



ECONOMICS AND GOVERNANCE COMMITTEE

Members present:

Mr LP Power MP (Chair)
Mr RA Stevens MP (via teleconference)
Mr ST O'Connor MP
Mr TR Watts MP
Ms KE Richards MP
Mr LR McCallum MP

Staff present:

Ms L Manderson (Committee Secretary)
Mr J Gilchrist (Assistant Committee Secretary)

PUBLIC BRIEFING—INQUIRY INTO THE QUEENSLAND GOVERNMENT'S ECONOMIC RESPONSE TO COVID-19

TRANSCRIPT OF PROCEEDINGS

MONDAY, 1 JUNE 2020

Brisbane

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The committee met at 10.30 am.

CHAIR: Good morning. I declare this public briefing open. Today's proceedings are being conducted using videoconferencing facilities, so I ask all of the participants and anyone watching the broadcast to please bear with us if we encounter any technical difficulties. I begin by acknowledging the traditional owners of the land on which we participate today, paying my respects to elders past and present. My name is Linus Power. I am the member for Logan and chair of the committee. Other members of the committee are: Ray Stevens MP, the member for Mermaid Beach and deputy chair; Lance McCallum MP, the member for Bundamba; Sam O'Connor MP, the member for Bonney; Kim Richards MP, the member for Redlands; and Trevor Watts MP, the member for Toowoomba North.

The purpose of today's briefing is to assist the committee with its inquiry into the Queensland government's economic response to COVID-19. The proceedings today will particularly focus on the government's efforts to support the ongoing operation of businesses during the pandemic. This includes: the government's consideration of business impacts when formulating the health response to COVID-19; the provision of advice to businesses on restrictions and workplace health and safety measures; the economic assistance and relief measures that have been established; and government support for worker retraining and reskilling.

The briefing is a proceeding of the Queensland parliament and is subject to the standing rules and orders of the parliament. It is being recorded and broadcast live on the parliament's website. I remind committee members that officers appearing today are here to provide factual or technical information. Any questions about government or opposition policy should be directed to the responsible minister or shadow minister or left to debate on the floor of the House. I encourage everyone, whether joining us via videoconference or present here today, to please switch off their mobile phones or turn them to silent. I also ask that you place your microphones on mute unless you are speaking. That will prevent audio interference and background noise. I ask those members participating here to push their microphones away while not using them.

CURTIS, Ms Mary-Anne, Director-General, Department of Employment, Small Business and Training (via videoconference)

KELLY, Ms Maryanne, Deputy Director-General, Engagement, Department of Employment, Small Business and Training (via videoconference)

KOCH, Mr Steve, Deputy Director-General, Investment, Department of Employment, Small Business and Training (via videoconference)

McKAY, Mr Peter, Deputy Director-General, Strategy, Department of Employment, Small Business and Training (via videoconference)

WAKEFIELD, Dr John, Director-General, Queensland Health (via videoconference)

YOUNG, Dr Jeannette, Queensland Chief Health Officer and Deputy Director-General, Queensland Health (via videoconference)

CHAIR: In view of today's briefing being broadcast via videoconference, the absence of normal nameplates and more limited visual cues, I ask that you please identify yourself by name when speaking, particularly when speaking for the first time or when speaking in response to a direct question. That will help both Hansard and those viewing online. Committee members will also endeavour to ensure they clearly identify themselves when asking questions to minimise any confusion for yourselves or for members of the public watching the broadcast. I now invite you to make an opening statement, after which committee members will have some questions for you.

Dr Wakefield: Thank you, Chair. I start by respectfully acknowledging the traditional custodians of the land on which this meeting takes place, the Jagera and Turrbal people, and pay our respects to elders past, present and emerging. I thank you for the opportunity to brief this committee
Brisbane

today about the Queensland government's economic response to COVID-19. I am the director-general of Queensland Health and I am joined by my colleague, Dr Jeannette Young, who is Queensland's Chief Health Officer.

Today there are five people in Queensland with active COVID-19. Two COVID-19 positive patients are in hospital. Both of them are in intensive care. One is on a ventilator. We have had seven deaths in Queensland since the start of this pandemic of which five were directly related to returning cruise ship travellers. I extend my deepest sympathies to the loved ones of those we have lost to COVID-19. We have had five successive days with no new cases, despite testing between 3,000 and 4,000 people a day across the state. None of this is an accident or good fortune; it is the direct result of expert and assertive health advice under the leadership of the Chief Health Officer and supported by thousands of our excellent health workforce, both in health services and in the department—and, of course, the Queensland government. It is also significantly a result of the actions of the Queensland community across our great state who have heeded the call.

Our goal at the very beginning of the worldwide pandemic was to save lives and prevent our health system from being overwhelmed and failing our citizens. Australia is a member of a very small and unique group of nations who, due to their early actions, not only have saved thousands of their citizens' lives and protected their health systems' ability to continue to provide care to the citizens but also are now able to stage an early economic recovery. My parents and siblings live in the UK. With over 40,000 deaths to date and hospitals and emergency services in crisis, my brother—a dentist—is unable to work and has been unable to work for many weeks. He has volunteered at an emergency hospital in London. In contrast, our dentists are back at work. Only last week the UK announced border closures and mandatory quarantining and commenced contact tracing. The health and economic contrast with Queensland could not be more stark.

We are acutely aware that the impact of the health advice and the resultant social distancing policies have had a significant impact on the lives, jobs and businesses of Queenslanders. This burden rests heavily on our shoulders; however, even with the benefit of hindsight, we and many expert commentators argue that the achievement of effective suppression of COVID-19 in Queensland has saved thousands of lives and that the resultant public confidence will contribute to an earlier and more resilient economic recovery.

In January we were prompt in taking this new threat seriously, exploring all available data from Wuhan and around the world. By 25 January we had activated the State Health Emergency Coordination Centre, SHECC. The minister declared a public health emergency under the Public Health Act 2005 on 29 January. We were the first state to do so and in fact many weeks ahead of many other jurisdictions in Australia. This enabled a range of emergency powers including the direction for recent travellers from China to self-quarantine. The Chief Health Officer and I initiated early health system planning to expand the emergency capacity threefold and intensive care twofold. In conjunction with Pathology Queensland we established early expanded testing for COVID-19, a critical component of our preparation. Queensland had its first case on 29 January. From 2 February, Queensland introduced screening at our international airports. With a well-established network of public health units, Queensland, unlike some other states, was able to rapidly mobilise the key elements of effective management of the pandemic: contact tracing and identifying people who were sick. The test and isolate strategy was swiftly established.

On 11 March the director-general of the World Health Organization declared COVID-19 a global pandemic. Queensland and Australia were already several weeks ahead of this declaration. On 18 March the Queensland parliament passed amendments to the Public Health Act to ensure we had the legislative tools to effectively respond—changes including extending powers of the Chief Health Officer to make public health directions. This is the mechanism by which all of the various social distancing policy measures have been given effect. As of 1 June the Chief Health Officer has made 58 directions and three notices. There are 16 directions and two notices currently in force. Forty-one directions and one notice have been superseded.

Turning to hospitals, having examined the emerging evidence from Wuhan in China in January 2020, we were able to establish various scenarios for the health impact in Queensland. Based on this modelling, Queensland Health commenced planning for around 20 per cent of the population—that is about a million people—to contract the virus in the first wave, lasting approximately six months. That was without any other interventions. We knew that around 80 per cent would get a mild disease not requiring hospitalisation, 20 per cent would require admission to hospital—that is 200,000 people—and five per cent, approximately 50,000 people, would get seriously ill and require or may require ventilation in intensive care. Estimates of deaths from those early days varied from around

one per cent to over three per cent—that is, between 10,000 and 30,000 Queenslanders who could have died. The early modelling suggested that the first wave would really escalate in late April, peaking around three months later and gradually reducing.

The Queensland government allocated an additional \$1.2 billion over the 2019-20 and 2020-21 financial years to help support the health system to increase the capacity in an attempt to cope with the expected wave and without which we would be overwhelmed. This trebled our emergency capacity and, as I said, doubled our intensive care capacity. Significant supplies of personal protective equipment were required at a time of critical international shortage. We also increased the number of ventilators. To illustrate the impact of the market and international supply challenges, a simple surgical face mask which usually costs around 60 cents was selling for around \$6. Of course, our focus was on ensuring that our staff would have the PPE when and where they needed it. I am proud to say that we achieved that. Fever clinics were rapidly established to undertake thousands of tests daily across the state. There was training and expansion of our public health staff and units to undertake the contact tracing, so vital to stopping the spread.

Despite the daily, distressing TV images from Europe and North America, Queensland managed to flatten the curve and radically reduce the number of new cases. The closure of the Queensland border on 26 March was necessary to stop the spread of cases particularly from Victoria and New South Wales, where there were and continue to be pockets of community transmission. It worked to save Queensland lives, as the Chief Health Officer will be happy to explain using the case data.

Turning to lifting restrictions, stage 1 of the Queensland government's road map on easing restrictions began on 15 May 2020 with all school students being able to return to school on 25 May. With the continued suppression in the two weeks since stage 1, the Premier announced yesterday the bringing forward of stage 2 from midday today—almost two weeks ahead of the planned date. Queensland Health continues to work with relevant departments and industry groups to support the application of the social distancing policies across a range of business settings using COVID-safe check lists and plans. The stage 2 relaxations represent a significant opening up of many sectors. We remain optimistic about working with industry groups to navigate the pathway of public confidence, continued suppression of COVID-19 and increased economic activity.

Finally, I turn to the 'new normal'. Due to the suppression of COVID-19 and the limited number of infected patients now, the health system has already been able to recommence services which had ceased during the last two months. Elective surgery, cancer-screening procedures and ambulatory services have all been able to significantly increase in the last four weeks, and some major hospitals are already back to pre-COVID-19 levels of elective surgery activity. This is critical to ensure the community does not suffer the health consequences of delay for urgent and routine care.

Some of the changes that we have adopted during the pandemic are actually here to stay. The expanded use of virtual care, not just for rural patients but also those in the city, has been welcomed by patients and clinicians. We aim to capture some of these new ways of working as part of creating a new normal health system that better integrates primary and hospital care, maximises the use of technology and takes more care from the hospital setting into communities and into homes. An expert reform planning group has been established to advise the Deputy Premier and Minister for Health and Minister for Ambulance Services and me on system-wide reforms enabled by the COVID-19 pandemic, and that report will be provided later this year.

I thank you for the opportunity to brief you this morning. The Chief Health Officer and I would be delighted to take questions.

CHAIR: We will proceed to the Department of Employment, Small Business and Training. Do you wish to give a briefing before we go to questions?

Ms Curtis: Thank you for the opportunity to provide a briefing to you today about the Queensland government's economic response to COVID-19. I would also like to begin by acknowledging the traditional owners and custodians of the land on which we meet today and pay my respects to elders past, present and emerging. With me today I have three members of my executive team who have already been introduced to the committee.

Before the COVID-19 pandemic, Queensland's small business sector had reported its sixth consecutive year of growth in 2018-19, with more than 445,000 small businesses employing more than 970,000 Queenslanders, or almost 45 per cent of the private sector workforce. This sector represents a large proportion of Queensland businesses and has often been described as the backbone of Queensland's economy.

The impact of the COVID-19 pandemic has been significant for the community, workers, business, industry and the economy. My department initiated early engagement with the small business sector as the impacts from COVID-19 and the necessary public health directions started to evolve. We continue to engage with the sector to understand the needs of small business during this time and to help mitigate the impacts of COVID-19.

We established a COVID-19 landing page on the Business Queensland website which provides relevant information and assistance for business and industry including links to public health information. Small businesses can also access information and 24/7 one-on-one support through our Small Business Hotline or by completing an online survey through our website. To date we have received more than 6,600 inquiries from small businesses. The department has also consulted with peak industry bodies and key stakeholders to identify ways to assist COVID-19 impacted small businesses to continue to operate during this time.

Key initiatives rolled out by the department were: the delivery of webinars by TAFE Queensland on cash flow management and business planning; and our Mentoring for Growth sessions, which were moved online, to provide tailored business support to small businesses and which are now focusing on helping those businesses to rebuild and develop resilience.

The Queensland government acted early and announced support packages to provide assistance to mitigate the impacts of COVID-19. On 18 February a \$27 million package was announced to provide assistance to business to mitigate the impacts of COVID-19. On 24 March a further \$4 billion in measures was announced to support Queenslanders' health, jobs and businesses. The early Queensland government assistance was aimed at: assisting to maintain cash flow; rent and land tax relief; payroll tax refunds and relief; electricity rebates; licence fee waivers; immediate government payment of suppliers; and job support lines.

To provide greater certainty for the community, including the small business sector, the government released the *Roadmap to easing Queensland's restrictions* on 8 May. The road map outlines a staged approach to giving Queenslanders more freedom to travel and participate in more activities and provides businesses with a guide to support them to reopen and ramp up their operations. Ongoing implementation of the road map is guided by key health checkpoints and requirements such as social distancing and hygiene requirements, contact tracing and implementation of COVID-safe plans.

With stage 1 underway, we are seeing increased economic activity, with a number of small businesses reopening. This will be a gradual process and one that will be progressed based on the advice from the Queensland Chief Health Officer. As Dr Wakefield mentioned, yesterday the Premier announced an acceleration of the lifting of restrictions currently in place, commencing stage 2 from midday today. These changes will allow more businesses to safely reopen or expand their services, including easing some of the restrictions for our hospitality and tourism sectors.

The Queensland government released the *Queensland economic recovery strategy: unite and recover for Queensland jobs* on 19 May this year. As outlined in the strategy, more than \$6 billion in funding support has been committed to date to manage the health response and support Queensland businesses and families and to protect local jobs. The strategy's five guiding principles are to: adapt to build a more resilient and stronger economy; invest in productive infrastructure for the future; build our regions based on Queensland's strengths; create an environment for business confidence and investment; and support Queensland's communities to be healthier and more united.

The recovery strategy recognises the importance of enabling future growth through skills, training and education, innovation, trade and investment and by supporting a competitive regulatory environment. Under the strategy, my department has carriage of a new \$100 million program to support small businesses, including online training to help small businesses emerge from hibernation and \$96 million towards the new small business COVID-19 adaption grants. The objective of this new grants program is to support the small and micro businesses that fall below the payroll tax threshold. The grants of up to \$10,000 will assist these businesses to prepare for the safe resumption of trading and to access a range of new technologies and specialist advice to assist them to rebuild their business operations or transition to a new way of doing business. Due to an overwhelming number of applications, we have now closed the grant program for new applicants.

Up to \$500 million has been made available to assist workers who lose their job or income with retraining, job matching or other assistance to help transition them into jobs in priority industries. To support this initiative, the Jobs Finder online portal has been established where individuals who have lost their job due to COVID-19 can register to be matched to a new job. Through the portal they can also access free online skill sets and micro-credentials in priority areas such as digital literacy, community care and customer engagement, amongst others.

An important aspect of recovery is rebuilding consumer and business confidence to create an environment for renewed investment. Small businesses understand the important link between safety, community and consumer confidence, and business activity. The Business Queensland website includes links to a range of information including the latest advice on the road map to easing restrictions to help small businesses safely reopen. This information is updated regularly and is linked to relevant Chief Health Officer public health directions on the Queensland Health website. This ensures businesses can find current information about restrictions relevant to their situation easily and quickly.

TAFE Queensland has developed COVID-safe online training short courses for employees within the dining-in services and the beauty therapy, spa, nails, tanning and tattoo parlour industry sectors. These courses are available on TAFE Queensland's website free of charge for employees in these industries who meet the requirements of the COVID-safe checklists.

Another key initiative to support small businesses during this time is the recent appointment of a Queensland small business commissioner until the end of the year. The commissioner will deliver advisory and advocacy functions for small businesses and administer mediation services in relation to small business tenancy disputes and affected lease disputes under the national code.

On the weekend a new procurement target for Queensland's small and medium sized businesses was announced. The initial 25 per cent procurement target from 1 July 2020 will give these businesses greater access to state government procurement opportunities and will assist them to recover from the impacts of COVID-19. This target will increase to 30 per cent by 30 June 2022.

The government's on-time payment policy payment terms for small businesses reduces from 30 to 20 calendar days from 1 July 2020. In recognition of the impacts on small business cash flow during the COVID-19 period, the Queensland government has introduced immediate payment terms for all valid invoices. Paying suppliers to government quickly will provide vital cash flow needed to assist businesses to continue to operate and employ staff during this period.

Last month we joined with CCIQ to launch the social media campaign #supportsmall during the virtual Queensland Small Business Month. This is to encourage Queenslanders to support their local small businesses. The department is also working as part of the Economic Functional Recovery Group to coordinate responses to economic impacts caused by COVID-19, and we are playing a key role in guiding the development of the responses to support the small business sector and the skilling industry. A small business subgroup has been established to focus on the recovery of this vital sector, bringing together representatives from the small business sector and industry bodies to specifically focus on planning for the recovery of this important sector. We know that impacts on small businesses are changing as restrictions lift and new initiatives are announced. We have also established a small business task force in response to concerns about high commissions charged by food delivery services. Following task force meetings, both Deliveroo and Uber Eats have made changes to their commissions. The task force is now developing a voluntary code of conduct for this industry for possible continuation post COVID-19.

A skilled workforce is vital for economic recovery, and it is important that we support our vocational education and training sector during this time. We know that a highly skilled workforce will be the critical enabler of economic recovery across Queensland's industries. Through my department, we have implemented fortnightly payments to our prequalified training suppliers to support cash flow, and we have promoted remote learning options including free online micro-credentials and skill sets through TAFE Queensland and Central Queensland University to broaden students' skills and to promote job opportunities in high-demand industries.

For our apprentices and trainees, we have implemented mass communications to employers, apprentices and trainees, sending text messages to every apprentice and trainee in Queensland, inviting them to engage with us to better understand the support available to them during the pandemic. We have localised contact with each of these people through our regional offices and we are working directly with businesses to support the continued employment of apprentices and trainees and, where that is not possible, offering them support to continue their training through alternative pathways. We have worked with and supported our public providers in their transition to online delivery and will continue to do so in their ongoing move back to face-to-face delivery in line with public health advice.

As restrictions are lifted, it is expected that small businesses will be looking for ways to continue to pivot and diversify their operations. We also recognise that many small businesses will face challenges on the road to recovery. A coordinated approach across government, industry, the business sector and the community will be critical to safely ease restrictions, support Queenslanders to get back to work and support economic recovery.

In closing, we will continue to engage and consult with the small business sector, employees across Queensland and industry stakeholders to enable us to deliver our services and programs to support them on the road to recovery.

Mr STEVENS: Dr Young, contact tracing of COVID cases will obviously remain important to our economy going forward. The integrity of the system is also obviously very important. What confidentiality restrictions apply to contact-tracing interviews?

Dr Young: Those confidentiality provisions are in place under the Public Health Act. No different to any other health encounter, there are requirements for people who obtain information through their work to keep that information confidential. They of course do need to then use that information, so they need to take the information that they obtain from that interview and then go and speak to the people who have been nominated as being contacts—and that is very important. There are also issues when we are unable to work out who the particular individuals are, in which case we might have to name places that they have been—so then we put out public health alerts and will name the places the people have been, the businesses, et cetera.

Mr STEVENS: Under those rules, would there be a legitimate disclosure to a local MP about information obtained from contact tracing?

Dr Young: There may be if there were an issue with getting information out about where someone has been. We use a whole range of strategies, through the media and through other means. Of course, local MPs have a lot of contacts within their locality, but I am just speaking there about hypotheticals.

CHAIR: Dr Young, how important is it that workers who show any symptoms—in protecting both their customers and their workplace—get tested?

Dr Young: That is a very important question. In fact, it is more than just workers; it is anyone. It is any Queenslanders—all 5.1 million of us. If we are unwell with any symptoms at all, we should immediately isolate ourselves at home. We should leave wherever we are and go home and then organise urgently to be tested. We are very fortunate in Queensland that our pathology system very rapidly put in place testing, and today in Queensland we can test 10,000 people for COVID-19. We have never got up to 5,000, so we have a lot of spare capacity that can be used for that purpose. That is probably the most important initiative to protect our community and to enable our economy to get up and going again.

CHAIR: I note that people will be able to travel anywhere in Queensland. If someone is travelling and staying away from their home, in a place not close to their home, is it important that they get tested at a hospital while they are travelling?

Dr Young: Yes, it is. It is important that anyone, as soon as they develop symptoms, isolates themselves—if they are travelling away from home it will be in their accommodation, of course—and immediately organises testing. If they do not know where they can go to be tested they can ring 13HEALTH, who can advise them.

Mr STEVENS: As a Gold Coaster this is very important for our community. Australia's Deputy Chief Medical Officer, Paul Kelly, has stated —

From a medical point of view, I can't see why the borders are still closed.

I know that we can always go for a second opinion on these matters, but why is Dr Young advising that the Queensland government not accept the advice provided by Australia's Deputy Chief Medical Officer?

Dr Young: The reason is that I actually have more granular information available to me in Queensland than he has at a Commonwealth level. I have very specific information. I have been using that every step along the way to advise the Queensland government of what I think it should consider and make its decisions based upon. If I can take us all to the data, on 21 March in Queensland we were reporting 67 cases. Each day until 28 March we were reporting in Queensland between 55 and 67 cases. We were doubling the number of cases in Queensland every four days. From my point of view that was terrifying, so we had to act.

You might remember that that was the period—that time towards the end of March—when a whole range of initiatives were put in place. Our national government announced a ban on Australians travelling overseas on 24 March. We put a whole load of requirements on citizens in Queensland in terms of staying home except for essential purposes or for exercise. There were very limited reasons people could go out. We felt at that stage that we were getting our international border under control due to what the Commonwealth government had put in place in terms of not allowing Australians to

leave Australia and anyone coming into Australia having to go into quarantine—indeed, stopping people coming into Australia unless they were Australian permanent residents, citizens or immediate family of those people.

I turned my mind to what was the next risk for Queensland, given that the international borders had been sorted out, in terms of protecting Queenslanders. We have to remember, of course, that during a pandemic your aim is to reduce the number of imported cases into each and every community. That has been our aim from the start: to reduce the numbers of cases coming in and therefore reduce the spread of those cases.

As I said, this was a period in which in Queensland we were doubling our total case numbers every four days, so it was out of control. At that stage in the world they were looking at doubling every six days, so we were doing worse. We had a lot of problems. I looked very carefully at the data, and it showed that in the 15 days between 9 March and 26 March we had 14 cases of COVID-19 diagnosed and confirmed in Queensland in Queenslanders with a history of interstate travel and were not part of a cluster in Queensland. They had picked it up by going out of the state of Queensland. We know that at that stage there were more cases of community acquired infection in other states, particularly in New South Wales and Victoria.

A decision was made that the Queensland borders would be closed to domestic travel except for some very important exemptions—so for freight, for essential workers and for compassionate reasons—but we were essentially closed for Queenslanders leaving the state who were not involved in one of those areas, for example going for holidays. If you remember, this was in the lead-up to Easter. Similarly, we were not allowing people from elsewhere to come into Queensland. We then had four more cases—remember, there is an incubation period—of people who had acquired their infection interstate in the 15 days from 27 March to 10 April. We have had no further cases of interstate acquired COVID-19 since then. It was a very successful strategy at protecting Queenslanders from exposure to people bringing the infection back into Queensland. I do not have the full details of how many interstate people brought the infection from other states, so these were Queenslanders who had gone interstate and then come back into Queensland and developed the infection in Queensland.

I do not have the full data on how many non-Queenslanders came into Queensland with the infection and transmitted it to how many others, but I have one example I thought was useful. A restaurant in Noosa held a 50th birthday party. One of the guests at that party came up from New South Wales with the infection and spread it to 28 Queenslanders plus a number of other people who were not Queenslanders and who went back interstate. I do not know how far they spread it when they went home to their own states. That one example shows that one person coming into Queensland can rapidly, at one function, spread the viral infection. They are the concerns that I advised government about.

Ms RICHARDS: First I place on record my thanks and the thanks of my community for the work you have done, Dr Young, in keeping Redlands and Queenslanders safe. Can you give us an update on the federal government’s COVIDSafe app—its success and its application across Queensland?

Dr Young: Yes. The app is certainly something that we all welcomed as chief health officers around the country and have strongly encouraged people to download. Unfortunately at this stage—I hope it picks up—just over six million Australians have downloaded the app. That is around a quarter of our population, remembering that not all of our population will own a smartphone—children and so forth. At this stage, with only 25 per cent of the country having downloaded the app, it is not as useful as we would hope it could be. The aim with the app is that it tracks your contacts with other people. If you have had 15 minutes or more contact with another person it will track that, and then if you become positive, confirmed with COVID-19, the public health people who are doing the contact tracing ask you if they can have access to that data. If you have downloaded the app and you say yes, it is another tool for the public health people. They can use that to contact the people that person has been in contact with.

Of course, people might not always know who they have been in contact with. If they are out and about—maybe they are on public transport and they are standing near someone for 15 minutes—they would not necessarily know the name of that person. That is why all chief health officers around the country were quite excited to be able to have that information available where people chose to share it. It was always about people’s choice.

Because only one-quarter of the population have downloaded it, essentially someone who has downloaded it would only have potentially one-quarter of the contacts, because the other people they have come into contact with would have, just roughly, one chance in four of having downloaded it. That is why we must maintain our current contact-tracing capacity and capability in Queensland. We very rapidly increased the number of contact tracers and, due to support from the Department of Brisbane

Justice and Attorney-General, we have trained an additional 500 contact tracers, who are available should we need them. We have a lot of the more traditional contact-tracing capacity available to us to use.

With the second stage of the road map commencing today, we have required all businesses that are opening up to maintain a register of people's names and at least their mobile phone numbers so that we can rapidly contact-trace people if there is a case in a group. That is the other reason we have limited groups at this stage of the road map to 20—so that we can rapidly get hold of those 20 people if there is a confirmed case amongst them. We recognise that is a very significant impost on business to maintain those records. We have asked them to maintain those records for eight weeks. The reason we have done that is: if we miss the first transmission, if someone were positive amongst that group, and only get it when it is the next transmission, we will have to go back that far. That is why we are asking business to maintain that record. They cannot use it for any other purpose—they can only use it to give to a public health official if they are asked—and after eight weeks they must destroy that information.

Ms RICHARDS: Yesterday I had my first in-dining experience since the COVID restrictions eased and they had the register, the hand sanitiser—all processes going. With stage 2 and the easing coming into effect at noon today, could you talk us through the industry COVID-safe plans, how industries are currently engaging with your office in terms of the development of those and when we could expect to see some of those being announced?

Dr Young: Industry have been fantastic in how they have engaged with us and also how they have engaged with their relevant government department. This has been a joint effort, of course, between the relevant government department, industry and Health to work through those COVID-safe plans. The idea is that for high-risk industries we have checklists in place so that they can open—they have already done so with 10 people—and they can manage that. Where we have industries that can safely have more than 20 people—because they have ways of separating those 20 people, either because they have different rooms and spaces indoors that they can separate or because they have an outdoor area and they can be separated—then the idea is that there is overall an industry plan that is developed—we have already seen some of them, and we are getting more of them as we speak—so that we can then say to people, 'If you have an industry plan that is applicable to you, you can immediately implement that plan and go forth from Friday to have those larger numbers.'

There may not be an applicable industry plan because you are one of a kind. I hope that Australia Zoo do not mind me mentioning them all the time, because I have been using them as my example. They are one of a kind. A little while ago they put forward a very sensible plan which their team have been working through, so once it is signed off they will be able to implement that plan on Friday.

Wherever there are one-of-a-kinds, they will be putting forward a plan that will be worked through with their local public health unit who knows them and knows the local situation and can manage that with them. Where there is not a one-of-a-kind type issue—it is fairly standard—then there will be those industry-safe plans that will be signed off before Friday, I hope. As long as we have them all, there are no concerns with them and they have been consulted on with the relevant stakeholders, they should be signed off by Friday so they can be implemented on Friday.

Mr O'CONNOR: Being a Gold Coaster, I am also very interested in the border closure, like my colleague from Mermaid Beach. Dr Young, you have said publicly that you would like to see two incubation periods—one month of no community transmission—in other states before reopening the Queensland border. Is that realistic to expect from those states as they ease restrictions, in some cases more than we are doing in Queensland? If this is not achieved, what sort of time frame? It could be months and months before you could achieve that.

CHAIR: Did you mean 'unknown community transmission', member for Bonney?

Mr O'CONNOR: Yes.

Dr Young: When I made that statement in the media, New South Wales actually had not had any community acquired cases for a fortnight. They have since had some. It is something that we will look at. That of course would be the ideal, but as we are lifting restrictions across the country it may be less likely. The Premier has stated that the national cabinet will be discussing the epidemiology across the country in two weeks time. National cabinet is currently meeting every two weeks. They met on Friday of the week just gone so they will meet again in two weeks time. They will have that very detailed information of the epidemiology across the country and therefore will be able to use that to have that discussion at a national level. We also need to remember that, in fact, all states and territories have domestic border restrictions in place except for Victoria, New South Wales and Brisbane

the ACT. In fact, it is an issue that we need to discuss as a nation, because it will depend on what is happening across the nation. The Premier will have that information and that discussion at national cabinet and then the plan is that Queensland will discuss what its response is at the end of June. That is what has been put out in the media at this stage and the decision that has been made.

Mr O'CONNOR: Dr Young, I am sure you have seen the quote of yours—I think it was originally in a *Brisbane Times* article —

... sometimes it's more than just the science and the health, it's about the messaging.

That has been doing the rounds a little bit. How much of your advice has been based off that messaging rather than the science and the health, and does that relate to the border decision?

Dr Young: All of my information has been based on science and health—that is my role—but I have a second role which I believe is important, and that is about the messaging. I put out messaging, but my advice is about the science and the health impact.

CHAIR: I have a follow-up question, Dr Young, on residents of tourist areas. My mother is a resident of the Gold Coast and is quite elderly.

Mr STEVENS: In the fabulous electorate of Mermaid Beach.

CHAIR: Indeed, as the member for Mermaid Beach says, she is a resident of Mermaid Beach. Those tourist areas often have a lot of elderly people. Would they have any concerns if people were coming from an area that had significant unknown community transmission and staying in their areas, especially when quite a few of those places have a crossover between lots of tourist attractions and a high number of retirees who are seniors, like my mother?

Dr Young: That is precisely the reason that we need to look at the numbers, look at the epidemiology and look at what is safe. We know that, although the majority of people who have severe complications are older people with chronic disease, there are also issues for some younger people. The intent here is to do what is safe for the Queensland community—every member of the Queensland community—and that will be part of that decision-making.

Mr McCALLUM: Dr Young, with respect to the risk of a second wave, what do you see as the potential consequences for a second wave in Queensland that we are obviously doing everything to avoid? I will ask representatives from the Department of Employment, Small Business and Training to then speak to the economic risks that would be presented from a potential second wave.

Dr Young: Yes, of course a second wave is something that is always in the back of our minds. I believe that, given the measured steps that we have taken and the fact that we have those three initiatives in place that the Prime Minister said needed to be in place before we could remove restrictions, we will not have a second wave.

The first of the three things that we need to have in place to mitigate the risk of a second wave is testing capacity. We have that in Queensland. My one concern is that we are not utilising that testing capacity as much as I would like to see. That is possibly because we do not have a lot of respiratory illness in our community. Last week we had six cases of influenza in Queensland—in the entire state. I do not think I have ever in my career seen a week when we have had six cases of influenza. Normally at this time of year we would start seeing the ramp-up of the flu season, with thousands of cases starting to happen. That, to me, is a proxy for the fact that we are not seeing illness in our community today. Having said that, I still feel that there are people out there in our community with respiratory illness who are not getting tested. That is our first one: we need testing capacity. The ability to test: we can do that.

The second one is that we need the ability to contact-trace. I did have a little bit more faith in the COVIDSafe app when I hoped more people would download it—I still hope people download it—but, despite that, we have enormous contact-tracing capacity here in Queensland and, if needed, we can rapidly increase that capacity. That is the second one. We clearly have that one in place.

The third one is the ability to rapidly respond to a single case before it becomes a cluster of cases. We have done that now three times in the recent past—very effectively. We have not seen additional cases from the case in Rockhampton, the case in Blackwater and the case in Cairns, for instance. We know that we can rapidly respond.

We have those three things in place. Because we have them, that means that we can find cases before we have a second wave so that we do not have the second wave. The first wave started in Wuhan because they had a whole lot of individuals sick in ICU with pneumonia of unknown cause. That is how their first wave started. Our first wave started because we had some tourists from China with some mild symptoms who we tested and placed into hospital.

We are testing people in Queensland with very mild disease. That is what we need to keep doing. They are the tip of the iceberg. They are there for us to then work around and find any other cases. Rockhampton, for instance, did that work brilliantly. The town came forward to be tested in large numbers. That is why I can be confident that it is unlikely there are other cases. They are things we need to do so that the second wave is a case that we find and stop becoming a wave.

CHAIR: Ms Maryanne Curtis, turning to you for your section of the answer on the impact on small businesses if there was to be a second wave—we have some documents here that you wish to table; is that correct?

Ms Curtis: Thank you, Chair. I understand that was the new road map that was released yesterday by the Premier.

CHAIR: Yes, we are just tabling these documents. Thank you. Do you wish to respond to the question from the member for Bundamba?

Ms Curtis: Yes. As Dr Young mentioned, the public health response is absolutely first and foremost about protecting the community and small businesses. The industry plans were a key part of that and a really key element in making sure those businesses, large or small, can reopen safely in line with the public health restrictions, good hygiene and all those things. Whilst those plans are in place, in the event of a second wave I think we are well placed. We are engaging well with stakeholders and industry associations now to understand how small businesses are operating and how they are responding to this challenge. We are also making sure that they are aware of those public health arrangements and the need to comply with industry plans and the checklists.

I think it is a difficult question to forecast what might happen, but obviously a number of initiatives and supports have been made available, particularly at the state government level but also at the Commonwealth government level. The continuation of support for industry and business at a time of a future wave would be something that would need to be taken into account to better understand those impacts. We are continuing to engage with all our stakeholders to make sure they are aware of the support available to them as the restrictions are currently being lifted in a similar way to what we did as the restrictions were being put in place. We continue to engage with them to make sure that they are aware of their obligations as we move forward.

Mr WATTS: Dr Young, firstly, I am interested in the testing rates and capacity in regional Queensland and getting a breakdown of those figures in comparison to the state figure. Secondly, was consideration ever given to a regional road map, considering that a community such as mine finds it has been over 50 days since any case has eventuated? It seems we are locked down both in Toowoomba and west of Toowoomba because there are cases in Brisbane. I am interested in the local data. I am also interested in regional activity and why we have not been able to open up sooner.

Dr Young: I do have data on the regional breakdown of tests done per thousand of population by hospital and health service for the fortnight ending 28 May. It ranges from 19 tests per thousand population in Central Queensland—and that of course was a direct result of the case there and the numbers of people who came forward to be tested—and it is as low as two people tested per thousand population in the North West Hospital and Health Service. It varies, but the average for the state is seven people tested per thousand population. I do have that information that I could table if the chair is happy to have that tabled.

CHAIR: I am happy to have that tabled. What we might need to do, due to the remote circumstances, is have you email it and we will publish it at a later meeting when we actually have it, or if one of your staff could email it to the secretariat as we speak we might be able to proceed with it a bit quicker.

Dr Young: I will organise that now. It was suggested you might like to know what the Darling Downs data is. For that fortnight it was six per thousand population, a total of 1,616 tests. Your other question was whether a road map was considered for the western part of Queensland. Of course, initially we did have a road map—

Mr WATTS: Sorry to interrupt, it was about not just the western part of Queensland but all of regional Queensland. Obviously the distance from Brisbane to Cairns is large. I am not just focusing on Western Downs but on regional Queensland more generally.

Dr Young: The issue for us was that as a state we had so few active cases—we last had a new case on 27 May. Since 25 April, when we had five cases, there has not been a day when we have had more than three. We have had zero, one, two or three cases and they were not clustering. We did not see cases in any one specific part of the state. For instance, as at this morning we now have five active cases in the state: one in Central Queensland, one in north Brisbane, two in south Brisbane—and that is the broader metropolitan part of Brisbane—and one in the Gold Coast. I think Brisbane

it was only yesterday that the Cairns case was no longer active. Until quite recently we have actually had cases ranging all the way up the coast, from the Gold Coast up to Cairns, but only one or two in each location. It did not make sense to have separate areas of the state with separate systems in place, especially when up until their most recent case Central Queensland had not had a case in quite a lengthy period and to date they have only had eight cases and one death, and that new case was No. 10. They went for quite a long time with no cases and then a case popped up. You really do not know where a case will pop up that you need to respond to. It does not make a lot of difference because the case numbers are so small. That is why we did not have a separate consideration for the coast.

The outback was different in that it had never had a case until the Blackwater case. That is the only case it has had, and of course it is still being investigated by the Coroner. That is why there was a different process put in place for the outback. The other reason is that the outback does not have any large cities, like Cairns or Townsville or even Hervey Bay. It has much smaller towns so therefore it would always be much easier to manage any case, as we found in Blackwater. It is much easier to go in and manage it rather than if it were a larger place where people may well move more through the community and potentially cause further spread. That is why I did not feel, from a health point of view, it made any sense to separate the coastal part of Queensland into different areas.

Ms RICHARDS: My question is for the director-general of Small Business and there are probably three parts to it. Firstly, I would like to hear your thoughts on JobKeeper—and when I think about the calls that I have taken from my community, the first of two key areas of concern has been around access to JobKeeper, so I would be keen to hear your commentary about that. The second has been around tenancy and leasing disputes. I would be pleased to hear a bit more detail about our new Small Business Commissioner and the office and what our tenants can hope to get access to.

Ms Curtis: In relation to the last part of your question, as the member would be aware, on 22 April the COVID-19 Emergency Response Act was passed by the Legislative Assembly. That act included provisions to establish a temporary Queensland Small Business Commissioner until the end of this year. The commissioner has a number of functions under that act. As I said at the beginning of my opening statement, the delivery expanded advocacy functions for small businesses and to administer mediation services in relation to small business tenancy disputes. Powers for the commissioner in relation to these types of disputes are set out in a separate regulation, the Retail Shop Leases and Other Commercial Leases (COVID-19 Emergency Response) Regulation 2020. That was enacted only last week.

The key functions of the commissioner under that regulation are: to provide information and advisory services to the public about matters relevant to small businesses, particularly in relation to COVID-19 response measures; to assist small businesses with informal resolution of disputes in relation to small business leases during this period of time—this might be initial information, advisory services, premediation services to help connect parties and to try to help them work through solutions prior to progressing to a more formal mediation; and also to administer a mediation process in accordance with the regulation. That will help resolve certain small business tenancy disputes that have not been able to be resolved through the information and advisory premediation services.

That is a really valuable role that will assist small businesses during this time. We are aware there are a number of issues where there might be disputes between tenants and lessees. The regulation also makes it mandatory for lessees and lessors of affected leases to negotiate the conditions of the lease using that other national mandatory code of conduct's principles during this period of time as a guide. As I said, it enables the commissioner to refer eligible lease disputes to mediation and sets out the procedures for that mediation process.

The Small Business Commissioner was announced last week. Ms Maree Adshead has been appointed to that role. Maree has previously been a Queensland small business champion and is well placed; she has a good understanding of the small business sector and community and the issues that they face. She has taken up that role and is working very hard. The Office of Small Business Commissioner has been stood up and is now open and operating. If people have disputes they are able to contact the office to assist in the resolution of those disputes.

Ms RICHARDS: There was also the JobKeeper part from the start of the question.

Ms Curtis: Apologies. As you would be aware, the JobKeeper payment has certainly assisted a number of small businesses to keep their employees and to keep operating during this period of time. It is a policy that has been set by the federal government and it has certainly assisted a number of industries and businesses during this time. The policy settings around that do sit at that federal government level and the criteria that you referred to earlier have been informed by them.

Mr STEVENS: Dr Young, quite clearly the contraction of the disease in Blackwater scares the community—it does not fall from the sky, obviously—and probably enforces the closure of the border for a longer period. Does the nurse who is in your department who tested positive by going into the Rockhampton nursing home have another job that necessitates her travelling beyond what is required of her nursing commitment? Is she in lockdown now?

CHAIR: It is partly a departmental question.

Dr Young: That is a subject of an investigation at the moment, so the terms of reference have been finalised and that investigation will occur. The nurse remains in isolation. She is one of our five active cases in Queensland, so she is being managed as an active case.

CHAIR: Dr Young, it cannot be said often enough: if you are sick, what is the process that you should go through if you show any symptoms?

Dr Young: If you have any symptoms at all, any acute respiratory symptoms of cough, sore throat or shortness of breath or any symptoms that you are not sure about or a fever of 37.5 degrees Celsius or above or a history of a fever—not everyone has thermometers—so if you have rigours or sweats or anything that might suggest a fever, then you should immediately isolate yourself in your home or, if you are away from your home, in your accommodation and get tested. If you do not know how to do that because you are away from your home or for whatever reason, then you can always ring 13HEALTH, 24 hours a day, and they can assist you in finding the closest place to get tested. If you are living in your normal accommodation then it is a good idea to ring your GP and ask your GP. Most GPs now are seeing patients who potentially have COVID-19 and can organise testing. If they cannot, there are always fever clinics, either run by the Commonwealth through primary healthcare networks or run through local hospitals. If there is no fever clinic, every single public hospital can organise testing.

CHAIR: I know that for Logan residents the Logan Hospital has a great fever clinic. People can get tested very quickly and get the results via text very quickly as well.

Mr STEVENS: Ms Curtis, it has been regularly reported that the daily cost to the Gold Coast business community is \$20 million. Have they done costing estimates on the cost of the border closure and can you confirm that that figure is correct?

Ms Curtis: As Dr Young has already flagged in today's session, the border closures are informed by public health directions and public health decisions, and it is important to protect our health. In relation to your question around economic impacts, the modelling and the impacts on the economy are matters that are being dealt with by Queensland Treasury. They obviously play that role across government. I cannot comment on the particular figure that has been included in the media report, but Queensland Treasury might be able to provide further advice and assistance in relation to that matter.

CHAIR: We would probably need modelling from Treasury with regard to what reinfection in a tourist hotspot would leave as a lasting legacy.

Mr McCALLUM: Ms Curtis, I note that during your opening statement you made reference to a new 25 per cent government procurement target to support small and medium sized enterprises that kicks in from 1 July. Can you please give us a little bit more detail on how much you would expect that to support local small and medium sized businesses in terms of government spend and how that will not only strengthen the economy but also create jobs, particularly in regional areas?

Ms Curtis: As I mentioned in my opening statement, small and medium enterprises are critical to Queensland's economy and play a really key role, particularly in regional economies and particularly as employers in communities across Queensland. The new procurement measure that the member referred to is really designed to help those small to medium enterprises recover. It helps them get greater access to Queensland government procurement spend and opportunities.

As I said in my opening statement, the Queensland government has introduced a new SME procurement target from 1 July 2020. That initially will be set at 25 per cent of spend with Queensland's small to medium enterprises. We know that the Queensland government spends approximately \$14 billion a year in its purchasing spends across a whole range of sectors and industries. That provides a great opportunity for small to medium enterprises to take advantage of that procurement activity and be involved in opportunities that present themselves there. This initial target will encourage support of Queensland's small to medium enterprises following COVID-19. It recognises that small and medium enterprises often face challenging and unpredictable circumstances, particularly in the short term.

The target will also help drive further procurement spend with Queensland’s small to medium enterprises over future financial years, and that will really help drive economic growth and employment in the post COVID-19 recovery period. With that target set to be extended to 30 per cent by 30 June 2022, I think that really recognises the opportunities across Queensland and our various industries to really support small to medium enterprises as key employers and key parts of both the Queensland economy and regional economies across the state.

Mr O’CONNOR: Dr Wakefield, I note that hospitals’ public performance reporting has stopped at the moment. I wanted to get some clarity on the specific national agreement that led to that data being published and when the department would expect to start publishing it again.

Dr Wakefield: The decision to suspend normal reporting under the healthcare agreement was made nationally and really reflected at a very practical level the fact that jurisdictions were intentionally reducing normal non-urgent or non-emergent services—for example, elective surgery—to make way for the planning and expansion of capacity to cope with the wave we had seen in the modelling early in the piece. As a consequence of that the council of Australian health ministers, on advice of the AHMAC, which is the DGs group, basically suspended that reporting.

We are still collecting the data, obviously, but, in terms of public reporting, the decision to reinstate reporting will again be subject to a national decision. We will be in a position to comment about that following decisions of the national cabinet going forward. What I would say is that, whilst that has occurred, certainly with the success of Queensland’s suppression of COVID-19, I am pleased—and I think it is very good for Queenslanders—that we have already made significant headway in reinstating critical cancer-screening services and elective surgery. Whilst we are not yet back to pre-COVID levels, I am very pleased with the progress that has been made. As I said, announcements about the reinstatement of national reporting against the NHRA will occur once that decision has been made.

CHAIR: You would encourage people who have other illnesses that do not seem COVID related to still attend to seek medical advice when they would normally?

Dr Wakefield: Dr Young may have some comments about this as the Chief Health Officer. From my position as director-general, one of the things we would be concerned about, obviously, is what happens to those patients whose care has been suspended or interrupted. Whilst we did the very important job of preparing for COVID, we were very anxious to make sure that people were able to have confidence to come back to hospital and receive that sort of care, particularly in relation to things like cancer screening. For example, our breast-screening service has now been re-established and we have already had cases where that screening has led to the identification of early cancers, which just shows how important it is that we continue to make sure that all of our patients and the general community do not put off their care needs. They do not have to; they do not have to be scared of coming to hospital. As I said, we have very good signs that they are now coming back for those services.

Dr Young: I was concerned right from the start that people were clearly not accessing their normal health care for a whole range of reasons. I heard that from both GPs in the primary healthcare sector and our hospitals. GPs were saying that their workload had diminished significantly and that people were not attending, which greatly concerned me. Similarly, our hospitals were telling me that their inpatient numbers had significantly fallen, so people were not accessing their normal health care. I was so concerned about it that I asked for data on a regular basis about all-cause mortality to see if there were any triggers of increased mortality due to people not accessing health care. That has remained within the normal limits.

Having said that, we will not know until further down the track whether there was preventive work that might have normally happened that did not happen. When people have transient ischaemic attacks, for instance, they often need treatment and management so they do not have a stroke. If they start having signs of heart disease they need management so they do not have consequences later. We will continue to track that information going forward. In the meantime, the most important message—one I heard you give earlier—is that people need to access their normal health care. Primary health care is there and fully open for normal business as is the hospital system, both public and private.

CHAIR: I can definitely say that I just got asthma drugs from my GP. You can get in without much wait. It is important that if you do have anything you would normally consult your GP about you go and see them.

Mr O'CONNOR: My office has had a fair bit of contact with the Queensland Health hotline to try to get some clarity around some of the health directions. I have received feedback from a few constituents that the answers have not always been as clear as they were looking for. I was just wondering what sort of training has been provided to the operators of that hotline. Have there been reviews into whether they are giving correct advice? Some of these things can be quite important.

Dr Wakefield: Can I clarify if you are referring to the 13HEALTH hotline or the COVID hotlines? There are different hotlines, and I suppose that is part of the challenge. Going to the specific question, significant training occurs with our staff. If we just take 13HEALTH, for example, there is significant training of staff and development of the relevant algorithms as the directions come through. I think it is fair to say that, as you would appreciate, this has been a significantly rapidly moving policy. Certainly, as we went through the early phases of increasing social distancing measures and then as those measures now get slowly lifted, there can be a lag in terms of getting clear information to the public. We have recognised this. We have worked very hard both with media campaigns across government with the right information on our COVID-19 website and on the Queensland Health website, which is a website which is very much trusted by the public, and also through 13HEALTH, as I have said. If there are specific cases you would like to raise I would be very happy to deal with those as examples.

Mr O'CONNOR: 13HEALTH was the one I was talking about. Do you have any data in terms of how much contact those various platforms have had?

Dr Wakefield: I am pretty confident I could get those numbers. I do not have them to hand. I know that there has been a significant volume of calls, but I will see if I can get those numbers before the end of the session.

Mr O'CONNOR: Can we place that on notice, Mr Chair?

CHAIR: We will see whether you can get that before the end of the session, as you have endeavoured to do. I will get the member for Bonney to remind me about that question at the end of the session and we will place it on notice if we have to.

Dr Wakefield: I do have that data now, if you would like me to update you?

CHAIR: Yes, please.

Dr Wakefield: In terms of calls to 13HEALTH that are specifically related to COVID-19, over the last 90 days we had a peak of around 5,000 calls a day going back into the March period. That appears now to have slowly declined to approximately 1,500 to 2,000 calls a day over the past 30 days or so. We appear to have achieved a reasonably steady state.

CHAIR: We have also now received the document mentioned earlier related to Queenslanders tested per thousand population by HHS for the fortnight ending 20 May. We will table that document for the benefit of those watching and those who have the interest that the member for Toowoomba North does about the testing in various areas. Central Queensland stands out for obvious reasons.

Ms RICHARDS: My question is to the director-general of DESBT. In my office we have referred a lot of small and medium businesses to the Small Business Hotline. Could you fill us in on some of the key concerns that have been expressed more broadly across Queensland? What have the hot topics been?

Ms Curtis: As I mentioned in my opening statement, we have had inquiries from a large number of small businesses through our Small Business Hotline and they raise with us a range of issues. They are looking for advice and support and have questions. I know that some of the things that have come up in those conversations relate to issues around cash flow, concerns and questions about significant revenue impacts, advice on specific Queensland government support that is available to assist them, questions around staff and staffing impacts, further advice around business closures and the public health restrictions that support those, questions around supply chain disruption, financial assistance and questions around their individual circumstances.

One of the key issues that is front of mind for small businesses is the impacts on their cash flow at this time. Cash flow is a key concern for small businesses. Through this period and the necessary public health restrictions, cash flow has been front of mind for them. That is why some of the initial stimulus measures and certainly the ongoing support provided by government have been in relation to support for small businesses in terms of their cash flow. We have seen that through the small business loans, the small business grants that I mentioned earlier, payroll tax relief and relief that we have seen in relation to electricity bills and otherwise. A range of supports have been put in place to help mitigate and manage those cash flow impacts. That has certainly been one of the key questions and concerns that has come through the Small Business Hotline.

Ms RICHARDS: Did you see a drop-off in terms of calls with regard to cash flow? I know there was quite some delay. Certainly a lot of feedback we were getting in our office was around that initial payment and then the back pay of JobKeeper. Did you see a change once the initial payment of the JobKeeper had been made in terms of those sorts of inquiries?

Ms Curtis: The last bit of your question broke up a little bit. Could you repeat the last part of the question?

CHAIR: I will get the member for Redlands to ask the question again.

Ms RICHARDS: I was wondering whether you had seen a reduction in the number of calls around cash flow once that initial JobKeeper back payment kicked in. I know that initially a lot of the calls I was taking in my office were around business cash flow and meeting the need between paying employees and JobKeeper kicking in. Did you see a drop-off?

CHAIR: The question was around the gap between the payment for employees and JobKeeper actually being delivered and, now that JobKeeper is being delivered, whether there is less demand on the cash flow of small business.

Ms Curtis: Thank you for clarifying that. I think it is fair to say that in terms of the calls to the Small Business Hotline we have experienced peaks and troughs throughout the period. Those peaks and troughs are often related to particular initiatives that have been announced. The member is right: we did receive a number of queries particularly in relation to the JobKeeper payment and other initiatives that were announced.

Small businesses were certainly looking for clarity of information and were looking for support and advice as to how to understand the particular requirements of each of those initiatives. We have experienced those clusters of queries that have come in when there have been new initiatives announced or when small businesses are certainly trying to understand what it means for them and what they are eligible for.

We have also made some changes to our Business Queensland website so that businesses can go on there and enter details around what type of business they are, what industry they operate in and what employees they have. That helps provide them with the information that is available to support them—the initiatives that are relevant to them and their circumstances. We absolutely have seen a change in the queries that have come through the hotline over time and as particular initiatives have been announced or people have better understood the arrangements and the timing of those particular initiatives.

Mr WATTS: I have two questions for the director-general of the Department of Employment, Small Business and Training. The first is in relation to procurement. How and when will success of those targets being met be published? It is all well and good to set the target, but how is that being measured, where will that be published and when will we know if it has been successful?

My second question is in relation to the Small Business COVID-19 Adaption Grant Program. There was a figure mentioned before of 400,000 small businesses. It would appear that the training amount of \$4 million works out to about \$10 a small business and if everybody were eligible for the grants they would end up at some \$240 per grant. I am just curious to understand the process of application and how that is allocated equitably in terms of both the training and the grant itself.

Ms Curtis: I will take the questions you asked in order. Firstly, you asked about procurement. As I mentioned at the beginning, the announcement on the weekend was regarding our procurement target. One of the key things is that we will be measuring how we deliver against that particular target. At the moment we certainly report data on an agency basis in terms of how we meet our measures and responsibilities around on-time payment policy. We absolutely want agencies across government to be delivering on the targets that have been set.

In relation to grants, you are right that there are two components to that package. The amount in relation to training really supports online training. In this environment where there are restrictions around how people can gather and maintaining social distancing, we are looking to support small businesses and employees through training being made available online. We are looking to put in place a number of opportunities for small businesses to access training that is relevant to them in an online environment. That enables a large number of businesses and employees to access that training and it also enables them to access that at a time that meets their needs. We have seen that with the really good take-up of online courses. In terms of the micro-credentials that are being made available through TAFE Queensland at the moment, we are seeing good numbers of people enrolling in those courses. They are able to access those courses at a time and place that best suits them. We will be following a similar approach in relation to the online training to support small businesses. Was there another part of your question?

Mr WATTS: Yes, the process of allocation of the main grant. It would seem that there are an awful lot of businesses out there that may be trying to source that grant but because of the quantum there may actually be no grant available to them. I am trying to understand the process of allocation of those grants and how that might be best spread across the 400,000 small businesses.

Ms Curtis: Thank you for clarifying that. Yes, you are right: there was \$96 million made available for that small business grant program. Small businesses that are eligible to apply—and there were a number of eligibility criteria that were set in relation to this grant program—are able to apply for a grant of up to \$10,000 each. To be eligible for the grant, these businesses must have been subject to closure or otherwise highly impacted by the shutdown restrictions announced by Queensland's Chief Health Officer. They must be able to demonstrate that their business revenue has experienced a significant decline since that period of time and over a one-month period. They must employ staff and have fewer than 20 employees at the time of applying for the grant. They must also have a valid ABN and be registered for GST. They must have a Queensland headquarters. They must have annual turnover above \$75,000 for the last financial year, have payroll tax of less than \$1.3 million and must not be insolvent or have directors who are undischarged bankrupts.

There are a number of criteria that we have set around who would be eligible to apply for the grants, but we have seen a very large take-up for the grant. Applications have closed for new applicants because of the heavy demand we saw. Those applications are currently being assessed on a first-come-first-served basis. They will be assessed in the order in which they have been received.

We have a number of other support programs across the Queensland government and a number of other initiatives to support those businesses that may not be eligible for the grant or who may not be successful under the grant program. They include some of the things that I have referred to earlier such as payroll tax relief, jobs support loans, some of our advisory services and also the online training that we have mentioned, together with a range of other support mechanisms.

Mr McCALLUM: Ms Curtis, with respect to training, if you were a worker out in my patch in, say, Dinmore or Redbank Plains and you needed to access some training—you have made reference to online TAFE courses and micro-credentialing—could you go into a little more detail about what kind of assistance workers can get if they have been impacted by COVID-19 and they are looking for training? In your opening statement you also mentioned SMS and localised training for impacted apprentices. If you are an apprentice that is going to the Bundamba TAFE and you have been impacted by COVID-19, what are we doing to assist these young workers as we unite and recover and move forward?

Ms Curtis: As the member has flagged, there is a range of supports. As I mentioned in my opening statement, we have made a number of courses available online and free for workers who have been impacted by COVID-19. We announced in mid-April that there were free online skill sets and micro-credentials were being made available by TAFE Queensland on our online portal. These skill sets are available to jobseekers and workers impacted by COVID-19. They include a range of skill sets and areas of focus including community care, customer engagement, food service and medication assistance. We have seen some really strong enrolments in those courses.

Some of the skill sets units that people can participate in are around assisting clients with medications, basic customer engagement, community care, farm labourer, food service, health service support work, mental health peer work, mentoring and supervision, and transport. In the micro-credential space, it is looking at some of those skills around digital literacy essentials, cybersecurity, communication technologies for business success and some related to data work that are really targeting those industries and sectors that are of high priority during this COVID-19 period.

Those courses are available on TAFE Queensland's website. Some of them are available through Central Queensland University as well. People who have been impacted by COVID-19 are able to register for those courses online. As I mentioned earlier, people can access those online courses that are available for free.

We also know that our public providers—TAFE Queensland and Central Queensland University—together with a number of our other subsidised training providers here in Queensland, have moved to online delivery of their vocational education and training programs. That has been done in line with public health restrictions. They are rolling that out across the courses that support online training delivery. They are now also moving to the resumption of face-to-face delivery, again particularly in line with the public health restrictions.

With regard to the other part of your question in relation to supporting apprentices and trainees, using your electorate as an example, we know that the impact of COVID-19 has been very significant across businesses and industries, particularly those employing apprentices and trainees. As I

mentioned in my opening statement, my department works very closely across our regional offices at any time, but particularly during this time, to support those apprentices and trainees. We have been really proactive in reaching out to people. We have sent text messages to apprentices and trainees in Queensland, making people aware of our contact centre and the support available. We encourage them to get in contact with us if they have questions or they have been impacted during this period of time. We can then connect them with the right information and support them to continue their really vital training. We recognise that a skilled workforce of apprentices and trainees is really key to supporting our economic recovery. We have had that localised contact as well through our departmental regional offices. One of our offices is based in Ipswich, so they would be reaching out to apprentices and trainees within your electorate to make sure they are aware of the support which is available to them.

We have also worked with businesses to support them to continue to employ apprentices and trainees. Where that unfortunately is not possible, we have then worked with those apprentices and trainees to work through an alternative pathway for them or to help them seek alternative employment, to really support them to complete their apprenticeship or their traineeship during this period of time.

Mr STEVENS: Dr Young, do you have a fixed equation set in your mind around community contraction in other states affecting the opening of Queensland borders? If so, why can we not open borders now to non-COVID-19 states and territories such as Tasmania, Northern Territory and the ACT—a market of around two million people?

CHAIR: Just to clarify, Deputy Chair, you are asking about community contraction?

Mr STEVENS: Yes, community contraction of the COVID-19 disease.

Dr Young: That very discussion is happening in two weeks time at national cabinet. That is when they will be looking at the latest epidemiology from around the country and making decisions. These decisions have all been made at national cabinet after discussion between all first ministers.

Mr STEVENS: The national cabinet, as we hear, is saying, ‘Open up the borders.’ That is not what Dr Young just told me. I am asking why we cannot open up now to those non-COVID-19 states such as Tasmania, Northern Territory and the ACT?

CHAIR: Dr Young, I just point out that all of those states—Tasmania, South Australia, Western Australia and the Northern Territory—have their borders closed. I think all of those states that also have their borders closed was what the deputy chair was referring to.

Dr Young: We cannot unilaterally open up our borders because the borders of those states are closed to us. If they were to come here, they would have to go into quarantine on return. Indeed, Western Australia at one stage would not allow their own citizens back into Western Australia. It is not a one-side issue; it is both. That is why it needs to be discussed at national cabinet. I am sorry I did not answer your question fully the first time. You asked whether I had a fixed formula. I do not. It is a matter of looking at all of the information. That will vary and will vary between states.

Ms RICHARDS: This question is for either the director-general, Maryanne Curtis, or perhaps her deputy director-general for engagement. Earlier I asked Dr Jeannette Young in regard to the COVID-safe industry plans. From your department’s point of view, what has been your engagement and involvement to date in terms of assisting industries with these plans?

Ms Curtis: We have been working very closely with a number of industry stakeholders as well as a number of government departments in relation to the industry plans. As Dr Young mentioned earlier, we have been working very closely with Queensland Health particularly in relation to the industry plans. We have been meeting with those industry stakeholders, and Minister Fentiman, I know, has engaged with a number of the industry stakeholders, bringing them together virtually, through meetings such as this, to talk about the road map to reopening, to understand what the arrangements are and also to work through with them the industry plans. We have been engaging with a number of those industries, particularly those first industries that have been ready to reopen—the dining-in services and the beauty therapy industry. We engaged with them over the weekend just gone particularly around the industry plans. We are working very closely with them. These are plans for industry, and we are working to support them and making sure that they are engaging across government and helping to support them to finalise those industry plans and have them in place, as Dr Young mentioned earlier.

Mr O’CONNOR: Following up from my colleagues’ questions on the Small Business COVID-19 Adaption Grant Program, I am sure that figure of \$96 million in total available was based on some sort of idea of how many businesses would be eligible. On those criteria that you read out before, do you have an estimate for how many businesses in Queensland would have been eligible for that program?

Ms Curtis: As I mentioned earlier, there were a range of criteria there. The criteria were put in place to help us assist those businesses who are most significantly impacted and to help them to adapt to the new business operations. As I mentioned, people could apply for up to \$10,000 per grant application. That outlines the number of potential grants that are available. We are seeing people apply for different amounts, some not necessarily applying for that whole amount. Each business will apply for the grant based on the particular proposal they are putting forward and that will inform the number of businesses then that are able to be supported by the grants program.

Mr O'CONNOR: To clarify, I am trying to get an idea of how many businesses could be eligible, not the 11,702 applications that were received before it closed within the four days. Do you have any idea how many businesses across Queensland would be eligible under the criteria that you set out?

Ms Curtis: I do not have that data. There is a range of criteria there, but as to the exact data, no, I do not have that.

Mr O'CONNOR: Can we place it on notice?

CHAIR: I think given that one of the definitions was 'those severely impacted', the department would have to do an extensive survey of 400,000 businesses to ask how many were directly affected. I understand the politics of asking this question, but I do not think that is a practical equation.

Mr O'CONNOR: Could we get the data on visits to the grant website?

CHAIR: I am not sure what the question is there.

Mr O'CONNOR: How many visits were there to the website for the Small Business COVID-19 Adaption Grant Program? Can we get that data from the department?

CHAIR: People who checked it multiple times?

Ms Curtis: Yes, a number of businesses may have looked at the program a number of times, obviously going in and out to find out information about it. People can access the site through a number of ways. There were links included on a number of different websites—through the COVID-19 website, our Business Queensland website and other ways. That would not necessarily identify the number of unique businesses who have contacted or who would be interested in the grant. As the chair mentioned earlier, given the evolving situation in relation to COVID-19 and particularly the criteria around the significant impacts, that is not data that we could readily have access to, or modelling. In fact, given the very short time frame in which this situation has evolved, understanding the impacts on businesses across the state, particularly given that number, is not something we were able to do at this time.

Mr WATTS: Was 'first in, first served' one of the criteria for applying for the loans?

CHAIR: I think that has been asked and answered. It is repetitive, to be honest, because we have had that answer already. Dr Young, previously we saw that Victoria had a significant outbreak in a particular business—in that case a meatworks, but it is not purely limited to meatworks—and the department in Victoria got on and, although there were extensive numbers of cases, quickly did the process of testing, tracing, further testing and isolating. It is quite possible that a particular business has a case and then we have to go through that process. We have seen that there was a possibility in Rockhampton north, but they had good processes of keeping people separated there. What message would you have for any business who thinks possibly they have an outbreak? How can they deal with it to ensure that we head it off and that it is actually isolated to that particular business and their contacts?

Dr Young: The most important thing any business should do in that situation is immediately ring their local public health unit and speak to the public health officer. They are available 24/7. If they do not know who that person is or how to contact them—most businesses probably do because they deal with them—they should just ring 13HEALTH, and 13HEALTH will sort it out immediately. It is very important to get on top of these things immediately, as quickly as possible. The business should not go and do other things; they should immediately go and get expert advice. That is very important.

CHAIR: Dr Young, if they do that they might limit it to one, two or a few cases, whereas if they let it go it might expand to a much bigger cluster?

Dr Young: That is absolutely correct, yes. That is our plan in Queensland—indeed, that is the national plan—to immediately get on top of any single case to prevent it becoming a cluster.

CHAIR: The time is now 12.30. We really appreciate the briefing today. I would like to recognise all of the workers in all of the departments. The Department of Employment, Small Business and Training has had so much to adapt to, with new information and new work. I particularly thank all of the workers of the Department of Health, from the contract tracers to the people who are doing Brisbane

research to the people doing the testing, but especially those who are dealing with people who are worried and concerned about the diseases they have. The whole committee wants to thank all of those hardworking public servants who are dealing with this in such a professional and fantastic manner.

That concludes this briefing. Thank you for the information that you have provided today. Thanks to our Hansard reporters. A transcript of these proceedings will be on the committee’s webpage in due course. My understanding is that any questions we thought were to be taken on notice were answered in the process of the submissions, so there are no questions on notice. With that, I declare this public briefing closed.

The committee adjourned at 12.31 pm.