

**HEALTH AND ENVIRONMENT COMMITTEE
2020 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 1

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

Will the Minister explain the impact of the productivity dividend referred to in the Labor Party's election-costing document on the Queensland Health budget position?

ANSWER:

Productivity dividends are not new for Queensland Health. In fact a productivity dividend has been factored into Queensland Health's funding for the past five years.

Queensland Health has been funded by Government under an activity-based funding model since 2015-16, which includes metrics for volume, cost growth and productivity.

This ensures that as much value as possible is derived from the Queensland Health budget, which has now reached \$21.8 billion.

Productivity in the health system improves in a number of ways – including through improving theatre utilisation, taking advantage of economies of scale when it comes to purchasing pharmaceuticals and of course using our world-class health workforce in the smartest way possible.

**HEALTH AND ENVIRONMENT COMMITTEE
2020 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 2

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

With reference to service performance on page 3-76 of SDS, can the Minister please outline why the Queensland Health Laboratory Information System project was discontinued?

ANSWER:

I am advised that the capability, support and long-term stability of the existing system (AUSLAB) has improved significantly in the last several years. AUSLAB is being upgraded to AUSLAB Evolution, a more stable version which will improve clinical workflows and increase laboratory productivity.

The Laboratory Information System (LIS) project was initiated in March 2015, at a time when AUSLAB was anticipated to reach its end-of-life in 2020.

The project was discontinued in April 2020 in light of this change to the underlying project driver and, additionally, the critical need to ensure system stability and reliability in the pathology environment and to reprioritise resources in order to respond to the COVID-19 pandemic.

The decision to discontinue the project is consistent with previous Auditor-General advice that project drivers can change over time and, as a result, the best option will sometimes be to stop a project.

**HEALTH AND ENVIRONMENT COMMITTEE
2020 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 3

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

With reference to the financial and performance data of each Hospital and Health Service in the SDS, will the Minister outline the process of releasing annual reports for Queensland Health?

ANSWER:

Section 63 of the *Financial Accountability Act 2009* states that accountable officers and statutory bodies must, in the way and within the time stated in a financial and performance management standard, prepare an annual report and give the report to the Minister. It further provides that the Minister must table the annual report in the Legislative Assembly within the time stated in the financial and performance management standard.

Section 46 of the *Financial and Performance Management Standard 2019* ('the Standard') requires that a statutory body must, for each financial year, prepare an annual report in accordance with the annual report requirements document.

In accordance with section 47 of the Standard, annual reports are to be tabled in the Legislative Assembly within three months after the end of the financial year unless the tabling period is extended under subsection (4).

The prioritisation of resources to meet the challenges of COVID-19 meant annual reports could not be finalised to a standard that was compliant and ready for tabling within the three months.

To allow time to settle and finalise all annual reports and to enable a detailed review prior to tabling, on 28 September 2020, the Deputy Premier and former Minister for Health and Minister for Ambulance Services, on the advice of the Department of Health, extended the tabling period for the 2019–20 financial year under section 47(4) and notice was provided to 32 health statutory bodies.

Pursuant to section 47(5) of the Standard, if the Minister extends the tabling period to a period of more than 6 months after the end of the financial year, the Minister must, within 14 days after giving the extension, table in the Legislative Assembly a notice stating the report is being tabled late, and the length of the delay, and the reasons for the delay.

There is no provision under the *Mental Health Act 2016* (MHA) to extend the tabling period for annual reports of agencies established under the MHA. As such the annual reports for the Chief Psychiatrist, Mental Health Court and Mental Health Review Tribunal were tabled on 1 October 2020.

It is intended that all outstanding annual reports will be tabled by the end of 2020.

**HEALTH AND ENVIRONMENT COMMITTEE
2020 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 4

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

With reference to the service performance measures on page 3-76 of the SDS, will the Minister provide a list of projects, delivery of which has been delayed by the COVID-19 pandemic, including the (a) revised schedule date of completion, and (b) any impact on the budget and scope of each project occasioned by the delay (reported in table format)?

ANSWER:

Travel restrictions to the Far North Queensland region under the *Biosecurity Act 2015* relating to COVID-19 were in place from April 2020 to June 2020. This presented a challenge to projects being delivered in that region.

There have been other project challenges across the portfolio driven by COVID-19. These include additional restricted access to clinical areas for works in a live hospital environment and interruptions to the supply chain, delaying equipment and materials being shipped from outside Australia. For example, large pieces of health technology equipment that are unable to be sourced locally.

Queensland Health has proactively managed potential schedule and cost risks through a collaborative approach with construction contractors and through best practice risk management on each project.

As a result, Queensland Health mitigated substantial delays and costs to its capital infrastructure program in 2019-20, which has resulted in no delays or additional costs incurred for projects completed in 2019-20 due to COVID-19.

Queensland Health reported an actual expenditure of \$845.6 million against the published Budget Paper 3 of \$773.4 million, exceeding the full year target by \$72 million. This includes expenditure for all projects, not just those completed in 2019-20.

**HEALTH AND ENVIRONMENT COMMITTEE
2020 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 5

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

With reference to the service objectives on page 3-60 of the SDS, will the Minister provide an update on implementation of the recommendations of the Rural Maternity Taskforce?

ANSWER:

The Rural Maternity Implementation Oversight Committee (Oversight Committee) was formed in September 2019 to develop an overarching plan to implement the Taskforce recommendations and associated Ministerial commitments. The Committee was also responsible for overseeing the implementation of the plan.

The overarching objective of the six recommendations and the implementation plan is to support, and enable the provision of, suitable woman-centred, evidence-informed maternity care as close as possible to where women live, while enabling good outcomes for mothers and babies in rural and remote communities.

A draft implementation plan has been developed and the actions developed to achieve it include the principles of:

- collaboration, co-design, and consumer-led, with an emphasis on women and Aboriginal and Torres Strait Islander consumers
- networked services within the local area, wider HHS, and with tertiary/quaternary services across Queensland
- alignment with state and national initiatives.

The draft implementation plan has been developed based on the premise of building on and utilising existing activities and programs within Queensland Health to avoid duplication and ensure efficient use of resources and funding.

The endorsement process of the implementation plan has been delayed due to the suspension of activities as a result of the impact of COVID-19. The implementation plan has subsequently been reviewed, with activities and timeframes revised.

There have been a number of achievements against the recommendations. These include:

- Establishment of the Office of Rural and Remote Health
- Conversion of 'GLOW', an antenatal education resource on iLearn to web-based antenatal information on Queensland Health website
- Development of a plan to utilise \$500,000 for rural and remote maternity clinician upskilling and training, that is being progressed by the Office of Rural and Remote Health
- Development of a process to seek Ministerial approval for changes to rural maternity services. This is based on, and compatible with, the Clinical Services Capability Framework change notification process

The Rural Maternity Recommendations implementation plan also includes oversight of the piloting and finalisation of the Queensland Rural and Remote Maternity Services Planning Framework (Planning Framework).

The Planning Framework is a decision-support guide developed to assist HHSs with planning, developing and delivery of rural and remote maternity services. It was one of the key deliverables of the Taskforce, developed as a result of consultation with stakeholders through rural forums and an online survey held in early 2019.

I am advised five Hospital and Health Services (HHSs) have commenced a review of maternity services against the Queensland Rural and Remote Maternity Services Planning Framework. A new \$25 million birthing unit will be established at the Weipa Integrated Health Service as a result of this process.

The original review of rural and remote maternity services completion date of 30 June 2021 utilising the planning framework was extended by six months to 31 December 2021, due to the impact of the pandemic on resources within the HHSs.

**HEALTH AND ENVIRONMENT COMMITTEE
2020 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 6

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

With reference to page 3-75 of the SDS, will the Minister advise how many exemptions from mandatory government hotel quarantine have been a) requested, and b) granted?

ANSWER:

Hotel quarantine remains one of Queensland's key strategies to prevent the spread of COVID-19. To date, there has not been an outbreak in Queensland associated with a breach of hotel quarantine.

Under section 362B of the *Public Health Act 2005*, the Chief Health Officer may give a public health direction if it is considered reasonably necessary to assist in containing or responding to the spread of COVID-19 in the community.

The Chief Health Officer has required that certain people are required to quarantine in a government-nominated premises.

Generally, hotel quarantine is required for:

- overseas arrivals (under the *Self-quarantine for Persons Arriving in Queensland From Overseas Direction*).
- interstate arrivals from a declared COVID-19 hotspot (under the *Border Restrictions Direction*).
- anyone else issued a quarantine direction by an emergency officer (public health) where this is reasonably necessary to assist in containing, or to respond to, the spread of COVID-19 in the community.

Both the *Self-quarantine for Persons Arriving in Queensland from Overseas Direction* and the *Border Restriction Direction* contain provisions empowering the Chief Health Officer, Deputy Chief Health Officer or their delegate to exempt a person or class of persons from the directions' requirements.

Exemptions are only given in very rare circumstances. Each exemption is unique with different circumstances and different risks. Exemption requests are considered with compassion, balancing public health requirements with the individual's human rights and specific circumstances.

A person must comply with the conditions of an exemption. Failure to comply, without reasonable excuse, can attract a maximum penalty of 100 penalty units or six months imprisonment.

To support questions regarding the Public Health Directions, Queensland Health established a dedicated email enquiry service on 10 April 2020. Since this time, the Health Directions Exemption Service has rapidly expanded with a dedicated workforce managing requests from the public, providing expert advice on COVID-19 restrictions as well as processing complex exemption applications in a rapidly changing environment.

On 18 June 2020, the COVID-19 Services online portal commenced. Since this time, more than 37,000 exemption requests have been received across all Public Health Directions through the portal.

Of the nearly 33,760 processed, around 33,600 have been resolved. The majority did not require a decision as the applicant was either unrestricted, already exempt or required approval from a different jurisdiction (for example, the Australian Government for overseas arrivals).

Of the total, for the period 18 June 2020 to 6 December 2020, 14,773 exemption requests were received on the basis of seeking entry into Queensland and/or exemption from quarantine. 104 approvals to quarantine at home were given. This represents 0.7 per cent of the requests for home quarantine. The majority of these exemptions were issued in cases where complex healthcare needs were the determining factor.

Exact numbers are not possible for the duration of the pandemic as initially most requests were via email, prior to the establishment of the online portal.

The Chief Health Officer has also approved for some cohorts of people to quarantine in locations other than the government hotel quarantine network. These are known as class exemptions.

Class exemptions are only considered where the risk to the community is deemed to be low. Every class exemption is assessed and managed on a case-by-case basis, with controls put in place to ensure that the risk of COVID-19 transmission is managed appropriately.

For some, this may require the development of a COVID-19 management plan in consultation with Queensland Health. Current class exemptions cover both overseas and interstate cohorts. This includes flight crews, maritime workers and Queensland residents attending and returning from interstate boarding schools.

**HEALTH AND ENVIRONMENT COMMITTEE
2020 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 7

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

Referencing page 3-60 of the SDS, can the Minister please advise how recovery of quarantine fees for people in mandatory government hotel quarantine is being managed?

ANSWER:

Quarantine has been one of the most effective measures protecting Australians and Queenslanders from COVID-19.

From 1 July, anyone required to quarantine in government managed accommodation must do so at their own expense. This is a nationally consistent approach agreed by National Cabinet and is a partial cost-recovery solution that reduces the financial burden of COVID-19 on Queensland taxpayers.

Queensland Health understands this is a challenging time for many people and that's why multiple payment options have been made available.

A person who is liable to pay quarantine fees is afforded 30 days from the date of the Department of Health invoice to make payment.

The Department of Health offers payment plans to repay over time. Full details of how to apply for a payment plan are provided with the invoice. A payment plan agreement, outlining the full terms and conditions, is issued upon approval of the request for a payment plan.

The Department of Health applies government debt management practices for quarantine fee recovery, that is, 30, 60, 90 and 120 day debt management processes.

A person who is liable to pay quarantine fees may apply for a partial or full waiver within 30 days from the date of the Department of Health invoice via an online portal.

Individuals can apply for a waiver on the grounds of:

- financial hardship
- vulnerability

- producing documentary evidence that their arrival date into Queensland from overseas was confirmed on or before midnight on 17 June 2020
- other extenuating circumstances.

I am advised that as at the 4 December 2020, 12,027 invoices have been issued. Of these 73% have been:

- a. paid,
- b. are not yet due,
- c. are subject to a payment plan or waiver,
- d. subject to an application for a waiver or payment plan.

**HEALTH AND ENVIRONMENT COMMITTEE
2020 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 8

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ARTH)—

QUESTION:

Will the Minister outline in relation to each of the 16 Hospital and Health Services, (a) the financial result for 2019–20, and (b) the forecast financial result for 2020–21?

ANSWER:

The 16 Hospital and Health Services ended 2019–20 with a combined deficit of \$82.0 million against a published balanced forecast as shown in the below attachment.

The deficit is equivalent to 0.5% of total funding received by Hospital and Health Services.

Overall, the majority of the deficit is attributable to decreased own source revenue, and higher labour costs associated with reduced annual leave taken. Both factors are as a result of the COVID-19 pandemic and are not covered under the National Partnership Agreement for COVID expenditure.

Hospital and Health Service	Actual ^[1] Financial Position	
	2019-20 \$'000	Notes
Cairns and Hinterland	55	The Hospital and Health Service is forecasting* a balanced end of year financial position for 2020-21.
Children's Health Queensland	1,165	The Hospital and Health Service is forecasting* a balanced end of year financial position for 2020-21.

¹ 2019-20 Actual as per published 2020-21 Service Delivery Statement

Central Queensland	-14,822	<p>The deficit is predominately driven by the impact of COVID-19 on reduced own source revenue and reduced annual leave, neither of which are funded under the National Partnership Agreement. The HHS has also been impacted by higher costs associated with external labour.</p> <p>The Hospital and Health Service is forecasting* a balanced end of year financial position for 2020-21.</p>
Central West	-1,488	<p>The deficit is predominately driven by the impact of COVID-19 on reduced own source revenue and reduced annual leave, neither of which are funded under the National Partnership Agreement. The position also reflects a decline in the value of land held during 2020.</p> <p>The Hospital and Health Service is forecasting* a balanced end of year financial position for 2020-21.</p>
Darling Downs	-8,679	<p>The deficit is predominately driven by the impact of COVID-19 on reduced own source revenue and reduced annual leave, neither of which are funded under the National Partnership Agreement.</p> <p>The Hospital and Health Service is forecasting* a balanced end of year financial position for 2020-21.</p>
Gold Coast	-11,759	<p>The deficit is predominately driven by the impact of COVID-19 on reduced own source revenue and reduced annual leave, neither of which are funded under the National Partnership Agreement. The position also reflects the increasing demand for health services.</p> <p>The Hospital and Health Service is forecasting* a balanced end of year financial position for 2020-21.</p>
Mackay	-8,778	<p>The deficit is predominately driven by the impact of COVID-19 on reduced own source revenue and reduced annual leave, neither of which are</p>

		<p>funded under the National Partnership Agreement. The end of year position also includes the planned use of \$4.4 million of retained earnings resulting in a technical deficit.</p> <p>The Hospital and Health Service is forecasting* a balanced end of year financial position for 2020-21.</p>
Metro North	31,803	<p>The HHS achieved the end of year position as a result of one off savings and improved efficiencies.</p> <p>The Hospital and Health Service is forecasting* a balanced end of year financial position for 2020-21.</p>
Metro South	-9,434	<p>The deficit is predominately driven by the impact of COVID-19 on reduced annual leave which is not funded under the National Partnership Agreement.</p> <p>The Hospital and Health Service is forecasting* a balanced end of year financial position for 2020-21.</p>
North West	-8,355	<p>The deficit is predominately driven by the impact of COVID-19 on reduced own source revenue and reduced annual leave, neither of which are funded under the National Partnership Agreement. In addition, the HHS was impacted by the financial challenges associated with operating remote and rural health services in North West Queensland.</p> <p>The Hospital and Health Service is forecasting* a balanced end of year financial position for 2020-21.</p>
Sunshine Coast	-27,020	<p>The deficit is predominately driven by the impact of COVID-19 on reduced own source revenue and reduced annual leave, neither of which are funded under the National Partnership Agreement. The position also relates to the increasing demand for health services.</p> <p>The Hospital and Health Service is forecasting* a balanced end of year financial position for 2020-21.</p>
South West	999	<p>The Hospital and Health Service is</p>

¹ 2019-20 Actual as per published 2020-21 Service Delivery Statement

		forecasting* a balanced end of year financial position for 2020-21.
Torres and Cape	-9,801	The end of year position reflects the planned use retained earnings and is a technical deficit. The Hospital and Health Service is forecasting* a balanced end of year financial position for 2020-21.
Townsville	2,025	The Hospital and Health Service is forecasting* a balanced end of year financial position for 2020-21.
West Moreton	-10,356	The deficit is predominately driven by the impact of COVID-19 on reduced own source revenue and reduced annual leave, neither of which are funded under the National Partnership Agreement. The position also reflects the increasing demand for health services. The Hospital and Health Service is forecasting* a balanced end of year financial position for 2020-21.
Wide Bay	-7,563	The deficit is predominately driven by the impact of COVID-19 on reduced own source revenue and reduced annual leave, neither of which are funded under the National Partnership Agreement. The position also reflects the increasing demand for health services. The Hospital and Health Service is forecasting* a balanced end of year financial position for 2020-21.
TOTAL	-82,008	

*As per the Service Delivery Statement

**HEALTH AND ENVIRONMENT COMMITTEE
2020 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 9

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

Will the Minister advise what steps have been taken to ensure rural doctors are not unfairly disadvantaged by changes to accommodation entitlements?

ANSWER:

Queensland Health highly values its rural doctors and is committed to ensuring our industrial arrangements support the attraction and retention of this workforce. Recruiting and retaining a high-quality medical workforce in rural areas across all jurisdictions is difficult and more expensive than metropolitan areas.

Queensland Health recognises the need to balance the fair and reasonable remuneration of our workforce while effectively managing public funds, with the needs of the community and ensuring access to health services.

Queensland Health has undertaken a review of the existing industrial arrangements for medical officers in rural locations.

The review was coordinated by the Office of Rural and Remote Health with input from Hospital and Health Service representation and other areas of the Department of Health. The Rural Doctors Association of Queensland (RDAQ) as a key stakeholder was consulted and supportive of the review.

Improved accommodation entitlements for rural doctors is a priority for the Department with the aim of easing attraction and retention challenges and critical workforce shortages in rural locations.

As a result of this work, improved accommodation arrangements for rural doctors have been approved and are soon to be released.

The newly established Office of Rural and Remote Health will refresh the current Rural and Remote Workforce Strategy for Queensland to address workforce issues and shortages.

**HEALTH AND ENVIRONMENT COMMITTEE
2020 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 10

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

Will the Minister outline the cost of anticipated hospital maintenance as at 1 November 2020, (reported separately by Hospital and Health Service across Queensland) and explain how funding for building and asset maintenance is reflected in the Queensland Health budget?

ANSWER:

All Queensland Government asset owners, including Hospital and Health Services (HHSs), must comply with the Whole of Government Maintenance Management Framework Policy. The policy requires all buildings to be assessed by site inspection at least every three years, depending on the nature of the facility.

The anticipated hospital maintenance values, reported separately by each Hospital and Health Service as at 1 November 2020, are reflected in the table below.

I am advised that the total anticipated maintenance required across all 16 HHSs has decreased from \$893 million as at 30 June 2019, to \$844.8 million as at 1 November 2020.

Cairns and Hinterland HHS	\$40.1 million
Central Queensland HHS	\$9.7 million
Central West HHS	\$3.9 million
Children's Health Queensland HHS	\$4.2 million
Darling Downs HHS	\$162.5 million
Gold Coast HHS	\$41.7 million
Mackay HHS	\$3.3 million
Metro North HHS	\$236.1 million
Metro South HHS	\$144.4 million
North West HHS	\$27.1 million
South West HHS	\$3.5 million
Sunshine Coast HHS	\$14.8 million

Torres and Cape HHS	\$33.9 million
Townsville HHS	\$42.2 million
West Moreton HHS	\$22.9 million
Wide Bay HHS	\$54.5 million

Building and asset maintenance operational funding is reflected in the Queensland Health budget as a component of the activity based and block funding received by Hospital and Health Services.

HHSs determine the appropriate balance for spending on clinical service provision and asset maintenance.

**HEALTH AND ENVIRONMENT COMMITTEE
2020 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 11

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

With reference to page 3-60 of the SDS regarding ventilators and the PPE stockpile, can the Minister advise a) the number of additional ventilators purchased in 2019-20, b) the total number of available ventilators, c) the current PPE stockpile (reported by Hospital and Health Service and each warehouse) and d) the budgeted additional stockpile planned for 2020-21?

ANSWER:

Queensland was well-prepared for the pandemic. Queensland Health immediately reviewed stockpile levels and sought to secure extra resources of critical stocks and boost local supply and manufacture.

a) I am advised, that guided by clinical experts from the Statewide Intensive Care Clinical Network (SICCN), Queensland Health has procured an extra 482 ventilators capable of invasive ventilation and 800 ventilators capable of non-invasive ventilation.

An extra 35 anaesthetic machines capable of invasive ventilation have also been purchased.

To further ensure the availability of ventilators, an extra 163 of existing anaesthetic machines have been identified as being suitable for use as an invasive ventilator in an ICU setting.

The SICCN is actively monitoring the situation to enable redeployment of clinical staff and equipment to areas of need if required. Some of the procured ventilators have already been deployed to Hospital and Health Services and some remain in the State's central reserve.

b) I am advised, the total number of available ventilators in Queensland Hospital and Health Services (excluding Queensland's Mater Health Services) and the State's central reserve as at 8 December 2020 is 1,929. This includes intensive care, neonatal intensive care and transport ventilators capable of invasive ventilation as well as anaesthetic machines which may be used for ventilation purposes if required.

In addition to these, there are also 1,200 devices suitable for non-invasive ventilation.

c) I am advised, Queensland Health is serviced by two distribution centres and other offsite storage locations which hold critical supply items necessary to run Hospital and Health Services (HHSs).

Queensland Health distribution centres and offsite locations currently hold more than 200 days' of supply across most key PPE items.

Stock on hand as at 30 November 2020 include:

- 660 days supply of protective eyewear equipment (4,768,122 units)
- 394 days supply of aprons (14,324,420 units)
- 333 days supply of medical gowns (4,878,184 units)
- 395 days supply of surgical masks (21,413,175 units)
- 367 days supply of P2/N95 respirators (1,962,730 units)
- 200 days supply of gloves (126,679,540 units).

HHSs also hold some stock of PPE items, which items are not included in statewide stockpile reporting.

d) On 25 June 2020 Government announced the establishment of a critical supply reserve to protect against future supply chain disruption and to ensure that essential frontline workers have access to critical supplies and equipment.

To support this commitment and Queensland's preparedness for the future, the Queensland Government Critical Supply Reserve (QGCSR) Strategy was launched on 30 September 2020 to safeguard core PPE and other essential supplies.

The QGCSR will hold an estimated 12 months' worth of critical stock at normal business-as-usual usage levels of supply, which will support the immediate continuation of essential services in the event of severe supply disruption or demand.

QGCSR supplies will be procured through five tranches over the next two years with the first tranche having already commenced in late 2020 and focusing on PPE and other items required for the ongoing pandemic response.

For PPE this represents an investment of \$37.5 million (GST exclusive) over the next two years, \$24.2 million (GST exclusive) of which is planned to be expended by the end of FY2020-21.

**HEALTH AND ENVIRONMENT COMMITTEE
2020 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 12

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

With reference to page 3-72 of the SDS regarding the integrated electronic Medical Record rollout, can the Minister advise a) the number of unplanned outages in 2019-20, b) the number of planned outages in 2019-20, c) the number of high priority incidents in 2019-20, d) in relation to (c) which hospitals those high priority incidents occurred, and e) the number of partial outages in 2019-20?

ANSWER:

Queensland Health manages one of the largest and most resilient ICT networks in Australia with 850+ networked facilities across sparsely populated and remote areas.

The integrated electronic Medical Record (ieMR) is helping save lives and improve healthcare in Queensland. It is reducing medical errors and making it easier and faster for clinicians to access records. It is a complex system with many interdependencies between legacy and modern digital applications and infrastructure. While incidents have occurred within the ieMR, incidents occurring in external systems can also contribute to performance degradation and limited functionality in the ieMR.

The hospitals that are using the ieMR include: Gold Coast Hospital, Robina Hospital, Ipswich Hospital, Beaudesert Hospital, Logan Hospital, Princess Alexandra Hospital, Redlands Hospital, Queensland Children's Hospital, Royal Brisbane and Women's Hospital, Sunshine Coast University Hospital, Nambour Hospital, Mackay Hospital, Townsville University Hospital, Cairns Base Hospital.

In all incidents, eHealth Queensland supports Queensland's digital hospitals with their local decision making in determining whether to activate business continuity plans. All Hospitals have robust processes in place and when appropriate, standard contingency plans are enacted to ensure services continue and that there are no impacts on patient safety.

There has been no patient harm reported because of a digital system outage since the introduction of Queensland Health's ieMR.

(a) Nil unplanned outages for the ieMR.

(b) One planned downtime event in 2019/2020 (*'full system' planned downtime maintenance event of the production system*) for the ieMR.

(c) Four high priority incidents whereby the ieMR experienced reduced system functionality to some of the solution or for some users.

(d)

- Three affecting all ieMR sites
- One affecting all ieMR sites with the exception of Royal Brisbane and Women's Hospital and Cairns Hospital

(e) Twenty-nine partial outages of the ieMR system in 2019-20.

- Four partial outages due to incidents (*moderate to low impact severity*) whereby affected sites were unable to utilise an element within the ieMR,
- Twenty-five planned maintenance activities performed within the ieMR.
 - Twelve were performed as rolling 'uptime' activities. During this activity all users were required to log off the ieMR and then log immediately back on again.
 - Thirteen required scheduled unavailability to a particular area/module/interface or function of the ieMR system however the remainder of the ieMR remained fully available.

**HEALTH AND ENVIRONMENT COMMITTEE
2020 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 13

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

In relation to page 3-72 of the SDS regarding capital investment, can the Minister provide: a) the amount spent on accommodation upgrades to the 33 Charlotte Street building in 2018-19 and 2019-20 (reported separately by year and project), and b) the budget for accommodation upgrades in 2020-21 (reported by approved project)?

ANSWER:

The Department of Health invests wisely in accommodation and other associated fit-outs. This activity means ensuring work spaces and facilities can be better-utilised – especially post the start of the pandemic. For example, many televisions can be used for video conferencing, which has been essential in a year of significantly reduced travel.

a) Budget and expenditure on accommodation upgrades to 33 Charlotte Street, Brisbane building by project for 2018-19 and 2019-20:

Project	2018-19		2019-20	
	Actuals	Budget	Actuals	Budget
Fit-out upgrades*	\$719,008.61	\$962,670.05	\$ -	\$91,446.00
Video Conferencing Units	\$ -	\$200,000.00	\$165,601.00	\$400,000.00
TV Replacements	\$46,505.90	\$18,040.00	\$ -	\$ -
TOTAL	\$765,514.51	\$1,180,710.05	\$165,601.00	\$491,446.00

*Operational repairs and maintenance are carried out during the year. Given the nature of these repairs they are not classified as Capital Fit-out upgrades and therefore not captured in the Capital Investment amount.

b) Budget for accommodation upgrades to 33 Charlotte Street, Brisbane building by project for 2020-21:

Project	FY 2020-21
	Budget
Fit-out upgrades	\$30,000.00
Video Conferencing Units	\$434,399.00
DOH Office Accommodation Strategy and Business Case	\$195,000.00
TOTAL	\$659,399.00

**HEALTH AND ENVIRONMENT COMMITTEE
2020 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 14

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

In relation to page 3-72 of the SDS regarding staffing, can the Minister provide an FTE breakdown on staffing in hospital and health services for a) actual in 2019-20 and b) budgeted for in 2020-21, reported separately by hospital and health service?

ANSWER:

I am advised:

Queensland Health and Hospital and Health Services	2019-20 Actual FTE	2020-21 Budget FTE
Cairns and Hinterland Hospital and Health Service	5,311	5,044
Central Queensland Hospital and Health Service	3,292	3,308
Central West Hospital and Health Service	382	386
Children's Health Queensland Hospital and Health Service	3,933	3,844
Darling Downs Hospital and Health Service	4,778	4,904
Gold Coast Hospital and Health Service	8,787	8,555
Mackay Hospital and Health Service	2,525	2,597
Metro North Hospital and Health Service	16,860	18,569
Metro South Hospital and Health Service	14,154	13,968
North West Hospital and Health Service	803	808
South West Hospital and Health Service	801	812
Sunshine Coast Hospital and Health Service	6,168	6,122
Torres and Cape Hospital and Health Service	1,047	1,059
Townsville Hospital and Health Service	5,470	5,602
West Moreton Hospital and Health Service	3,743	3,726
Wide Bay Hospital and Health Service	3,341	3,343
Hospital and Health Services Total	81,396	82,647
Department of Health	7,915	8,183
Queensland Ambulance Service	4,890	4,848

Queensland Health and Hospital and Health Services	2019-20 Actual FTE	2020-21 Budget FTE
Funded unallocated Hospital and Health Services FTE (ELIM)*	-	1,261
Queensland Health Total	94,201	96,939

Source: 2019-20 Actual; Public Service Commission MOHRI submissions for June 2020 (MOHRI Occupied FTE based on 28 June 2020 pay run)

^The Queensland Health 2020-21 Service Delivery Statement notes FTEs at the end of the 2019-20 financial year being 94,117 (as at 14 June 2020).

Over the next four years, Queensland Health will hire an extra 9,475 frontline health staff, including 5,800 nurses and midwives, 1,500 doctors, 475 paramedics and 1,700 new allied health professionals.

* ELIM FTEs (1,261) is an estimate of funded unallocated FTEs that were not allocated to a specific HHS at the time of publication of the SDS but will be allocated during the financial year.

**HEALTH AND ENVIRONMENT COMMITTEE
2020 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 15

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

With respect to page 3-72 of the SDS in relation to staffing, can the Minister provide the number of a) assaults and b) serious assaults recorded against staff in 2017-18, 2018-19 and 2019-20 reported separately by year and hospital and health service.

ANSWER:

I have been advised that while Queensland Health records negative interactions or acts of aggression towards individual staff members, it does not define them in the categories asked, that being “assault” and “serious assault”.

The Queensland Police Service are responsible for investigating and charging alleged criminals in relation to “assaults” and “serious assaults” under the relevant legislation.

**HEALTH AND ENVIRONMENT COMMITTEE
2020 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 16

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

With reference to the Queensland Health capital budget for 2020-21 and page 3-72 of the SDS, will the Minister provide a list of approved projects, including a) the budget and scope of each project and b) the scheduled date of completion (reported in table format)?

ANSWER:

The 2020-21 Capital Statement (Budget Paper No. 3) in the budget papers lists the budget for capital projects.

Queensland Health reports detailed information about ICT projects that meet whole-of-government reporting thresholds on the Queensland Government Digital Projects Dashboard.

I am advised the following table provides the additional requested information in relation to non-ICT capital projects.

Approved Project	Scope	Scheduled date of completion
Advancing Queensland Health Infrastructure Program	To meet the functional requirements of the Nambour General Hospital in its new role as a sub-acute facility.	Final stage completion 2022
	Redevelopment of the existing Atherton Hospital facility including a new Clinical Services Building and Community Allied and Mental Health Building.	Final stage completion 2022
	Redevelopment of the Thursday Island Hospital and Primary Health Care Centre.	Final stage completion 2022
	Construction of a health facility in Cairns South Health Precinct for critical care in the event of a natural disaster and general community health services.	Project completed in September 2020
Alcohol and Other Drug Community Treatment Program	For a new 45-bed Alcohol and Other Drug Rehabilitation Service in West Moreton and residential rehabilitation and treatment services for North Queensland.	Projects are currently in business planning phase

Approved Project	Scope	Scheduled date of completion
Caboolture Hospital Redevelopment Stage 1	Redevelopment of the Caboolture Hospital which includes the creation of an additional 130 beds and refurbishment of critical clinical support services.	Practical Completion expected end of 2023
Ipswich Hospital Expansion Stage 1A	Ipswich Hospital Expansion which includes new mental health facilities for adults and older persons, a new 26 inpatient bed ward and an MRI suite to grow clinical capacity.	Main works complete in 2022.
Logan Hospital Expansion	Deliver an additional 206 beds with a vertical expansion of Building 3 and targeted refurbishment of other key locations.	Practical completion expected to be end of 2024
Logan Hospital Maternity Services Upgrade	Refurbishment of maternity services, includes six inpatient beds, five extra birthing suites, 10 extra cots and installation of birthing pools.	Practical completion expected to be end of 2022
Business Case Program	Funding to undertake robust planning and analysis of prioritised healthcare infrastructure initiatives to support a multi-year capital pipeline.	Ongoing
Caboolture Hospital Multi-storey Car Park	Construction of 1080 parking spaces to increase total car parking to 1640 spaces, providing electric vehicle charging bays and motorcycle parking.	Practical completion expected late 2023
Cairns Hospital Emergency Department Expansion	Expansion of the emergency department and reconfiguration of the existing emergency department to create a third endoscopy procedure room.	Currently in planning and design
Dakabin Family and Community Place	Delivery of and support the Dakabin Family and Community Place at Dakabin State School and Dakabin High School.	Project currently developing preliminary business case
Cairns Hybrid Theatre	Delivery of a new Hybrid Theatre, a radiology system located in a theatre environment to support advanced life support and advanced open surgery.	Practical completion expected end of 2021
Community Health and Hospitals	Emerald Hospital - redevelopment of the emergency department and day surgery.	Projects are currently developing preliminary business case
	Townsville Hospital - refurbishment of shell space into a new 33 bed ward, acute medical receiving unit.	Projects are currently developing preliminary business case
	Caboolture Hospital - establishment of an eight-chair Chemotherapy Unit to enable local residents to access cancer treatments closer to home.	Projects are currently developing preliminary business case

Approved Project	Scope	Scheduled date of completion
Community Health and Hospitals	Bowen Hospital - for the refurbishment of the medical imaging facility and the installation of a computed tomography (CT) scanner.	Projects are currently developing preliminary business case
	Redcliffe Hospital - for the re-design of the Redcliffe Hospital Paediatric Emergency Department.	Projects are currently developing preliminary business case
	Logan Hospital - delivery of an Urgent and Specialist Care Centre in the Logan region to relieve pressure on the Logan Hospital.	Projects are currently developing preliminary business case
Gladstone Hospital Emergency Department	Construction of a new emergency department including a new main hospital entrance and bridging link way to existing Block 1.	Project achieved practical completion on 19 May 2020
Roma Hospital Redevelopment	Redevelopment of the facility to support contemporary models of care including expanded outpatient capacity, integration of primary and Telehealth services.	Project achieved practical completion on 8 July 2020
Fraser Coast Mental Health Project	Construction of a new adult acute mental health inpatient unit at Hervey Bay Hospital and sub-acute older persons mental health unit refurbishment at Maryborough Hospital.	Expected practical completion late 2022
Gold Coast Secure Mental Health Rehabilitation Unit	Expansion of the Gold Coast University Hospital to deliver a Secure Mental Health Rehabilitation Unit.	Detailed business case completed. Commencing detailed design phase. Project completion forecast 2023
Kirwan Health Campus	Refurbishment of the Kirwan Health Campus to provide improved women's and children's outpatient clinics and oral health services.	Project currently developing preliminary business case
Logan Hospital Multi-Storey Car Park	Construction of an eight-level carpark on site delivering 1,506 parking bays.	Project expected to achieve practical completion in late 2021
Master Planning Studies	Funding initiative to support long-term planning resulting in a conceptual layout to guide future growth and development.	Ongoing
Princess Alexandra Hospital Cladding Project	The removal of aluminium composite panel cladding on buildings 1, 31 and 57 as identified by the Non-Conforming Building Products Audit Taskforce.	Project expected to achieve practical completion mid 2021
Priority Capital Program	Funding for the sustaining of critical existing infrastructure within the hospital and health services and statewide health services	Ongoing

Approved Project	Scope	Scheduled date of completion
Queensland Children's Hospital Level 12 Fitout	Fit out of level 12 of the Queensland Children's Hospital to provide an additional 29 inpatient beds, enabling the delivery of an additional 6 co-located oncology beds on level 11.	Project expected to achieve practical completion 14 December 2020
Queensland Children's Hospital Resilience Project	Improvement to the resilience of the low voltage electricity supply that serves critical areas and equipment.	Project expected to achieve practical completion mid 2022
Darling Downs - Kingaroy redevelopment	Planning for Stage 2 of Hospital Redevelopment	Will commence business case in 2021
Redcliffe Hospital Carpark	Construction of a four-storey on campus, 604-bay facility including motorcycle bays, ticketing stations, security and CCTV cameras.	Project achieved practical completion on 24 September 2020
Redland Hospital Carpark	Construction of an onsite multi-level car park.	Project expected to achieve practical completion mid 2022
Redland Hospital Expansion Stage 1	Development of a Detailed Business Case for the redevelopment of the site to meet the growing needs of the community and reduce pressure on other facilities in the region.	Project currently in the process of developing a detailed business case
Rockhampton Drug Rehabilitation and Treatment Facility	Construction of a new 42-bed residential alcohol and other drug rehabilitation and treatment facility in Rockhampton. Part of the Action on Ice Strategy.	Project expected to achieve practical completion late 2021
Rockhampton Hospital Cardiac Hybrid Theatre	Delivery of a cardiac hybrid theatre to establish diagnostic and interventional cardiac services to support a wide range of cardiovascular procedures.	Project currently developing detailed business case
Rockhampton Hospital Mental Health Ward Expansion	Undertake detailed planning and establish firm cost estimates for Rockhampton Hospital Mental Health Ward Expansion	Project currently developing detailed business case
Blackall Hospital Redevelopment	Construction of a new community hospital in Blackall to support the delivery of contemporary, flexible models of care.	Project achieved practical completion on 20 October 2020
Cairns Hospital Mental Health Unit	Construction of new bed Mental Health facility to replace the existing facility increasing the number of inpatient unit beds from 48 to 53.	Project expected to achieve practical completion early 2023
Kingaroy Hospital Redevelopment	Redevelopment that will increase patient treatment spaces from 46 to 66, improving the hospital's role as a hub for various services in the region.	Project expected to achieve practical completion late 2021
Mer (Murray) Island Building Replacement	Replacement of the existing Primary Health Care Centre to support the provision of quality and safe services to current and future healthcare needs.	Project expected to achieve practical completion late 2022

Approved Project	Scope	Scheduled date of completion
Sarina Hospital Redevelopment	Redevelopment of services provided at the existing facility or at a new greenfield site, to deliver a purpose-built hospital and staff accommodation.	Project expected to achieve practical completion mid 2023
Staff accommodation program	Construction of staff accommodation across a number of rural and remote sites	Project expected to achieve practical completion early 2021
Rural and Regional Renal Program	Establishment 33 additional haemodialysis treatment spaces to provide access to haemodialysis closer to home in regional, rural and remote areas.	Project expected to be delivered by the end of 2021
Satellite Hospital Program	Across the Program for the delivery of 7 Satellite Hospitals to enable our acute hospitals to continue safely managing patients via alternative models of care.	Service planning underway with the respective hospital and health services.
Sunshine Coast University Hospital	Construction of a University Hospital delivering 450-beds at the completion of Stage 1, growing to 738-beds at completion of Stage 3.	Project completed
Toowoomba Hospital Redevelopment Detailed Business Case	Development of the Detailed Business Case for the proposed redevelopment and Baillie Henderson Hospital Campus master planning.	Project currently developing detailed business case
South East Queensland - Adolescent Mental Health Facilities	<p>Provide a youth mental health day program facility as follows:</p> <ul style="list-style-type: none"> - Funding for a new Adolescent Extended Treatment Facility at The Prince Charles Hospital, two new Adolescent Step-Up Step-Down units in Brisbane, and refurbishment of two adolescent Day Program spaces at Logan and the Gold Coast. - The construction of 342 carparks at The Prince Charles Hospital campus, to support the Adolescent Extended Treatment Facility. 	Project completed
Toowoomba Hospital Redevelopment Detailed Business Case	Development of the Detailed Business Case for the proposed redevelopment and Baillie Henderson Hospital Campus master planning.	Project currently developing detailed business case

Approved Project	Scope	Scheduled date of completion
Townsville University Hospital Hybrid Theatre	Development of a preliminary business case for the delivery of a hybrid theatre to establish interventional Radiology to support delivery of a comprehensive trauma service for North Queensland	Project currently developing preliminary business case
Townsville University Hospital Upgrades	Delivery of an expansion of the outpatient department to reduce wait times, amalgamation of North Queensland's Persistent Pain Management services.	Project currently developing preliminary business case
Yeronga Child and Youth Community Hub	Establishment of a new integrated Child and Youth Community Hub to provide appropriate integrated child, youth and family services.	Project currently developing preliminary business case
Cairns REI Centre land acquisition	Purchase of land for the Cairns South Health Precinct.	Project currently developing preliminary business case
COVID Funding	Minor capital purchases and minor works mainly for hospital clinical equipment as a direct result of COVID-19	Ongoing
Health Technology Equipment Replacement Program	Program for replacement of health technology equipment	Ongoing
Energy Efficiency Program	To support Queensland Health's state-wide energy efficiency projects.	Project currently in detailed design phase
Mater Gladstone	Purchase of the Mater Private Hospital in Gladstone.	Property purchase complete.
QEII Ward Refurbishment	Re-establishment of a 24-bed ward on level 5 of the hospital to meet demand.	Project currently developing preliminary business case
Mareeba Hospital New CT Scanner	purchase and installation of a new Computed Tomography (CT) Scanner	Project achieved practical completion September 2020
Cladding Investigation and Remediation Program (CIRP)	Program of works to assess and mitigate fire risks associated with non-compliant cladding on Queensland Health buildings state-wide.	Project expected to achieve practical completion late 2021
Robina Hospital Second CT Scanner	Delivery of a second Computed Tomography (CT) scanner for the Robina Hospital to address the increased demand for procedures and emergency CT studies.	Project currently developing preliminary business case
State-wide General Chemistry and Immunoassay Replacement and Automation Project	Replacement of Pathology Queensland Laboratory General Chemistry and Immunoassay analysers at thirty-four labs State-wide	Project currently developing detailed business case

Approved Project	Scope	Scheduled date of completion
Townsville Hospital 1.5 Tesla Magnetic Resonance Imaging (MRI) device	Refurbishment and modification works to install a second Digital Subtraction Angiography machine and purchase and install a second MRI machine.	Project expected to achieve practical completion by mid 2021
Mackay - Proserpine Hospital Acute Primary Care Clinic (APCC) Refurbishment	Refurbishment of the clinical assimilation training area, clinical assessment rooms and management office space.	Project currently in developing detailed business case phase
Metro North - Caboolture Hospital Mental Health Short Stay Unit	Construction of a new relocatable and demountable eight bed mental health short stay unit.	Project achieved practical completion in 2020
Metro North - CoPTR Business Case	Planning for Consumables and Prosthetics Tracking initiative	Project currently in developing detailed business case phase
Metro North - Herston Bio-Fabrication Institute	Fit-out of all of Level 12 of Block 7 to create the new Herston Bio-fabrication Institute with advanced manufacturing capabilities.	Project achieved practical completion in mid-2020
Bundaberg Alcohol and Other Drug	Establishment of an Alcohol and Other Drug (AOD) adult treatment facility (20 residential and eight withdrawal beds) to address unmet demand, reduce hospital admissions and avoid escalation of AOD related issues. Current state funded AOD treatment service resources	Project currently developing preliminary business case
Ipswich Hospital Upgrade	Upgrades to Ipswich Hospital to improve utilisation of space in the current hospital and address increased service demands related for the emergency department, maternity and gynaecology services and renal dialysis and nephrology services.	Project currently developing detailed business case
Mackay Community Mental Health	Refurbishment of Mackay Community Mental Health to provide a safe clinical environment for clients that also protects their privacy	Project currently developing preliminary business case
Sunshine Coast University Hospital Patient Access and Coordination Hub	Create a dedicated command centre for utilisation by both the SCHHS and local Queensland Ambulance Service teams to further enhance the Patient Access & Coordination Hub service delivery with fit-for-purpose technology and physical design.	Project currently developing preliminary business case
Varsity Lakes Day Hospital Equipment	Acquisition of additional equipment to enable improved efficiency and capacity of Varsity Lakes Day Hospital.	Project currently developing preliminary business case

Approved Project	Scope	Scheduled date of completion
Metro North - Surgical Treatment and Rehabilitation Service - capital costs	Construction of a new 184-bed specialist rehabilitation and ambulatory care centre comprising 100 rehabilitation beds, special purpose rehabilitation support areas and a surgical and endoscopic centre with 2 X 28-bed surgical inpatient units, 1 x 28-bed generic inpatient unit, 7 operating theatres, 3 endoscopy rooms and recovery spaces.	Project complete and in the operational commissioning phase.
Metro North - Surgical Treatment and Rehabilitation Service - Lease	Lease payments for the Surgical Treatment and Rehabilitation Service	Ongoing – Lease payments

QUEENSLAND AMBULANCE SERVICE

Approved Project	Scope	Scheduled date of completion
Queensland Ambulance Service - Ambulance vehicle purchases	135 New and replacement ambulance vehicles	30 June 2021
Queensland Ambulance Service - Cairns Station and Operations Centre expansion and refurbishment	Upgrade of the Cairns Ambulance Station and Operations Centre	Mid 2024
Queensland Ambulance Service - Drayton New Station and Local Ambulance Service Networks Office	Construction of a new ambulance station and Local Ambulance Service Networks office at Drayton	Station became operational 5 October 2020
Queensland Ambulance Service – Kirwan replacement ambulance station	Construction of a replacement ambulance station at Kirwan	Station became operational 12 November 2020
Queensland Ambulance Service - Mareeba replacement ambulance station	Planning and construction of a replacement ambulance station at Mareeba	Station was officially opened on 14 September 2020
Queensland Ambulance Service - Munruben new ambulance station	Construction of a new ambulance station at Munruben	Station became operational 14 September 2020

Approved Project	Scope	Scheduled date of completion
Queensland Ambulance Service – Ormeau new ambulance station	Construction of a new ambulance station at Ormeau	Mid 2023
Queensland Ambulance Service - Ripley new ambulance station and Local Ambulance Service Networks Office	Construction of a new ambulance station and office at Ripley	Mid 2023
Queensland Ambulance Service - Rockhampton Ambulance Station and Operations Centre redevelopment	Upgrade of the Rockhampton Ambulance Station and Operations Centre	Mid 2022
Queensland Ambulance Service - Southport Ambulance and Gold Coast Ops Centre redevelopment	Upgrade of the Gold Coast Ambulance Operations Centre and the redevelopment of the Southport Ambulance Station	Mid 2024
Queensland Ambulance Service – Caloundra South new ambulance station	Construction of a new ambulance station at Caloundra South	Mid 2024
Queensland Ambulance Service - Strategic land acquisitions	Program of strategic land acquisition for future Queensland Ambulance Service stations	Mid 2021
Queensland Ambulance Service - Urraween new ambulance station	Construction of a new ambulance station at Hervey Bay	Station expected to be completed in January 2021
Queensland Ambulance Service - Yarrabilba new ambulance station	Planning and construction of a new ambulance station at Yarrabilba	Station became operational 14 September 2020
Queensland Ambulance Service - Minor works	Program of building and upgrading ambulance stations around Queensland	30 June 2021
Queensland Ambulance Service - Operational equipment	Program of procuring operational equipment for the Queensland Ambulance Service	30 June 2021

**HEALTH AND ENVIRONMENT COMMITTEE
2020 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 17

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

With reference to page 100 of the SDS, can the Minister explain the reduction in the supplies and services budget for Children's Health Queensland in 2020-21, compared with 2019-20?

ANSWER:

Supplies and services expenditure at Children's Health Queensland Hospital and Health Service (HHS) is forecast to reduce by \$16 million from the 2019-20 actual expenditure and the 2020-21 financial year budget.

I am advised that the explanation for the reduction in supplies and services expenditure from the 2019-20 year actual expenditure and the 2020-21 budget are as follows:

- Cessation of non-recurrent strategic information and communication technology (ICT) and capital projects in the 2019-20 financial year totalling \$11.3 million;
- The Department of Health is allocating a further \$17.5 million in operating funds to Children's Health Queensland HHS in the 2020-21 Amendment Window 2 process which are yet to be included in the 2020-21 budget. There is \$8.9 million in Amendment Window 2 funding to be allocated to Supplies and Services expenditure budget in 2020-21;
- Cessation of non-recurrent programs which were completed as planned by 30 June 2020; and
- Full year effect of service efficiencies implemented and realised in part during the 2019-20 financial year as a result of sustainability program initiatives.

**HEALTH AND ENVIRONMENT COMMITTEE
2020 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 18

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

With reference to page 3-60 of the SDS regarding the surgery backlog, can the Minister advise a) how much of that funding has been spent to date, b) how many surgeries have been undertaken, c) how many surgeries are in the backlog, d) how many surgeries were postponed this year (reported separately by hospital and health service)?

ANSWER:

I am advised:

- a) All of the \$250 million additional funding for elective surgery has been fully allocated to Hospital and Health Services.
- b) For the period 1 July to 30 September 2020, Hospital and Health Services have delivered 37,884 elective surgeries.
- c) The number of patients waiting beyond the clinically recommended time is 1,548 as at 1 October 2020. This compares to a peak on 1 June 2020 of 5,166 long waits.
- d) It is not possible to determine exactly how many surgeries did not occur as a result of the suspension of non-urgent planned care during the COVID-19 pandemic. However, as an indication, during the period where restrictions were in place it is estimated that there were approximately 11,500 less elective surgical procedures undertaken compared to the same period in the previous financial year – this represents a 31% reduction.

**HEALTH AND ENVIRONMENT COMMITTEE
2020 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 19

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

In relation to the Intergovernmental Partnership Agreement on Essential Vaccines, would the Minister please provide details on:

- a) Total amount paid to Queensland for “Incentive Payments” under this agreement between 2015 and 2020;
- b) What Vaccine Acquisition (purchase) Agreements are currently in place, or in the process of being formed, between the Government and “a Vaccine Sponsor”, with details of each sponsor and related vaccine?
- c) Are there any “Incentive Payment” provisions included in any of the Vaccine Acquisition agreements, and if so please provide details as to the payments themselves and the targets that triggered them.
- d) What was the total paid for each year since 2015 for all the Government’s vaccine purchases (excluding “Essential Vaccines” funded by the Commonwealth).

ANSWER:

- a) *Total amount paid to Queensland for “Incentive Payments” under this agreement between 2015 and 2020;*

Between 1 July 2015 and 30 November 2020, Queensland has received approximately \$13.9 million in reward funding under the NPEV.

- b) *What Vaccine Acquisition (purchase) Agreements are currently in place, or in the process of being formed, between the Government and “a Vaccine Sponsor”, with details of each sponsor and related vaccine?*

- A head deed and agreements with GlaxoSmithKline (GSK) are in place for the supply the following NIP funded vaccines:
 - *Infanrix Hexa®*: a childhood vaccine for protection against diphtheria, tetanus, pertussis, hepatitis b, poliomyelitis, and *Haemophilus influenzae* type B;
 - *Infanrix®*: a vaccine to boost a child’s protection against diphtheria, tetanus and pertussis;

- *Bexsero*®: a vaccine to protect against meningococcal B disease;
- *Rotarix*®: a childhood vaccine to protect against severe gastroenteritis;
- *Engerix*®: a vaccine to protect against hepatitis B;
- *Priorix*®: a childhood vaccine for the protection against measles, mumps and rubella;
- *Priorix Tetra*®: a vaccine that boosts protection against measles, mumps and rubella as well as providing protection against varicella (chickenpox);
- *Boostrix*®: a booster vaccine for adolescents/adult to protect against diphtheria, tetanus, pertussis; and,
- *Fluarix Tetra*®: a vaccine to protect against seasonal influenza.
- A head deed and agreements with Seqirus are in place for the supply of the following NIP funded vaccines:
 - *H-B VaxII paediatric*®: a childhood vaccine to protect against hepatitis B;
 - *MMRII*®: a childhood vaccine for the protection against measles, mumps and rubella;
 - *Pro Quad*®: a vaccine that boosts protection against measles, mumps and rubella as well as providing protection against varicella (chickenpox);
 - *Vaqta paediatric*®: a childhood vaccine for the protection against hepatitis A;
 - *Pneumovax23*®: a vaccine to protect against pneumococcal disease;
 - *Gardasil9*®: a vaccine to protect against human papillomavirus;
 - *Zostavax*®: a vaccine to protect against herpes-zoster (shingles);
 - *Afluria Quad*®: a vaccine to protect against seasonal influenza; and
 - *Fluad Quad*®: a strengthened vaccine to provide protection against seasonal influenza for people aged 65 years and older.
- A head deed and agreements with Sanofi Pasteur (Sanofi) are in place for the supply of the following NIP funded vaccines:
 - *ACT-HiB*®: a vaccine to protect against *Haemophilus influenzae* type B disease;
 - *Adacel*®: a vaccine to boost a child's protection against diphtheria, tetanus and pertussis;
 - *FluQuadri*®: a vaccine to protect against seasonal influenza; and
 - *Vaxigrip Tetra*®: a vaccine to protect against seasonal influenza.
- A head deed and agreements with Pfizer are in place for the supply of the following NIP funded vaccines:
 - *Prevenar13*®: a vaccine to protect against pneumococcal disease; and

- Nimenrix®: a vaccine to protect against meningococcal ACWY disease.
- c) *Are there any “Incentive Payment” provisions included in any of the Vaccine Acquisition agreements, and if so, please provide details as to the payments themselves and the targets that triggered them?*
- As the deeds and agreements are established by the Australian Government, this question is best directed to the Australian Government.
- d) *What was the total paid for each year since 2015 for all the Government’s vaccine purchases (excluding “Essential Vaccines” funded by the Commonwealth)?*
- Since 1 July 2014 to 30 November 2020, the Queensland Government has spent approximately \$20 million on vaccines for state funded vaccination programs.
 - In the last six years, the state has funded substantial and important vaccination programs such as pertussis vaccine for pregnant women, meningococcal ACWY vaccine for adolescents, and influenza vaccine for children aged 6 months to less than 5 years of age.
 - The Queensland Government continues to fund:
 - hepatitis B vaccine for at-risk people;
 - measles-mumps-rubella (MMR) vaccine for people born during or since 1966 who have not received two doses of MMR vaccine;
 - Japanese Encephalitis vaccine for residents of the outer islands of the Torres Strait;
 - Rabies vaccine and rabies immunoglobulin to manage potential cases of rabies and Australian Bat Lyssavirus; and,
 - certain vaccines to manage outbreaks and/or protect close contacts of a vaccine preventable disease.
 - Vaccine purchases by the Department of Health (excluding “Essential Vaccines” funded by the Commonwealth Government under the NIP) since 1 July 2014 to 30 November 2020 are as follows:
 - 2014-15 Financial Year: \$1,815,392
 - 2015-16 Financial Year: \$2,428,349
 - 2016-17 Financial Year: \$3,074,828
 - 2017-18 Financial Year: \$7,156,456
 - 2018-19 Financial Year: \$3,826,636
 - 2019-20 Financial Year: \$1,230,445
 - 2020-21 Financial Year (to 30 November 2020): \$498,613.

**HEALTH AND ENVIRONMENT COMMITTEE
2020 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 20

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

With reference to page 3-60 of the SDS regarding the public health response to COVID-19 to ensure that the virus is identified, contained and suppressed, can the Minister outline the Queensland Government's plan to distribute a vaccine and the economic impacts of delivering such a vaccine to the Queensland community.

ANSWER:

Queensland's response to the COVID-19 pandemic has been world-class. The public have been vital partners in helping keep the state safe. We need to continue that work but help in the form of a vaccine is on its way.

On 13 November 2020, the National Cabinet endorsed the *Australian COVID-19 Vaccination Policy*. The national policy describes the framework for implementing a COVID-19 vaccination program and outlines the roles and responsibilities of both the Australian Government and State/Territory Governments.

The Australian Government has responsibility for the selection, procurement and regulatory approval for COVID-19 vaccines.

The Australian Government is also responsible for distributing COVID-19 vaccine to the point-of-administration across the nation.

State and territory governments will be responsible for ensuring an appropriately qualified and trained workforce and identifying suitable vaccination locations and sites.

Queensland is working very closely with the Australian Government to co-design a jurisdictional immunisation plan for Queensland.

Queensland Health has developed a governance framework to oversee the implementation of Queensland's COVID-19 vaccination program. The framework consists of an executive governance group with overall decision-making responsibilities, and a COVID-19 vaccine taskforce comprising eight leadership workstreams which are:

- Vaccination oversight
- Intergovernmental oversight and policy
- Workforce
- Logistics and supply chain solutions

- Data and digital solutions
- Program safety and monitoring
- Communications
- Hospital and Health Service (HHS) planning and implementation

In the initial phases, which are dependent on the supply of the vaccine, Queensland's COVID-19 vaccination program will closely follow the advice of the Australian Technical Advisory Group on Immunisation who have identified the following groups as a priority for receiving COVID-19 vaccination:

- people at increased risk of exposure, such as health and aged care workers
- people with an increased risk of developing severe disease or outcomes such as First Nations people, older people and people with underlying medical conditions
- people working in services critical to societal functioning.

The Australian Government has indicated that vaccines, if deemed safe and effective by the Therapeutic Goods Administration, may be available for distribution from March 2021.