forward to working with her. We look forward to hopefully working with them on a whole range of fronts, including climate action and koala protection. We are very excited to have a new incoming Labor government that will focus on this area. I know that we can work together to try and grow the estate.

**Mr O'CONNOR:** This question is to the minister. Has the Department of Transport and Main Roads consulted your department on the environmental offsets required for the Coomera Connector?

**Ms SCANLON:** I thank the member for the question. In relation to any of those proposals, obviously we provide advice to different agencies. Approvals generally go under the EPBC process because they are matters of national environmental significance, so you would have to ask TMR about what further advice they have received. We do obviously provide technical advice to other agencies on different projects. I do not know if the director-general has anything further to add.

**Mr O'CONNOR:** Would that advice include identifying potential offsets for the project?

**Ms SCANLON:** Those offsets are under the EPBC process, matters of national environmental significance.

**Mr O'CONNOR:** But TMR still has to identify them.

**Ms SCANLON:** Sure, but it is a national process. We provide technical advice, but that offset is a federal offset.

**Mr O'CONNOR:** No advice from the state environment department?

**Ms SCANLON:** No. I just said that we provide technical advice.

**Mr O'CONNOR:** Are we able to get some more information on what that advice may have been, Director-General?

**Mr Merrick:** I thank the member for the question. In terms of the specifics, I am sure it would be advice in terms of a scientific basis on the potential conservation values and specifically in this case koala conservation values over a range of properties that might be in the scope for TMR. I think it is fairly straight forward.

**Mr O'CONNOR:** Have there been any properties that your department has identified and recommended to TMR?

**Ms KING:** Who was that question to?

**Mr O'CONNOR:** The director-general.

**Mr Merrick:** Yes.

**Mr O'CONNOR:** Can you elaborate on those properties?

**Mr Merrick:** As I alluded to in an answer to an earlier question, I think that whilst negotiations are ongoing or in train then it would probably be inappropriate for me to speak to the details.

**CHAIR:** I agree.

**Mr O'CONNOR:** Can I keep going, Chair?

**CHAIR:** One more question.

**Mr O'CONNOR:** One more?

**CHAIR:** I've got you an hour ahead and we are going to move to the crossbench.

**Mr O'CONNOR:** Director-General, to date, how much has actually been expended of the \$500 million Land Restoration Fund?

**Mr Merrick:** I thank the member for the question. If you bear with me, we will get the correct answer. Through the minister, I might also call forward the deputy director-general of environmental policy and programs. In terms of the Land Restoration Fund, \$165.3 million has been allocated and \$142.73 million has been committed. In terms of total spend to date, \$4.77 million has been spent. It is important to understand the way the funding program works. Payments are made on the basis of the restoration and generation activities that take place. In terms of the specifics around that, I might pass to the deputy director-general to provide more detail on the answer.

**Mr MOLHOEK:** Before you do, could you repeat the figure that has been spent to date?

**Mr O'CONNOR:** It was \$4.77 million of the \$500 million, so we are almost at one per cent.

**Ms SCANLON:** It is a 15-year project.

**Mr O'CONNOR:** Director-General, is there a date that you expect it to be fully expended by?

**Mr Merrick:** Can I clarify: they are 15-year contracts. It is a long-term program.

**Mr O'CONNOR:** So what date do you expect the fund to be fully expended by?

**Mr Merrick:** On any individual project, the funding will be acquitted after the 15-year period.

**CHAIR:** Before we go to the deputy director-general, I will counsel you, member. I have heard this a couple of times, just like this morning. Running commentary between answers is not helpful.

**Mr O'CONNOR:** It is all right if the minister does it, though.

**Ms KING:** It is disorderly.

**CHAIR:** I am actually giving an instruction here. Can we pull it back and keep it respectful.

**Dr Hussey:** I thank the member for the question. It is a question that comes up fairly regularly and it speaks to the design of the carbon-farming projects. They are inherently long-term projects. It takes a considerable time for landholders to establish what kind of carbon sequestration opportunities they have on their land and the types of methods under the Emissions Reduction Fund that would be appropriate to use on their land, or indeed a combination of methods that would be appropriate to use. They then have to go through a design process and they have to get approvals, which could be from their bank or from First Nations folk. You then need to register the project with the Clean Energy Regulator in Canberra. It is a condition and precedent of Land Restoration Fund projects and contracts that we will not progress until that registration process has been undertaken.

There is a really fine balance to be met when designing LRF projects—between wanting to provide a degree of up-front payment, which provides an incentive for landholders to get involved to cover some of that risk at the beginning around capital expenditure that might come with delivery of the project, while simultaneously wanting the integrity of the projects to be maintained by paying on delivery of an actual ACCU, which is the primary driver if you like.

There is an additional complexity which is worth understanding, specifically in relation to the Land Restoration Fund rather than carbon farming more generally. What makes the LRF so special is the fact that we actually pay a premium for co-benefits. While a traditional, if you like, carbon-farming project that is not from the LRF but nevertheless uses the Emissions Reduction Fund framework might simply be looking at carbon sequestration possibilities, our landholders that are engaged in the Land Restoration Fund are in fact trying to find those co-benefits that could usefully be secured in relation to biodiversity conservation, First Nations employment opportunities, diversification of income streams et cetera. All of that makes it a strong program, but it also makes it a time-consuming program in order to be able to deliver on it. I could go on but I will not.

**Mr O'CONNOR:** We will come back to that later.

**Mr ANDREW:** Director-General, I have a question about the carbon market the department is planning to set up within these protected area networks. I have been told that the government could stand to make a lot of money out of selling tradable units on the financial market. Do we have a plan about the carbon markets in the protected areas?

**Mr Merrick:** In terms of our existing protected area estate, we are not trading ACCUs from that. We are in the process of looking at a major property acquisition in the Channel Country that has very high conservation values, is very rich in terms of cultural values and actually has an established carbon project on it. We are working through what it means in terms of the legislative framework we work within. We are also doing broader work around the carbon potential of the protected area estate. I might pass to Dr Hussey to see if she wants to add anything else.

**Dr Hussey:** One of the additional points that could be added is just to draw attention to something called the Queensland Natural Capital Fund. The government provided a \$35 million seed funding investment to the Queensland Natural Capital Fund, managed by the Queensland Investment Corporation, last year. The link between that and the protected area estate and carbon markets is as follows. The Land Restoration Fund is very much around bottom-up delivery of projects, so we go to the market and say to landholders, 'Do you have a carbon project with co-benefits that you are interested in pursuing?' Then we have, if you like, one-on-one contracts with those landholders to deliver on the bottom-up strategy.

The Queensland Natural Capital Fund is about being able to invest LRF funds through a trust arrangement with co-leveraged private sector institutional type investment managed by QIC, which is top-down. The opportunity exists in us being able to, through QIC, identify properties whereby you are not only having an agricultural commodity return on investment through the yield of that commodity but also identifying the carbon benefits and the potential for a portion of the land to be set aside for the protected area estate or indeed for it to be adjacent to the protected area estate. You might have an acquisition that is a traditional commodity based agricultural landholding but you are deliberately buying up some of the adjacent land which is appropriate for a protected area estate purchase, and you are combining that with a carbon market play on the land so that you are diversifying, if you like, your environmental outcomes through different vehicles.

**Mr ANDREW:** Minister, I have a quick question on national park stewardship programs for First Nations people. This is probably for the national park representative. Regarding the SDS goal of expanding the department's partnerships with First Nations people to conserve protected areas in Queensland, what programs have already been set up to achieve this and what exact role do the First Nations people play in these partnerships?

**Ms SCANLON:** I will refer that one to the deputy director-general.

**Mr Klaassen:** We have a range of partnerships including our joint management partnerships up in Cape York, where we have a number of jointly managed parks with the traditional owners. We have our partnerships with the Quandamooka people in the south-east for Minjerribah and Mulgumpin. Joint management happens on those islands. We are working collaboratively right across the state with a range of our First Nations groups, be it the Gidarjil Aboriginal corporation, which is now running the cafe at Mon Repos, or the Kombumerri people we are working with on the Gold Coast. We have a strong list—too many to advise you of. We have a very large number of partnerships. We ensure they are involved in park management. We consult around our fire management programs and our pest programs. We ensure that cultural heritage sites are looked after. There is a comprehensive program we are working through.

**Mr ANDREW:** Deputy Director-General, are there similar programs available for young Australian South Sea islanders? They are another highly disadvantaged group in regional Queensland and have always had strong commitment to preserving the environment. Is there anything there around the Australian South Sea islanders yet?

**Ms SCANLON:** There are a whole range of programs, as the deputy director-general just outlined. I am more than happy to have a meeting at some stage to talk about what opportunities might be available.

**Mr ANDREW:** That would be great.

**Ms SCANLON:** Obviously, our remit is only within protected area estate. It is absolutely a key focus of our department and government to make sure that First Nations aspirations and management is a priority in this term of government.

**Mr ANDREW:** Minister, one of the SDS objectives is to develop more sustainable nature based tourism opportunities here in Queensland. The Pioneer Valley Mountain Bike Trail between Eungella and Finch Hatton is a first-class ecotourism proposal in my electorate of Mirani. I am told that all the plans and permits are now just waiting on government approval. Could the minister provide the current status of that project?

**Ms SCANLON:** As I am sure you can appreciate, we have more than 500 properties within our protected area network so I might have to refer to the deputy director-general to provide the specifics around the status of that project.

**Mr ANDREW:** You can take it on notice if you do not have it.

**Mr Klaassen:** We are not the lead for the project, so I cannot give you the exact status. It involves the tourism department and the local council. We are a collaborating partner working locally. It is largely off the protected area estate. We are providing our part, but I could not give you a status because we are not the lead of that project. It is more relevant to another agency.

**Mr ANDREW:** I went to the Clarke Creek wind farm the other day. They turned a sod of soil there. \$24.6 million has been allocated towards the conservation of koalas and the threatened species as we have just spoken about in the SDS. The Clarke Creek wind farm project has led to huge areas of bushland and some of this remnant vegetation being cleared and it will destroy a lot of habitat for koalas, great gliders, raptors, vulnerable species and different types of trees. Was an independent risk assessment carried out on the project? If so, why was it allowed to proceed? Traditional owners of the land who I have spoken to said they had not been consulted on some of the stuff that is happening there, and they would also like to know what happened to all the cleared trees. Where is the benefit of the trees? There is a lot of money in timber. It does not seem that that actual area has been looked at. I am trying to find out if there is benefit that can go back to the traditional owners or can be used in another way rather than just cleared.

**Ms SCANLON:** In terms of those sort of proposals, the Department of State Development would be the lead in the assessment of them and/or council. DES is a referral agency on the environmental impacts and matters, and all of those go through rigorous assessment processes. Really, the Deputy Premier's portfolio would likely be the lead, if not council.

**Mr BERKMAN:** Mr Merrick, you would be aware that just yesterday the department made its closing submissions in the Land Court hearing for the Waratah Coal case, dealing with Clive Palmer's Galilee Basin coalmine. In these submissions, I understand counsel for the department, Jonathan Horton QC, submitted the department's position at scope 3 emissions, that is emissions from the burning of coal overseas, are a relevant consideration in its decision on the environmental authority. This position is a pretty significant departure from the department's longstanding position that they are irrelevant to that decision, is it not?

**Mr Merrick:** Through the minister, I invite the Deputy Director-General of Environmental Services and Regulation to come to the table.

**Mr Lawrence:** Obviously the Waratah Coal case is a landmark case in Queensland, and probably nationally, in relation to how these types of activities are conditioned and assessed. All of the requirements of the legislation as it currently stands in terms of human rights and the requirements under the Environmental Protection Act—the standard criteria, for example, which crosses over the precautionary principle and intergenerational equity—are all considered in all of the assessments that we do, are documented in the assessment reports, and are the basis for the decisions that we make in relation to all of the activities that we license, whether they be coalmines or petroleum and gas or other activities that we license.

**Mr BERKMAN:** Certainly. I am correct, though, that the department's position in those submissions was that scope 3 emissions are a relevant consideration, and that is a departure from the previously argued position at law, is that correct?

**Mr Lawrence:** I am not aware of it being a departure from a previously argued position, but certainly Mr Horton put forward the department's position in relation to that particular case, and we believe that that is correct.

**Mr BERKMAN:** In light of that—I think this is a question for the director-general—does that shift in position reflect a broader shift in the state's policy on scope 3 emissions that the EP Act will be applied this way more broadly?

**Mr Merrick:** As the deputy director-general indicated, as part of the EIS process, scope 1, scope 2 and scope 3 have always been required to be profiled as part of the projects. In terms of the broader question you ask, that is a question of policy, I think, for government rather than one for me as a director-general.

**Mr BERKMAN:** I would be more than happy to put the question to the minister. Given that position, as submitted yesterday, what steps will you take to see this position, that legal interpretation reflected more broadly in policy?

**Ms SCANLON:** It was the Queensland Palaszczuk government that introduced the Human Rights Act. In terms of what, though, we are talking about around scope 1, 2 and 3 emissions, the terms of reference were recently updated for EISs. We have committed to developing decarbonisation plans. I do not want to pre-empt what those decarbonisation plans will look like, but that was a key commitment from the Queensland Resources Industry Development Plan. We will be working through that. I also welcome the new Commonwealth Labor government who has made commitments around implementing and ratcheting down the baseline of the safeguard mechanism and what impact that will have on existing resource operations around the decarbonisation of their operations. All of that is under active discussion right now around the space that we are in and how we can make sure that we ensure every sector is decarbonising, so that we can unlock a whole lot of the job opportunities that we know there are, that we can make sure that we can continue to export a lot of our goods and services overseas to countries that have also signed up to net zero targets, and that we can unlock particularly more renewable energy and renewable energy opportunity as well in the state.

**Mr BERKMAN:** Director-General, I have in front of me—and I can provide copies if necessary—an enforceable undertaking entered into between the department and New Acland Coal for land rehabilitation and unauthorised mining of the West Pit at its New Acland mine and the department's reasons for accepting that undertaking. These are documents executed on 23 June. Do you require copies of those? They are fairly recent. I am happy to provide them if they are useful.

**CHAIR:** If we are going to progress with this question, then the committee needs to be aware of that as well. You will have to seek leave to table it as well.

**CHAIR:** Do you want to see what he is referring to, Director-General?

**Mr Merrick:** I am happy to, particularly if it aids responding to the question.

**Mr BERKMAN:** It may do, but I think—I will put the question and we can go from there.

**CHAIR:** Firstly, is leave granted for accepting these?

**Mr MOLHOEK:** We will have to look at them first.

**CHAIR:** They are significant.

**Mr BERKMAN:** Mr Merrick, do you accept that the works dealt with in the undertaking and that the reasons were unauthorised works intentionally carried out by New Acland that caused, on the department's estimate in this decision document, around \$2 million worth of damage?

**Mr Merrick:** I am not quite sure I accept the premise of the question, in terms of the way it is phrased. I think it was, through the chair, seeking an opinion.

**CHAIR:** I think so, yes.

**Mr BERKMAN:** Do you accept that the works dealt with here were unauthorised works as they are described in the decision?

**CHAIR:** Again, you are seeking opinions. I will allow some latitude in the response but counsel the member to—

**Mr Merrick:** I will invite the deputy director-general to make a few comments.

**Mr Lawrence:** The enforceable undertaking is obviously a mechanism within the act—it is written into the act—that is an alternative to other forms of enforcement. I do not believe that we have a dollar figure on damage in relation to this issue, but there is certainly a difference of view about whether or not that particular area was authorised in relation to mining and, as a result of that, there has been a really detailed and long investigation into the facts and circumstances and how that got to be mined. In our view, it required further approval. The company's view is different. The documents do not have a clear and supportive way forward. This was a mechanism to put that matter to bed, to actually deal with the issue up-front around it and make sure that we put in place measures where that cannot occur again. There were some vagaries around the licence and the mapping that did not clearly articulate where the disturbed areas were.

**Mr BERKMAN:** I will put it to Mr Merrick. I suspect it will go back to Mr Lawrence.

**Mr Merrick:** This is the largest enforceable undertaking in the history of the state in terms of quantity.

**Mr BERKMAN:** I am not surprised, given the nature of the alleged offences. Can I clarify, Mr Lawrence, it is the case under the EP Act that an enforceable undertaking cannot be entered into with respect to an indictable offence?

**CHAIR:** Seeking legal opinion, again. Member, I might—

**Mr BERKMAN:** It is a question of fact, Chair.

**CHAIR:** Please—

**Mr BERKMAN:** Please, if I might respond to that point of order—

**CHAIR:** Excuse me, member. I am going to get you to pause and reflect when I am speaking and giving some feedback to you. I am going to come back to your question later. I will ask you to stop there. We will move to questions from the government. You have almost caught up to government members on the time. I have allowed a fair bit of latitude. Keep calm on that question and maybe rephrase later if we get time. Member for Lytton?

**Ms PEASE:** Environment and regulation and enforcement to stop and prevent odour impacts on communities is an important issue for many, including my colleague the member for Bundamba, whose community has been heavily impacted by offensive odours from waste operators. Can the minister please provide an update on current and future actions being taken with respect to the Cleanaway site at New Chum?

**Ms SCANLON:** I thank the member for the question. I might hand over to the director-general and to the regulator in a moment to run through the facts of the particular incident which I will not go into detail about. I will highlight the work that I have asked to be completed around the issue of odour nuisance for which I know the member for Bundamba has advocated very strongly and I know is a significant concern for the residents of Ipswich.

I firmly believe that the regulator's powers and penalties in relation to nuisance needs to, of course, meet the community's reasonable expectations. That is why earlier this year the department

commissioned an independent review by a retired Planning and Environment Court judge, Richard Jones, to look at the legislation which governs the regulator and to examine whether the existing powers and penalties, particularly around nuisance, are sufficient. That urgent and targeted review into nuisance provisions is now happening, with Justice Jones due to report later in the year.

Richard Jones served as a judge of the Queensland District Court and the Planning and Environment Court for more than a decade before retiring from the bench last year. As part of the review Justice Jones is examining similar powers and penalties used under other Queensland legislation and by interstate counterparts in considering nuisance provisions. His independent review will identify any gaps in our legislation and highlight opportunities for improvements so we can more effectively respond to these odour issues and take strong enforcement action. I will hand over to the director-general to go into detail on that specific incident.

**Mr Merrick:** I thank the member for the question. I also acknowledge the member for Bundamba and his strong advocacy on behalf of the community and the clear message that the company needs to deploy all resources necessary to resolve the situation as quickly as possible. Let me state for the record in no uncertain terms that the odour impacts on the Ipswich community have been wholly unacceptable.

The principal cause of odour issues arising from the Cleanaway New Chum site has been the inundation of a landfill cell, the cell known as cell 3B, that was under construction when the extreme rainfall event occurred at the end of March that impacted large areas of South-East Queensland. The engineering works for that cell were the subject of a DA and operational works approvals by Ipswich City Council. Water in the cell became anaerobic and this gave rise to a very dramatic increase in odour emissions and odour reports to the department from community. The site was closed and remains closed. It is forecast to remain closed for the rest of the year.

To ensure that Cleanaway, as the site operator and the responsible party, addresses the situation, the department has mobilised one of the largest—if not our largest ever—compliance responses. To date, we have had over 60 staff involved in the Cleanaway response following the floods, including officers from compliance, air sciences, communication, enforcement services, litigation and operational support functions. As of the middle of this month, we had conducted over 115 site investigations that equate to around 800 officer hours spent onsite. We require daily operational reports from Cleanaway, and senior staff from the agency engage with senior Cleanaway executives, including the CEO, a number of times each week. The department has also commissioned advice from specialists in terms of landfill, odour and contaminated land expertise to inform our compliance response and the investigation effort that we have underway. We are also providing extensive updates to the community.

What I can report is: in terms of the strong enforcement action we have taken, on 31 March this year we issued a directions notice to Cleanaway to manage water quality odour from the cell. They are required to take immediate steps to increase the number of dosing points to oxidise the water body and reduce the odours that were impacting the community. On 1 April we issued a direction notice to manage the volume of water in that cell, to immediately commence removal of water and leachate from cell 3B and particularly to put in place a relationship with Queensland Urban Utilities to receive the leachate.

On 12 April we issued an environmental protection order requiring Cleanaway to undertake onsite air quality monitoring and provide daily reports from that to DES commencing from the middle of April, and that work continues. On 21 June we issued an environmental protection order. That was in relation to fugitive emissions and required Cleanaway to develop reports on fugitive emissions and implement a gas management plan for the site. That included reports on an assessment of the existing gas extraction system and, subject to that report, commencement of further work on a gas management plan on the site.

On 22 July we issued a notice of proposed amendment. This would see the EA amended proposing that the cell must not receive waste and it must be rehabilitated. No waste would be permitted to be deposited in the cell; Cleanaway would be required to remediate it fully and see those works peer reviewed to prevent any ground and surface water infiltration into the cell to prevent erosion and restore it, resulting in a safe, stable and non-polluting landform condition.

In addition to that, the agency has put in place an extensive monitoring program in the community. The work has benefited from collaboration with Queensland Health and CSIRO. As at the middle of July, 43 canisters have been deployed to households in the community that were returned and analysed in the lab for a full range of contaminants. To date we have had 33 returned, and the data is available on the DES website. In addition to that, the department has put in place 10 hydrogen

sulphide monitors in the community. They are installed in residential properties around the Cleanaway site. They again report live to the DES website.

I would say that, clearly, in the months following the initial inundation in March—and there was also another major event in May—we saw multiple exceedances of the nuisance level in the Environmental Protection (Air) Policy, which is five parts per billion. There is also a health trigger in the air EPP of 108 parts per billion. The highest reading in residential monitors has been 6.8, so some 16 times lower than the health trigger. Nevertheless, I would point to the fact that there have been significant and ongoing nuisance issues for that community, as we are picking up in the data. We have seen that, as the situation has eased significantly, the number of daily reports we are receiving has dropped. Let me stress that a single exceedance or a single report is one too many and unacceptable.

In parallel, the department has commenced a formal investigation into Cleanaway's activities at New Chum to determine if there has been unlawful activity. A statutory notice has been issued pursuant to this investigation. We have also provided advice to officers of Ipswich City Council of the potential noncompliance with the conditions of the approvals they have issued for this cell. I am not aware of any compliance or enforcement action the council has undertaken to date. However, we continue to extend an offer to work collaboratively with them to have an integrated response in the interests of using all of the powers available at our collective disposal to resolve the situation as quickly as possible and hold the company to account. I can assure the member that we will continue to review the need for further enforcement action to ensure the company cease impacting the community and meet their environmental obligations.

**Ms KING:** I want to express my acknowledgement to all of our national parks staff across Queensland. In light of that question, can the minister please provide an update on the Bribie Island visitor management plan review that is currently being undertaken?

**Ms SCANLON:** I thank the member for Pumicestone for the question. I know that this is important to your community. Of course, we know that our national parks, such as that on Bribie Island, are key pillars of our Queensland economy. National parks associated spending generates around \$2.6 billion for our local economy and supports 17,000 jobs. Whilst it is fantastic to see so many people flocking to these destinations for their family holidays, it is more important than ever that we preserve and protect their environmental value as well. That is why the Department of Environment and Science has commissioned a sustainable visitor management study for Bribie Island which is now in its final stages.

The department has undertaken extensive consultation and mapping to inform current and future visitor trends. This has included working with traditional owners, engaging with the community, undertaking surveys and monitoring visitor numbers to the recreation area. This will allow us to plan future strategies for these high-use areas.

The report is looking into possible options to improve sustainable use of Bribie Island such as minimising unnecessary night-time traffic movements on the beach; ensuring continued and improved communication with visitors; targeting investment in new infrastructure, including considerations of things like portable toilet rollouts; looking into opportunities for an alternative beach access point to reduce traffic; and continuing the application of a zero-tolerance approach to unsafe behaviour. We need to continue to enjoy these areas whilst also acknowledging that we need to sustain their natural, cultural and social values. I am happy to advise the member that these reports are scheduled for completion by the end of the year, so I look forward to discussing the findings and recommendations with you and your community at that stage.

**CHAIR:** Minister, can you provide the committee with an update on capital works underway across the protected area estate?

**Ms SCANLON:** I thank the member for the question. Thanks to this government's response to COVID-19, Queenslanders were certainly able to get out and about and explore the beautiful sites in our own backyard. The 2021-22 financial year saw record numbers of visitors in fact flocking to our national parks to enjoy bushwalking, camping, swimming and of course relaxing in the sun. As the member knows, our natural environment and lifestyle were a key element to our pitch of the 2032 Olympics. They draw visitors from all over the world and, as I said before, generate \$2.3 billion for our local economy. We want to make sure that our national parks are the No. 1 destination for visitors to Queensland, particularly in 2032, and we want to make sure that they are protected and preserved for future generations which is why this year we have announced the single biggest ever investment into national parks—a \$262.5 million fund. These funds are for protected area acquisitions and capital works and will be held centrally until required.



In addition to this funding, the Queensland Parks and Wildlife Service capital works program is also essential in making our protected areas even better. This year's budget is investing into those areas and I hope the member has had the opportunity to head up north to the beautiful Magnetic Island where we are investing \$3 million to improve the island's trail network, and I was up there recently. If you prefer the colder climate, we are also well underway on a \$3 million investment for further upgrades to visitor infrastructure at the Bunya Mountains National Park. The granite rocks of Girraween National Park should be the top of everyone's walking list. Those longer treks will be more accessible as we continue to upgrade camping facilities and the visitor centre. I recently took the opportunity to visit the brand new camp sites as part of our cabinet's first visit to Stanthorpe this term.

Other projects we are undertaking include new and improved tracks at places like Daisy Hill Conservation Park and track upgrades at Crater Lakes National Park. On top of this, we are also working closely with the tourism minister to deliver low-impact sustainable ecotourism projects. Applications recently closed for the pilot round of the Activate Ecotourism grant, allowing us to partner with third-party operators for nature based tourism adjacent or near protected areas. No matter where you live, we are upgrading national parks near you. I want to acknowledge the fantastic work that our rangers do managing and caring for our protected areas. I think it is international rangers day on Sunday, so I want to acknowledge all of our wonderful Queensland Parks and Wildlife Service officers for the amazing contribution that they make to these beautiful areas.

**CHAIR:** Hear, hear!

**Ms PEASE:** I also want to acknowledge all of the great Queensland Parks and Wildlife Service officers. A number of officers operate in my electorate and they do a great job, so I want to acknowledge their great work. Minister, can you please advise the committee on the planning being undertaken to deliver the \$262.5 million protected areas funding and how this funding contrasts to previous commitments?

**Ms SCANLON:** I thank the member for the question. We of course have announced the single biggest investment in our protected areas with \$262.5 million over four years. To be clear, this funding is on top of the initial investment of \$60 million in 2020 we made as part of our Protected Area Strategy 2020-2030. Since the Goss Labor government, successive governments have built upon and enhanced our protected area network. Queensland has over 14 million hectares in protected area, and as I mentioned before that is more than double the size of Tasmania. Since the Palaszczuk government was elected we have grown the protected area estate by 1.2 million hectares. That includes the expansion of our private protected areas, including Australia's very first special wildlife reserve at Pullen Pullen Reserve. From postcard perfect beaches at the Great Sandy Marine Park to the granite rocks of Girraween, our national parks have something for everyone. Not only do our 550-plus parks protect key areas of Queensland's diverse ecosystems; they also support local economies, businesses and jobs.

It has of course though never been more important that we expand and enhance our beautiful natural environment and all that it has to offer. Last year we made some significant land acquisitions that will be added to the estate soon. Two noteworthy ones are the Lakes, which is a 35,300 hectare property that straddles the Great Dividing Range, and Bramwell and Richardson stations, which total about 131,900 hectares. The Cape York tenure resolution program is currently negotiating tenure with First Nations custodians as well to understand the protected area allocation. These properties offer significant conservation value and a home to a number of diverse ecosystems and species. It is ecologically incredibly important that we continue to protect them.

I should note that it takes a long time to enter into a number of these arrangements with landlords and traditional owners, but we are very focused on partnering with First Nations people and continuing this 10-year plan. We are making sure that we are having meaningful and cooperative engagement, because joint management takes time. I am committed to making sure, as is the department, that this is done properly. As I mentioned earlier, I had the pleasure of speaking with our new federal environment minister, Tanya Plibersek, last week and I am thrilled that we will be working with a government that is taking real steps to protect our environment. Our recent acquisitions were made possible by philanthropic partners, so it is really important that we can continue to have strong partnerships, whether that be with those philanthropic partners and/or the federal government. We are obviously currently undertaking extensive analysis of potential properties which the director-general just mentioned and we hope to have more announcements coming soon.

**Ms KING:** Can the minister advise the committee on whether the Department of Environment and Science is committed to becoming carbon neutral?

**Ms SCANLON:** I thank the member for Pumicestone for the question. As Queensland's environment minister, I do not want to just talk the talk; we want to make sure we walk the walk as well. That is why I am pleased to advise the committee today that the Department of Environment and Science has committed to being carbon neutral by 2030. This follows the commitment by the department to carbon neutral national parks announced as part of the Protected Area Strategy. The department is minimising its carbon footprint and developing detailed knowledge on how carbon is captured and stored across 12.9 million hectares of national park estate to facilitate carbon sequestration and storage.

The Department of Environment and Science is also investing in solar installation, with solar power on our government buildings increasing nearly 10 times just in the last two years. Two of the largest installations to date are at Mon Repos Turtle Centre, which I had the privilege of visiting with the member for Bundaberg, and the Queensland Herbarium at the Brisbane Botanic Gardens. As well as these large grid connected systems, remote area solar power systems in ranger stations across the state are reducing emissions from what were diesel generators. As well as the installation of our own solar panels, the department is ensuring that 100 per cent of our electricity purchased and used will be from renewable sources.

In the vehicle space, DES is progressively upgrading its fleet towards zero-emissions options, with most small and medium sized vehicles already replaced by electric or hybrid vehicles, with all small and medium vehicles to be completely transitioned by 2025. For our rangers who use utes and four-wheel drives to move across the diverse terrain of our national parks, we are proactively working with the Department of Energy and Public Works as well as manufacturers to identify suitable alternatives. Our national parks and other landholdings are already absorbing significant amounts of carbon, as I mentioned, from the atmosphere and represent a massive carbon store. We will continue to secure these carbon stores for the long term and at the same time we will explore opportunities to increase our carbon sequestration to offset any remaining emissions, but obviously the priority remains mitigating those emissions where possible.

I would like to commend the director-general and the team for the leadership and role they are taking in reducing emissions. I think it is wonderful that we are able to do this work and I think it is an expectation that most Queenslanders have of us.

**CHAIR:** We will go back to opposition questions for around 15 minutes.

**Mr MOLHOEK:** Director-General, in order to deliver the department's objectives as set out in the Service Delivery Statements, clear and consistent communication between the responsible minister and the department is vital. Have you or any senior members of your department ever withheld information from your minister so they can maintain plausible deniability?

**Mr Merrick:** No. As is convention, the department seeks to provide timely, accurate and fulsome advice to the minister. I would note—and we have had a discussion around this—as the environmental regulator for the state with prescribed roles and requirements in statute, we do of course observe strict protocols in relation to information management for certain matters, not least as it pertains to investigations and prosecutorial decisions and processes. Accordingly, we seek to observe requirements about independence and confidentiality at all times in relation to those matters. That is not only to meet our legislative requirements but also is consistent with the expectations of the community.

**Mr MOLHOEK:** Further to that, are you aware of any ministerial staff applying pressure to individuals in your department, including yourself, for responses that minimise problems or discouraging written advice on difficult topics?

**CHAIR:** I am not sure where you are taking this line of questioning, but I am saying that it is not really relevant to the estimates process. I am going to allow some latitude in the director-general's response but I would suggest ceasing this line of questioning.

**Mr Merrick:** My simple response is that I set very clear expectations that our advice should be independent, impartial and robust.

**Mr MOLHOEK:** Minister, was there any particular reason your former chief of staff left your office?

**Ms SCANLON:** No. My former chief of staff continues to play a very important role in the Queensland government in the energy department, which has a close working relationship with our government given our objectives around reducing emissions. We continue to work with chiefs of staff and staff across our government, so no.

**Mr MOLHOEK:** The Coaldrake review highlighted integrity concerns at the highest levels of Queensland government. Are you aware of any complaints regarding your director-general's office?

**Ms SCANLON:** No.

**Mr O'CONNOR:** Minister, in January this year the federal Labor leader, now Prime Minister, Anthony Albanese, committed to cutting hundreds of millions of dollars in funding to the Great Barrier Reef Foundation. Your department partners with this organisation on many projects. Have you made any representations to the new federal government to continue their funding or do you support the decision to cut it?

**Ms SCANLON:** I thank the member for the question. I think the line of questioning is interesting. The incoming federal Labor government has increased funding compared to that of the prior LNP government to the Great Barrier Reef. It is just about who they give it to. We know there was a lot of controversy in the media about that particular organisation.

**Mr O'CONNOR:** Then why did your department partner with them? Why do they still partner with them?

**Ms SCANLON:** I think it was more around the way in which the money was allocated around why the news were reporting some concerns. Nevertheless, we will continue to work with our partners to deliver on the objectives. I am delighted to see a new federal Labor government that is investing more money than ever in the protection of the Great Barrier Reef and, not only that, is actually taking climate change seriously—something the former Morrison government refused to do.

**Mr MOLHOEK:** They have not actually done it yet.

**Ms SCANLON:** They have been in for seven weeks.

**CHAIR:** The minister is being very responsive to the question

**Mr MOLHOEK:** They have not even announced their budget.

**CHAIR:** When you ask a provocative question, I am going to give plenty of latitude to the minister. Keep that in mind.

**Mr O'CONNOR:** Minister, if you had concerns about this organisation, why did you allow your department to work with them on several projects?

**Ms SCANLON:** I did not say that I had concerns. I said there were media reports.

**Mr O'CONNOR:** Media concerns.

**Ms SCANLON:** No, member, our money goes through rigorous processes to make sure it delivers on our water quality objectives. I will stand here any day of the week and defend our investment in reef water quality. If you have any particular concerns, I encourage you to put them forward. We are very proud of our track record when it comes to investment but also regulatory reform, reef regulations—things the former government actually used to keep the reef off the in-danger listing that you opposed in parliament.

**Mr O'CONNOR:** I did have concerns about whether you support funding to this organisation being cut or not and I did not get a clear answer. Do you support the new federal government's decision to cut funding to this organisation?

**Ms SCANLON:** It is not a matter for this SDS about what the federal government does with their funding.

**CHAIR:** The line of questioning—

**Mr O'CONNOR:** No, it is fair. If the minister does not want to answer, that is okay.

**CHAIR:** I am going to pull you up here.

**Ms KING:** You are asking for a comment on another government's policy.

**CHAIR:** Absolutely. That is a great point of order. Keep it succinct. Keep it relevant to the Appropriation Bill in front of us.

**Mr O'CONNOR:** Director-General, page 5 of the SDS has the percentage of sugarcane producers within reef catchments taking part in the SmartCane BMP program as a discontinued measure. Can you confirm what funding SmartCane currently receives from the department and when this funding is scheduled to end?

**Mr Merrick:** I thank the member for the question. I might need to take advice to provide a fulsome and accurate response to that. I will seek to bring that forward before the end of the session.

**Mr O'CONNOR:** Director-General, has the review into why only four farmers received a grant of \$1,000 out of the \$10 million Farming in Reef Catchments Rebate Scheme been completed?

**Mr Merrick:** I thank the member for the question. If you just bear with me. Can I just correct the member in terms of the numbers. It was not four rebates; there were 11 rebates. We did complete the review. Given the low uptake of the scheme, the scheme was discontinued. Unspent funds have been reallocated to continue to support farmers to meet the regulated minimum practice standards through other more engaging initiatives such as best management practice programs, the Grazing Resilience and Sustainable Solutions program and the Complete Nutrient Management Planning for Cane Farming project.

**Mr O'CONNOR:** To clarify, \$11,000 out of \$10 million was spent?

**Mr Merrick:** That is correct.

**Mr O'CONNOR:** Where specifically was that remainder—whatever the quite large figure is—reallocated to?

**Mr Merrick:** I just responded with how that program has been reprofiled and that money is being spent to support farmers.

**Mr O'CONNOR:** But where? What programs? In what way?

**CHAIR:** He has just gone through that and provided an answer.

**Mr Merrick:** I refer the member to the answer I gave earlier.

**CHAIR:** Read the *Hansard*, member.

**Mr MOLHOEK:** Perhaps the director-general could go into a little detail on some of those programs.

**CHAIR:** No. You have asked the question. It is being repetitive. I am going to ask the member to cease the repetitive questions he is asking and move on to another question.

**Mr O'CONNOR:** I do not think anyone can be happy with that level of detail. I will go to the minister. The number of rangers and support staff who manage our protected area estate has more than doubled in Brisbane over the last five years, yet almost everywhere else in Queensland it has gone backwards or remained relatively stagnant. We are told it is due to an internal realignment in the department. Can you expand on why that meant so many more staff were assigned to Brisbane?

**Ms SCANLON:** I thank the member for the question. In terms of how many rangers and where they are allocated, I will refer to the director-general or deputy director-general. I do just want to make a comment around our operating budget, which is this financial year \$368.83 million. That is a \$100 million increase, a 37 per cent increase—

**Mr O'CONNOR:** That is fine. I am happy to get the details in the answer to the question from the director-general.

**Ms SCANLON:** I know you do not want to hear this answer.

**CHAIR:** I want to hear it. The minister is being responsive. Keep going, Minister.

**Ms SCANLON:** A nearly 37 per cent increase compared to the LNP government.

**Mr O'CONNOR:** That was not my question.

**Mr MOLHOEK:** Point of order, Chair. The question was about the allocation of funding for rangers.

**CHAIR:** I have made a ruling, Deputy Chair, and I have just said that I want to hear the minister's response. I am allowing the minister to continue. You do not have a point of order. Please keep going.

**Ms SCANLON:** Thank you, Chair. I was actually handing over to the director-general when the member was interjecting.

**Mr Merrick:** And, through the minister, to the deputy director-general.

**Mr Klaassen:** The reason for that, member, is that back in the department of national parks, recreation, sport and racing the strategic policy and visitor management elements of the Queensland Parks and Wildlife Service sat in a separate division. When the Department of Environment and Science was formed, those staff who were still working on parks related activities moved directly back into the Queensland Parks and Wildlife Service. It is not a doubling of the number of staff in Brisbane; they were existing staff, just sitting in a separate area within the department.

**Mr O'CONNOR:** Minister, ranger numbers have been cut in the Darling Downs, Logan, Beaudesert, Moreton Bay South, Brisbane East and the outback over the last five years. What is the explanation for these cuts?

**Ms SCANLON:** I reiterate what I just said: the decision around where staff are allocated is for the department. It would be inappropriate for a minister to determine where staffing allocations go. As I said, we have substantially increased funding over the years for the management of the national parks. I will hand over to the director-general to answer that question.

**Mr O'CONNOR:** I can read the percentages, if you like, over the five years. It was minus 19.7 per cent in Brisbane East, minus 21 per cent in the Darling Downs-Maranoa, minus 40 per cent in Logan-Beaudesert, minus 4.5 per cent in Moreton Bay South—

**CHAIR:** Do not make a speech. Member, just get to the question.

**Ms PEASE:** Point of order. He is debating an issue. If he has a question, where is the preamble? Where is the question in this?

**Mr O'CONNOR:** That was—

**CHAIR:** Pull it up, member.

**Mr O'CONNOR:** I think Brisbane East would be Lytton, actually.

**CHAIR:** Member!

**Mr O'CONNOR:** That is fine.

**Mr MOLHOEK:** Can we get back to the question, Chair, and let the director-general answer, please?

**Ms PEASE:** Excuse me, can I make a point of order? The member for Bonney has been cautioned and given guidance time and time again. I would ask that you caution him because this is dissent to the chair, quite frankly, because he has ignored you completely every time.

**CHAIR:** Thank you, member for Lytton. This will be the final time that I say there will be no running commentary and to keep it short, succinct and relevant or you will be warned.

**Mr O'CONNOR:** Thank you, Chair.

**CHAIR:** Deputy Director-General?

**Mr Klaassen:** I presume you are referring to the question on notice response?

**Mr O'CONNOR:** Yes.

**Mr Klaassen:** There are no cuts. The numbers vary based on vacancies and the recruitment processes they have been going through. You referred to the outback. We have been experiencing challenges recruiting to our remote locations in the outback in the COVID environment so the positions remain there. They are vacant because we have had trouble recruiting people who want to go and work in remote locations. There are no cuts to ranger numbers, I can assure the member of that.

**Mr O'CONNOR:** Director-General, where as a state is Queensland at in terms of our carbon emissions and what projections do you have for a trajectory of reduction?

**Mr Merrick:** In terms of the state's emissions, they are published by the Commonwealth through the NGA data. They are freely available so I refer the member to the Commonwealth site. In terms of progress on the baseline, the latest data shows we are 19 per cent beneath the 2005 baseline.

**Mr O'CONNOR:** Director-General, my question was because the Accelerating Climate Action project talks about enhancing the emissions modelling that the state government has. To me, that implies that you currently have that ability. Does the department have that ability or is it solely relying on the federal data and this funding will allow you to have that ability?

**Mr Merrick:** To some extent the answer is, a bit of both. There are different forms of modelling. First, we already do extensive modelling around what are called downscaled climate projections and we have received additional funding to take that work to the next level. Currently, most global climate models look at impacts on a 100 by 200 kilometre scale. The work that we are about to do will look at impacts on a 10K to 10 kilometre scale. This work supports action in terms of state government, local government, business and communities understanding climate change impacts at the local level as it relates to them and their activities, and to inform local-level analysis and planning, particularly around adaptation to climate change. There will be a significant improvement in our capacity to do that on the back of new and emerging global models, as well.

The second area of modelling that we will be building our capacity around is emissions modelling. That is about understanding the sources of greenhouse gas emissions in the economy, for example, from electricity generation, transport or deforestation, and how they might change through time. This emissions modelling will support climate action by enabling the Queensland government to understand, at a finer grain detail and a more real-time detail, the impact of investment and policy decisions and other changes in the economy as we look to accelerate the reduction of greenhouse gas emissions. It will also provide a better understanding of how we are tracking towards Queensland's emissions reduction target.

**Mr O'CONNOR:** Minister, Queensland's 2030 emissions reduction target is the lowest set by any jurisdiction in the nation. Does the government have any plans to increase this target?

**Ms SCANLON:** Our political party actually has an interim target, unlike yours.

**Mr O'CONNOR:** The question was about you, Minister, and your government.

**Ms SCANLON:** I will come to that. We remain committed to reducing emissions, both on our interim target and our 2050 target, and ideally actually exceeding those targets. As has just been mentioned, there is money in this year's budget for increased and enhanced modelling capacity for our climate team—a team that the Newman government completely axed. I am very proud of our—

**Mr O'CONNOR:** It has taken you a long time to mention that, actually—the Newman government.

**CHAIR:** Member!

**Ms SCANLON:** Your leader was a minister in that government so I think it is relevant.

**Mr O'CONNOR:** Over seven years ago.

**Ms SCANLON:** I have not seen any changed position on interim targets from the Liberal National Party, member, if you want to have that debate. When it comes to progress, as has been mentioned, we are 19 per cent down on 2005 levels. We have committed to a whole range of actions under our Climate Action Plan, including an energy plan that will be released soon that will detail how we get to the 2030 target for 50 per cent renewable energy, which will help us dramatically reduce emissions in this state. As for any new policy, estimates would not be an appropriate process for me to announce any additional measures, but we continue to remain committed to reducing emissions and ideally, as I said, reaching them and exceeding them.

**CHAIR:** I will go to the member for Mirani.

**Mr ANDREW:** Minister, with regards to emissions and the carbon footprint of things, when we build an electric car we have a footprint that is carbon in the actual manufacture of that car. As a government do we have a policy to offset all of that carbon? You talk about zero emissions, but it is not because there is all that carbon that has made that. Do we offset that to the emissions? When we build wind farms we say we will save all these emission, but how much carbon is there in building that wind farm to begin with? We are talking in the now, but we are not talking about what actually happens back here when we build these things. I am struggling to understand how we say, 'We will go to zero emissions' when we are already making carbon to build these things.

**Ms SCANLON:** Member, I am more than happy to get the department to provide a briefing for you around, as has been mentioned previously, how the federal government reports on greenhouse gas emissions, which are emissions that have been essentially produced in that location. For example, if you were manufacturing a car outside of Queensland then those emissions would not be captured in Queensland; they would be captured in the place in which those emissions were created. However, what I can commit to is that we have our own targets. As the director-general said, we are doing a lot of that modelling and enhancing that modelling capacity so that we can see what impacts are happening sector by sector so that we can make informed decisions around how we make sure every sector is decarbonising. We know there is a lot of job opportunity in these spaces, as well.

**Mr ANDREW:** We get burdened with the fact that the coal burnt overseas is our carbon as well, but it does not work for the other stuff. Another thing I was going to ask is, with the wind farms and all the rest of it, what do we have as far as a bond for rehabilitation? What is the situation there? There will be a lot of wind farms in my electorate and I cannot see anything in the SDS about bonds for rehabilitation for these things into the future. Is that a priority of the government? Are we going to do this for these large-scale solar and wind farms?

**Ms SCANLON:** There was a lot in that question.

**Mr ANDREW:** Do we have a rehabilitation bond for solar and wind in our state?

**Ms SCANLON:** Around land rehabilitation?

**Mr ANDREW:** Yes. So we have to take them down, we have to put them away, we have to get rid of it all at the end of its life.

**Mr MOLHOEK:** And when they are broken down and do not work anymore.

**Ms SCANLON:** That would be a matter for State Development, around how those proposals are approved and how the land is used, the conditions that are put on that for when it is operational and then, obviously, at the end of its operation. In terms of waste management, I suppose that is the one area that I have some control over here. We are very keen to look at how we ensure that Queensland becomes a zero waste society and how we can make sure that with any products that are being used there is a way that we can reuse them or, if that is not possible, recycle them. We continue to look at areas in that space and work with industry on priority areas.

**Mr ANDREW:** One more?

**CHAIR:** Member for Mirani, I will go back to the member for Maiwar. Before I do, to correct the record, I did not get consensus on accepting this document that you shared. I do want to take some advice in the break on what we do with that. With your last line of questioning, a lot of it was around what was before courts and interpretations. Can we steer away from that?

**Mr BERKMAN:** I will deviate completely.

**CHAIR:** Thank you.

035 **Mr BERKMAN:** Director-General, we are now, I think, more than seven years on from the government's first commitment to review and reform the offsets framework. When can we expect the department to deliver concrete reform outcomes following all those years of review and consultation?

**Mr Merrick:** As the member is aware, the environmental offsets framework plays an important role in ensuring the development of Queensland's natural environment is ecologically sustainable and it comprises a number of elements: the offsets act 2014, the offsets regulation 2014 and the offsets policy. An environmental offset compensates for unavoidable impacts on significant environmental matters. The work of the review is now well advanced. Recommendations will shortly go before government for consideration. I anticipate that that phase of the offsets review will be completed very soon.

**Mr BERKMAN:** For what it is worth, I believe this undertaking is published online or is supposed to be, so that may be useful. I do want to return to that issue, if I could. The department's investigation that led to this enforceable undertaking was in relation to alleged serious environmental harm; is that correct?

**Mr Merrick:** Through the minister, I might invite the deputy director-general to come forward and speak to the matter.

**Mr Lawrence:** No, it was not in relation to that; it was in relation to unauthorised clearing and the work that was done there in terms of the West Pit. It was whether or not that was authorised.

**Mr BERKMAN:** The allegations clearly suggest the department's view that it was unauthorised disturbance. The reasons suggest that the remediation cost is going to be in the vicinity of \$2 million. That is well above the threshold for serious environmental harm; is it not?

**Mr Lawrence:** It is not the remediation cost that the environmental undertaking is talking about. The remediation of that area is already contained within remediation requirements in the environment authority. What the EU does is increase the amount of rehabilitation in terms of rehabilitating it to a higher level than the actual EA requires. At the moment they could just do grazing, but through the EU we have agreed to get to a koala habitat arrangement, which is quite a significant amount of investment—up to \$2 million—to do that actual work.

**Mr BERKMAN:** Can you give an indication of the cost of the harm that the allegations were based upon? As Mr Merrick indicated, this is, I think you said, one of the biggest enforceable undertakings the department has ever engaged in. In terms of the thresholds that exist for establishing whether serious or material environmental harm is being caused, what is the department's understanding of the cost that was caused by this unauthorised clearing and disturbance?

**CHAIR:** I think you are weighing into an area where you are seeking an opinion, but I will allow some latitude. This is the final question.

**Mr Lawrence:** We do not necessarily have a cost of, I suppose, doing the works of mining that particular area. The review we were looking at is about whether or not it was actually authorised in the first place.

**Mr BERKMAN:** If you do not have an estimate of the cost, how can you possibly establish either serious or material environmental harm?

**CHAIR:** Member for Maiwar, I have been extraordinarily generous with crossbench time today. You have had just over an hour. The opposition has had 2½ hours and government members are at 90 minutes. I will finish this session with about seven minutes of questions from government members and then we will do a summing up.

**Ms PEASE:** I know that my community is terribly excited about getting sailing for the Olympics and Paralympics 2032 out at Manly Harbour. Minister, are you able to advise us on the progress towards a climate-positive Brisbane Olympics and Paralympics?

**Ms SCANLON:** I thank the member for the question. Just last week, of course, we marked one year since the historic decision that Brisbane, Queensland would be the host city for the 2032 Olympic and Paralympic Games. Of course, it was the Palaszczuk government that secured the games for Queensland because we know that it means good jobs, new economic opportunities and particularly opportunities for our environment. As part of the games bid itself, the Palaszczuk government and our games partners have committed to a climate-positive Olympic and Paralympic Games. That means reducing emissions and leveraging the power and platform of this global event to influence and create change. It builds on our work to drive down emissions and deliver more renewable jobs.

Over the coming months and years the Palaszczuk government, led by the Department of Environment and Science, is working collaboratively with our partners to refine our sustainability and related legacy aspirations. In consultation with industry and the community, we will lay a foundation through early planning which will embed the expectation of delivering a climate-positive games across the government's decision-making, especially with respect to limiting emissions from the outset and managing our carbon footprint in the next 10 years.

Importantly, we will work with business to align procurement standards and start building the local supply chain capacity to achieve a climate-positive games and optimise the opportunities for those businesses. Our climate-positive commitments present an opportunity to accelerate action towards Queensland's emissions reduction, waste and renewable energy targets. They will also give us an opportunity to showcase our future-focused economy to a global audience.

Our successful bid to host the Olympic and Paralympic Games included a number of foundational goals and measures that will set us on a path towards climate-positive. This includes: embedding climate change in all games governance and decision-making, including by developing ambitious carbon budgets that will be managed in the same way as the games' financial budget; powering the games with 100 per cent renewable energy; achieving zero net waste; maximising the use of existing and temporary infrastructure; where new investment is required, ensuring it aligns with Queensland's long-term development goals and is delivering to world-leading standards for sustainability; utilising a fully electric passenger vehicle fleet and targeting over 90 per cent public and active transport during the games; and developing aspirational, sustainable sourcing strategies and building local market capacity to reduce supply chain emissions and deliver positive, market-shaping legacies.

Work is underway to establish formal governance across the partnership, with all games partners having an important role in achieving these goals we have set out. Indeed, it is this convening power and the need for collaborative climate action, including with industry and community, that makes Brisbane 2032 such an exciting opportunity to accelerate that transformational change. I look forward to keeping parliament and Queenslanders up to date on this exciting journey.

**Ms KING:** Minister, in the scheme's first four years Queensland's container deposit scheme recently reached a significant milestone of over five billion containers being returned. What are some of the social and environmental benefits and success stories from the scheme?

**Ms SCANLON:** I thank the member for Pumicestone for the question. I am pleased to report that five billion containers have been returned through a refund container point since the Palaszczuk government's program was launched just in 2018. In total, over 6.2 billion containers have been returned through both container refund points and kerbside recycling and delivered to material recovery facilities. This means we have put over \$502 million back into the pockets of Queensland families, and another \$7.2 million has been refunded to community groups and charities. It is wonderful to see that social impact from this scheme.



We have also rolled out Containers for Change collecting points at over 360 locations—from busy shopping centres to more remote locations. There are certainly more to come. There are also more ways than ever before to use the scheme including a trial of a free home collection service, drive-through depots, bag drops and reverse vending machines. Queenslanders really can choose what suits their lifestyle.

Beyond the benefit for our environment, the scheme has also created more than 800 full-time-equivalent jobs since commencement, with many of these jobs in regional areas and a number involving long-term unemployed people and people with a disability. Everyday Queenslanders across the state are stepping in on our war on waste, which is wonderful to see. There are refund point operators, container collectors, charity workers, local club members and even schoolkids participating. They are living proof that everyday people can really make a difference. They are certainly at the heart of the Palaszczuk government's successful recycling program.

Some of these inspiring change makers include Tom Pirie, better known around the Gold Coast as '10 Cent Tom'. He has grown his business to collect around 6,000 containers a week from neighbours, businesses and groups in his community. Tony and the team at Substation33 are an incredible social enterprise that create employment opportunities from recycling waste. Yarrabah Aboriginal Shire Council is working with CoEx to establish and operate a refund point in the remote community. Bob Norris from the Lions Club uses the scheme to help fundraise for people in need in Cooktown. Not-for-profit community organisation High Hat, an Aboriginal corporation, will also soon establish a container refund point on Palm Island.

Janelle Zordan runs a booming business at Advanced Metal Recycling, serving upwards of 200 customers a day. Libby Edge and her band of volunteers have removed over 206,000 kilograms of container debris from the Whitsunday islands. Everyone can certainly make a difference in our war on waste. I look forward to sharing more of these personal and regional stories soon.

**CHAIR:** Minister, we have about five minutes remaining so I wonder if I could get one quick question in and if you could make your response quick. We will then go to summing-up. Could you advise how the extension of the Reef Assist program is benefiting the reef as well as good jobs in regional Queensland?

**Ms SCANLON:** The government created the Reef Assist program during COVID-19 not only to help protect our reef but to support coastal communities during the pandemic. The pilot was a huge success, with 232 jobs created from across 11 land management projects. In particular, we saw 130 First Nations jobs created through that program. Across the 11 crews they collected 10,000 native seeds for propagation, planted 26,000 native seedlings and planted 25 cassowary food species—the list goes on.

In June the Premier announced that another \$10 million would be invested in this program. I am pleased to advise the committee today that expressions of interest have opened for eligible groups to apply. I encourage everyone to let organisations know. This funding will see an extra 225 people employed. In good news, we have expanded the program to natural resource management organisations, Indigenous land and sea ranger groups and landcare groups in all reef catchment areas, hopefully creating more job opportunities while obviously preventing run-off from impacting our precious reef.

This is just one of many programs under our \$270 million commitment so far. Our government is pleased to have invested close to \$1 billion since 2015 to protect the reef because we know how important it is as an ecosystem but also how important it is to particularly the tourism jobs that rely on this World Heritage listed icon.

**CHAIR:** Do you want to go to your summing-up or tackle any outstanding issues?

**Mr O'CONNOR:** We have a few questions on notice, Chair.

**CHAIR:** We will deal with those first.

**Ms SCANLON:** I am happy for the director-general to answer some of those.

**Mr Merrick:** I think the first question from the member for Bonney related to the grants available for nature refuge landholders for this financial year. I gave the figure for the previous financial year. Some \$1.345 million is available for on-ground works. In addition to that, we have a two-year pilot contract in place with Ecosure Ltd to provide a range of products and services to support nature refuge landholders implement on-ground works and improve management capacity.

The second question, again from the member for Bonney, related to the number of expressions of interest from landholders about the Private Protected Area Program. In the most recent round the department has received 16 applications for NatureAssist funding. We have also then had a further 12 independent approaches for consideration for private protected areas in the last financial year.


The final question related to Smartcane funding received from the department and when it is scheduled to end. I can confirm that over \$14.8 million of total funding has been provided to Smartcane BMP since 2012-13. The current contract expires on 31 March 2023.

**Ms SCANLON:** I thank the committee for being able to have the opportunity to talk about our \$260 million record investment in our protected area estate. It is something our government is proud of. As well, we are proud of our resource recovery investment in recycling. This is the biggest investment in Queensland's history. Not only is it important for our environment but it will create a lot of new jobs in more industries. We want to continue to build on the work. We are excited to have a new federal government to work with on the protection of places like the reef and on climate action. Thank you very much for allowing us to explore the budget.

**Mr O'CONNOR:** We are not quite at 4.15, can I ask a quick question of the minister?

**CHAIR:** No, we are at 4.15 on my watch. Thank you very much for trying, member for Bonney. This concludes the committee's consideration of the estimates for the environment and Great Barrier Reef portfolio areas. We will now take a break. The hearing will resume at 4.30 pm to consider the estimates for the science and youth affairs portfolio areas.

**Proceedings suspended from 4.15 pm to 4.30 pm.**

 **CHAIR:** We will now begin our final session for today. Before we start, I note that we have sought leave and leave was granted for this particular document to be tabled. Welcome back, Minister. The committee will now examine the proposed expenditure for the portfolio areas of science and youth affairs. Minister, do you wish to make an opening statement?

**Ms SCANLON:** Thank you for the opportunity to make an opening statement. For the last two years now, Queensland scientists and health experts have continued to steer our state through the impacts of COVID-19. Their efforts have allowed the Palaszczuk government to this year deliver a budget that focuses on good jobs, better services and a great lifestyle.

Queensland is no stranger to scientific excellence. After all, we are home of the pioneering discoveries and advancements like the HPV vaccine created by Dr Ian Frazer. As science minister, I am eager to continue the Palaszczuk government's support for this vital sector in Queensland.

This budget will see \$17 million invested to turn Queensland know-how into new opportunities for Queensland businesses, exports and jobs. It will supercharge the commercialisation of applied research undertaken in Queensland's regional universities. We know that for every dollar invested in university research \$5 is returned back into the economy. Queenslanders know it too, with 83 per cent of people in our state saying that science is critical for the economy. I had the pleasure to announce this \$17 million of funding at QUT, where their research has been used to create Logan based company BlockTexx, who are now using science to recycle more than 50,000 tonnes of old textiles.

The budget will also see additional funding for the successful Queensland government Research Infrastructure Co-investment Fund. Since 2019, 10 Queensland research facilities have been awarded through that fund. We have established the fund to ensure that our scientists have the best facilities and equipment available in which to do their work and ensure Queensland science remains cutting edge. This multimillion dollar investment will make sure we continue to provide cutting-edge research equipment and infrastructure. As Minister for Science, I am extremely proud that this budget delivers for our hardworking scientists. As Minister for Youth Affairs, I am equally proud that it delivers for young people as well.

As I have spoken with young people they have made their voices very clear: they want a government that will tackle things like mental health, youth homelessness, equitable access to things like sanitary products, the transition for those coming out of care, and of course closing the gap. That is why we are investing a record \$1.6 billion to support Queenslanders experiencing mental ill health including addiction. Experience with mental health is wide and varied as are the circumstances, causes and stresses. This investment will respond with a holistic approach. We will also invest \$30 million to specifically tackle youth homelessness, building on the work this government has already done around making housing more affordable.

There is also \$1.2 billion in this budget for skills and training, with a \$100 million boost that builds on our commitment to free TAFE for under-25-year-olds. Funding will also go towards expanding our

consent education program. There is important funding to help particularly young adults transition out of care by extending support up to the age of 21 as well as expanding foster care payments. This is incredibly important to bridge the gap for young Queenslanders in care between the end of their high school education and the start of their lives as young adults. It is a reminder of the way that governments can enact change to make young people's lives better.

Queensland's future will be driven by young Queenslanders. This is why our government is backing them with record investment, to make sure they have the access they need to get a good education, skills, housing and the vital services they need as well.

**CHAIR:** We will go to questions from the left.

**Mr MOLHOEK:** Minister, you touched on the issue of bridging the gap for our young people. Can you elaborate on what initiatives your department has in improving support for disadvantaged young people, not only young people who are leaving foster care but also young people more broadly across Queensland? I know there is an organisation called Create that provide lots of data and information around programs and monitor the health and wellbeing of 16- to 25-year-old young people. I would be interested to know what initiatives you have in mind going forward.

**Ms SCANLON:** I think we went through this in last year's estimates. Our department does engagement and advocates for young people across government and works with those other service delivery agencies to make sure they are listening to the views of young people and looking at what particular issues are impacting the next generation.

When it comes to children in care, there is significant investment to make sure that we continue care for children who previously only got that until 18. They will get that until 21 now. We are very proud of that. That is a significant investment, but it will make a really big change. We know that, unfortunately, a lot of young people exiting care do end up in situations where they struggle to maintain private tenancy. This will help with some of the issues we have associated with youth homelessness and housing affordability.

When it comes to service delivery, that is for other departments. Particularly in relation to foster care, I would encourage you to ask the Minister for Children that question. She would be able to go through in detail what we are doing in that space. As always, we are happy to engage with organisations that represent young people.

I am 29 now. I am no longer what we would class as a young person. Some of these organisations do wonderful things, but they are not necessarily young people. What I think is important is that if we are going to talk about what is impacting young people we should go and talk to them directly. That is what we are focused on doing.

**Mr MOLHOEK:** Minister, as a member of cabinet, would you support the concept of rolling out or increasing the number of youth foyers that we have across the state? Do you see a time when we have one in every major population centre?

**Ms SCANLON:** It would be extremely inappropriate for me to comment on cabinet decisions and future funding announcements. What I can say is that our government is very proud of the Gold Coast Youth Foyer that we have funded and delivered. We are developing one in the Townsville area, as the member for Thuringowa would know.

**CHAIR:** That is right. We are very much looking forward to it.

**Ms SCANLON:** We are expanding them. That would ultimately be a decision and matter for the Minister for Housing. I would obviously continue to support investment in making sure that we deliver housing solutions for young people. We are working on our youth homelessness policy right now, and there is new money in the budget specifically focused on that area as well.

**Mr MOLHOEK:** Minister, there has been a lot of media attention in the last few weeks coming out of COVID around concerns for rental and the accommodation of young people. There has been a lot of discussion that a lot of young people in particular are disadvantaged. Is that an area that your department is looking at? Is that an area that is being discussed amongst the young people you are engaging with? Do you have any thoughts around what can be done to address some of those issues?

**Ms SCANLON:** As I just mentioned, we are developing a youth homelessness policy. The department of housing has undertaken consultation and our department has as well. I was at a youth Speak Out on the Gold Coast where we had representatives from Housing there to talk to people about the impacts. Obviously not all young people become homeless. This is geared at that cohort of young people.

We are also looking at the reasons young people might end up in those situations. As I said, we know that that happens in a disproportionate way to children exiting care, which is why we are continuing that payment. They are some of the ways in which we are looking at support. There is increased funding, though, in the budget. That youth homelessness policy will be released shortly. We will be able to go through how that funding will be allocated to help people.

I think it is incumbent on all levels of government to look at this issue. There are levers that council has. There is increased investment from the new Labor government as well around particularly social and affordable housing. We need to look at this as a whole of community—not only governments but community members and businesses as well.

**Mr O'CONNOR:** Director-General, in Budget Paper 2 there was mention of three regional science and innovation hubs that will be launched in the first half of 2022. How many staff will be part of the regional science and innovation hubs?

**Mr Merrick:** I thank the member for the question. I think that is a question that should be addressed to the department of tourism and innovation, which is responsible for the delivery of that commitment.

**Mr O'CONNOR:** There is no involvement with your department in those hubs?

**Mr Merrick:** It is administered through that other agency, so the specifics of those hubs are best addressed to that agency.

**Mr O'CONNOR:** Director-General, with regard to The Water Tracking and Electronic Reporting System, has the department used WaTERS to monitor waste releases from waste facilities?

**Mr Merrick:** I thank the member for the question. With the minister's permission, I might invite the deputy director-general of science to come forward and speak to that matter.

**Dr Jacobs:** I thank the member for the question. The WaTERS system is a system that we deliver. It monitors waste, and industry use that system to provide data to government. It is a system that we have set up and we run.

**Mr O'CONNOR:** Deputy Director-General, I understand that a number of waste facilities in Ipswich were restricted from releasing water during the flooding earlier this year, which resulted in some of the odour issues we heard raised before. Would increased research and studies help mitigate future issues at these facilities following weather events of this nature?

**Mr Merrick:** I am not sure I accept the premise of the question in terms of waste facilities that are restricted. As a result of the floods we did issue around 30 temporary emissions licences. With respect, through the chair, this is part of the previous session, I think, in terms of the role of the regulator. I am happy to get further advice for the member after the session if the minister is comfortable, but it really falls within the regulatory arm of the agency.

**Mr O'CONNOR:** Minister, can we get the Chief Scientist up to answer some questions?

**Ms SCANLON:** I think the convention is generally that you ask me or the director-general and we can refer to the Chief Scientist.

**Mr O'CONNOR:** They are part of the witness list, so I think they can. My question is: in the report *Queenslanders' perceptions and attitudes to science* it was found that interest in science has continued to soften in 2021. My question to the Chief Scientist is: what recommendations have you made to government to improve this, and have you set any specific targets to achieve?

**Ms SCANLON:** I am happy to get the Chief Scientist to address that question.

**Prof. Possingham:** Yes, that was the Kantar report. Some things were good. People think that science is more and more important for the economy every year. Interest in science was slightly lower. We run a number of programs, half a dozen, to try and engage Queenslanders in science: Partner Up Queensland, citizens' science programs, Women in STEM awards. That is in our engaging in Queensland science strategy, which was released last year.

**Mr O'CONNOR:** Are there any specific targets you have set of government to achieve in that space?

**CHAIR:** Through the minister.

**Mr O'CONNOR:** Minister, has the Chief Scientist set any targets for the government to achieve in this space?

**Ms SCANLON:** I thank the member for the question. Obviously, any targets that have been set are generally in public reports.

**Mr O'CONNOR:** I am asking because I could not find any.

**Ms SCANLON:** We obviously remain committed to getting as many young people and people as possible to engage in science, as the Chief Scientist just mentioned. That is why we have a number of programs that we run, including in your electorate and across Queensland. I am happy to hand over to the Chief Scientist if he has anything further to add. We continue to strive to increase that engagement.

**Prof. Possingham:** I think that setting targets is a policy matter. I would be reluctant to set targets on public opinions.

**CHAIR:** Member for Bonney, perhaps you can encourage people to get into science in your area.

**Mr O'CONNOR:** I have very much tried. I will not ask about the science centre in my electorate this estimates. I think I have the last two, but we still do not have support from the state government for that. Thank you for the prompt, Chair; I appreciate it.

Director-General, how much was paid to Kantar Public to conduct that survey?

**Mr Merrick:** I thank the member for the question. I will just have to take advice to provide the precise figure. We will come back to you before the end of the session.

**Mr O'CONNOR:** Thank you. Minister, nominations for the Queensland Youth Strategy Engagement Group close at the beginning of July. Has a decision been made on the final list for this group?

**Ms SCANLON:** I thank the member for the question. Yes, it has.

**Mr O'CONNOR:** Minister, can you elaborate on who will form this group, from what parts of Queensland they will come and any other information on their backgrounds?

**Ms SCANLON:** If you would like me to read out the list of people who will be on the panel I can get that for you in a moment, but we have a wide range of young people. There are 20 people who have been nominated: 12 are female; seven are male; eight are from regional, rural or remote areas including Torres and Cape, North Queensland, Wide Bay and Darling Downs; three identify as Aboriginal and/or Torres Strait Islander; six identify as living with a disability; two identify as having caring responsibilities; eight identify as being from culturally and linguistically diverse backgrounds; eight identify as being LGBTIQ+; one has lived experience of homelessness; one has lived experience in the youth justice system; and one has lived experience in the child safety system. As you can see, the department has made sure that we have a wide range of perspectives from young people. I am more than happy to read out the list.

**Mr O'CONNOR:** It is fine; it was more when it will be announced because I could not find it. Minister, when can we expect the next youth strategy to be published?

**Ms SCANLON:** I thank the member for the question. As I just said, we have just nominated the panel who will help us inform the strategy.

**Mr O'CONNOR:** Do you have a time line?

**Ms SCANLON:** The strategy will be announced next year. We want to make sure that we do comprehensive consultation not only with that group but with the wider community as well. While those 20 young people are wonderful, we want to make sure that young Queenslanders across the state have the opportunity to provide input.

**Mr O'CONNOR:** Minister, in the 2016 youth strategy one of the commitments set was—

The Queensland Government will **improve access to safe, accessible and affordable homes** and **deliver programs and resources** to assist our young people to maintain housing security.

Minister, six years on can you say whether the government has achieved this?

**Ms SCANLON:** I thank the member for the question. As I just mentioned, we have new money in this budget for youth homelessness in particular. We have delivered the Gold Coast Youth Foyer. We are building one in Townsville. We have the single largest investment in social and affordable housing in Queensland's history.

As I mentioned, this is not just the responsibility of the state government: it is the responsibility of all governments. We will continue to do whatever we can to try and make sure young people have access to safe accommodation. There are a whole lot of compounding issues that Queensland is facing at the moment. With huge interstate migration, the previous Commonwealth government continued to

lower the amount of funding to the state for social and affordable housing so the state had to do the heavy lifting in this space. As I said, we need everyone to work together on this really complex problem.

**Mr O'CONNOR:** Minister, last year in our local paper the *Gold Coast Bulletin* you said—

I am a young Gold Coaster. I am not a homeowner myself. I still rent. I very much sympathise with a lot of people on the Gold Coast who are trying to get into the housing market and just trying to get by in terms of their tenancy.

Is this statement an admission that your government has failed building block 2 of the youth strategy?

**CHAIR:** Before you answer that, Minister, I will allow you some latitude if you want.

**Mr O'CONNOR:** I can table the article, Chair. I have got it.

**CHAIR:** Not after the media report. It might be something you want to pursue, but I do not think it is relevant to where we are heading here.

**Ms SCANLON:** Chair, I am happy to answer the question. As I just said, this is a responsibility for all levels of government. Your political party has come out and said that one of the issues was around housing supply, yet in your own electorate you advocated against increased housing supply.

**Mr O'CONNOR:** That is not true.

**Ms SCANLON:** Well—

**Mr O'CONNOR:** What are you basing that off?

**Ms SCANLON:** Off a whole range of Facebook posts which I could certainly find and table for the House. This is a complex problem we all need to deal with. As I said, we are making the largest investment in social and affordable housing in Queensland's history. We will continue to look at any options we can to relieve the impact on young people getting into the private tenancy market. Also, if they need to, we will provide crisis accommodation and social and affordable housing where it is appropriate. That is in stark contrast, frankly, to the Liberal National Party, which I did not see take anything to the last election in this space and which has an appalling track record when it comes to looking after some of the most vulnerable people in Queensland when you were last in government.

**CHAIR:** We will go to the member for Maiwar for a question.

**Mr BERKMAN:** I will direct some questions to the director-general. You will recall at last year's estimates I put some questions around the progress of the SLATS report, the Statewide Landcover and Trees Study. That report was subsequently published on 30 December, the day before New Year's Eve. I am curious about the timing of the publication of that report. Can you advise the committee of when the report was complete and when it might have been available for publication?

**Mr Merrick:** In terms of the precise date on which it was complete, I note it was the first report using the new methodology and we were concerned to ensure full quality assurance—and it was independently peer reviewed as well. It was a very thorough process. In terms of the actual release date, it is not actually in the gift of this agency. Although we produce the science, it is produced for the minister with responsibility for the Vegetation Management Act, who ultimately determines the timing of its release.

**Mr BERKMAN:** I accept that. Can you indicate when the work of this department was complete and the report was available for publication by the Minister for Resources?

**Mr Merrick:** I certainly do not have that date with me and we would probably struggle to provide a definitive date, given the quality assurance process it went through. I might check if there is any further advice there. I am advised that there is not.

**Mr BERKMAN:** I ask whether the minister is prepared to take that question on notice. I think there is quite reasonable concern about publication of a report that does, as far as I can tell, despite the changes in methodology, show pretty substantial increases in the measured amount of land clearing. I have concerns about the publication of such a significant report over the Christmas break while everyone is on leave. If the minister would take on notice when that report went to the resources minister and became available for publication, I think that would be valuable information.

**CHAIR:** That is entirely up to the minister.

**Ms SCANLON:** Again, that is probably a question better suited to the resources minister around when that was provided. It is something I do not have with me. In terms of that data, though, as you have noted, it did pick up more clearing as a result of that improved technology. That is one of the reasons we established the independent expert committee: to try to review what that data showed and provide advice back to government around if there are any other measures or incentives available to

try to reduce the amount of tree clearing happening in this state. We brought in vegetation management laws. I know that the LNP opposed it and the Greens attempted to water down some of those provisions. We are really proud of those laws, but we certainly look forward to seeing that report because we want to see whether we need to improve in that space.

**Mr BERKMAN:** I am interested to know whether I can ask a question directly of the Chief Scientist.

**CHAIR:** You have to go through the minister first.

**Mr BERKMAN:** Okay. I will ask the question, making it clear that it is a question I would very much appreciate having answered by the Chief Scientist. Given the substantial publication of information around emissions reduction trajectories and the importance of early cuts in greenhouse gas emissions, is Queensland's net zero by 2050 emissions reduction target consistent with our obligations as a nation under the Paris Agreement?

**CHAIR:** You are seeking an opinion. I will allow some latitude.

**Mr BERKMAN:** No, it is—

**CHAIR:** Do not argue with me, please. I am trying to give you latitude. Minister, would you like to respond?

**Ms SCANLON:** I would just question whether it is still a policy matter.

**Mr BERKMAN:** It is a question of consistency of state policy with other requirements, other obligations that exist and apply to Queensland as part of a signatory state to the Paris Agreement.

**Ms SCANLON:** Around our 2050 target.

**Mr BERKMAN:** Indeed, yes. I would suggest that the Chief Scientist is the person in the room who is best qualified to give a response to that, but clearly it is not within my power to ask the question of him.

**Ms SCANLON:** I am more than happy for the Chief Scientist or the deputy director-general who leads this space in our department to come up and answer that question.

**Mr BERKMAN:** I cannot say I am sure of Mr Merrick's qualifications, where Professor Possingham's do speak for themselves—no disrespect, Mr Merrick.

**Mr Merrick:** I take no offence whatsoever.

**Dr Hussey:** If I have understood your question correctly, I think the best way to answer it is to say that the Australian government is a signatory to the Paris Agreement. The 43 per cent target that is currently before the House in Canberra in relation to that federal commitment was worked out in the context of the Queensland position using the existing 2030 and 2050 targets that we have for Queensland. That is to say, the trajectory for zero net emissions by 2050 is a federal, state and, frankly, largely globally accepted target. The 43 per cent is obviously a much more advanced, more progressive target than the 26 to 28 per cent target that we were living with until recently.

**Mr BERKMAN:** Indeed. There is no dispute over that at all.

**Dr Hussey:** In terms of where the Queensland target fits within that milieu, you go back to the RepuTex modelling that was done to support the 43 per cent target for the Australian government now. That target has very much been worked out on the basis of Queensland's existing commitments, which is 30 per cent by 2030 and zero net emissions by 2050. It does very much rely—and it makes this explicit—on the Queensland government renewable energy target by 2030. It is a critical pillar, if you like, to that 43 per cent, but there is no expectation in relation to the RepuTex modelling, as far as I am aware, that anticipates the Queensland government doing anything with its targets beyond what it currently is at the moment.

**CHAIR:** Thank you.

**Mr BERKMAN:** My—

**CHAIR:** We have had half an hour of questioning from opposition and now crossbench.

**Mr BERKMAN:** I mean no disrespect to Dr Hussey, but I was hoping the Chief Scientist might be given a chance to also answer.

**CHAIR:** Member, order! There are 10 minutes of questions left and then summing-up. I am going to move to government questions to finish the day.

**Ms PEASE:** Can the minister please update the House on how additional budget funding for science will support research and commercialisation in our universities?

**Ms SCANLON:** I was very happy to announce earlier this month that the Palaszczuk government will invest \$17 million to turn Queensland scientific research into new opportunities for local businesses, exports and jobs whilst supporting our important research sector. This funding will foster partnerships between universities and industry and accelerate the commercial application of major research being conducted in the state. We want to turn Queensland know-how into Queensland jobs. To do this, funding will be targeted at two core areas: both partnerships and commercialisation.

Queensland has a strong history in commercialising some of the groundbreaking research that we have. However, as a very large, decentralised state, it is clear that our regional universities could benefit from more support in this area. New funding will do that just with targeted funding for our regional universities to assist them to ramp up commercialisation capacity. The other important piece of funding will go towards building partnerships between university and industry. This funding will transform Queensland's world-leading research into practical applications and success for business and industry.

I was able to meet a great example of a success in Graham Ross and Adrian Jones, co-founders of Logan based textile recovery technology company, BlockTexx, a company that, as I said earlier, was built on the research that was conducted at the Queensland University of Technology. The company is the first textile recycling plant capable of separating and recycling blends of cotton and polyester fibres on a large scale. It plans to recycle more than 50,000 tonnes of recycled textiles over the coming four years, material that might otherwise have ended up in landfill. Graham said, 'When you are building a next-generation business, it is critical during the proof of concept stage to access world-class scientists and research facilities and that's the kind of thing that this funding will do.'

Queensland universities have become more commercially capable in recent years and are making a significant contribution to growing new companies attracting international business and providing a highly skilled workforce for industry expansion. Our science industry initiative will make Queensland science more competitive in particularly attracting Commonwealth research and development funding, fostering national and international industry partnerships and, of course, growing Queensland's businesses, exports and jobs.

**Ms KING:** Minister, can you please update the committee on progress toward delivering on the government's commitment to a new youth homelessness strategy?

**Ms SCANLON:** I thank the member for Pumicestone for the question. I know that this is an area that is particularly important to her. We know that at the moment housing affordability, as I said, is a significant challenge, particularly for young Queenslanders. A roof over your head provides a foundation for young people to achieve their ambitions and succeed into adult years, and it is an investment that I think is worthwhile making early on.

**Mr MOLHOEK:** Isn't this in the housing portfolio?

**Ms SCANLON:** As the minister for youth, I want to acknowledge—I can hear the interjections from the member for Southport. It is in my charter letter, so I suggest you have a look at what roles and responsibilities come under—

**Mr MOLHOEK:** Before when I asked questions you said it wasn't your job.

**Ms SCANLON:** I did address youth homelessness and I am about—

**Mr O'CONNOR:** Do you want to draft them for us next year?

**CHAIR:** Order! Don't argue with the minister.

**Mr MOLHOEK:** She is arguing with us, Chair.

**CHAIR:** We are about to kick him out.

**Ms PEASE:** Point of order, Chair. This is outrageous! They are both behaving so outrageously and disrespectful to this whole process.

**Ms KING:** Schoolboys.

**CHAIR:** We started the day very well. I will ask the members to keep it respectful. We have about 12 minutes left.

**Mr O'CONNOR:** That is twice today I have been called that.

**Ms PEASE:** And still you argue.

**Ms KING:** Never met a woman they wouldn't undercut.



**CHAIR:** Okay, members. Minister, please continue.

**Ms SCANLON:** Thank you, Chair. As the minister for youth, I want to acknowledge the statistics that over 20 per cent of young Queenslanders experiencing homelessness are aged between 12 and 24. These young people are more likely to be disconnected from education, training and employment opportunities. That is why I am working, together with the Minister for Communities and Housing, Leeanne Enoch, and the Minister for Children and Youth Justice, Leanne Linard, to deliver Queensland's first targeted strategy for youth homelessness which we will release soon. This strategy will strengthen and enhance housing and support options for young people and their families. The policy is currently in its final stages of approval and I look forward to announcing it later this year.

The strategy will guide the delivery of the \$29.8 million which is included in this year's budget specifically for young people facing homelessness. That is on top of our biggest ever social housing announcement of \$1.9 billion over four years for social and affordable housing. We are also, as I said, expanding our successful youth Foyer network. We have one on the Gold Coast and we will be expanding one to Townsville as well.

Another thing that I am really proud of is the reform that we have introduced for those in out-of-home care. As I said, previously support for those in care cut off when they were 18 years of age which we know is a really challenging time for any young person finishing school. As I said, the stress of finishing school or starting uni or TAFE or starting your first job is challenging enough without having to worry about finding somewhere to live as well. We will continue to extend the foster care allowance to the age of 21 and we will also fund non-government case worker support and financial support for young people leaving residential care. These are really important reforms but we know there is more to do. Across our government, we will continue to work together to address the complex housing needs for young people.

**CHAIR:** Thank you, Minister. If you do not mind, coming from regional Queensland, I want to talk about crocodiles. Can the minister advise the outcome of the expert review into Queensland's Crocodile Management Program?

**Ms SCANLON:** I am pleased to say that we have the Chief Scientist here today who just overtook a review of the program that we have. We had the independent expert review that found it is world-class and highly effective at reducing the risks to public safety. The Crocodile Management Independent Expert Evaluation Committee made 22 recommendations for improving estuarine crocodile management in Queensland. The committee evaluated all aspects of the Department of Environment and Science's crocodile management program including the department's response to crocodile sighting reports, the removal of problem crocodiles, delivery of its Be Crocwise community education program, and scientific monitoring and crocodile research. The department has accepted each of the committee's recommendations, with several recommendations already being implemented. In the review, the Chief Scientist, who is here today, said—

The committee also found that the department's approach to crocodile management is pragmatic, robust and fit for purpose.

The review comes after a survey was released by the department last year which showed nearly 60 per cent of the crocodiles in Queensland's east coast were found in the north, and there are far fewer crocodiles than the population in the Northern Territory. While Queensland's crocodile population has recovered from near extinction in the 1970s when commercial hunting was banned, their overall distribution has not significantly changed, and there is no evidence the population has extended southwards.

The committee's report said the department should be proud of the way the crocodile monitoring program was conducted, and they described the population monitoring in Queensland technical report based on that monitoring program as excellent. It is also noted that these achievements, along with the department's innovative and practical scientific research program, were world-class.

Of course, the Queensland government will continue to strengthen the world-class crocodile management program. Our number one priority is human life and, since 2015, we have allocated \$20 million to manage the crocodile population in accordance with this priority. Funding of \$3 million per year is now ongoing for 18 frontline regional officers to manage problem crocodiles, deliver community safety education and for ongoing scientific research and monitoring. Our wildlife officers do a great job in removing problem crocodiles. Just overnight they removed a crocodile who was getting a little too close to housing in Townsville. The department has also recently appointed two new regional positions dedicated to implementing the Be Crocwise community safety education program across croc country.

I would like to take this opportunity to thank the Chief Scientist and all members of the voluntary expert committee for their detailed evaluation. We look forward to the department's ongoing work with stakeholders, technical experts and community members in responding to those recommendations.

**CHAIR:** Thank you, Minister. I think it would be remiss of me not to thank the department staff who do quickly identify and relocate those problem crocs, as they did in Townsville last night. They are very efficient. It is always positive to know that they can remove them from the local beach areas if they are spotted.

**Ms PEASE:** Can the minister advise on any progress of investigations into sea wrack in Moreton Bay, and particularly along the foreshore in my electorate, which causes a deal of angst in particularly the summer months?

**Ms SCANLON:** I thank the member for Lytton. I know this is a significant issue for you and your local community, and you have been a very strong advocate for the resolution of this issue. As you know, one of our election commitments that you, in fact, worked with the previous minister on was to deliver a scientific study that would look at the causes of sea flora odour and options for mitigation. I can advise that the department engaged a subject matter expert to conduct the report, with additional input from Queensland Health, Griffith University and experts within the department itself. I understand this process is close to completion. I will, of course, continue to engage with you and your officers as they work towards finalising that report.

I should advise that these matters are most commonly dealt with by local councils. In fact, for example, Sunshine Coast Council occasionally remove sea wracks where they are potentially hazardous and impact on public safety. Noosa Shire Council has also had very significant issues with brown algae over the years and has set up a very effective system to deal with it recurring. I would encourage any communities that are impacted by sea wrack to report it to their local council for action.

**CHAIR:** Our final question of the day will be from the member for Pumicestone.

**Ms KING:** Minister, can you please update the committee on how the most recent budget addresses the issue of mental health for young people?

**Ms SCANLON:** I thank the member for the question. The Palaszczuk government, as has been mentioned, is making the largest investment in hospitals and health in Queensland's history as well as the biggest investment in mental health. As Minister for Youth Affairs, I have had the privilege of meeting with and listening to some really courageous young Queenslanders from across the state share their very personal stories, and one of the key themes that has been brought up, regardless of where they are from or who they are, has been mental health. That is borne out by the figures. Beyondblue reports that 75 per cent of mental health issues occur for many people before the age of 25. I want to acknowledge and thank all of the young people who have been so honest in sharing their experiences, whether that be through our Youth Speak Outs or through the Mental Health Select Committee, which I note you were all a part of, online or in any other way they submitted through that process. These issues can be extremely difficult for many people to talk about and we owe it to these young people, who have allowed government to really listen, to take action. That is why we have \$1.6 billion to support Queenslanders experiencing mental health. That includes \$34 million over five years to provide particularly support and services to respond to eating disorders, a disease we know disproportionately affects young girls and women.

The Queensland Ambulance Service will also commission an additional four mental health co-responder services, in the Darling Downs, Mackay, Wide Bay and Sunshine Coast areas. We will continue development of a new 22-bed acute mental health inpatient unit at Hervey Bay, with \$17 million allocated in this budget. We will also see a 40-bed mental health rehab unit at Gold Coast University Hospital. Of course, this builds on what we have already delivered to date, like the recently completed mental health stabilisation unit in Robina and Jacaranda Place, which replaced the Barrett centre, which was shamefully closed by the LNP, leaving the state without a dedicated place for those most at-risk young people. I think it is important to put on the public record that, when it comes to health, those opposite slashed \$16 million from mental health funding in 2012 in a move condemned at the time by the National Mental Health Commission.

**Mr MOLHOEK:** Chair, I ask that you rule on relevance.

**Ms SCANLON:** We think it is important that we invest in this space. That has been outlined in the parliamentary inquiry report. I want to conclude by saying that I am really proud to be a part of a Labor government that is delivering a substantial investment in this space and that is taking on a difficult issue.

We know that there is more to do, but we need to make sure we prioritise this area for future generations because we know they are disproportionately impacted.

**CHAIR:** Well said, Minister. I acknowledge both the deputy chair, the member for Southport, and the member for Pumicestone. The Health and Environment Committee has done an incredible amount of work. Both of these members were on that select committee which resulted in those 157 recommendations to government. I think that is commendable work. That wraps up the questions for the day. Do you have any questions on notice, Director-General?

**Mr Merrick:** Yes, I have two responses. Firstly, the member for Bonney asked the question about the cost of the Kantar work around the public perceptions and attitudes survey. I can confirm that the figure was \$27,200 including GST.

On a point of clarification, the member for Bonney asked earlier about the science and innovation hubs. The program is a partnership between DES and the Office of the Chief Scientist. Office of the Chief Scientist funding supports three people employed in each of the three hubs. Of course, they undertake the outreach work in relation to science engagement and encouraging more people to get involved in science.

**CHAIR:** Minister, do you have any concluding remarks?

**Ms SCANLON:** I thank you, Chair, committee members and visiting MPs for your interest in this area. I want to add that, obviously, we are all really passionate about this area, so if anyone does ever have any follow-up questions of me or the department we are always happy to accommodate meetings with people, particularly experts within our department, to explain areas. I encourage those individuals who wish to continue those conversations to do that with us.

I want to thank everyone. This is my third estimates and I am always impressed by the extensive work that goes into the process of both preparing a budget and examining those budget documents. I would like to acknowledge all of the Department of Environment and Science staff whose work has helped contribute to today's proceedings. In particular I thank the director-general, Jamie Merrick; deputy directors-general Dr Karen Hussey, Rob Lawrence, Ben Klaassen, Mark Jacobs and Susan Chrisp; as well as James Purtill, Professor Hugh Possingham, Elisa Nichols, Brad Lang, Dr Gordon Guymer, Alena Tracey, Mike Kirton, Karen Pope, Kerrie Clarke and all of the staff who have helped prepare information for the hearing. I would also like to acknowledge you, Chair, as well as all of the committee and parliamentary staff.

Finally, I would like to thank my chief of staff, Clare Manton, and advisers Danielle Shankey, David Greene, Rhiannyn Douglas, Francis Dela Cruz, Megan Kennedy-Clark, Cheryl Packer and Dave Mortleman. They have worked very hard to ensure we were able to answer the committee's questions today.

**CHAIR:** Thank you very much, Minister. The time allocated for the consideration of the proposed estimates for your portfolio areas of environment, Great Barrier Reef and science and youth affairs has now expired. Thank you, Minister, Director-General and officials for your attendance. I would like to thank my fellow committee members for their conduct today. We almost stayed within the lanes. It was a long day. I thank you for your contributions.

**Mr O'CONNOR:** I think they were different lanes in terms of the questions we could ask, but that is all right.

**CHAIR:** We are at the end of the day now, member for Bonney. I thank the Hansard staff, the parliamentary staff and our secretariat for their assistance. Let's end the estimates on a high note. Thank you, Minister. The hearing is adjourned.

**The committee adjourned at 5.15 pm.**