HEALTH, ENVIRONMENT AND INNOVATION COMMITTEE

Members present:
Mr R Molhoek MP—Chair
Ms SL Bolton MP (videoconference)
Ms K-A Dooley MP
Mr JP Kelly MP
Dr BF O'Shea MP

Staff present:
Dr J Rutherford—Committee Secretary
Miss A Bonenfant—Assistant Committee Secretary

PUBLIC BRIEFING—CONSIDERATION OF AUDITOR-GENERAL REPORTS

TRANSCRIPT OF PROCEEDINGS

Tuesday, 28 January 2025

Brisbane

TUESDAY, 28 JANUARY 2025

The committee met at 2.17 pm.

CHAIR: Good afternoon. I declare open this public briefing for the committee's consideration of various Auditor-General's reports relevant to the health, environment and innovation portfolio. My name is Robert Molhoek, the member for Southport and chair of the committee. I acknowledge the Aboriginal and Torres Strait Islander people in this state and their elders past, present and emerging. I also acknowledge the former members of this parliament who have participated in and nourished the democratic institutions of this state. Finally, I acknowledge the people of this state, whether they have been born here or have chosen to make this state their home, whom we represent to make laws and conduct other business for the peace, welfare and good government of this state.

With me here today are: Mr Joe Kelly MP, the member for Greenslopes and deputy chair; Ms Sandy Bolton MP, the member for Noosa, who is appearing via videoconference; Ms Kerri-Anne Dooley MP, the member for Redcliffe; and Dr Barbara O'Shea MP, the member for South Brisbane. Mr David Lee, the member for Hervey Bay, sends his apologies as he had to return to his electorate. He has some questions for the Audit Office which we will supply as questions on notice following the proceedings.

This briefing is a proceeding of the Queensland parliament and is subject to the parliament's standing rules and orders. Only the committee and invited witnesses may participate in the proceedings. Witnesses are not required to give evidence under oath or affirmation, but I remind witnesses that intentionally misleading the committee is a serious offence. I also remind members of the public that they may be excluded from the briefing at the discretion of the committee. I remind committee members that officers are here to provide factual or technical information. Any questions seeking opinion about policy should be directed to the minister or left to debate on the floor of the House.

These proceedings are being recorded and broadcast live on the parliament's website. Media may be present and are subject to the committee's media rules and the chair's discretion at all times. You may be filmed or photographed during the proceedings and images may also appear on the parliament's website or social media pages. Please turn your mobile phones off or to silent mode.

I welcome representatives from the Queensland Audit Office who have been invited to brief the committee on four reports which are relevant to this committee's portfolio responsibilities: *Report 1: 2024-25—2024 status of Auditor-General's recommendations*; *Report 2: 2024-25—Delivering forensic medical examinations (follow-up audit)*; *Report 8: 2024-25—Health 2004*; and *Report 12: 2022-23—Growing ecotourism in Queensland*.

With respect to the ecotourism report, I note that representatives from the Queensland Audit Office provided a public briefing to the former Community Support and Services Committee in April 2024 and this committee has reviewed that transcript. We might proceed in the order in which I have listed the reports and start with *Report 1: 2024-25—2024 status of Auditor-General's recommendations (follow-up audit).* Members and witnesses, please remember to press your microphones on before you start speaking and off when you are finished. I invite to you brief the committee, after which members will have some questions for you.

BROWN, Mr Darren, Assistant Auditor-General, Queensland Audit Office

COOPER, Mr Joel, Director, Queensland Audit Office

FLEMMING, Mr Patrick, Deputy Auditor-General, Queensland Audit Office

TOMA, Mr David, Senior Director, Queensland Audit Office

VAGG, Ms Rachel, Auditor-General, Queensland Audit Office

Ms Vagg: I too acknowledge the traditional owners of Queensland. Thank you for the opportunity to brief the committee today on my recent reports and for the interest in the QAO's work. I will highlight all four reports in my opening statement.

Report 8: 2024-25—Health 2004 is our annual report on the health sector which I tabled in early January. It summarises the audit results of Queensland Health entities, including the Department of Health, the 16 hospital and health services and other health entities. It also looks at the sector's financial performance and sustainability, asset management and demand for services. We found that the financial statements are reliable. During our audits we assess and test internal controls. Controls over information systems need to be strengthened. We know that health entities are attractive targets for ransomware and similar cyber attacks, so these weaknesses are significant.

Overall, the health entities delivered more services with a six per cent increase this year. There was an increase in expenditure to meet those service requirements. Expenditure this year increased by 10 per cent to $21.8 billion. This was due to increases to services, costs for staff, medical and clinical supplies, drugs, pathology and information and communication services. There are now more than 6,000 extra staff employed by the HHSs and these were supported by extra clinical contract staff.

Due to the complexities of awards and the paper-based nature of time sheets, overpayments to be recovered from staff have also increased to $67.6 million. Delays in starting repayment plans may result in recovery difficulties. Queensland Health spent more than $2.1 billion on new assets. Existing assets need to be maintained and improved. Entities determined that the cost of maintenance which should have been performed on HHS assets grew by $580 million to $2 billion this year. We made two recommendations around performing maintenance when required and improving the consistency and analysis of hospital asset maintenance needs.

We found that more people presented at Queensland emergency departments and demand for ambulance services continued to grow in 2023-24. This affected key performance indicators. More outpatients were treated than ever before. Queensland Health did not meet its seen within time related targets relating to outpatient appointments for specialists. The two most time critical categories had their worst result in nine years; however, fewer patients experienced a long wait.

We also looked at how Queensland compares to other jurisdictions in relation to minimising potentially preventable hospitalisations. Queensland ranks seventh out of eight states and territories. We recommended that the department define its strategic objectives and develop performance indicators and targets for this. They accepted our recommendation.

We also tabled *Report 2: 2024-25—Delivering forensic medical examinations (follow-up audit)* in September 2024. In this follow-up report we assessed Queensland Health's progress in implementing recommendations from our *Report 21: 2018-19—Delivering forensic services,* the Women's Safety and Justice Taskforce *Hear her Voice* report No. 2 and the ministerial direction on the Crisis Care Process.

Queensland Health has made progress, but there are areas for improvement. It now has service delivery agreements with each HHS, new forensic medical examination kits and new reporting pathways for victims. It has fully implemented four of the six recommendations relevant to forensic medical examinations made by the taskforce and is continuing to implement the remaining two.

The department needs to implement an overall strategy to: ensure there are enough forensic medical examiners across the state; expand the availability of paediatric services for child victims; and enhance its data collection, monitoring and reporting. An absence of data meant we could not determine where victims could not obtain a timely forensic medical examination. Queensland Health has responded and advised that they will continue to focus on the remaining recommendations from our original report *Delivering forensic services*.

Report 1: 2024-25—2024 status of Auditor-General's recommendations was also tabled in September. This report summarises the progress entities told us they are making to implement the recommendations from our reports tabled in 2022-23. These include recommendations from *Report 12: 2022-23—Growing ecotourism in Queensland*, *Report 14: 2022-23—Health outcomes for First Nations people* and *Report 7: 2018-19—Conserving threatened species,* which should all be of interest to this committee. This report should be used by agency heads and those charged with governance to assess and oversee progress for the implementation of recommendations. It is particularly helpful for those new to their roles. Entities do need to continue to focus on addressing our recommendations. We are monitoring the self-assessed progress entities are making. Where we can see that more priority is needed we will consider doing a follow-on audit to examine their progress in more detail.

As you mentioned earlier, last year QAO briefed the former Health, Environment and Agriculture Committee about growing ecotourism in Queensland. The entities face a challenge between protecting the natural and cultural environments and deriving economic benefit for

Queenslanders. From 2013 to when we tabled our report, three ecotourism facilities in national parks were approved and two more were in development. We found that processes for approving ecotourism facilities on protected areas are complex and onerous for proponents to navigate. We made recommendations to three agencies to improve planning and coordination of ecotourism and approval of ecotourism facilities. The new Department of Environment, Tourism, Science and Innovation is now responsible for these recommendations and may need to reassess the overall progress.

This committee may benefit in hearing directly from the agencies relevant to the reports discussed today, including their progress in implementing our recommendations. I am happy to take questions on all of these reports.

CHAIR: Turning firstly to *Report 8: 2024-25—Health 2024,* I have a question about the increase in the health contractor workforce. I want to know what is driving the 27 per cent increase in the health contractor workforce that your report indicates occurred in 2023-24. Is the level of contractors sustainable, and will the Department of Health's Workforce Strategy for Queensland to 2032 be sufficient to meet the needs projected in your audit?

Ms Vagg: There has been an increase in the use of contractors and we do report that in the report. Really that is to respond to the demand needs of the system. In terms of workforce planning overall, we have not assessed the sufficiency of the workforce plan of Queensland Health in terms of the longer term strategy, although we do make some comments in our report about workforce management. That is potentially a question to go back to Queensland Health with in terms of their overall workforce planning.

CHAIR: In looking at that increase, was there any work done around where the increases are occurring? Are the figures higher for more remote health and hospital services than in the south-east? What is driving that increased demand?

Ms Vagg: I will turn to David Toma, our senior director for Health.

Mr Toma: In figure 4E of the report we do a regional analysis. We find that a lot of that increase is coming in the regional areas where there is a higher cost associated with getting staff onboard. That also correlates to the financial results that we have reported. Many of the HHSs that incurred a deficit are in the regional areas, and that indicates a higher cost of labour and finding staff to staff the hospitals.

CHAIR: Is it fair to say that some of that would be driven by the use or dependence on locums to cover gaps and vacancies? Would that be a significant portion of it or is it across the board in terms of other allied health services?

Mr Toma: Yes. It is being able to get access to temporary local staff to be able to backfill, for example, when staff take leave or when there are staff shortages and they need to be met.

Mr J KELLY: I have a follow-up question in relation to that. Is there a breakdown of the roles that people are playing? Is it people doing clinical roles? Is it people doing non-clinical roles?

Ms Vagg: The majority are clinical. We talk about frontline contractors, and that is the increase that is sitting in the report. We have focused the analysis on frontline staff. We do have the breakdown in the report between the two, David, don't we?

Mr Toma: No. It is just general frontline staff.

Ms Vagg: Just frontline staff.

Mr J KELLY: You have obviously reviewed the Health Workforce Strategy for Queensland. How heavily reliant is that on overseas trained practitioners versus training your own people internally? Are you able to comment on that?

Mr Toma: I do not have a specific comment on that. We have noticed quite a significant uplift in the number of staff coming onboard in FY 2024. That would be a question for the Department of Health. It would be able to provide more detail on the assumptions it has made in developing that strategy.

CHAIR: I was listening to some radio interviews on the way to the office this morning and they were talking about the labour force challenges in Health. They were talking about the need for better pathways for overseas trained skilled workers to come into Queensland Health, but nobody seems to be talking about some of the other barriers around immigration. Is that something that you addressed in looking at the ability to meet some of those labour force challenges?

Ms Vagg: The challenges in workforce planning is multifaceted. There is the longer term growth of attraction of younger people into the industry, the suitability of training courses, and then appropriate remuneration and retention practices within agencies. Those pathways can be domestic and international. The challenge for Queensland Health is the growth in demand and then having sufficient resources coming through those pathways to meet the demand and thinking of new ways to deliver services that are not as people dependent. Strategic workforce plans are quite complex and they are over quite a long period of time. In terms of the effectiveness of the design of the current plan that Queensland Health has in place, we have not assessed that—so we have not done a performance audit of it. What we are looking at is the consequence of the outcomes of the current plan on the system as a whole.

CHAIR: Deputy Chair, you might remember when we went to Maryborough during the mental health inquiry.

Mr J KELLY: Very well.

CHAIR: One of the issues that was raised there was that there had been a vacancy for a psychiatrist in the region—in fact, two vacancies—for about three years. Every time they were able to successfully recruit someone they lost them simply because of the migration process. They would make a decision and make an offer, but then it would take 12 months to get the paperwork sorted out. By then the successful applicant would say, 'Well, no, I think I'll just go to another country. It would be a lot easier.' It is not really a state issue, but I would be curious to know whether migration policy is impacting adversely on our ability to attract overseas applicants.

Ms Vagg: There are the policies of attracting staff and then there are the retention issues that you mentioned there. You might attract someone, but it is about retaining them in that particular location as well. There are a couple of points. We do touch in the report on travel subsidies provided to people who have to travel when they cannot access particular medical needs in their local community. We do talk about the growth in that subsidy in our report. That is very interesting information for us in that we design our forward work program in terms of the work we are going to focus on going forward and we are looking at the delivery of mental health services in the coming period, so that report should be tabled next financial year.

CHAIR: That is something to look forward to, no doubt.

Mr J KELLY: In addition to filling places with people from overseas and training our own, there has been some work done around expanding scope of practice for existing practitioners. Did your report take into account the work that has been done in that space around scope of practice changes?

Ms Vagg: No, we have not.

Ms BOLTON: You have reported growth in overall demand for ambulance services of 10 per cent over the last four years and in your opening statement you mentioned the increase in presentations to emergency departments. Are those increases in proportion to population increases or are they above that?

Ms Vagg: There are many reasons the demand for ambulance services increases. It can be health concerns of the community at that particular point as well as population growth. The demand for ambulances though does exceed population growth. That is my understanding. I will confirm that with David.

Mr Toma: Yes.

Ms Vagg: Yes, that is right.

Mr J KELLY: Could the absence of a price signal have anything to do with ambulance usage?

Ms Vagg: There is a model in Queensland which is different from other states and it does give access to all to a free ambulance service.

Ms BOLTON: Is there any correlation between the percentage of presentations and ambulance usage and preventable hospital admissions, as in preventable conditions?

Ms Vagg: We do talk about the demands on the system from preventable treatment. That then has to move through to demand on ambulance services as well. In terms of our assessment of the performance of ambulance services, we are definitely focused on those with more urgent care requirements and the targets set by the service and their ability to deliver on that target for category 1 requirements.

Ms BOLTON: Chair, are we just moving through each of the reports as you identified? We are not asking questions on the other reports.

CHAIR: Yes.

Mr J KELLY: How are you defining preventable hospital admissions and are they things that the HHS can control given that it is the hospital rather than the preventative part of the system?

Ms Vagg: You are right. It is the system as a whole. David, I might call on you to give a bit more information on that.

Mr Toma: On page 46 of the report we define that there are 22 specific conditions for hospitalisation which is considered potentially preventable. That is based on a nationally agreed framework known as the National Healthcare Agreement: Performance Indicator 18. The underlying reason for a lot of that is the primary health care space. That is one of the challenges—where you have Commonwealth funding in terms of primary health care if people are not seeing a doctor early enough or, in particular, in some of the regional areas there is more limited access to primary care. They are some of the factors that can contribute to this.

Mr J KELLY: In that respect, could you comment on what impact things like satellite hospitals or the nurse-led walk-in clinics might be having on emergency department presentations and also on ambulance admissions?

Mr Toma: In terms of the satellite hospitals, we have done some analysis around that. We can see that for a couple of the hospitals in South-East Queensland there has been a reduction in ED presentations, particularly at Ipswich Hospital and Redland Hospital. It is too early to see the impact on preventable hospitalisations because the national data for preventable hospitalisation is for 2021-22.

Ms DOOLEY: My question is around measuring emergency department wait times. According to your report, there were three recommendations that have not been fully implemented. The department has said that there are four HHSs that have partially implemented recommendation No. 2, which is around improving patient off-stretcher time. That time is reported. The audit shows complexity with the data between the Queensland Ambulance Service and Queensland Health. Do you want to comment or elaborate on that? When we talk about real-time data, how is that going?

Ms Vagg: Having the right data at the right time to make decisions is critically important for the whole sector. We make quite a few comments in this report, as well as in the forensic medical examinations report, about the importance of collecting the right information. That stands here as well. In terms of that specific question on emergency department statistics, I might turn to David to see if there is anything else to add there.

CHAIR: I should just point out that this is not in reference to the health report. It is in reference to the overall—

Mr Toma: We have not done a complete follow-up audit on emergency department wait times. In terms of the *Health 2024* report, we have relied on the data that the department has provided to us. We have said in the appendix that we have not audited the accuracy and the completeness of the data. The department would be able to provide a further update in terms of the progress that it has made in implementing those original recommendations.

Dr O'SHEA: In relation to the forensic medical examinations report, was it a problem with kits not being available or examiners not being available or a combination of those things?

Ms Vagg: In our original report we talked about both of those things. It is the availability of suitable resources as well as suitably trained practitioners to respond. When we followed it up, there has been the distribution of new forensic medical kits, so that particular element of our recommendation has been closed down. We do still have comments in the report about availability of suitably trained practitioners across the state. That is really about Queensland Health knowing where those practitioners are and whether they are available at the right time to meet the demands of the service.

Dr O'SHEA: In terms of basic things, is there someone identified in each hospital or health service provider who would be keeping an eye on the kits, making sure that they are available, checking expiry dates and things like that?

Ms Vagg: We did not get any feedback or we did not find any evidence about the suitability of supply. The kits had changed over time. Feedback was that the kits in terms of their suitability were fine. In terms of supply we did not get any negative feedback for us to be raising any issues there.

Dr O'SHEA: The directive that came out about people being seen within 10 minutes, do you know how that is working broadly?

Ms Vagg: That is the access to clinical care, not necessarily a forensic medical examination. When someone presents they should receive clinical care within 10 minutes. That clinical care is not well defined. It is not consistently defined. What that actually is defined by each hospital and health service. Anecdotally, we heard from medical practitioners that the directive has helped in terms of improving timeliness. Going back to my previous comment about data, this is not something where there is data that can tell us whether people are being seen within that 10-minute period. We have made a recommendation in the report about defining the data needs associated with forensic examinations and then centrally monitoring and responding to the data that is collected.

Dr O'SHEA: Did you mention there is $67 million in overpayments to Health staff?

Ms Vagg: Yes.

Dr O'SHEA: Is that because of a change in the payment system?

Ms Vagg: It is not because of a change in the payment system. It is probably due mostly to the nature of time sheeting, the recording of time sheets and the complexity of the award structure in place. The timing is such that the paper records are not always processed at the same time as the payroll, so as time sheets are entered into the system corrections may need to be made because people may have been overpaid. The ability to automatically recover overpayments has been removed as a result of some legislative change; therefore, the permission of the employee now needs to be sought and gained before an overpayment can be recovered. They are the reasons given for overpayments growing in the last financial year.

Dr O'SHEA: What is the average amount somebody has been overpaid which has to be claimed back?

Ms Vagg: There are around 110,000 employees. It does vary because there are some people who are subject to greater awards, there are more people who may usually work overtime. It is variable.

Dr O'SHEA: There is obviously legislation in place to make sure people can manage to pay back the amount of money they need to pay back?

Ms Vagg: Queensland Health has systems and processes in place in terms of equity of repayment.

CHAIR: Turning to the backlog of infrastructure maintenance, in your report you say it has risen by 40 per cent to $2 billion since last year. What changes are required to make sure that the reporting of maintenance is accurate? Is it your view that Queensland Health is prioritising asset maintenance effectively?

Ms Vagg: In terms of the $2 billion and the growth from last year, there have been some changes in the way maintenance is assessed by some of the HHSs which has resulted in the growth of that particular number. In terms of improvement, it really is understanding what it represents and where the priority is for that maintenance work to be done and then putting plans in place to do so. That will help with the long-term use and quality of the assets that sit within the Health system overall. In terms of the effectiveness of information gathering and the classification of information relating to maintenance, that does need to be improved.

Mr Toma: The two recommendations we have made in the report are really designed around making sure there is better definition about what is in that maintenance bucket. At the moment, the way it is reported is a bit like putting apples and oranges together because there is operating maintenance and there is capital maintenance. Separating those will help the department better prioritise where the maintenance funding needs to go.

CHAIR: Can you provide a definition of the difference between the two?

Mr Toma: Operating maintenance covers general repairs and maintenance to keep the assets in good condition. Capital maintenance is the maintenance to improve, for example, the useful life of that asset or maybe replace a component of that asset.

Mr J KELLY: I would guess that if we walked into any hospital or HHS around this state we would find a whole bunch of drip poles, beds, cupboards and things that needed to be fixed, and they would be included in that bucket of money you were just talking about that should be separated and thought about differently.

Ms Vagg: They should be prioritised. Maintenance needs should be identified and prioritised in terms of those elements that most urgently need to be responded to, particularly those that will affect the length of life for assets of the health system.

Ms BOLTON: In relation to keeping people safe, recommendation 15 in your report was to deliver domestic and family violence training to all frontline health workers. As with so many of your recommendations, that has not been implemented. Have you received an update since the director-general's response back in November?

Ms Vagg: No, we have not received an update since then. It is included in the status of the Auditor-General's recommendations. The way the process works is we ask each agency responsible for the delivery of the recommendation to tell us about how they have implemented the recommendation, so that response would be the most recently available. A question can always go back to the agency whether there has been any progress since that point in time and asking how they are going about implementing a recommendation like that.

Ms BOLTON: If some years pass and recommendations are not implemented, what is the process that you undergo with the agencies involved?

Ms Vagg: We do not specifically ask about any particular recommendation. In our forward work program, which is the design of where we are going to focus our performance audit reports in the future, we can add a follow-up or a follow-on for any of those particular topics. If we see themes of partial implementation or no implementation, we may well do some more work in that space. The other thing we may do is follow it up in our general health report—the report we were talking about earlier. We may do a piece that sits within that report to follow up on those particular matters.

Ms DOOLEY: Going back to the maintenance schedule, I am aware that in the Metro North HHS there has been some insourcing and I wondered what led to that decision. Plumbing and electrical used to be outsourced, and that had been done for about 30 years, but I believe from 1 July 2024 there was a decision to insource. What was the decision-making process that led to that?

Ms Vagg: We would not be close to that particular decision of that particular agency. We look to see that there are suitable asset management plans overall, an understanding of the maintenance as well as the capital needs of that particular entity, and that they have systems and structures in place to respond to those particular needs. It would be a decision of the executive of that particular HHS about what they feel would be most effective and most cost-effective to respond to those particular needs. I would not have any other insights on that.

Ms DOOLEY: Pardon my ignorance; I am new to all of this. Is it your department's responsibility to do an audit on that after a financial period to see if it is more cost-effective to insource rather than outsource?

Ms Vagg: That is probably more likely to be a decision of that particular entity. What we are more likely to look at is whether they are up to date with their maintenance requirements. We would then look at the overall expenditure of that particular entity to determine whether they are operating within their funding. They are provided with funding to do certain things. We would look to see whether they are operating within the means of that funding bucket and then look at the overall outcome of maintenance. In terms of whether something is done within an agency or it is outsourced, that is the decision of that particular entity. It is not something we would usually provide too many comments on.

Mr J KELLY: Is the maintenance process driven at the HHS level?

Ms Vagg: The maintenance process is driven at the HHS level and they do receive a certain amount of funding to perform their maintenance. In terms of capital, the improvement or replacement of assets overall is a system-based and Department of Health driven process.

Mr J KELLY: Does that capital you are talking about refer to buildings, whole wards and those sorts of things rather than me buying a new I-MED or something of that nature?

Ms Vagg: Yes, something of a local nature would be more of an HHS and maintenance-related activity. A new hospital, for example, would sit within the Department of Health.

Mr J KELLY: Did your audit look at the capacity and capability of HHSs to manage their assets?

Ms Vagg: In terms of a specific asset audit, no, we did not. What we are reporting in here is what they are telling us their maintenance and capital needs are. We are just reporting the facts they have provided to us. In terms of the effectiveness of their asset management practices, we have not covered that in this particular report.

Mr J KELLY: The member for Noosa asked a question about the status of the Auditor-General's recommendations. I think you said that your last update was 11 September 2024. Obviously there has been a change of government since that point. Is there a process for going back and reconsidering all of the recommendations in light of the fact there might be a different direction from a different government?

Ms Vagg: We do this annually and we report on it annually, but we talk to the agencies about these recommendations quite regularly. With a machinery-of-government change—so we have had a reset of the structure of government as well as new policy settings of government—we do ask agencies to consider the recommendations that may now sit within their particular portfolios and reassess the implementation of those particular recommendations. If a policy setting of government changes and the recommendation no longer applies, then through the next annual process the status can be that that particular recommendation no longer applies to government.

Mr J KELLY: That will be reported through the next annual report?

Ms Vagg: That is right.

CHAIR: Turning to the replacement of buildings, you said that based on useful life criteria 37 per cent of Queensland's public health facility buildings will require replacing in the next decade. Is the department's strategy to deal with this backlog by refurbishments, redevelopment and capital maintenance appropriately pitched at this issue?

Ms Vagg: I probably cannot comment overall on their strategy of response. We are saying that they need the right information to make the right decisions, so an assessment of the quality of those assets and an assessment of the estimated useful life to determine what that asset replacement strategy should be.

Mr Toma: This is why we place so much emphasis in the report around maintenance, because by doing capital maintenance you have the potential to extend the useful life of those assets. While we are saying that a lot of these assets are due to expire within the next 10 years that does not necessarily mean those assets need to be bulldozed and rebuilt. With proper maintenance to prevent their deterioration and improve their useful lives, those assets could continue to be used beyond their currently recorded useful lives.

CHAIR: This question goes to the broader issue of planning. Without getting into labour force issues and all of that, do you believe there is enough rigour behind the long-term planning processes of Queensland Health to make sure we have maintenance in place to extend the life of buildings or deal with the health facility buildings you refer to in the report? Is it just something they have let slip or is there a lack of focus? Were there personnel changes in the capital works department and the newbies have not picked up on it? What is the overall theme behind this lack of planning and the long-term strategy around replacement and maintenance of these buildings?

Ms Vagg: We are not necessarily saying there is a current lack of planning. What we are saying is that, according to Queensland Health's own assessment and the useful lives of those assets, there is significant replacement on the horizon. Planning for that replacement is important at this point in time. It is not a comment on the quality or not of that planning; it is something Health needs to focus on because of the amount of expected replacement that is coming in the next 10 years.

CHAIR: Each year Queensland Treasury provide projections as to population growth and demand for services—they have been doing that for decades—and that data is given to all government departments to guide the work they do in terms of preparing for future demand. Have you done any work around the gap between service delivery or facility delivery and the projected demand that Treasury provide? It seems to me as an observer over many years that many government departments get the data from Treasury but no-one is really doing the forward planning and then will come out with statements like, 'We've got unprecedented demand and unexpected population growth,' and yet when you go back and look at Queensland Treasury figures they have been saying for years that we would have three per cent growth or two per cent growth or the population that they predicted. In fact, at the end of COVID I think the population was exactly at the level that Treasury had said it would be 10 years ago but we were saying that we never expected this growth. Do you think there is enough rigour in Queensland Health around planning for services based on optimistic projections by Treasury?

Ms Vagg: That is probably a question for Queensland Health in terms of their planning processes. We have not done a specific performance audit or review of the quality of those planning processes, so it is probably a good question to go back to Health with.

CHAIR: It would actually be interesting to do an audit on departmental performance across the board in respect of Treasury projections, but that is probably a topic for another day. Even going back to my time in council, we were constantly struggling to deliver infrastructure in a timely manner that actually lined up with the population growth projections of the day, so I think it is an area that does need to be looked at. I do not think we can just keep saying that we had more growth than we thought we would have.

Ms Vagg: Thank you for that feedback. We can add it into our forward planning process, and it is a good question for Queensland Health to go back to their planning principles.

CHAIR: I am actually surprised the deputy chair did not pull me up on that.

Dr O'SHEA: I have a question with regard to moving patients off ambulance stretchers, which of course impacts on ambulance response times and everything. Given that it is obviously nowhere near the target, in the report it says that the inability to meet the target is linked to the number and complexity of patients presenting for treatment, availability of ward beds and efficiency of hospital discharge processes. With the population aging, one of the things might be to look at the availability of residential aged-care beds and also home packages to enable people to leave the hospital. Does that ever get looked at in the audit processes at all?

Ms Vagg: We do look at processes overall, including patient throughput, because obviously we have raised a matter in the report in that there has to be the ability to process a patient into the hospital. We do performance audits from time to time about the overall process, but again it is probably a good question for Queensland Health about other available resources for the community.

Dr O'SHEA: Thank you.

CHAIR: We have spent a fair bit of time on health. Do we want to move to some of the other reports?

Ms DOOLEY: I just have one question on First Nations people and outcomes. It is highlighted that none of the six recommendations that you have made in the report have been implemented by the department or HHSs, and we also note your comments on page 2 of the audit report about many of the outstanding recommendations about governance in relation to health outcomes for First Nations peoples. Do you have any further comments to make about the outstanding recommendations? I appreciate that it is not your role to enforce HHSs to implement those, but given that the health outcomes for First Nations peoples are obviously under where we would like them to be it is quite disappointing to read that none of the HHSs have implemented those recommendations.

Ms Vagg: That particular report is a fairly recent report, and they are complex matters to respond to. We would always like the entities that we make recommendations to be honest about the amount of time it will take to respond to our recommendations and then to be honest in their assessment about whether they have implemented the recommendations. From that side, transparency is really important to us. As we continue to prepare our annual review and receive those assessments back from agencies, it may be an area that we follow up in coming years if we see that none of the recommendations have been fully implemented. It may go back into the mix of follow-up items for us. Again, it is a good question to go back to Health with. They may be able to give a more in-depth update and information about the progress at HHS and system-wide levels.

Ms DOOLEY: Thank you.

CHAIR: Heading back to the 2024 status report, you refer back to *Report 1: 2020-21—Family support and child protection system* and the fact that recommendations were made to a number of agencies in that report—specifically recommendation No. 4 which was made to Queensland Health with regard to working towards fully implementing, in coordination with other entities, a multidisciplinary intake process for effectively and efficiently triaging all child harm reports. Are you aware of any work that might have been required from Queensland Health towards this recommendation since they endorsed an agency master sharing agreement back in May the year before last?

Ms Vagg: Yes, I am not aware of anything other than what they have reported back to us in the status of recommendations report. You could probably go back and ask Health that particular question of details of their response. When we prepare a performance audit report, we make recommendations in there. We agree with the agencies what is an appropriate recommendation and how they are going to go about it, so I think asking them detail about what they are doing, how they are doing that and progress against it are good questions to go back to the agencies about. It is good for new directors-general and other senior executives entering those agencies to direct some of those questions into their workforce as well in terms of the progress of response.

CHAIR: Thank you.

Ms BOLTON: I turn to the status on two reports—*Report 16: 2017-18—Follow-up of managing water in the Great Barrier Reef catchments* and *Report 7: 2018-19—Conserving threatened species*. Both of those reports go back to 2017 and 2018. Will there be any follow-up with the departments regarding the outstanding or partially implemented recommendations, because they are quite aged now both of those reports?

Ms Vagg: That is right: they are sitting in those older categories in terms of longer outstanding recommendations—both complex areas again. I note that for managing water quality in the Great Barrier Reef the department had said that it should have been finished by this point in time, so we will follow it up again through our annual process this year to see whether what they had said they were going to do has now been completed. In terms of topics that might be on our forward plan, we are always keen to have environmentally focused topics and have a breadth of topics that sit within those plans and those longer outstanding matters can help inform the topics that we have in our future work program.

Ms BOLTON: As was discussed before, if there is a change in government and a change in policy, some of those might drop off the radar?

Ms Vagg: If the recommendations are no longer appropriate in the current policy environment, yes, they can respond in that way.

Ms BOLTON: In *Report 12: 2022-23—Growing ecotourism in Queensland* did you identify the risk? I think it was a common thread in that report that there is an absence of statewide policy in terms of the importance of protecting our unique natural environment. I think there are very common themes and a thread throughout. In that review did you identify the risk of overtourism and sustainability in particular parts of the state as part of looking at ecotourism?

Ms Vagg: We definitely talked about the balance of economic activity versus protection of the environment and the state needs to respond to that balance in its plan—the development of the plan as well as the implementation of the plan. In fact, the implementation of that plan should take into consideration regional activity. Is there anything else you wanted to add, Darren? Darren Brown is my Assistant Auditor-General.

Mr Brown: We did not look at specific tourist activities to see whether there was overtourism or not; we looked at their overall planning and ensuring that each agency was performing their appropriate role in balancing that act. The absence of a strategy meant that that was difficult and particularly difficult for proponents of ecotourism projects.

Ms BOLTON: I think some of the issues that were identified in the review included the complexities experienced for those protected areas but also the non-protected areas. I am just trying to fathom that in amongst that very much ecotourism does rely on protected areas and I know you said it is a balance, but it is almost a contradiction on the one hand saying that it is okay within protected areas to undertake economic activity instead of it being purely adjacent to or external to so that some of the issues that were raised in the review would be addressed. I think what you are saying is that that is part of a strategy and that was not something that you looked at as part of the review?

Ms Vagg: That is right. It is a policy decision of government about where this activity may take place. We then looked at the effectiveness of the implementation of that decision, and that is where we have made comments such that you need to define ecotourism, you need to have an appropriate plan in place and you need to have an appropriate implementation strategy in place and with that comes the reflective piece of measuring impact from an economic and environmental perspective and then reporting on it and helping use that information to inform plans into the future.

Ms BOLTON: Would that have been right—that is, there were no recommendations specific to the involvement of traditional owners in the development of an ecotourism policy because that would need to be government policy in itself?

Mr Brown: We looked at the extent to which what factors were involved in the decision-making and consideration of First Nations issues and First Nations views on ecotourism projects was part of that framework, and we do talk to that in the front of the report in the early phases around the framework.

Ms BOLTON: Thank you.

CHAIR: I think it would be fair to say—and you just touched on it, Mr Brown—that there was an absence of strategy and one of the comments was that the report found that there needed to be clearer leadership and that it would be—I am just trying to find the words—difficult to grow ecotourism when there are not clear measurable goals or there was a lack of statewide policies. I think essentially what I interpret that as is that there has not been a clear strategy around ecotourism in Queensland or any policy settings put in place so therefore it has been hard to measure.

Ms Vagg: That would be right. It has not been well defined, it has not been well planned and then an implementation road map put in place, which involves multiple agencies working together.

Dr O'SHEA: With regards to *Report 21: 2018-19—Delivering forensic services*, about the recommendations only partially implemented by Queensland Health and the Queensland Police Service and about Queensland Health's role in implementing a process to coordinate and manage collecting, transporting, prioritising and destroying illicit drugs, do you have any further comments on that?

Ms Vagg: In terms of that particular recommendation that had been made, we did not follow it up in this particular review, and we did not follow those particular recommendations because of the level of activity that is currently being undertaken in response to those recommendations. Yes, it was not included. Did you have anything else to add on that, Joel Cooper?

Mr Cooper: I can briefly say that the department is working with the Queensland Police Service to enhance its case management approach to illicit drugs. That was the update that it provided in the *Status of Auditor-General's recommendations* report. Again, this year we will be following up on all outstanding recommendations as part of this year's self-assessment process and we will seek an additional update.

CHAIR: Members, any other questions? We still have another 20 minutes or so.

Ms DOOLEY: In deference to the member for Hervey Bay who had to leave, it would be good to ask some of his questions because he had quite a few. Please appreciate that they are not my questions. I will ask the one regarding DNA. Why was it not appropriate to follow up on the DNA-related recommendations in regards to the 2018-19 report?

Ms Vagg: Because of other ongoing pieces of work with government, we felt it was too soon to follow up those particular recommendations. As Joel mentioned, it will be included in our *Status of Auditor-General recommendations* when we go out to have that self-assessment process going forward.

Ms DOOLEY: Following on from that, how does the 2022 Commission of Inquiry into Forensic DNA Testing in Queensland specifically affect the implementation of the DNA-related recommendations?

Ms Vagg: It is probably a question to go back to the agencies themselves to answer that one, given we have not followed up that specific recommendation.

CHAIR: Going back to the status report, in *Report 7: 2018-19*—and I acknowledge the member for Noosa touched on this—three recommendations remain only partially implemented by the department: recommendation 3 about increasing the transparency of the threatened species assessment process; recommendation 5 about reviewing the classification status of Queensland's native species to address misalignment with the Commonwealth listings; and recommendation 7 about monitoring and reporting on the population and trends of threatened species. I note that you conducted a follow-up audit about report 7 with Auditor-General's *Report 9: 2022-23—Protecting our threatened animals and plants*. That audit report noted much more remains to be done 'to effectively address the performance and systems issues that led to' the Auditor-General's original recommendations and that 'the improvements to populations of threatened animals and plants are not yet realised'. Do you have any further comments to make about those outstanding recommendations in *Report 7: 2018-19—Conserving threatened species*?

Ms Vagg: I will pass over to Darren for that one.

CHAIR: In short, there were three recommendations and nothing has been done.

Mr Brown: I think the agencies provide some detail around some of the work that they have undertaken in terms of their assessment of those recommendations being partially implemented. Part of the complexity and the length of time relates to reclassifying certain species that requires a scientific process to occur, and it also requires alignment with the Commonwealth, so it is reliant on similar sort

of processes occurring in other jurisdictions. My understanding, in terms of the department's response to us, is that they have progressed, but there is still further progression to go in relation to alignment with the Commonwealth and agreement with the Commonwealth as to where they are at in certain aspects of that.

CHAIR: I am just trying to remember the details of the last report, but how many threatened species were there in Queensland—quite a lot?

Mr Brown: Yes, there were quite a lot.

CHAIR: There were 178 or something, were there not?

Mr Brown: I cannot recall exactly off the top of my head, but there were quite a lot.

CHAIR: It would seem there probably needs to be a bit of a blowtorch put on the department. Anyway, you cannot comment on that.

Mr Brown: In some cases, it depends on what level of classification. In some states there may be a certain classification provided, and the assessment needs to be how Queensland aligns with that classification in the other jurisdictions, because they were not using the exact same classifications.

Ms BOLTON: Within recommendation 3 around individual agency claims—I am going back to ecotourism here—what types of measurable outcomes do you believe should be included or made possible in terms of ecotourism? For example, should there be an economic assessment or analysis done on both the benefits or the risks, or the impacts? For example, should there be environmental asset valuations done on protected areas? I would like your thoughts on that.

Ms Vagg: A strategy setting process should talk about the outcomes and the goals of the particular piece of work. That helps define what should be measured then. Goals are defined within the strategy and then you measure performance against those particular goals. If it is a balance of environmental protection and economic prosperity, you would expect there to be some goals and some measures in each one of those.

In terms of the details of what that should look like, that would be up to the agency to determine those, and then measure against it. The types of comments we might provide back over time is the quality of the goals and measures, and then also the quality of how they are actually collecting information and measuring success against those particular goals. Is there anything you wanted to add to that, Darren?

Mr Brown: I think that pretty much covers it. In returning to your question, though, about assessing overtourism in certain areas, and that sort of thing, in the report we state that in March 2022 the then department of environment and science conducted an annual review of the three completed ecotourism projects in line with their assurance framework—they do have an assurance framework in place—and they found that overall the project operators had demonstrated compliance with the conditions of their leases, and there would have been a range of conditions that they would have assessed on the gains,

Ms Vagg: That was page 21.

Ms BOLTON: I know it is a rigorous framework because we did have one that no longer is proceeding. It is a rigorous process: it is very complex and takes a long time. Once it is established, there is then the assessing of the impacts environmentally which, of course, in protected areas also impacts economically because ecotourism is reliant on those protected areas as to why it is of value economically. You are referring to the three. The question is: how have you determined overtourism in your assessment of those, or in the strategies or the policies set in place? When they have reported back and they are completed, is there anything that is undertaken to determine prior that already an area has an abundance of tourists and requires no more so that there is not a validation to grow it in that area?

Ms Vagg: I would probably go back to the strategy that is set by the state and then the implementation plan. I think you are suggesting that there should be an assessment about whether ecotourism is required or not, and then the benefits and the costs associated with it. That should be part of the strategy that we are recommending government has in place. Part of the implementation is assessing whether the decisions that have been made under that strategy are effective or not in terms of meeting the outcomes desired by the state. We are recommending that that process should be put in place. It is probably a good question to go back to the new department of environment and ask the question about how they are going from an implementation perspective and then you could also ask performance questions about that.

Ms DOOLEY: Apologies, we seem to be going from one report to the other as we grapple with some of the complexities of it all. We understand that there is quite a gap in paediatric services for child victims. In your opinion—and I appreciate you may or may not be able to comment on this—will $12 million that was allocated in last year's budget be enough to support the necessary recommendations to improve paediatric care services?

Ms Vagg: That is probably a good question to take back to Queensland Health. Our recommendation is that there be suitably trained staff, including those in the paediatric space, and that those staff are available in the right locations across the state. That means the state needs to be aware of where demand is more likely to be and to have suitably trained paediatricians in this particular space. It would be good to go back to Queensland Health in terms of the suitability of the funding that has been allocated.

Ms DOOLEY: Following up on that, there is still no dedicated statewide forensic examination service in response to the recommendation in the 2022 *Hear her voice* report. Is it your understanding that a dedicated service will exist, or that improvements to this existing service being maintained by Queensland Health will be made in the alternative? That is quite a long time ago.

Mr Cooper: Queensland Health is very much still working through implementing recommendation 32 from the taskforce to implement a statewide model. As we have noted in the report, across HHSs, the staffing models do differ. Some hospital and health services have dedicated staff who do the examinations and others rely on a mix of emergency department doctors and nurses. It is very much a work in progress that we have identified in the report and called out, and certainly is a better question to direct to the department to get an update on.

CHAIR: This is probably more a technical question. We have had issues around DNA testing that were highlighted through previous reports, and then there is the issue that the member for Redcliffe just touched on around forensic examinations. Then late last year, the member for Clayfield, the current health minister, raised in the House concerns around the virology laboratory in a biosecurity breach. Are these all the same laboratories or departments within Queensland Health that look at all these issues around pathology and virology, or are they quite separate business units? The question I am trying to get to is: we have had all these reviews around forensic testing. You would have thought that enough alarm bells have gone off. If these are all one in the same department, are we not responding urgently or with enough sense of urgency around fixing it, or is there some issue around the labour force or some global trend around finding people who can do this work?

Ms Vagg: I would like to step back in terms of a recommendation in a particular area and ask would that apply to other elements of the health system; in fact, all of the recommendations we make in the report. In terms of where those labs sit together, I am not sure of the answer to that.

Mr Cooper: Testing of DNA exhibits is done at the one facility—Forensic and Scientific Services in South-East Queensland. Whether or not that relates to the issue you have raised, I am not sure we can answer. It probably would be something that the department would need to respond to.

Ms Vagg: As we are building our findings and recommendations, we do look for common issues across particular systems of delivery, and that helps us form up our recommendations for corrective action. They are things that we talk to the department about and that we do bring into our recommendation forming. However, it might be good to go back to Queensland Health with regard to that particular question about the labs.

CHAIR: Is there one big central facility that does all this testing, or multiple labs that cover a range of services, or are there separate facilities doing specialist work that are failing? It seems we have had a significant and ongoing problem in that area for some time now.

Ms Vagg: The location of the labs is probably a question for Health.

Ms DOOLEY: I will ask one more question on behalf of the member for Hervey Bay in his absence. He says that report 8 raised some concerns about unresolved HHS issues, including but not limited to information security being raised in prior years, some dating back as far as 2018. His question is: does the QAO have specific concerns around HHS governance—for example, audit committee governance?

Ms Vagg: In terms of the information system control issues we have raised, it is of significant concern to us. It is not alone in the health system in terms of information security weaknesses, but the health system is particularly vulnerable to attack, which is why we have raised it in the report, and I did discuss it earlier.

In terms of the governance and audit committee oversight, we have not raised any specific issues in any of our audits about the operation of the audit committees within each of the HHSs, and the effectiveness of those particular committees. Those committees give oversight, they ask questions and they challenge the agencies in terms of their response to the recommendations that we have raised. It is up to the organisations themselves to be able to respond to it. These are complex issues and it is an in-demand area in terms of suitable resources to respond to the matters that we have raised. We do acknowledge that it is complex, but we do recommend that they are responded to with a sense of urgency.

CHAIR: Following on from that theme, in the *Health 2024* report you raised concerns around cybersecurity and a number of control deficiencies having been identified. Can you perhaps go into a little detail about the nature of those control failures and whether the department has actually put appropriate mitigation strategies in place?

Ms Vagg: We sure can. David, I might hand over to you to talk to this one.

Mr Toma: Excellent. On page 8 of the report, figure 3A, we do identify four of the themes across those issues. One of the things I do want to emphasise is that the issues we have raised at Health are not unique to the health sector. We communicated similar issues in our energy report which was also tabled last year. The reason we have wanted to highlight it in this report is that health entities are vulnerable to cyber attacks because of the personal information that they hold and because of the intellectual property that they have, so it is really important that these recommendations get actioned. Most of these were at the department level. The department responded well to this report and accepted all our recommendations, and we will be following up on its progress as part of our audit for this year.

CHAIR: While we are talking about software, because that is an area of vulnerability, there have been previous reports around the implementation of software rollouts. I think Viewer was one of the systems. Has there been any follow-up recently as to how Queensland Health are going with the rollout and implementation of those systems, the training of GPs and information sharing across services since that last report was done?

Mr Toma: I do not have anything more recent than that original report.

CHAIR: Are we due to look at that again? It seems to me that that real-time data and access to things like Viewer are pretty important.

Ms Vagg: Our focus, as we do our audit each year, is on anything financial related, and then we look at the overall system in terms of protection of access into the systems that sit within Health. Annually we will have a focus on those financial systems, and we do not necessarily move into clinical and other systems unless we are aware of a matter that might be there. If there is a specific question about a system rollout, it is good to go back to the agency and ask questions about those particular systems.

In terms of the issues that we raised, though, about making sure that the right people have the right level of access, and that is as minimal access as possible, they are good practices to have in every system that is implemented within an agency. I think the elements that we have raised can be asked of any system that sits there, and that is that when people no longer need access to systems, that that access is removed, that they have minimal access to systems, and that any protective mechanisms that can be put in place, like patching updates to software, are actually implemented. There are some well-defined criteria that the department can use in terms of assessing the cybersecurity of their particular systems.

CHAIR: I am going back a little bit, but there was a review done, I think three years ago, on the delivery of aged-care health services and a whole lot of other things where we travelled extensively around the state. One of the issues identified in the report to the parliament was that there was a lot of cost duplication, particularly in regional and remote areas, because there was not a timely rollout of the software systems and information sharing. In some cases, X-rays were being organised and ordered, say, by Queensland Health because someone went to their local hospital, say, in Emerald, and then a week later they are back with their GP where the GP had no access to any of the reports or information and was then ordering more, so there were all these further cost imposts on the system. A lot of it came back to the slow rollout of the systems across Queensland Health, but then the training of GPs and other allied health professionals in their markets. So, it will be interesting to get an update at some point on how we are going with those rollouts that were talked about, I think, two or three years ago now.

Ms Vagg: We always look at systems that affect financial reporting and the rollout of those, and that would include, say, things like rostering systems and the like. In terms of clinical systems, we do not always look at those unless there is a specific issue there, or we are doing a performance audit over that particular area. I will go back to the fact that it is probably a good question to ask of Health in terms of access to information and then the effect on the cost-effectiveness of the system where you have duplication of effort in particular areas.

CHAIR: I think those issues were addressed by the Audit Office. I think it was in the *Health 2022* report. Perhaps Mr Toma could comment.

Mr Toma: The issue that you alluded to before about the lack of sharing of information, that is also an issue we raised in our *Health outcomes for First Nations* report that we did a year or two ago. Particularly out in the regional areas where you have crossover between primary health and the hospital, there was not that information sharing. The department does have an e-health division, and they are doing some work in terms of improving the interoperability of the software out there in the regions, so that would be worth having a chat to the department about.

CHAIR: I think you also talked at the time about discharge summaries and the timeliness of those. I am casting my mind back, but I think in some cases they were not being produced or provided for up to 30 days or 60 days after discharge, and so there were some systemic issues around that as well. All good things to look at in future audit reports, I guess.

There being no further questions, I thank you for your attendance here today. There are a number of questions on notice that have been taken, and your responses will be required by Friday, 14 February so we can include them in our deliberations. That concludes this briefing. Thank you to everyone. I now declare this public briefing closed.

The committee adjourned at 3.41 pm.