

FRIDAY, 30 JULY 2021

ESTIMATES—HEALTH AND ENVIRONMENT COMMITTEE—HEALTH AND AMBULANCE SERVICES

Estimate Committee Members

Mr AD Harper (Chair)
Mr R Molhoek
Mr SSJ Andrew
Ms AB King
Ms JE Pease
Dr MA Robinson

Members in Attendance

Mr DF Crisafulli
Ms RM Bates
Dr A MacMahon
Mr MC Berkman
Mr ST O'Connor

In Attendance

Hon. YM D'Ath, Minister for Health and Minister for Ambulance Services
Mr S Zanatta, Chief of Staff
Mr D Cann, Chief Advisor

Queensland Health

Dr J Wakefield, Director-General
Ms D Schofield, Executive Director, Office of the Director-General
Dr J Young, Chief Health Officer

Hospital and Health Services

Mr R Calvert, Health Service Chief Executive, Gold Coast Hospital and Health Service
Adjunct Professor J Hanson, Acting Health Service Chief Executive, Metro North Hospital and Health Service
Dr P Bristow, Health Service Chief Executive, Metro South Hospital and Health Service
Ms B Hamerton, Health Service Chief Executive, Torres and Cape Hospital and Health Service
Dr M Waters, Acting Health Service Chief Executive, Sunshine Coast Hospital and Health Service
Ms T Chinery, Health Service Chief Executive, Cairns and Hinterland Hospital and Health Service

Dr P Gillies, Health Service Chief Executive, Darling Downs Hospital and Health Service


QIMR Berghofer Medical Research Institute

Professor F Mackay, Director and Chief Executive Officer

Queensland Ambulance Service

Mr R Bowles, Commissioner

The committee met at 9.00 am

 **CHAIR:** Good morning. I declare this hearing of estimates for the Health and Environment Committee open. I would like to begin today by acknowledging that we are meeting on custodial land of the oldest living civilisation in the world. I pay my respects to the Jagera people and the Turrbal people and their elders past and present. I am Aaron Harper, the member for Thuringowa and chair of the committee. With us today are: Rob Molhoek, the member for Southport and deputy chair; Ali King, the member for Pumicestone; Joan Pease, the member for Lytton; Mark Robinson, the member for Oodgeroo; and Stephen Andrew, the member for Mirani. The committee has granted leave for a number of non-committee members to attend and ask questions at the hearing today. Other members may seek leave over the course of the proceedings.

Today, the committee will consider the Appropriation Bill 2021 and the budget estimates for the committee's areas of responsibility. I remind everyone present that any person may be excluded from the proceedings at my discretion as chair or by order of the committee. The committee has authorised its hearing to be broadcast live, televised and photographed. Copies of the committee's conditions for broadcasters of proceedings are available from the secretariat. While mobile phone use is not permitted in the public gallery, an exception has been made for staff who are assisting witnesses here today and who have been permitted the use of their devices for this purpose. I do ask all present, however, to ensure that phones and other electronic devices are switched off or on silent mode. I also remind everyone that food and drink is not permitted in this chamber.

In line with the COVID-Safe Estimates Hearings guideline issued by the Chief Health Officer, I remind everyone to maintain social distancing while in this chamber. Face masks are to be worn at all times and removed only to speak during the proceedings. The COVID-Safe Estimates Hearings guideline is available from the secretariat.

This year the House has determined the program for the committee's estimates hearing. The committee will examine the portfolio areas in the following order: health from 9 am to 12.15 pm; ambulance services from 12.30 pm to 1.30 pm; environment and the Great Barrier Reef from 2.30 pm to 4.15 pm; and science and youth affairs from 4.30 pm to 5.15 pm. The committee will now examine the proposed expenditure contained in the Appropriation Bill 2021 for the portfolio of the Minister for Health and Ambulance Services until 1.30 pm. I remind honourable members that matters relating to these portfolio areas can only be raised during the times specified for the area, as was agreed by the House. The committee will suspend proceedings for breaks from 10.30 to 10.45 and from 12.15 to 12.30. The committee will commence with the examination of estimates for the health portfolio area.

The following non-committee members have sought and been granted leave to participate in the hearing in accordance with standing orders: David Crisafulli, David Janetzki, Jarrod Bleijie, Fiona Simpson, Ros Bates, Sam O'Connor, Brent Mickelberg, Steve Minnikin, Jon Krause, Sandy Bolton, Amy McMahon and Michael Berkman. I remind those present today that the committee's proceedings are proceedings of the Queensland parliament and are subject to the standing rules and orders of the Legislative Assembly. It is important that questions and answers remain relevant and succinct. The same rules for questions that apply in the Legislative Assembly apply in this hearing. I refer to standing orders 112 and 115 in this regard. Questions should be brief and relate to one issue and should not contain lengthy or subjective preambles, argument or opinion. I intend to guide proceedings today so that relevant issues can be explored fully and to ensure there is adequate opportunity to address questions from government and non-government members of the committee.

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

That the proposed expenditure be agreed to.

Minister, before you make an opening statement, I did indicate to the Premier we would have a shout-out to her on day 6 of hotel quarantine. I know she is a big follower of the work that Health has done. Hello, Premier. Minister, if you wish, you may make an opening statement of no more than five minutes.

Mrs D'ATH: I would like to begin by acknowledging the traditional owners and custodians of the land on which we meet today and pay my respects to elders past, present and emerging. Events around the world and in our country remind us daily of the impact COVID-19 is continuing to inflict on our health systems, on our economies and on individuals. In Queensland we have been well served by the expert advice of the Chief Health Officer and our Premier's leadership in following this advice, but it has been the Queensland people whose resilience and willingness to make huge sacrifices and pull together in the face of a deadly pandemic who have been the real heroes of our response. In fact I think heroes do not wear capes anymore; they wear masks.

Make no mistake, our success in containing the virus does not mitigate the threat it continues to pose amid an alarming and escalating outbreak which began in New South Wales and has now spread to other parts of the country. With a global death toll toppling 4.1 million, one of the most confronting statistics of this devastating pandemic is the more than 115,000 doctors and nurses who have lost their lives fighting COVID-19. Our clinicians have so far escaped this fate. However, as they go about their work in our COVID wards and in our health system, they face real challenges and dangers. This spirit of selflessness is on display every day in our Queensland Health system—exemplified by the 10 healthcare professionals at the Sunshine Coast University Hospital who recently rushed to the aid of a COVID infected patient suffering from an anaphylactic shock. To save that life, they risked their own. The Queensland Health system is among the best in the world, thanks in no small part to the truly outstanding calibre of the people who work in it.

The LNP's ongoing denigration of our frontline health workers is gravely disappointing to say the least. At a time when we should all be backing our frontline workers who are out there on the front line providing world-class care and are on the front line getting Queenslanders vaccinated, the LNP have launched a reckless campaign to undermine faith in our health system. I have always acknowledged our health system faces challenges, but that is not a situation unique to us. It is a national problem; it is a global problem. Every jurisdiction in the country is facing surging demand for public health services, particularly in their busy emergency departments. Every state in the country has a workforce under strain as they accelerate the work to clear the backlog of elective surgeries postponed due to the national cabinet decision—a workforce for the first time engaged in mass testing through fever clinics and mass vaccination centres, whilst facing demand never seen before in emergency departments.

Earlier this year I announced \$100 million in funding to build more capacity in our public health system and to tackle demand pressures in our busy emergency departments. Today I am pleased to announce the next phase of this strategy—an additional \$163.7 million which will be earmarked from the budget to open up an extra 351 beds in public and private hospitals. This all begins next week, with 200 new beds set to come online in August and the remaining 151 beds expected by October. All up, our \$263.7 million in new funding will deliver 416 new hospital beds throughout Queensland. Bringing these new beds online during a period of peak demand will help ensure Queenslanders can continue to access the quality health care they need.

I am also pleased to announce our long-stay rapid response initiative has resulted in 52 long-stay NDIS and aged-care patients being able to transition out of hospital into the community or into care. We stepped in because of another failure of the Morrison government to look after our communities' most vulnerable—the aged and the disabled. In April last year national cabinet made the decision to suspend elective surgery. This led to a peak on 1 June of that year of 5,166 Queenslanders waiting longer than clinically recommended for their surgery. Following our investment of \$250 million to address this backlog, that number as of 1 July this year has fallen to 629 people—a decrease of almost 88 per cent.

In 2016 the Palaszczuk government announced a specialist outpatient strategy, a measure which was again supported in this year's budget. As a direct result of this investment, the number of Queenslanders waiting longer than clinically recommended for a specialist outpatient appointment has fallen by over 7,000 over the last year. Labor governments have a proud tradition of delivering record health budgets and the latest state budget is no different.

The 2021-22 state budget includes a record \$22.2 billion for health and ambulance services. This includes \$482.5 million this financial year to tackle the demand in our public health system including our busy emergency departments. It is a budget that delivers for our hospitals, including through a further \$280 million towards upgrades at Caboolture, Logan and Ipswich hospitals and the \$2 billion Hospital Building Fund towards health infrastructure projects to futureproof our health system against growing demand.

It is a record budget that delivers for our hospital and health services, with a record \$16.7 billion in funding—an increase of 3.4 per cent on last year. It is a budget that delivers for our regions including: upgrades to health infrastructure in Camooweal, St George, Morven, Charleville and Blackwater;

funding for the acquisition of land for a new hospital in Bundaberg; construction of a new day surgery in Toowoomba; redevelopment of the hospitals in Townsville, Atherton, Sarina and Kingaroy; and more dialysis chairs in regional Queensland amongst many other projects too numerous to list here.

It is a budget that delivers for the frontline health workforce, with an additional 2,327 health workers coming into the system. It is a budget that delivers for our First Nations people, investing an additional \$37.8 million over the next two years to improve access to health services. It is a budget that delivers for the growth suburbs, with funding earmarked to commence the delivery of seven new satellite hospitals in South-East Queensland. It is a budget that delivers for our ambulance services, delivering record year-on-year funding totalling more than \$1 billion, with additional stations planned. It is a budget that continues to work to keep Queenslanders safe from COVID, by providing an additional \$168 million for COVID related measures including vaccination. It is a budget with health care at its centre. As health minister, I am proud of the team I lead and I look forward to answering questions from the committee on the expenditure of Queensland Health for the 2021-22 budget.

CHAIR: The committee also acknowledges the fantastic work of our health professionals throughout the state. We will start with non-government questions.

Ms BATES: Could I please call Mr Ron Calvert, CEO of the Gold Coast HHS, to the table. Mr Chair, while Mr Calvert comes to the table, I particularly want to thank all of the staff from the department and HHSs who are here. I acknowledge the environment you have all been working in for the past 18 months throughout the pandemic. Finally, I want to thank our amazing frontline health staff, who every day care for our sick and injured Queenslanders. They all do an amazing job. Mr Chair, I would like to defer my first question to the Leader of the Opposition.

Mr CRISAFULLI: My first question is to the minister. It is around this morning's media conference. I would like to know about the budget for that. I would like to know about the timings, what percentage of demand that meets and how it fits into future planning. I ask: is this morning's announcement, on the day that you are due to face scrutiny, about the health of Queenslanders or the health of a government losing control of the Queensland health system?

Mrs D'ATH: The simple answer is no. You asked whether my announcement this morning was in relation to any signs of a crisis, and the answer is no. We are very proud of the work that we have been doing and the \$22.2 billion investment we are making. The announcement I made this morning builds on the \$100 million that we announced in May to start putting in place other new initiatives and building on initiatives that we know work to take pressure off our emergency departments. We know that it is not simply about ambulances and the emergency departments; it is about bed capacity. If you are going to deal with a backlog that is caused by the suspension of elective surgery—

Ms BATES: Maybe if you had not had private patients in public hospitals, it might have helped.

CHAIR: We do not need the commentary.

Mrs D'ATH: I am answering the question, member.

Ms BATES: You have been buying beds anyway from the private sector.

CHAIR: Member for Mudgeeraba, I see that we have started where we left off last time. I will start really early. I have set the tone for the day. Please be respectful while the minister is answering.

Mrs D'ATH: In going through the detail of the \$163.7 million that we announced, I can announce that there will be 80 beds going to Metro South to increase capacity.

Mr CRISAFULLI: And that meets the demand? That will meet the demand?

Mrs D'ATH: Would the member like me to answer the question, or are they going to keep interjecting? I am happy to wait.

Mr CRISAFULLI: That was part of the question.

Mrs D'ATH: It was a very long question and I thought that was more of a preamble, but I am going through what that money is funding. There is \$25.8 million for Metro South to increase capacity by 80 beds, \$21.7 million for Gold Coast to increase capacity by 28 beds as well as support establishing an urgent care centre, \$17.5 million for Sunshine Coast to increase capacity by 36 beds, \$17.1 million for Cairns and Hinterland to increase by eight beds and increase surgical capacity, \$15 million for Darling Downs to increase capacity by 44 beds, \$13.4 million for West Moreton to increase capacity by 57 beds, \$12.8 million for Metro North to increase capacity by 68 beds, \$9.3 million for Mackay to increase capacity by eight beds as well as establish a clinical decision-making unit to support the emergency department, \$2.5 million for Townsville to increase capacity by 10 beds and expand allied

health coverage, \$1.7 million for Wide Bay to increase capacity by 12 beds, \$873,000 for Children's Health Queensland to establish a minor injury and illness clinic, and \$26 million for the Surgery Connect program.

This significant investment is a step in the right direction towards better access to health care, making sure it is in the right place at the right time and we have the right models of care. The funding is also provided for initiatives to improve patient flow including enhancements to accessing emergency departments and expansion of the Surgery Connect program to free up internal capacity to respond to acute demand.

Ms BATES: Good morning, Mr Calvert. I note this morning's announcement, with 28 beds announced on the Gold Coast. Will it be enough to meet demand right now on the Gold Coast?

Mr Calvert: Demand is obviously divided into elective demand and non-elective demand. The thrust of the points that have just been made seems to be relating to the pressure on our emergency departments and non-elective demand. Essentially, I think the money will do a lot of good for the Gold Coast. It will go a long way towards meeting the pressures that we are facing at the moment.

It is important to understand the context of the pressure we are under at the moment, though. About 15 months ago, we put \$6 million into the emergency department in order to increase the staffing and adopt a new model splitting ambulatory and non-ambulatory care. We never really had a chance to see if that investment would work because we were hit by COVID. COVID has had a major impact on flow through the hospital, essentially because we have to reserve an area for patients with symptoms who could be COVID positive. Because of that, there is obviously limited space in any emergency department, and the reserved space for query COVID patients means that there is a significant compromised flow in the hospital. I cannot emphasise too much the impact COVID has had.

Ms BATES: Just to clarify, the 28 beds that have been announced are not going to meet the demand, regardless of COVID? That is what I am asking. How many more beds do you need to meet the demand right now—COVID or otherwise?

CHAIR: You are putting hypotheticals nice and early.

Mr CRISAFULLI: It is not a hypothetical.

Ms BATES: It is not a hypothetical. I am asking the CEO of the HHS how many beds he actually needs. I think Mr Calvert knows, and I think it is in the order of 800 beds for the future.

Mr Calvert: I think you are asking about—

Ms BATES: Beds, long term.

Mr Calvert:—the long-term population growth and beds in the hospital.

Ms BATES: Yes, given that you are the busiest ED department in the country and one of the busiest hospitals in the HHSs across Queensland. We recognise how much pressure you are under.

CHAIR: How about you rephrase your question instead of giving the lengthy preamble, which I have already talked about. Keep it short. Keep it succinct.

Ms BATES: I asked how many beds the CEO of the HHS at the Gold Coast thinks we need right now and into the future.

Ms KING: With respect, Chair, I would put it that the member is calling for an opinion.

Mr CRISAFULLI: That is not an opinion.

Ms BATES: That is not an opinion. I think the CEO certainly knows the pressures that his own hospital is under and how much he needs. I believe that there is actually a business case being put forward to the minister as we speak to add beds to the Gold Coast University Hospital which probably should have been added three years ago. It is more than 28 beds.

CHAIR: We do not need the ongoing commentary. Go ahead, with a bit of latitude. Go ahead.

Mr Calvert: In the circumstances with COVID and the impact it is having and the fantastic effort the staff are putting in to deliver a service, I think we are delivering a good service to the people of the Gold Coast. The extra beds will be welcome. I am confident that we will carry on providing a good service. We are making plans for the long-term needs of our population. The Gold Coast is expected to grow by 22 per cent, to 831,000 people, between now and 2031.

In order to meet that need, we of course have to plan and prepare for it. Your question is very difficult, because it is really hard to look too far into the future. You have been in health as long as I have. I remember the days when we all were predicting that we needed a catheter lab on every corner because of the rate of increase of heart disease in the population. Then statins came out and changed

it all overnight. We have to take into account the technological advances, the medical advances and the societal expectations. Indeed, we are planning for that big population growth. I am confident that we will—

Ms BATES: But that population growth has already occurred in terms of the current Gold Coast University Hospital. I am asking whether—

Mrs D'ATH: Chair, on a point of order: the member for Mudgeeraba—

CHAIR: Member for Mudgeeraba! We are taking a point of order.

Ms BATES: Yes or no? Is 28 beds enough to fix the problem?

CHAIR: We have a long day ahead of us, member for Mudgeeraba. I am going to warn you for this constant interrupting. The witness is answering the question. Please continue.

Mr Calvert: When you say 'enough', I am afraid that is a bit subjective. I am a chief executive of a hospital. I can spend anything you throw at me, to be honest. If you give me more money, I will spend it. My job is to do the absolute best I can with the money we have.

Ms BATES: Looking at page 64 of the SDS, I note that the Gold Coast HHS is budgeted to receive \$51 million less than was spent last financial year; is this correct?

Mr Calvert: Let me just look up the numbers.

Mrs D'ATH: Chair, I might be able to assist.

Ms BATES: I am actually asking the CEO. I will get to you, Minister.

Mr Calvert: We are getting an increase. The budget for last year was \$1.695 billion.

CHAIR: It has gone up.

Mr Calvert: The budget for next year is set at \$1.766 billion.

CHAIR: He has answered the question. Next question, please.

Ms BATES: With reference to page 2 of the SDS in relation to the satellite hospital being built on the Gold Coast, could you confirm to the committee the site of the satellite hospital?

Mr Calvert: It was announced that it would be in Tugun. I am not sure if the exact location has been set yet.

Ms BATES: It was announced as being in Tugun. Is that your belief that it is still Tugun? Did you have input into whether it is Tugun?

Mr Calvert: I am certain it is in Tugun. I think there were two alternative sites; they were both in Tugun.

Ms BATES: Was that your preferred site, Mr Calvert?

Mr Calvert: That was the site that was announced in the election commitment. I never expected it to be anywhere else.

Ms BATES: Again, in relation to the satellite hospital, do you know what clinical services will be available to Gold Coasters once it is operational? Are you aware of any overnight beds being planned in the facility?

Mr Calvert: We are not planning on putting overnight beds in Tugun. There are limits to how many sites you can ask medical staff to cover in the firm system. We do not like to work on more than three sites overnight. There will not be overnight beds. We are obviously planning the detail of what will be there. There will be an urgent care centre, renal beds, and the rest of the detail is still being worked through.

Ms BATES: You can confirm that there will not be any emergency department facilities at the satellite hospital. If you are an ambulance or have an emergency, that will not be a facility that you would attend?

Mr Calvert: There will be an urgent care centre there. There will not be overnight beds.

Ms BATES: With reference to the \$2 billion hospital building fund announced by the government, is the Gold Coast HHS receiving any allocation from the fund to your knowledge?

Mr Calvert: Is that capital?

Ms BATES: Sorry, I did not hear what you said?

CHAIR: Do you want to clarify that?

Ms BATES: With reference to the \$2 billion hospital building fund announced by the government, is the Gold Coast HHS receiving any allocation from the fund to your knowledge?

Mr Calvert: Yes. We have \$6 million for a hybrid theatre. We obviously have our share of the \$265 million that was announced for the satellite unit. We have \$3 million to develop the business case for the long-term needs of the northern corridor, in particular Coomera. We have \$5.7 million for a second CT scanner at Robina. Of course, we have \$106 million for medium and secure mental health, and we have just over \$7 million for new mental health capacity in the form of a 'crisis now' facility.

Ms BATES: Mr Calvert, can I just go back to page 64 of the SDS. I asked if you were budgeted to receive \$51 million less than what was spent last financial year. You actually spent \$1.8 billion. It is now less. It is not what was budgeted. It was spent. What was spent?

Mr Calvert: Sorry. My answer was referencing last year's budget to this year's budget, which I think all of the SDS statements are based upon.

Ms BATES: You spent more in last year's budget than what you are allocated in this year's budget?

Mr Calvert: Yes, but do not forget that every year there are a lot of non-recurrent items. By far the biggest this year is the expenditure on COVID. Last year's budget started at one level, but there was substantially more than that spent because of non-recurrent items and a huge amount on COVID.

Ms BATES: Would I be right in saying that you are anticipating that you will not need to spend any additional funds because of COVID in this financial year?

CHAIR: That is hypothetical. You do not know what is happening in the future. Next question please, member for Mudgeeraba.

Ms BATES: Mr Calvert, I draw your attention to prehearing question on notice No. 18. You and I, having managed hospitals, both know that a code yellow is a loss of essential services and that that should include when the hospital is above capacity. Because that notice No. 18 said that there was only one code yellow at GCUH, how many category 6.3s have been declared from 1 January to 30 June because of no bed capacity?

Mr Calvert: At Gold Coast Health, we reserve the term 'code yellow' for infrastructure problems like loss of water, a burst pipe, IT problems—anything like that. We have a separate system for dealing with bed pressures. We have a graduated escalation process which goes through levels 6.1, 6.2 and 6.3. Level 6.3 equates to code yellow in many HHSs in Queensland. I would imagine that we have replied to questions—

Ms BATES: Are you confirming that there was only one category 6.3 in the Gold Coast University Hospital for that six-month period?

Mr Calvert: No. I am explaining why my team said there was only one code yellow. I can answer the 6.3s in a second, but I want to make sure that you do not think we were misleading you.

Ms BATES: You and I know what code yellow is and what a 6.3 is.

CHAIR: Let the witness answer the question.

Mr Calvert: What do you want to know? How many we have per month?

Ms BATES: Yes. How many 6.3s per month for the last six months?

Mr Calvert: We have only kept detailed records since March of 6.3s. Gold Coast each month since March has averaged nine level 6.3s. Robina has averaged six.

Ms BATES: Thank you. Where am I up to?

CHAIR: Do you have any other questions, member for Mudgeeraba?

Ms BATES: Of course I have extra questions. Thank you, Mr Calvert; that is fine. I call the CEO of Metro North HHS. I note this morning's announcement of 68 beds announced for Metro North. Will that be enough to meet demand right across north Brisbane right now?

Prof. Hanson: Yes, those beds will be enough for us to manage demand right now. We have been fortunate in that on 1 February this year we opened our Surgical, Treatment and Rehabilitation Service in Metro North, which is a 182-bed hospital. The 40 beds on the Herston campus and the 28 beds at Redcliffe will be sufficient.

Ms BATES: So 68 beds are going to fix your problem?

Prof. Hanson: In addition to the 182 beds we opened on 1 February this year, yes.

Ms BATES: With reference to page 76 of the SDS, there is a reduction of nearly \$9 million in your budget when comparing what has been forecast this financial year with what was spent last financial year; is that correct?

Prof. Hanson: Our expenditure last year was higher than what we have been allocated in our budget this year. Again, we had a range of other expenses. The transition for STARS was \$11 million, in addition to managing COVID.

Ms BATES: That means there will be no more ramping in Metro North?

Prof. Hanson: The plan is that there will be no more ramping at Metro North.

Ms BATES: So 68 beds going to stop ramping in Metro North?

CHAIR: Come on, member for Mudgeeraba. She has answered the question. Next question.

Ms BATES: Has there been a reduction in services associated with the cut in funding of \$9 million from your budget?

Prof. Hanson: No. We have had growth in services with the Surgical, Treatment and Rehabilitation Service opening on 1 February.

Ms BATES: Have you fixed the sewage leak at STARS?

Prof. Hanson: We have fixed the sewerage. It was a similar problem in exactly the same space. Staff were inappropriately disposing of items in the bathroom.

Ms BATES: With reference to page 74 of the SDS, have pelvic exenteration surgeries resumed at Royal Brisbane?

Prof. Hanson: We are currently performing that surgery on people who are in the Brisbane location. We have an external clinical colorectal surgeon from interstate who is completing a clinical safety review of the surgery. We are expecting that report in early August, and a determination will be made then.

Ms BATES: Just to clarify, people on one side of the Brisbane River can get pelvic exenteration surgery but people on the other side cannot?

CHAIR: We do not need your ongoing commentary.

Ms BATES: I asked a question about whether patients in Brisbane—all of Brisbane—can receive pelvic exenteration surgery or only those on one side of the Brisbane River. It has been widely reported, Mr Chair.

Prof. Hanson: My understanding is that all Brisbane people have access, and that people from other parts of the state have access to the Victorian service.

Ms BATES: When it was halted—and it was halted for some time—was that because of a reduction in your budget?

Prof. Hanson: No.

Ms BATES: Can you inform the committee, then, how many Queensland patients have been referred to other states to undergo this surgery since the surgery was ceased earlier this year?

Prof. Hanson: I am not able to answer that question, because the referrals are directly from the referring hospital to the state.

Ms BATES: You have no knowledge of how many Queenslanders—

CHAIR: Member for Mudgeeraba, time for this section of non-government questions has expired. We will move to government questions.

Ms KING: Minister, with reference to page 2 of the SDS, could you please advise the committee on progress of the Palaszczuk government's \$265 million Satellite Hospitals Program?

Mrs D'ATH: I thank the member for her question and note her very keen interest in the Palaszczuk government's commitment to delivering satellite hospitals in South-East Queensland, in particular in the member's electorate of Pumicestone. I note her strong advocacy for her community on this project and the benefits this facility will deliver to them, including by providing minor trauma, renal and outpatient services on their side of the bridge.

The 2021 Intergenerational Report makes very clear the challenges that will continue to confront health systems as our population ages and life expectancy increases. We need a new approach, a way to deliver health care to the community. The Palaszczuk government went to the 2020 election with a

focus on health care. I am pleased that the people of Queensland recognised this and supported our \$265 million commitment to build seven satellite hospitals closer to where people live. This is a reflection of the kind of innovation the Palaszczuk government is adopting to meet the changing healthcare needs of the community and the challenges that surging demand presents.

The satellite hospitals will be located at the Gold Coast, Bribie Island, Caboolture, Pine Rivers, Brisbane South, Redlands and Ipswich. The transfer of a range of hospital based services such as renal dialysis to the satellite hospitals will free up space in our major public hospitals. This means we will be able to open up more beds where they are needed most. It is not about overnight beds in satellite hospitals; it is about the space that it frees up in our major hospitals so we can put in overnight beds.

The health care provided at each of the satellite hospitals will be different as it will be based on clinical advice on the needs of each community. The range of services at each satellite hospital will be framed in response to the needs of local communities and offer a standard experience for patients across South-East Queensland.

Ms BATES: They are not hospitals.

CHAIR: Member for Mudgeeraba, I feel like we have gone back to last year's estimates. We have been respectful on this side. Please allow the minister to answer the question.

Mrs D'ATH: Services could include a range of day therapy services such as renal dialysis and chemotherapy, outpatient services, and community based health services, just to name a few. I know that the member for Pumicestone shares my passion and the passion of the Premier to deliver top quality health care for Queensland. The member has been tireless in her efforts to secure a satellite hospital for the people of Bribie, and I thank her. It is full steam ahead at the Bongaree site, which was announced recently. I know that she is particularly interested to look at adolescent mental health as well. We need to have a discussion about what all those services need. I know that there is an ageing population on Bribie Island, but we also need to look after the needs of our young population.

Within the first 12 months of re-election we have secured the additional site at South Ripley to service the growing Ipswich corridor. I know that the members for Jordan, Ipswich, Ipswich West and Bundamba are excited about this new health opportunity for their region. As the committee would appreciate, there is a fair bit of work to be done in locating sites and setting them up. Work continues to assess and prepare the remaining preferred sites. I anticipate that they will be announced in due course.

I can advise that Queensland Health is working in partnership with Economic Development Queensland to identify and assess the potential sites. This process will take time to ensure the correct site is located for the community. They are also working with the relevant hospital and health service to ensure that the services and the staffing are appropriate to help reduce the demand on our hospitals.

Our government is working hard to deliver operational satellite hospitals from 2023, with \$105 million of the overall budget being allocated for the 2021-22 financial year. The Palaszczuk government's Satellite Hospitals Program is an exciting step forward in health care in Queensland. It is about providing health services closer to where Queenslanders live and relieving pressure on our major hospitals.

Ms PEASE: I begin by acknowledging the outstanding work of all Queensland health workers and thank them for the great job they have done protecting Queensland. Dr Young, it is lovely to have you here today. Thank you for your commitment. Minister, with reference to Budget Paper 3, could you please advise, in addition to the satellite hospitals, how the budget is supporting investment into health infrastructure in South-East Queensland?

Mrs D'ATH: I thank the member for her question. This year's capital budget in health is \$1.351 billion, which, after discounting the one-off leasing payment for the STARS facility in last year's budget, represents an increase of 23.7 per cent. It reinforces the commitment of the Palaszczuk government to building the health infrastructure that Queensland needs. Our Building Better Hospitals program is a key part of our plan to ensure our health system has the capacity to deal with the rising demand for health services, particularly in the high-growth corridors in South-East Queensland.

This year's budget includes a further \$283.7 million as part of the nearly \$979 million commitment to the Building Better Hospitals program for the redevelopment of critical infrastructure. Highlights for the allocation in 2021-22 include \$103.5 million for the Caboolture Hospital redevelopment, which I recently toured with the member for Bancroft and the member for Pumicestone. The redevelopment will support an additional 130 beds, comprised of 110 new beds and future provision for a further 20-bed inpatient unit. The redevelopment will provide new and expanded services for emergency care,

operating theatres and recovery, palliative care, neonatal, geriatric evaluation and management, intensive care, cardiac care, medical boards and the refurbishment of critical clinical support services. Good planning matches investment to growth, and the Greater Caboolture area, particularly West Caboolture, is among the fastest growing regions in the country. What we know is that when the population grows so does demand for health services.

Another highlight is the \$92.4 million for the Ipswich Hospital expansion stage 1A, which includes a new mental health facility for adults and older persons, a 26-bed ward refurbishment, an MRI suite to grow clinical capacity and the purchase of land and buildings from the Ipswich City Council to facilitate subsequent stages of the hospital expansion. The property transfer will take place in September 2021, and I know that Ipswich MPs Jen Howard, Lance McCallum and Jim Madden are all excited about this vital investment.

This budget also sees \$79.5 million to deliver the Logan Hospital expansion, which will see an additional 206 beds and treatment spaces and the \$10.5 million Logan Hospital maternity service to provide additional inpatient beds, delivery rooms and special-care nursery cots to welcome our newest Queenslanders. The detailed business cases are complete and work has commenced on the delivery phase of Caboolture, Logan and Ipswich hospital projects.

In May this year the Premier announced our plan to invest a further \$177 million to deliver public health services through phase 2 of the Mater Hospital in Springfield. It is yet another demonstration of our government's determination to explore innovative solutions to maximise access to health care. This extension to the existing Mater facility at Springfield will include an additional 174 beds for public care, an emergency department, an intensive care unit, maternity services and more procedural areas. The planning work for this facility is underway—it has been for some time—and I look forward to working with Mater to ensure we deliver the very best in health care for Springfield. This significant program of works is proof of the considered planning that the Palaszczuk government has done and continues to do to support growing communities in South-East Queensland.

In my electorate of Redcliffe we are seeing an investment in the Redcliffe Hospital which includes the commencement of a business case for its planned expansion. This is an election commitment. I am proud to say that within the first year of this term we are getting on with the job of planning for the future needs of my community of Redcliffe and the surrounding areas. These projects represent just a small sample of the many investments we are making in the south-east and right across Queensland to ensure that we continue to deliver quality health services to the people of Queensland.

CHAIR: Minister, on a similar line of questioning, can you please advise what measures have been included in this budget to improve access to health services for people living in North Queensland, including in my community of Townsville?

Mrs D'ATH: Of course we would not forget about North Queensland, so I am pleased that you asked the question. The Palaszczuk government is committed to building better hospitals and increasing services for people living in North Queensland, including in your electorate of Thuringowa and the broader Townsville community. Recently I had the pleasure of joining the member for Townsville and yourself to open the \$1.6 million Townsville paediatric unit which expanded the number of beds from seven to 12 and created a separate waiting area for children and their families. I take this opportunity to thank Bodie, a 13-year-old Townsville local, for joining me on the day to officially open the new facilities.

We are a government that invests in health care for all Queenslanders, and that is why in this year's budget there is funding to start or finish a number of health infrastructure projects in Townsville, including \$530,000 allocated towards the \$17 million construction of a hybrid theatre at Townsville University Hospital to provide local access to contemporary surgical procedures, \$4 million to expand the outpatient department and \$4 million upgrade to persistent pain management services, \$10.1 million to refurbish the acute mental health high dependency unit to improve patient and staff safety, and \$1.5 million for a preliminary business case for stage 1 of the Townsville University Hospital master plan which would see the construction of a new 10-storey building to provide increased surgical, inpatient and outpatient capacity.

The Palaszczuk government's commitment to ensuring that our health system remains strong extends to our continued investment in rural and regional communities across the state. For example, the Charters Towers community will benefit from our commitment to establish four renal dialysis chairs through the Rural and Regional Renal Program and \$2.5 million to commence a detailed business case for a new or refurbished hospital. I know that these projects are significant for the Charters Towers community.

I also recently announced the new North Queensland Kidney Transplant Service. This service, the second transplant service in the state, will significantly improve equity and access for Queenslanders living in the north, particularly in regional and remote communities. It is not just Townsville—because of course that is where the surgeries will occur for transplant—but this will provide better and closer services for all of regional Queensland, from Central Queensland right up to the cape and Torres Strait and right over to the Northern Territory border. The service will have a focus on caring for the most vulnerable people in our community, including First Nations people who experience high rates of chronic kidney disease, with the location chosen by medical experts and clinicians.

Turning to our investment in the state's Far North, the Palaszczuk government is investing \$133.9 million in projects at the Cairns Hospital as part of its transition to a university hospital, supporting 389 full-time jobs. This investment includes \$70 million for a new mental health facility and \$30 million for expanding the emergency department, fit-out for a preadmission clinic and a third endoscopy room. The Palaszczuk government is also investing \$24.9 million for critical infrastructure upgrades to ensure the ongoing efficient operation of the hospital and to meet projected future demand of its facilities.

In addition, we are investing an initial \$16.5 million for the Cairns Health Innovation Centre in partnership with James Cook University and its Cairns Tropical Enterprise Centre. The Cairns Health Innovation Centre will be located in close proximity to the Cairns Hospital, which is set to become a new health precinct for clinical research, education, training and Indigenous health and community engagement. Some \$1.4 million in 2021-22 of the \$10.4 million total project will be invested for redevelopment of the Cairns Ambulance Station and Operations Centre.

Regardless of where you live in Queensland, our government is here to support you and your community. I am proud of our work to date and our ongoing commitment to achieving health equity for our First Nations Queenslanders with the delivery of critical health infrastructure to support the delivery of health services and can advise that approximately \$84 million of capital works projects are currently in progress in the Torres and Cape Hospital and Health Service in the state's Far North. Major projects include the \$46 million to redevelop the hospital and primary healthcare centre on Thursday Island. Construction commenced in April this year and is forecast for completion in September 2022. There is also \$7 million for the Mer Island Primary Health Care Centre redevelopment and staff accommodation in collaboration with Government Employee Housing. Construction was scheduled to commence in June 2021. However, delays have been encountered to resolve land and tenure agreements. There is also \$1.8 million for the Weipa birthing stage 1 project which commenced in March this year, with a forecast practical completion date of March next year.

While I know that that might seem a lot, it is still only a small part of what we are doing in North Queensland. I look forward to continuing to work with Queensland Health, our hospital and health services and local communities to ensure that Queenslanders are getting the health resources they need.

Ms KING: I have a question about something that is very close to the hearts of my community and, I am sure, communities right across Queensland. Minister, with reference to page 2 of the SDS, could you please outline how the government is supporting an increase in frontline health professionals in order to better support Queenslanders?

Mrs D'ATH: You cannot have a health system without an amazing health workforce, and we have prided ourselves on rebuilding the health workforce in Queensland since we came into government in 2015. We have made a commitment for the next four years of the Palaszczuk government delivering an additional 9,475 frontline health workers. That includes 1,500 doctors, 5,800 nurses and midwives, 1,700 allied health professionals and 475 new ambulance operatives. We do this because we know that it is vital for our state's response to this pandemic to have a strong frontline health workforce. This is our investment to restoring our frontline services, and since 2015 our government has added 2,114 extra doctors, 9,131 nurses and 4,880 allied health professionals to support the delivery of health services.

Every HHS will benefit from our investment in the clinical workforce. For example, over the next four years we will employ 92 more doctors, 492 more nurses and midwives and 130 allied professionals for Far North Queensland. Chair, for you in Townsville, the local HHS will receive 103 more doctors, 352 more nurses and midwives and 100 new allied health positions. Central Queensland will benefit from 47 more doctors, 285 more nurses and midwives and 47 allied health professionals. Darling Downs will receive 76 more doctors, 297 more nurses and midwives and 66 allied health professionals. More doctors and more nurses and more allied health professionals in every HHS means greater access to

health care for Queenslanders. With 9,475 doctors, nurses and midwives and allied health professionals into the front line over the next four years, this is what quality health care looks like. That is what happens when you back rather than sack the clinical workforce, and we are very proud of our investment in this area.

Mr ANDREW: Thank you to all the health professionals and frontline workers who have been supporting Queensland through the pandemic. I have a question to the director-general, the minister or maybe Ms Beverley Hamerton, considering it is in relation to Thursday Island. I would like to understand the doctor-to-bed ratio and if that is giving optimal delivery to the area.

Dr Wakefield: I think it is probably appropriate to call forward Ms Beverley Hamerton, the chief executive of the Torres and Cape Hospital and Health Service. What I would say before handing over to my colleague is that I am very proud of the service on Thursday Island and, indeed, the whole of the Torres Strait. My own background is as a rural generalist doctor. I know that the rural generalist doctors on Thursday Island, along with their nursing and allied health colleagues, are the backbone of that service and they do an amazing job. I have been there a couple of times in recent times. I would like to hand over to Bev, if I can, to answer the specific question.

Ms Hamerton: The Thursday Island Hospital has 26 inpatient beds, an emergency department, a birthing centre, theatre—the general things you would have in a level 3 clinical services capability framework. Our doctors on Thursday Island also man the GP practice or primary healthcare practice on Thursday Island. They supply the services for all the islands on a visiting basis and they service the primary healthcare centres on the northern peninsula area. There are 22 FTE medical officers there. In this last year we have had an additional two medical officers who are associated with medical retrievals in the area in the helicopter retrieval service. Within those services we are able to provide comprehensive 24/7 care, whether that care is face to face with visiting services to the islands or whether it is by virtual care.

Mr ANDREW: Thank you very much. How much of the budget, Minister, would we be looking at to support the vaccine rollout? This is with reference to SDS page 16. Is there any other Australian innovation that is being done with vaccines that we here in Queensland have tried to look at or bring into the area to supplement both the AstraZeneca and the Pfizer vaccines? Have we been contacted by anyone with an Australian innovation on the vaccine front that we could maybe try and work with?

Mrs D'ATH: In relation to the first part of your question—how much extra budget is needed for the rollout of the vaccine—it is not the budget we need; it is the vaccine we need. We just do not have enough.

Mr ANDREW: That is what I am trying to get at.

Mrs D'ATH: We have had to slow down. We got right up to doing 100,000 vaccines in a seven-day period, which is phenomenal. We know that we can go far higher than that. We have had to drop that right down because we do not have the vaccine supply. What we are doing is honouring the bookings we have and also making sure we have enough vaccine for second doses.

In relation to sourcing other vaccines, obviously we are supporting our wonderful own researchers in the state and we would love for them to identify new vaccines going forward. I have every faith that there are opportunities into the future, because we are going to be living with this virus for a long time. As for sourcing them internationally, that is the responsibility of the Commonwealth. They signed up for certain vaccines last year and have continued with those particular ones that they entered into contracts with. Whether they are looking at new vaccines and other ones coming online, I am not aware. If they are, they have not committed to bringing any to Australia at this point. They are staying with the ones they have already made a commitment to, which is Pfizer, and AstraZeneca obviously is being made here in Australia now, and also Moderna. Those are the three that we have in this country, and two are being brought in internationally.

Mr ANDREW: I am looking interstate, at Flinders University and a couple of the others. I believe there are others. I do not know if we have reached out ourselves or they have reached out to us. I am just trying to understand that.

Mrs D'ATH: All of that is being managed nationally, as far as reaching out to any universities internationally is concerned. Nationally, all of our universities, all of our health workers and all of our chief health officers and chief executives are working together and supporting each other in terms of innovation and research in our own country. It would be wonderful to see more innovation and more research. I know that last year the Treasurer called for this—that we should be making our own vaccines and having more manufacture of vaccines here in Queensland and in Australia.

CHAIR: We are joined by the member for South Brisbane. We will continue crossbench questions.

Dr MacMAHON: My question is for the director-general. The federal government has announced \$26.9 million over four years for the treatment of eating disorders, including funding for working in partnership with states and territories to explore opportunities to establish additional eating disorder day programs. Of the \$9.2 million in the federal government's announcement which is unaccounted for, what has been allocated to the Queensland government for eating disorder day programs and how will these funds be spent?

CHAIR: Before we get the answer to that, I ask you to shorten the lengthy preamble. I appreciate that you were not here this morning.

Dr Wakefield: I do not have that information to hand, Chair. I can say two things. Firstly, the prevalence of eating disorders appears to be increasing, particularly associated with, for some reason, the pandemic, along with a number of other mental health related challenges. Indeed, that has been reflected more broadly in the demand for mental health services, our information services, our mental health response services, our Queensland Ambulance Service response and so on.

Specifically in relation to eating disorders, I can say that the government has invested \$10.1 million over five years, with \$7.1 million of that going to adults; \$3 million of that going to child and youth eating disorder services, largely delivered through the Queensland Children's Hospital; and \$1.4 recurrent funding for the specialist child and youth eating disorder day program. Some \$500,000 has also been allocated to expand Eating Disorders Queensland, which is an NGO that I am sure you will be aware of, to deliver specialist eating disorder services for people aged over 16, their families and carers. That is state funding. Specifically in relation to your question about federal funding, I do not have that to hand. I am happy, with the minister's agreement, to see if we can find that information out during the course of this session.

Mrs D'ATH: Yes, I am happy to do that.

Dr MacMAHON: Thank you.

Mr ANDREW: With reference to SDS page 16 and the vaccination rollout, what is the dollar amount Queensland earns by way of incentive payments from the federal government for each COVID vaccine given that comes back into the health system?

Mrs D'ATH: I will get clarification on what the dollar amount is that we are getting funded. I think we are getting funded at a 50 per cent rate for the vaccination. I would not call it an incentive payment. It does not cover all of our costs at all.

Mr ANDREW: Yes, that is what I wondered.

Mrs D'ATH: Under the national partnership funding for COVID, even though it is 50 per cent funding it is not covering 100 per cent of the costs that go to COVID. There are a lot of extra expenses that are not covered by that.

Mr ANDREW: I am happy to take it on notice. That is fine, thank you, Minister.

Mrs D'ATH: It is 50 per cent but I will get the dollar value for you.

CHAIR: We will split the remaining time before the break. There is 15 minutes and we will split it between nongovernment and government members. Member for Mudgeeraba, do you have another question and then we will come back to the government members?

Ms BATES: I recall the CEO of Metro North Hospital and Health Service. In reference to the two satellite hospitals, did the HHS have any input in determining the relocations of those facilities?

Prof. Hanson: Yes, they did.

Ms BATES: Were they placed where you suggested?

Prof. Hanson: Yes.

Ms BATES: Categorically, yes? Exactly where you wanted them?

CHAIR: She has answered the question.

Ms BATES: Sorry; I am just asking to clarify it is a 'yes'. Will either of those facilities have emergency department capabilities?

Prof. Hanson: All of them will have urgent care centres.

Ms BATES: But no emergency departments?

Prof. Hanson: No.

Ms BATES: Will either of those facilities have any inpatient beds for overnight stays?

Prof. Hanson: They will have renal chairs and ambulatory services so it will release capacity from the acute services. There will be rapid access clinics from our emergency departments.

Ms BATES: So no overnight beds, thank you. Can you confirm to the committee that both those facilities will be permanent structures?

Prof. Hanson: Yes.

Ms Schofield: Can I advise that there is actually three.

Ms BATES: All three of those do not have overnight beds, do not have emergency departments and they are all going to be permanent structures?

Prof. Hanson: We are working through the final things, yes.

Ms BATES: On another matter, CEO, how much money has been spent by the HHS on the court case against former Metro North HHS employee and cardiologist Dr Walters?

Prof. Hanson: That matter is a subject that is before the courts. I am unable to comment.

Ms BATES: For your benefit, I would like to quote from the transcript of that court hearing where the presiding judge said, 'I think the people who are on ramps and on waiting lists'—

CHAIR: Member for Mudgeeraba!

Ms BATES: '—should be entitled to an explanation'—

CHAIR: Member for Mudgeeraba, order!

Ms BATES: '—how much Metro North has spent unsuccessfully defending this case.'

CHAIR: Order! I will not allow this question based on your rude interruptions.

Ms BATES: Thank you. I will move on. Madam CEO, with reference to the \$2 billion Hospital Building Fund announced in this year's budget, are you aware if any allocation from that fund is being given to Metro North HHS?

Prof. Hanson: Yes, there has. We have been given funding to commence the development of the business case for the redevelopment of TPCH and RBWH hospitals.

Ms BATES: How much is the HHS receiving? You just said you were doing a business case. Is there any money in this \$2 billion, apart from the business case that you have just talked about, to build any new structures for Metro North HHS?

Prof. Hanson: An allocation of \$2 million has been provided for each of the locations that are undertaking initial planning activities for preliminary business cases. That is the Royal Brisbane and TPCH.

Ms BATES: That is \$6 million out a \$2 billion budget?

Prof. Hanson: For these business cases. We are also halfway through the Caboolture redevelopment, which is a \$340 million commitment.

Ms BATES: Which has already been funded. Thank you very much. I call the CEO of Metro South HHS

Mrs D'ATH: Chair, as a point of clarification, the HHSs are being asked about the \$2 billion Hospital Building Fund and they have been giving answers around their capital infrastructure projects under the budget. I need to clarify that they are not out of the \$2 billion Hospital Building Fund. The HHSs—

Ms BATES: Thank you, I am aware of that.

Mrs D'ATH: I am providing that clarification figure for the committee and for Hansard.

CHAIR: Member for Mudgeeraba, whilst we are having a brief discussion—

Ms BATES: I was agreeing with the minister—

CHAIR: Please allow me to finish my point. There is a repetitive tone about overnight beds and the satellite hospitals. If you continue down that path we will rule it out.

Ms BATES: Mr Chair, with all due respect, point of order: these are actually in the budget. They were announced as election commitments. They are fully funded. I am determining from the CEOs of the HHSs exactly what they think they are going to get. That is definitely in the SDS and for this HHS it is at page 79.

CHAIR: Let us move to a question.

Mrs D'ATH: We have already answered it.

Ms BATES: Dr Bristow, I note this morning's announcement will be the 80 beds for Metro South. Will that be enough to meet demand right now across South Brisbane?

Dr Bristow: I want to start by thanking you for acknowledging the solid work that all Queensland Health staff have been doing during the COVID period. Those 80 beds are part of a suite of measures that have been put in place to increase capacity in our system. Effectively with money that was announced under phase 1 of the care for Queenslanders strategy, Metro South will be purchasing 115 extra beds across Metro South private facilities. That adds to the 70 beds that we currently purchase across Metro South. It will also add to the approximately 10 to 15 bed capacity that we use with Mater Springfield. This is part of a suite of measures.

The other parts of these measures clearly include the expansion of Queen Elizabeth II Jubilee Hospital with the opening of a new ward at that hospital, which will occur during this financial year. It also has included, since 2015, the additional beds at Logan Hospital that came on board last year and, of course, the 206 beds and treatment spaces the minister alluded to earlier at the Logan Hospital. It will include also the beds at Redland Hospital, including the new intensive care unit that has obviously been partially funded by the federal government.

Ms BATES: To confirm, it has to be more than the 80 beds that were announced today.

Dr Bristow: Eighty.

Ms BATES: My next question is this: will the 80 beds announced today fix ambulance ramping?

Dr Bristow: Our expectation is that it will make significant inroads to that.

Ms BATES: Can I clarify, because you said that you are already buying private beds, these will buy more private beds?

Dr Bristow: Correct.

Ms BATES: Is this going to fix ambulance ramping across your major hospitals?

CHAIR: He has answered the question.

Dr Bristow: Can I say to you that effectively there has been a significant amount of growth in the system. There has been four per cent growth in emergency department presentations in the last years and a significant increase in ambulance ramping. This has exceeded population growth. The numbers of patients coming since COVID has occurred have significantly increased. If you look at it overall, last year compared to the two years before—the last year before COVID—Metro South did 14.7 per cent more work—more WAU—than it had done in those two years so there is a significant increase. This work, this money, respectfully, will add to our ability to continue to do more work.

Ms BATES: Thank you. My next question—

CHAIR: Thank you, member for Mudgeeraba.

Ms BATES: Sorry?

CHAIR: Excuse me, member for Mudgeeraba. I said that we would split the remaining time before the break. We have opposition now at 40 minutes and government at 16. I am moving to a question before the break. Minister, with reference to pages 1 and 2 of the SDS, can you advise how the Queensland government is attracting medical professionals to remote and regional Queensland and are there any challenges in that space?

Mrs D'ATH: The COVID pandemic has brought into sharp focus the many challenges that rural and remote communities face in the delivery of health services and meeting the healthcare needs of our rural and remote communities, through both a strong public health system and robust primary health care. The pandemic has disrupted medical workforce supply chains across Queensland and, in fact, across the country by restricting the immigration of international medical graduates and the movement of medical workforce across international and state borders. The rural and remote hospital and health services have responded to these challenges by maintaining medical support to rural areas through a variety of means including locum doctor engagement, telehealth support and medical officer rotations from other Queensland Health facilities.

In 2020-21, the Office of Rural and Remote Health was established to drive rural and remote health service and workforce planning, ensure improved access and reporting on health outcomes and raise the voice of rural and remote health care. The futureproofing our rural and remote medical

workforce project was initiated earlier this year as a response by the Office of Rural and Remote Health to identify the need to address the progressive decline of effective primary health care, which committee members would be aware is a federal responsibility in rural and remote Queensland.

This project has been led by two senior rural doctors, Dr Ewen McPhee and Dr Konrad Kangru, both of whom are former presidents of the Rural Doctors Association of Queensland. A priority of the project has been to develop strategies to address rural medical workforce supply issues over the short, medium and long terms, and the Office of Rural and Remote Health will work with key partners to implement the recommendations which aim to strengthen the supply of rural and remote doctors through improved coordination and planning, flexible workforce models and enhanced support.

The government is also partnering with key stakeholders to empower end-to-end training pathways which will enable aspiring doctors to complete the entirety of their medical training in regional, rural and remote communities. I think this is extremely important. Under the Regional Medical Pathway partnership between CQ University, University of Queensland and the Central Queensland and Wide Bay hospital and health services, from 2022, 40 students will be selected each year to complete a medical program that will be delivered in Rockhampton, Bundaberg and Hervey Bay, as well as smaller rural hospitals and general practices across the region.

Projects to enable Cairns Hospital to attain university status and augment medical tertiary and specialty medical training in Far North Queensland are also underway, and Queensland Health has leveraged federal funding to support junior doctor rotations into rural general practices to expand rural training capacity, enable positive rural training experiences and improve orientation towards long-term practice in rural primary care. Placement locations have included Emerald, Theodore, Babinda, Ingham, Goondiwindi, Oakey, Clifton, Toowoomba, Bundaberg and Sarina.

Queensland Health has invested significantly in rural generalist training, with 172 qualified rural generalists having completed their fellowship in general practice and attained advanced skills in anaesthesia, obstetrics, Indigenous health, mental health, internal medicine and paediatrics. There are currently 395 rural generalist trainees across Queensland. Central Queensland Hospital and Health Service, Wide Bay Hospital and Health Service, the University of Queensland and Central Queensland University are working together to enable medical students to undertake their entire medical education locally in Bundaberg and Rockhampton. The program will commence in 2022 with 30 students in Central Queensland and 30 in Wide Bay HSS, growing each year to reach at least 120 students in each area by 2026.

As I have travelled around the state I have met many of our frontline staff, and I am acutely aware of the challenges of recruiting and retaining clinical staff in rural and regional areas. The government is committed to exploring innovative mechanisms by which the impediments to attract doctors and nurses to more remote areas may be overcome. It is not just about attracting them there; we want them to stay. It is really important that we think of new and innovative ways to do that. Often with a relationship, with both being professionals, they are now looking at career opportunities and jobs and what is available for their children. We need to make sure we are working on all of those strategies to attract and retain these health professionals into the regions.

Ms PEASE: In reference to page 1 of the SDS, can the minister please outline how the Palaszczuk government is rolling out the COVID-19 vaccination to Queenslanders? Are there any external factors impacting the rollout?

Mrs D'ATH: Vaccination is our key. It is our key out of this virus and to opening up our economy and keeping our community safe. We can continue with all the restrictions we are putting in place now. The days of going 100 days without a community case are gone. This is a weekly if not a daily event. What we are seeing in New South Wales is sad. I did the figures today. On 16 June New South Wales had their first case with the limousine driver, and in 37 days that one case became 2,512. Sadly, lives have been lost. That does not include today's numbers. We know that we have to do more in relation to this.

I want to thank our amazing hospital and health services and staff. Our first vaccination—it is hard to remember—was back on 22 February at the Gold Coast University Hospital, to nurse Zoe Park. I still remember standing there that day with the Chief Health Officer, Dr Young, seeing that first vaccination. We thank Zoe for being our first person to get vaccinated in Queensland. Since that time the rollout has grown, and we are very proud of the numbers we have seen.

Originally we planned six Pfizer hubs while we were rolling out AstraZeneca across the rest of the state for all of our priority groups. As the committee knows, things changed. ATAGI's advice changed. We had to pivot quite quickly in pulling back all the AstraZeneca that was going to all age

groups, to now train up and to provide a supply chain system that we could manage Pfizer into the communities. It is easy to put Pfizer in all of your major hospitals, but when you start putting it into eskies and taking it out to remote communities, trying to do outreach with this vaccine, it becomes a lot more complex in making sure that it does not get spoilt and it is handled and mixed properly. That everyone has the training to do that is really important.

I am really pleased with what we have seen regarding the take-up in the regions. We still want to see more. Dr Young put out another call this morning: for anyone aged 60-plus AstraZeneca is out there with our GPs, at the Commonwealth vaccination centres and also in the regions where we have pharmacies. I am very proud that it was Queensland that called on the Commonwealth to expand the number of GPs providing vaccine to every GP who is on the National Immunisation Program. That is starting to move in the right direction now. Not all of them are on board due to the Commonwealth's approval processes, but the Commonwealth is now expanding the number of GPs. Also, it was Queensland that advocated that we allow our pharmacies to start doing these, particularly in regional, remote and rural towns where there is no access to a GP or a bulk-billing GP. That is about making sure they have access to this. We have brought these pharmacies online and now the Commonwealth is saying that it is going to bring more pharmacies online. I see that they are using them in New South Wales, particularly western Sydney, where it is absolutely critical to get the vaccination out the door really quickly.

We have had to recalibrate twice, based on changes from the Australian government and ATAGI in relation to the age of persons who should be getting these vaccines, but, despite all these challenges, we now have 25 community based vaccine hubs operating in Queensland. Not only will we increase the number of our hubs; they can also significantly increase their capacity. We have set them up now to move beyond the hospitals to be community hubs so that we can quickly expand them when this vaccine comes.

I said before to the member for Mirani that we did 100,000 doses in just a seven-day period, and we are so thrilled with that. We have done over 800,000 vaccines just through our state sites, but over the entire state we have now had over two million doses delivered. I look forward to that big supply coming later in the year and vaccinating every Queenslanders who wants the vaccine, and we hope that is everybody.

CHAIR: I am mindful of the time and trying to keep a balance between government and non-government questions. We will go back to non-government questions before the break.

Ms BATES: Could I recall Dr Bristow, CEO of Metro South HHS. Page 79 of the SDS identifies that last financial year your HHS employed 14,500 FTEs and that this financial year it is forecast to reduce by more than 130 FTEs. Is that correct and, if it is, of that cut how many of those are doctors or nurses?

Dr Bristow: As has been previously pointed out, the figures for the expenses for last year include expenses and staffing related to our response to COVID-19. Those expenses are incurred and then we claim back the funding from the department which is funded by the government of Queensland and the Commonwealth government. The budget allocation does not have a forward allocation for our response to COVID-19. It is on a claim back basis. On that basis, the staff that we used last year includes staff we needed to have to provide our vaccination clinics, our fever clinics—

Ms BATES: Which I assume is going to be ongoing so are those 130 still going to have a job?

CHAIR: Can we please allow him to finish the answer.

Ms BATES: He is talking about COVID.

Ms PEASE: Point of order, Chair: I raise the issue of the inappropriate behaviour of the member for Mudgeeraba—

Ms BATES: That is not a point of order.

Ms PEASE: The constant interrupting—

Ms BATES: That is not a point of order. It is a frivolous point of order.

CHAIR: Order!

Ms PEASE:—even of myself at this point—

Ms BATES: Can I just ask my questions. Stop interrupting.

Ms PEASE: In terms of interrupting the responses from the public servants who are here today, I ask you, Chair, to call her to order or to warn her for her behaviour.

CHAIR: Thank you, member for Lytton. I have repeated—

Ms BATES: I think that has already happened.

Ms PEASE: Again!

CHAIR: I have repeated three times—

Ms BATES: Thank you, Mr Chair.

CHAIR: Member for Mudgeeraba, allow me to continue. I will warn you under standing order 185. I have warned you time and time again to stop interrupting. Please allow the CEO to finish the answer and let us move on.

Mr MOLHOEK: Mr Chair, with respect to relevance, we have had a number of chief executives come to the table to answer and they have done a wonderful job of stepping around the question. The question simply was on this occasion: are there 130 staff to be let go or not? We have not heard an answer to that question so I would ask you to rule on relevance.

CHAIR: Deputy Chair, I am very interested in the answer. I have warned the member about interrupting. Let us continue with the estimates hearing.

Dr Bristow: Effectively, we have our base recorded in our budget and then additional staff who have been employed and engaged in the COVID response will clearly continue and, as the Chief Health Officer has said, we may need more staff for the COVID response. That explains the difference which I think the member brought attention to.

Ms BATES: With reference to ward 5D at the PA Hospital, is it still out of service or being used in a reduced capacity?

Dr Bristow: Ward 5D consists of two zones—on one side of a set of fire doors and on the other side. There are eight beds on the 5C side of the fire doors which are configured in two four-bed bays. Those have been brought on line again. What we are taking the opportunity to do is transform the other 16 beds on the other side of the fire doors. They were configured as four single room negative pressure rooms, 10 otherwise single rooms and one two-bed bay.

What will happen is that they are now being reconfigured so all single rooms will be negative pressure and the two-bed bay will also be negative pressure. I took the decision that this was an essential requirement after the events of April. I am pleased to say that the department is now financing the \$3.7 million cost for this to occur. At this stage, the expected practical completion date is 19 August this year. I am expecting that, after a period of commissioning, the ward will reopen fully after that point.

Ms BATES: Can you confirm for me whether there were infectious diseases patients—as in patients who were postoperative with pseudomonas et cetera—in the same ward as COVID patients when the outbreak occurred?

Dr Bristow: The COVID patients were being managed in single rooms which was the standard of care at that point in time. There were other patients in the total of 24 beds so yes.

Ms BATES: There was no crossover of staff between the two areas?

Dr Bristow: Staff at that point in time were using PPE appropriately. Effectively, staff were managing and using PPE as were the requirements at that time.

Ms BATES: Can you confirm that the negative pressure rooms were actually faulty during that time?

Dr Bristow: No, they were not faulty. Engineering and maintenance had occurred during the period of time which confirmed that the pressure gradient was being maintained and, furthermore, the number of air-conditioning cycles exceeded the requirements. That was subsequently confirmed by the engineering assessment that was done post the event.

Ms BATES: Just to clarify, so at no stage were the positive pressure rooms sending the air out into the ward instead of the other way around?

Dr Bristow: Thank you for the question; it is quite a detailed one so I will take it slowly to answer that. At the time of the event in March-April the total number of patients allocated, I think, was 10. As I have indicated, there were four negative pressure rooms. Therefore, patients were being managed in normal pressure rooms and that was consistent with national standards and the standards at that time. I think it is important to understand that early on it was felt to be transmitted by fomite and droplet rather than aerosol—finer particles. As the variants of concern have developed, the transmissibility and the infectivity of the virus has changed.

Ms BATES: Of course it has.

Dr Bristow: This was in March and so patients were being managed in single rooms. As has been demonstrated in hotel quarantine et cetera, flux of air in and out of a single room can result in transmission and, in fact, that was the mechanism. It was not a failure of PPE that was the cause of the infection of the staff; it was actually this ventilation—this airflow.

Ms BATES: I am glad you mentioned fomite transmission. I have a question for the minister. How many nosocomial infections at the PA or Prince Charles have been the result of fomite transmission of COVID-19? You might have to ask someone else to answer that.

CHAIR: I would like to try to keep you relevant to the budget estimates. I am allowing some latitude.

Ms BATES: Thank you, Chair. I appreciate that.

Mrs D'ATH: I would ask that the Chief Health Officer, Dr Young, to come forward to address that question.

Dr Young: We thought at the start of the pandemic that fomite transmission was a significant contributor towards to the spread of infection. That is certainly what we thought was happening on those cruise ships that had a significant spread of infection. As we have moved through the pandemic and have been able to get more information every single day—and it does change every single day—the current belief is that fomite transmission is probably responsible for around one per cent of cases.

The vast majority—99 per cent—of cases are due to airborne or aerosolisation of the virus. Those times we have seen spread within our hospitals or within hotel quarantine facilities we do believe are due to someone breathing out and then someone else breathing in that air. We have seen that happen across the country. We share all of this information between all of the jurisdictions. We have seen many examples now where from CCTV footage—all of us around the country now are using CCTV footage in our hotel quarantine situation—we can see where a door has been opened and someone has breathed out, even with a mask on, and the door has been closed and then another door is opened and closed and there has been transmission.

Ms BATES: With the Hotel Grand Chancellor I think it was determined that it was not the air conditioning that was the issue.


Dr Young: No.

Ms BATES: I am aware that someone did actually hold a door open to get a desk into the room, touching the stainless steel parts. Are you saying it is highly unlikely that fomite transmission occurred at the Hotel Grand Chancellor?

Dr Young: You are right. It is highly unlikely but not impossible. One per cent of transmission events are thought to be due to fomite transmission, but it is very hard to determine when it is that one per cent and when it is due to airborne.

CHAIR: Thank you very much, Dr Young, for your time here this morning. It being 10.31 am, we will adjourn until 10.45 am.

Proceedings suspended from 10.31 am to 10.46 am.

 **CHAIR:** Welcome back, Minister and officials. We will continue the examination of the health portfolio area and continue with non-government questions.

Ms BATES: My question is to the director-general. Director-General, how much money is being spent this financial year from the Hospital Building Fund?

Dr Wakefield: The \$2 billion Hospital Building Fund means more health infrastructure across the state. In terms of the initial investments from the \$2 billion, there is \$42 million over the forward estimates—that is, four years—for the Toowoomba Day Surgery; \$177 million over the forward estimates to purchase public health services through the expansion at the Mater Public Hospital Springfield; and \$120 million over two years—that is, 2021-22 and 2022-23—for an uplift to Queensland Health's base capital program.

At this stage that is the expenditure from that fund. There are a number of projects in the pipeline, as are in the public domain. That is the new Toowoomba Hospital, of which detailed design is underway, and the new Bundaberg Hospital. The budget includes \$15 million to acquire preferred land site for a new Bundaberg Hospital.

Ms BATES: Director-General, how much from the Hospital Building Fund is to be expended this financial year?

Dr Wakefield: With the agreement of the minister, I will need to get that specific figure during the course of these proceedings.

Ms BATES: Just to clarify, the \$42 million and the \$177 million that you mentioned are not in this financial year?

Dr Wakefield: As I indicated in my response, the Toowoomba Day Surgery is over the four years from 2021-22. Springfield is over the three years from 2022-23, so there is nothing in this financial year. The uplift in the sustaining capital of \$120 million is over two years, and \$60 million of that—that is, half of it—is in the 2021-22 financial year.

Ms BATES: Just to clarify, you do not know exactly how much will be expended this financial year from the Hospital Building Fund. Do you know how much of this \$2 billion Hospital Building Fund is going to be spent in the next financial year? I am talking about the forward estimates. What is actually going to be spent?

Dr Wakefield: As I said, I know that there is \$60 million this year and \$60 million next year for our sustaining capital fund. In terms of the Toowoomba Day Surgery, I will need to get clarification on how that allocation of money will be spread over the forward estimates period.

Ms BATES: In Budget Paper No. 2, can you show me the line item in the 'Expense Measures' table where I might find a \$2 billion Hospital Building Fund? If you need help to find that table, it is on page 139.

Dr Wakefield: The \$2 billion Hospital Building Fund is not part of the Queensland Health budget. It is held by Treasury, as I understand it.

Ms BATES: Given that this is the budget estimates for Health, surely there has been consultation with Treasury about how that \$2 billion is going to be spent by Queensland Health.

Dr Wakefield: As I said, I can only deal with money that is allocated to Health. You would have to put that question to the Treasurer.

Ms BATES: Director-General, again with reference to the SDS, can you advise me where in the document I can find that money allocated to the \$2 billion hospital fund? It is not mentioned anywhere in the document.

CHAIR: You just asked that question in a different—

Ms BATES: It is not mentioned in the document anywhere.

CHAIR: Member for Mudgeeraba, perhaps—

Ms BATES: I will move on. Director-General, isn't this just regular capital expenditure? It is not a Hospital Building Fund. It is what is normally expended each year on capital works, given there is no line item for the \$2 billion fund. Can you talk about whether you are talking about regular capital expenditure?

Dr Wakefield: I can clarify the allocation of budget, as I have done, in terms of out of that fund. Those dollars are not held by Queensland Health. That is a matter for Treasury and it is not a question that I can answer.

Ms PEASE: Point of order, Mr Chair: I would like to ask the chair to remind the member for Mudgeeraba to not constantly ask the same question.

Ms BATES: I did not ask the same question. I am clarifying.

Mr MOLHOEK: Point of order, Mr Chair: I think the member for Mudgeeraba is just asking fairly logical questions seeking clarification and not getting the answer to the question.

Ms PEASE: Are you running protection there, member?

CHAIR: Listen everyone, we have just started back. Let's continue, but let's keep it to the area of responsibility.

Ms BATES: Director-General, as far as I can glean we are building two new theatres this financial year with the Hospital Building Fund. Is that right; \$2 billion for two new theatres?

Dr Wakefield: I think I have answered the question as to what the investment is currently allocated to.

CHAIR: Move on. Let's cease this line of questioning and move on to something else.

Ms BATES: Director-General, you have an incredibly important job managing our public health system in Queensland. During the last two parliamentary sitting weeks where have you been based during parliamentary question time?

CHAIR: That is really not a question for—

Ms PEASE: Point of order, Mr Chair: a question like that is not relevant to budget estimates. I know that you have warned the member for Mudgeeraba. I would encourage you to encourage her to behave.

Mr ANDREW: Point of order, Mr Chair.

CHAIR: We are eating into your time now, so go on.

Ms BATES: I have not finished.

CHAIR: Let's continue the questioning and make it relevant to the Appropriation Bill.

Ms BATES: I will move on, Mr Chair. Director-General, have you been based in the minister's parliamentary office in the last two sitting weeks during question time, and if so, why?

CHAIR: Again this really has nothing to do with the Appropriation Bill. It is out of order. I will ask you to move on to something else, because where the DG has been over the last two weeks has nothing to do with budget estimates. Can we move on to something that is relevant to the budget?

Ms BATES: Minister, referring to page 2 of the SDS, \$120.5 million is to be invested in ICT this financial year. Briefly, what is it being spent on?

Mrs D'ATH: I thank the member for her question. I will just gather the information about what we are spending. As you know, ICT is pretty significant across the whole of the hospital and health services in Queensland Health to ensure that we continue to have our facilities being managed. I am just getting a breakdown now of the various ICT projects we have.

As I said, digitising our hospitals is about enhancing patient safety and minimising opportunities for human error. Queensland Health continues to support the government's ICT investments and initiatives, particularly during the pandemic. We are uplifting digital infrastructure and network connectivity to support additional demand for telehealth services to ensure that safe care can be delivered during the pandemic. We are supporting a contemporary workplace based Office 365 and Windows 10 solution, including expanding it over 100,000 users and deploying additional capabilities to allow users to work remotely. We are successfully implementing the integrated electronic medical record rollout, ieMR, in the new Surgical, Treatment and Rehabilitation Service at Metro North Hospital and Health Service. Our investment in ICT has enabled new ways of delivering health care. It also mitigates the risk of digital infrastructure failure and improves equity in service in rural and remote services.

Ms BATES: Minister, is any of that money dedicated to the rollout of the ieMR? You mentioned it briefly. Are there any new ieMR rollout sites planned for this financial year, or has the rollout completely stopped?

Mrs D'ATH: Our Queensland integrated electronic medical record—that is the ieMR—enables improved clinical collaboration across the state, provides efficiency gains and supports best practice clinical care. Sixteen Queensland Health facilities and four community healthcare centres now have access to a single patient record. That is 50 per cent coverage of our public hospital activity. The next one off the rank is the Wynnum-Manly Community Health Centre, Gundu Pa, which will receive an increase—I see the thumbs up from the member for Lytton—of additional functionality in September 2021. So yes, there is more investment this year.

EHealth Queensland has been focused on optimising and enhancing the system with the establishment of statewide guidelines in the area of clinician data maintenance. We have had over 1,000 clinical initiatives that have been delivered to the environment over the past 12 months. Some of these include the delivery of paediatric growth charts, multipatient and single-patient task lists, doctor workflow uplifts, uplifts to maternity visit card functionality, significant upgrades to managing deteriorating patient early warning alert tools, and the introduction of an acute resuscitation plan.

Additionally, we are seeing operationalisation, automation and uplift in technical infrastructure, providing greater stability and more HHS ownership and autonomy over the system and its implementation. As part of all ieMR downtime, each digital site provides operational and clinical patient safety impact analysis along with guidance on how to manage and maintain safe service delivery.

I am pleased to say that there has been no patient harm reported due to digital system outages or information and communication technology incidents since the introduction of the ieMR in 2013. A detailed business case that considers the individual needs of each specific HHS and its facilities is

developed to support each rollout of the ieMR, and Queensland Health is currently in the process of developing a forward plan to support future rollouts, ensuring that digital hospitals are enabled at the right place at the right times.

Queensland Health's maturity around digital hospital rollouts has increased immensely and lessons have been learned that will be applied to ensure future implementations are set up for success. In addition, the ieMR was subject to a continuous program of optimisations and enhancements which ensure Queensland has robust and responsive digital hospital systems to support the provision of safe and quality care.

Ms BATES: Do you know how much money has been spent on the ieMR rollout to date?

Mrs D'ATH: I am happy to get that figure for the member shortly.

Ms BATES: Thank you. In 2015 there was a commitment that Queensland Health would have 21 digital hospitals by 2022. Is the department going to have the remaining 13 hospitals on the advanced ieMR within this time frame?

Mrs D'ATH: We will continue to work towards our targets for the rollout of the ieMR. I will point out to the member that, when it comes to a whole lot of projects and initiatives that there have been time frames and targets set for, there has been significant disruption in those rollouts over the last 18 months because of COVID. We have refocused staff to have to concentrate on other initiatives which has meant that we have had to pause or delay some of our rollouts. I know that people do not think of ICT when they think of COVID, but the fact is that we have had to make significant modifications and changes, even with the vaccine. Can I say that it was supposed to be the Commonwealth's responsibility and it was agreed across all states and territories that the Commonwealth would lead the work on developing a national booking system.

Mr MOLHOEK: Point of order, Chair: relevance.

Mrs D'ATH: This all relates to ICT. I am being asked about the time frames for delivering ieMR and I am explaining why those time frames are being disrupted as a consequence of COVID. I know that the opposition do not want to talk about COVID, but the reality is that it is certainly disrupting every part of our hospital system, which includes ICT. The fact is that we have had to stand up our own booking systems because the Commonwealth did not deliver what they were supposed to for the states.

Ms BATES: Adverse patient outcomes were occurring before COVID with the ieMR. That is why it was halted.

CHAIR: We do not need the commentary.

Ms BATES: I am asking my question, Chair. I apologise. Minister, could you inform the committee how many hospitals across the state with ieMR capability have stopped using the surgery and anaesthesia model, the SAA model? I am led to believe it is no longer being used in the Townsville Hospital because of safety concerns.

Mrs D'ATH: I thank the member for her question. I will take that on notice because I am not going to take on face value that there have been those decisions made. I will check with the HHSs and I will come back to the member.

Ms BATES: I appreciate that. Referring to page 2 of the SDS and following recent news reports, does Queensland Health plan to undertake a review of Pyxis machines and whether they are clinically safe to use in Queensland hospitals?

CHAIR: There are three minutes.

Mrs D'ATH: I thank the member. I will ask the director-general to respond to that.

Dr Wakefield: Pyxis machines basically are part of our electronic medication management systems. They have been used around the world for probably close on 20 years. They are a critical part of safe medications management. There has been significant research done on the benefit, particularly in terms of avoidance of adverse events—giving drugs to the wrong patient, giving the right dose et cetera. If you are referring to an issue that was reported in the STARS, my understanding from talking to the chief executive is that that particular machine or that particular circumstance is being reviewed to clarify what issues may or may not have happened. I do not have any further information on that. In terms of anything system-wide with Queensland Health, the answer is no.

Ms BATES: Minister, how much will Metro North HHS actually get as part of the Hospital Building Fund, seeing as the CEO was unable to clarify?

Mrs D'ATH: As I have said before—and I have said this in question time, as I recall—the Hospital Building Fund is not a fund simply established for the 2021-22 budget. It is a fund to be available in the future to look at particular projects that we can add above and beyond what we are already investing in

in Queensland Health when it comes to capital infrastructure. This \$2 billion is funding above the usual operating program. I am trying to explain to the member, because some of the questions to the chief executives seemed to be that this is just a single fund for this year.

Ms BATES: No, I did not actually ask—

Mrs D'ATH: So it is not actually being allocated in full for the 2021-22 year.

Ms BATES: So no money this year?

Mrs D'ATH: We have outlined today what funding has been allocated in this year's budget out of the \$2 billion. The remainder of the \$2 billion remains unallocated at this point.

Ms BATES: Just to clarify, then, for the other HHSs like Sunshine Coast, Townsville, Central Queensland and Gold Coast, there is no funding allocated in the \$2 billion budget for those HHSs this financial year?

Mrs D'ATH: There is funding for the hospital and health services for capital infrastructure in this year's budget, and it is a significant amount of funding that is capital infrastructure. Is it out of the \$2 billion funding? No. The \$2 billion is in addition to our capital investment, as I say. To infer that all of those HHSs might not be getting any funding—

Ms BATES: Actually, I was not, Minister. You and I both know. I understood and I respected what you said when you clarified earlier that there was the capital fund. My question was about—

Ms KING: Point of order, Chair—

Ms BATES: I am just clarifying with the minister.

Ms KING: My point of order is that, once more, the member for Mudgeeraba is continuing to argue with the minister—

Ms BATES: I was not arguing; I was agreeing with her.

Ms KING:—as she has repeatedly done through the morning's proceedings. Could I ask that you please take steps to warn her?

CHAIR: We are actually at the end of the non-government questions. We will move to government questions. I remind the member for Mudgeeraba that you have been warned under standing order 185 in the previous session.

Dr ROBINSON: Point of order, Chair: I think there has been some very reasonable interaction between the minister and the shadow minister and clarification as they are going along, which I think helps.

Mrs D'ATH: I have not asked for any clarification.

Dr ROBINSON: Well, she has sought it from your answers. I just think there has been that reasonable back and forth. I do not think it is the shadow minister being impertinent; I think she is clarifying as she is going along and getting answers.

CHAIR: Thank you. There is no point of order. Member for Lytton?

Ms PEASE: Minister, in reference to pages 1 and 50 of the SDS, could you please provide some advice about how Children's Health Queensland is helping young Queenslanders understand COVID-19?

Mrs D'ATH: I thank the member for Lytton for her question, because it is really important that we understand that the effect of COVID is on the whole community of all ages, and young people have certainly felt the impact as well. Whether it is young people in our schools and the disruption in their schooling or whether it is young people in our health system who have been in our hospitals, there has been disruption. Despite the significant impacts of COVID-19, the Children's Health Queensland Hospital and Health Service have managed to provide care to more Queensland children in 2021 across their service compared to the previous year, which has been great. This includes an additional 7,000 children cared for through the Queensland Children's Hospital emergency department and over 25,000 more outpatient appointments provided, which is just extraordinary when you consider the disruption to the health system.

I wish to personally thank the doctors, nurses, health professionals and personnel who worked to care for the state's sickest and most injured children and young people from across Queensland in the midst of this global pandemic—and of course at any time, not just during the pandemic. Children and young people in Queensland and across the world are living through unparalleled times. COVID-19 has seriously disrupted the normal routines and lives of children—from being separated from loved ones and friends to having to learn at home during periods of 2020.

The Children's Health Queensland Hospital and Health Service stepped up to help children and young people, their parents, caregivers and professionals navigate the change that has come with the pandemic. To assist children understand the pandemic, Children's Health Queensland actually published an original children's storybook *Birdie and the Virus* in May 2020. I will show the committee this beautiful book. I am very proud of the work they have done to communicate important public health messages and help young people process the emotional impacts of the many social changes the pandemic has created.

The storybook is part of the Australian-first *Birdie's Tree* series developed by Children's Health Queensland through the Queensland Centre for Perinatal and Infant Mental Health. *Birdie and the Virus* is available as a professionally printed picture book and as a free ebook available on the Children's Health Queensland website enabling international access. An animation of the book and a handwashing song for children is also on the website. More than 13,000 print copies of *Birdie and the Virus* have been distributed to child and youth mental health professionals, early childhood educators, schools, local government organisations and community groups across Australia. Copies are also being provided to children in the Queensland Children's Hospital emergency department, the family testing clinic and testing clinics in greater Brisbane supported by Children's Health Queensland paediatric nurses. The ebook has been translated into the languages of communities most heavily affected by COVID-19, including Chinese, Farsi, Italian, Japanese, Korean, Portuguese, Polish, Turkish, Dutch, Spanish and German. *Birdie and the Virus* won a 2020 Premier's Award for Excellence in the Give All Children a Great Start category. I want to encourage the opposition; it is a great way to actually understand the pandemic—

Mr MOLHOEK: I am wondering if the minister can sing a few bars of the song.

Mrs D'ATH:—and gain a really basic understanding of the virus. In all seriousness, the pandemic has been a very worrying time for parents and caregivers, especially those who have a child with a long-term health condition. The whole community has been anxious about this virus and anxious for those most vulnerable in our community. You can only imagine how a parent or carer whose child is extremely vulnerable to this virus feels. When you look at what is happening in New South Wales you can imagine the fear that those parents would feel.

In response, Children's Health Queensland launched the online portal, COVID-19 and Your Child's Health, to share COVID-19 news, service updates, child health information and resources, answers to frequently asked questions, dedicated information about children with complex and chronic conditions, testing information and vaccine information. The one-stop shop web portal also has a series of Children's Health Queensland produced videos and blogs for children, young people and families on COVID-19 related topics from Kyah and Nurse Amy showing us how to wash our hands properly and Children's Health Queensland staff and patients showing that behind every mask is always a smile. Through to information about how to be COVID-safe with your child's mental health, the videos and blogs educate and help address the anxiety we can all feel about COVID-19.

Chair, I am sure all committee members agree that our hardworking personnel at Queensland Children's Hospital and Children's Health Queensland Hospital and Health Service make a significant difference in the lives of many children and families throughout Queensland and would thank them for their tireless efforts.

Ms PEASE: Point of order, Mr Chair. Sorry to interrupt you. I did not want to interrupt the minister. It is timely that we are reminded to wear our masks at all times.

CHAIR: Yes, it is.

Ms PEASE: The deputy chair did not have his on. He does now.

CHAIR: We will move on to questions. I look forward to Birdie talking about nice masks. I will ask a question. With reference to pages 129 to 133 of the SDS, could the minister advise what the Palaszczuk government is doing to promote medical research, innovation, clinical trials and medical manufacturing in Queensland?

Mrs D'ATH: I thank you for the question. QIMR Berghofer's Q-Gen Cell Therapeutics is one of the largest cell therapy manufacturing facilities in Australia. In 2019 our government provided \$1.4 million to expand and upgrade it. Thanks to this upgrade, Q-Gen received approval to manufacture cell therapies for clinical trials in Australia and the United States. This, in turn, allowed QIMR Berghofer to expand its collaboration with US biopharmaceutical company Atara Biotherapeutics to develop and manufacture cell therapy developed by the institute for progressive forms of multiple sclerosis. At the moment there are very limited treatment options for people with progressive forms of MS. After

successfully completing a phase 1 clinical trial, Atara has started a randomised phase 2 clinical trial of the therapy which is being manufactured right here in Queensland at Q-Gen. This world-first treatment has already shown promising results in an earlier phase 1 clinical trial in Australia. Its progression to international clinical trials is a very exciting step. The \$1.4 million in funding the Palaszczuk government provided for Q-Gen has attracted \$55 million in investment in Atara Biotherapeutics for research and development, and advanced manufacturing. It has also created 18 new jobs in advanced manufacturing here in Queensland.

QIMR Berghofer is also providing breakthrough experimental cell therapies for patients all over Australia through the Australian government Special Access Scheme. To date, the institute has manufactured these therapies for 25 critically ill adults and children at hospitals all over Australia. They have shown incredible results in a number of patients. These included a three-year-old boy with viral retinitis whose eyesight was saved after receiving QIMR Berghofer's treatment through the Special Access Scheme.

The Palaszczuk government is proud to be supporting QIMR Berghofer and Q-Gen to develop and manufacture these immune therapies. All Queenslanders can feel very proud of the life-changing medical research that is happening right here in our state.

Ms KING: Minister, I was at Herston the other day visiting a dear friend in hospital, and that brings me to my question. With reference to pages 1 and 3 of the SDS, could you please outline how the Surgical, Treatment and Rehabilitation Service in Herston is providing world-class care to Queenslanders?

Mrs D'ATH: I am very proud of the Palaszczuk government's vision for Queenslanders to be among the healthiest people in the world by 2026. The *My health, Queensland's future: advancing health 2026* report establishes a common purpose and framework for the health system in Queensland. This will be delivered by the four key directions of promoting wellbeing, delivering health care, connecting health care and pursuing innovation.

The \$340 million Surgical, Treatment and Rehabilitation Service, known as STARS, is the first public greenfield digital hospital to open in Queensland. STARS is a 182-bed specialist health facility that provides complex rehabilitation care, specialist outpatient services and a range of short-stay, planned procedures and elective surgical services. STARS was completed on time and clinical services commenced on 1 February this year as planned.

On 12 February 2021, within two weeks of commencing clinical activity, STARS achieved interim accreditation. Surgical services at STARS were accelerated to commence in February 2021 to play a vital role in reducing waitlists for elective surgery, which increased last year due to COVID-19 and the Australian government's call to pause non-essential surgeries. At the end of May this year, approximately 1,900 patients had received their elective surgery at STARS.

At full capacity each year, STARS will deliver an additional 14,000 surgical procedures and more than 12,000 gastroenterology procedures, which will help reduce waitlists, as well as provide 87,000 outpatient appointments. Patients will also be able to receive treatment for low complexity surgical procedures across a range of specialties including gastroenterology; general surgery; ear, nose and throat; ophthalmology; urology; and orthopaedics. STARS also provide much needed healthcare for rehabilitation patients and will meet the demand for specialist health care.

Existing rehabilitation services successfully relocated to STARS in February and specialist outpatient services including pain, rheumatology and dermatology from Royal Brisbane and Women's Hospital also relocated to level 3 of STARS in February this year. By April this year five surgical theatres at STARS had been commissioned with the remaining two new operating theatres to come on line by the end of this year when specialist staff become available.

Over the next 12 months services at STARS will continue to expand, and over the coming years new specialist rehabilitation services will commence at STARS with the opening of a 20-bed brain injury unit as part of the statewide expansion of rehabilitation services. In April the opening of an additional 30-bed rehabilitation ward was fast-tracked to help relieve pressure on acute hospitals as a result of increased demand due to the intake of COVID-19 inpatients.

I was proud to be there on this important occasion with the Premier to meet the impressive staff and I was able to witness firsthand the incredible things being done there at STARS. We know that state-of-the-art, modern, rehabilitation services make all the difference. I know from personal experience that the surgery can be fantastic, but it does not fix you; rehabilitation is everything. Getting that right rehabilitation at the right time with the right people in the right place is so critical. I want to

acknowledge all of those staff at the rehabilitation centre as well. STARS is also one of the locations delivering our COVID vaccine to some Queensland frontline workers. If they were not doing enough, they are also vaccinating people. Approximately 700 full-time and part-time health workers are employed at STARS. The facility has also exceeded its target to employ identified staff, with 17 Aboriginal and Torres Strait Islander people employed.

In November 2020 the University of Queensland took up residence at STARS through the STARS Education and Research Alliance in agreement with the University of Queensland to embed research and education with clinical activity. In February this year as part of the agreement, STARS met its 2021 obligations for placements of University of Queensland nursing and allied health and medical students, who have joined STARS as the first intake of student placements.

STARS is a remarkable facility and will continue to go from strength to strength for many years to come. This has been a distinguishing feature of the Palaszczuk government's innovative and transformative approach to health care. STARS represents a new concept for diversifying the point of delivery of surgical procedures and rehabilitation services. Of course, I also want to acknowledge Metro North Hospital and Health Service's vision and dedication to the establishment and the ongoing running of this facility.

Ms PEASE: With reference to pages 10 and 11 of the SDS, can you please provide an update on efforts to reduce the use of tobacco products in Queensland? What steps is the Palaszczuk government taking to support these measures?

Mrs D'ATH: I thank the member for Lytton very much for that question because, while we talk about COVID on a regular basis, we know that there are a lot of other conditions and preventable illnesses in our community. I am very pleased to say that Queensland continues to lead the nation in tackling smoking. For the fourth-year running, our smoking-reduction policy and programs have topped the Australian Medical Association's national tobacco control scorecard ahead of all other states and territories. I welcome this recognition while acknowledging that there is still more work we can do to reduce smoking rates.

The adult smoking rate in Queensland is currently 10 per cent. Much of this success has come from preventing young Queenslanders from ever smoking. I am pleased to report that smoking rates for this group are just under seven per cent. Even with this success, smoking continues to take its toll. Each year, smoking related illnesses cause the death of 4,000 Queenslanders and result in more than 66,000 hospitalisations. The cost to the community of smoking is significant. Smoking rates and associated health impacts are much higher for First Nations people. People experience social disadvantage in terms of people living in rural and remote areas. Reducing smoking for these groups is key to narrowing gaps in health outcomes. In particular, the CQ Public Health Unit is celebrating the release of published research in respected medical journal the *Lancet*. The paper evaluated the amazing success of CQ Health's 10,000 Lives Smoking Cessation Project which has led to a 277 per cent increase in local Quitline referrals. Well done to all involved.

To further reduce the impact of smoking, the Palaszczuk government has committed to increasing smoke-free public places and strengthening our legislative retail provisions for the supply of smoking products. These reforms will also respond to the present-day issues of increasing e-cigarette or vaping use in younger cohorts and reports of illicit tobacco supply by some retailers. I saw the report today of one cigarette or tobacco manufacturer claiming that smoking will be phased out in so many years because it is being replaced by those other versions. We have to look at e-cigarette and vaping as well to keep our communities safe. Frankly, if you are breathing anything other than fresh air into your lungs, it is not good.

New and strengthened legislative measures will continue the proud history of smoking reduction in Queensland. Consultation will be a key feature of delivering this commitment to achieve an approach that benefits all Queenslanders. In addition to this commitment, my department and all of our hospital and health services continue to deliver tailored quit-smoking services that support Queenslanders trying to kick the smoking habit. Just to ensure we stay on track, I will not invite the Chief Health Officer to the table but I do want to acknowledge Dr Jeannette Young and her absolute passion and drive in ensuring that we reach these targets. I know she does not want to stop until we hit zero. Even when she moves on, I know that she will continue to hold us to account to get to that zero. Thank you, Dr Young!

CHAIR: We have three minutes left in which we can get one more question, member for Pumicestone?

Ms KING: Minister, in reference to page 1 of the SDS, can you please outline the role that GPs and our community pharmacies play in the COVID-19 vaccination rollout in Queensland?

Mrs D'ATH: I did touch a bit on this earlier. We have advocated really strongly to the Commonwealth to get as many GPs online. One of the biggest complaints I have had for the vaccine rollout—other than people just generally not being able to get in due to the limited supply—when it first rolled out to GPs, with people saying, 'My GP is not delivering it, so how do I have a conversation with my own GP who knows me if they are not delivering the vaccination? Also, the GP down the road who is delivering the vaccination is only looking at their own patients.' That was because of such limited supply. As more supply comes online, more GPs can play a role in delivering this vaccination. It is such a critical role. We cannot do this without them, because it is GPs who can have those conversations. I thank the GP who sat down at my medical centre and had the conversation with me before I had my AstraZeneca. It is so important to have those conversations, to understand people's health conditions and to give advice but also to give them the confidence, because it is all about confidence. You are much more likely to be confident to have any vaccine for COVID if it is from a trusted source, which is your GP who you have gone to for many years and knows you. In our analysis, people have said, 'If my GP says to take it, I will take it.' So they are critical.

I note that the Commonwealth is now starting to expand this rollout to GPs, which is fantastic. Queensland worked productively with the Commonwealth to be the first jurisdiction in the country to bring 31 community pharmacies online. These pharmacists were in areas where members of the local community could not access vaccination through other avenues, particularly GPs. In addition, the Chief Health Officer has written to the federal government seeking to bring online all remaining community pharmacies. We now go to them for our flu shots. There is no reason why we cannot be going to them as more vaccines come into the country.

In future years, as we get boosters and other vaccines to keep us protected from this awful virus, we need to be able to make this as accessible as possible. I welcome the federal government's recent announcement this month in terms of the Pfizer vaccine beginning to be administered to GPs in Queensland, with 165 clinics planned to be online by the end of the month in delivering Pfizer. That is good news as well. We need certainty of supply for the vaccine for all providers—not just the state but for GPs and pharmacies as well—and appropriate geographic coverage to ensure we are adequately protecting Queenslanders.

In conclusion, I thank all of the GPs, pharmacies, pharmacists and pharmacy staff doing amazing work throughout the state in showing that we are vaccinating our community whilst also engaging in their significant business as usual. Remember, this is disrupting their normal businesses because they have to put in place certain measures to monitor those people for a period of time after their vaccine as well as having other people visit their surgeries for normal appointments. The contribution they are making to the safety of Queensland is significant. I am exceptionally grateful for all that they are doing.

CHAIR: We will move to crossbench questions, member for Mirani?

Mr ANDREW: I have a question for the minister or the director-general. Page 16 of the SDS—government objectives—what budget spending is there in regard to pre-screening overseas visitors before they come here? What we have actually spent on that? Have we collaborated with other states or the Commonwealth to come up with a plan, or do we have a strategy so that we do not import the virus?

Mrs D'ATH: I am just getting that other answer for you in terms of the breakdown of vaccination costs and the dollar funding figure from the Commonwealth. We do not fund the pre-screening of international arrivals, because the pre-screening of international arrivals, firstly, should happen at their point of departure. Wherever they are departing from around the world, they should be getting tested. That is the decision that national cabinet has made. People should be getting tested before they get on planes. More and more of our most recent cases—and most of those are Delta—that we have identified as overseas acquired were detected in hotel quarantine. They are testing positive on day zero and day one, which means they already had it. More than likely, the virus was acquired when they got on the plane at the very least but, more than likely, they got it before boarding the plane. We have even heard about black market testing results. That is one measure, but it will not ever be the key factor in protecting us. Most importantly, the rule is that someone who tests positive should not be allowed to get on that plane.

Once they get a negative test, honestly, it means very little when they get to our end. The fact that they tested negative—it stops people who have already tested positive from getting on that plane, but people could already be infectious but their CT values are such that it is not yet showing up on tests. They could become infectious on that plane. They might not get sick for a few more days, but they are already infectious and have potentially spread it. We have seen that just this week with the gentleman

from the Philippines who flew into Brisbane and then sought to go over to Western Australia. We have discovered that he became infected by three other people. He was not travelling with them as a party; they just happened to be on the two planes that he caught, from the Philippines to PNG and then from PNG to here. Does our money go to that? No. From the moment they get here, we manage their transport from the airport, hotel quarantine and every screening test they do here. That is what we manage and that is what is covered under our budget.

Mr ANDREW: I refer to pages 134 and 135 of the SDS. The Queensland Institute of Medical Research was regularly listed as the only Australian facility capable of manufacturing vaccines, apart from CSL. Is QIMR engaged in vaccine manufacturing at the moment, or will they be?

Mrs D'ATH: I ask the chief executive of QIMR to come forward. I acknowledge the amazing work they are doing.

Prof. Mackay: We are not currently engaged in developing vaccines for COVID-19 specifically. Our focus for COVID-19 is mainly on treating critical patients who are suffering from an overwhelming infection with COVID-19. We have had success in this area, with a number of our projects progressing very nicely. One project relates to the effect of the infection on organ damage such as cardiac damage. The work from Associate Professor James Hudson has been very successful and has been published in top scientific journal *Cell*. The program uses an inhibitor and is being trialled in its first clinical trial in North America, because there is a critical mass of patients suffering from critical COVID infection. The idea is to prevent long-term damage. You have heard of long COVID. You have heard of long-term disabilities post COVID. This is really the space we have chosen for COVID—not vaccines—because we knew that our colleagues at UQ and elsewhere were developing vaccine and we did not want to duplicate.

We do do vaccines. We are doing vaccines at the moment against other viruses like CMV and EBV, and those are getting traction. We are looking at partnering with a pharmaceutical company to develop those vaccines. While we are involved in some vaccines, when it comes to COVID-19 our choice was to save lives, and we do projects that save lives. As you can see in New South Wales, if we had this product now we could potentially save lives.

Mr ANDREW: Professor, are you aware of any other Australian protein based vaccines that could be effective against COVID-19? Have you reached out to anyone within the Australian community who develops vaccines about that?

Prof. Mackay: I have not had a recent update on the vaccines that are specific for COVID-19. I know that our colleagues and collaborators at UQ are still working on their current prototype vaccines. There are other people in Australia working on prototype vaccines for COVID-19. We can offer a facility—it is a high-containment facility—where we can work on COVID-19. Certainly, through collaboration, we can help those programs and check the efficacy of those vaccines.

Mr ANDREW: Have you worked with Flinders University in the past?

Prof. Mackay: Not yet. We do not currently have a collaboration with them, but we have heard about their work.

Mr ANDREW: Thank you.

Dr MacMAHON: Director-General, how many hospital and health service facilities provide public pregnancy termination services rather than partnering with private providers?

Dr Wakefield: Whilst I am waiting for the specific information I can say that, obviously, the decriminalisation of termination of pregnancy has led to changes in the way that the public health system has responded to the needs of women requesting termination of pregnancy. We work very closely with stakeholders, and our advice was that women prefer, in the main, to have access to those services in discreet settings and outside of our major public hospitals.

Along those lines, as you are aware, we have made arrangements to support those women presenting for termination of pregnancy to access that service, under our cost, largely with partners in the non-government sector. The vast majority of terminations of pregnancy, from a surgical or procedural perspective—between the 9,000 and 10,000 mark per year—are done in the private and NGO sector.

The role of the public hospital system in the termination of pregnancy tends to be in what we would call a therapeutic termination of pregnancy. Services for those cases, which tend to be much later in the pregnancy and are associated with foetal abnormality or with serious illness in the mother—for example, the mother may get cancer or a serious disease and have to make an incredibly difficult

decision—can only really be provided in our level 6 hospitals. They would tend to be the Royal Brisbane and Women's Hospital and one or two other services providing level 6 fetomaternal units. That situation has not changed and those numbers are very small, as you would imagine. Basically, we operate one Queensland health system across the board, so wherever the woman presents in that scenario they will be referred and supported into our level 6 services, which would be Townsville or the Royal Brisbane and Women's Hospital.

Dr MacMAHON: Director-General, the Rural Maternity Taskforce Report was released in 2019. It made six recommendations for rural maternity services in Queensland. What work has occurred in order to progress the implementation of these recommendations?

Dr Wakefield: I am really proud of the work across Queensland Health. Stakeholders including midwives, our rural doctors particularly, our Indigenous health workers and the rural health services have worked very hard with the department to progress the recommendations of the Rural Maternity Taskforce. What we can be most proud of, I believe, is the commitment to establish level 3 maternity services in Weipa. That is a recurrent investment of \$8.1 million. We anticipate that that service will be up and running from next financial year.

What does that mean? What does level 3 maternity service mean? As we talked before about the Torres and Thursday Island, what it means is that that service in Weipa will be able to provide 24/7 services to the women of Weipa and the western cape and of course significantly change the lives of Aboriginal and Torres Strait Islander peoples in that western cape who currently have to go to Cairns. Obviously high-risk birthing will still, in conjunction with Weipa, have to be undertaken at a bigger centre. That means that those midwives and those fantastic rural doctors, who are generalists but are specialists in anaesthetics and in obstetrics, are the ones who essentially can deliver those services with those support staff in Weipa, and I think that is a tremendous uplift. It will also, as a by-product of that, create a lot more other services into that western cape area. I think that is a massive uplift when it occurs, and it has already been committed to. The business case is done and it is in its implementation phase.

Since 2014 we have also established or re-established birthing services in Cooktown, in Ingham and in Beaudesert, and I have already talked about Weipa. That is the first thing—that is, birthing services or better birthing services and better access for rural women. It is not just about having medical services; the evidence is very clear that women want to have continuity of carer as part of pregnancy. For example, whilst in Chinchilla it has been a challenge to manage the 24/7 medical service, the team that supports the midwifery group practice there and provides that continuity of carer, including all through pregnancy and including supporting that woman and travelling with them to Dalby to birth, has received exceptionally positive feedback from women there. So it is not just about birthing at all costs in a facility; it is also about the sorts of services that we can provide and that women want. Safety is obviously critical. Not every rural town has the volume of demand that would allow for us to safely provide services and ensure the staff maintain their training and experience, so I think we also have to be realistic. Coming back to the point of what was recommended in the task force report, it was very much to say a framework that was developed to really help communities work through that with their health service but also a range of other things including investment in training and support for staff.

Finally, and I think it has already been referred to in a previous question, the final recommendation really pertained to the governance and attention paid to rural services in Queensland. As a consequence of that recommendation, I established the office of rural health, which is a very small entity based in Townsville but has links into Cairns and also into Toowoomba to join up legacy services. I am proud to say that that is really making a difference I think. It brings rural health care and rural communities to a seat at the decision table—the top table of Queensland Health—so, again, I am proud of that. In answer to your question, a lot has happened. I should also mention that in this budget as part of the plan First Nations birthing has received funding to be able to deliver on that plan as well, and that was another part of that task force report.

Mr ANDREW: While on the subject of birthing, Director-General, since we legalised abortions last year I want to know the number of abortions that we have seen in government and non-government organisations and the cost towards Queensland overall. You can take that on notice, by the way. I am happy to do that.

Dr Wakefield: I can certainly answer some of that. As I said before, prior to the legislation—indeed, based on the data that is available—it has not significantly changed. The majority of termination of pregnancies are undertaken in the private sector. They are subject to funding under the Medicare arrangements with a, I think, variable and not insignificant co-contribution from women. That is why we, as an outcome of the legislative change to decriminalise, did not want to take over the termination of

pregnancy services in the public hospital system but we did want to make sure that we provided for women who, for whatever reason, chose or required the support of the public health system, whether that be social or whether that be economic or other disadvantage. I would particularly reference here—and I was involved in this while working with stakeholders—the fact that there are a number of women in domestic violence situations who have particular needs in relation to this and particularly access to surgical termination where they can leave and then come back. It is a particular ask that they have.

As I said before, the numbers have fallen slightly over the last few years, and this just pertains to numbers relating to surgical termination or termination that involves hospital admission. It has fallen from over 10,000 to around about 9½ thousand. In the public setting, the numbers there are in the hundreds, so they are less than a thousand.

CHAIR: For the benefit of crossbench members, we will pull that period of question time up from you. What we will do, Minister, because I know you have taken a couple of questions on notice, is probably around 10 past 12—if you need a little bit longer, let me know—we will move before the break to go to you to do a wrap up. Deputy Chair, if you are comfortable, we will split the remaining time and go to non-government questions now for about 10 minutes.

Ms BATES: I ask for the CEO of the Sunshine Coast HHS to please come to the table. Dr Waters, I note that you received 36 new beds in this morning's announcement. Is this sufficient and, as in the case of Metro North, can you also guarantee that this will end the 50 per cent ambulance ramping in your HHS?

Dr Waters: I will set the setting for my response because I think it is relevant. The issue of ED congestion and hospital ramping is a national issue and the causes of it are, I think, very complex, but clearly they are part of a bigger system of how we are now delivering care. The growth in ED presentations is remarkably consistent across the country and I suspect reflects changes in how we deliver care. Just to give you some figures on what that means for the Sunshine Coast, between 1 July 2020 and 30 June 2021 the three major emergency departments of the Sunshine Coast had 148,000 presentations. This was an increase of 7,000 or 9.4 per cent presentations at the Sunshine Coast, nine per cent at Nambour and one per cent at Gympie.

Ms BATES: Point of order: the question was specific. I know the background. The question is really specific: do you believe that the 36 new beds that were announced this morning will stop your 50 per cent ambulance ramping?

CHAIR: Allow me to respond to your point of order. I am very interested in where the doctor is going in his response. Did you want to continue that?

Ms BATES: It is really just a yes or no.

Mr MOLHOEK: Can he come to the point, because the question was specific?

Mrs D'ATH: It is not a yes or no.

CHAIR: It is complex. The doctor is answering it. I am allowing some latitude in the response. Please go ahead, Doctor.

Dr Waters: That is the background setting. I think the solutions and the answers to improving our performance will be complex and many faceted. There are many things we need to do including increasing capacity, including inpatient beds. The money that the Sunshine Coast has received is for both an increase in inpatient capacity, an increase in emergency department beds, and some innovations in how we deliver care. I think all of those things will be important. Probably equally important will be the commitment that I know the Sunshine Coast health service has to seriously look at how we focus on and prioritise urgent care, which is the point, I think, of the member's question. I am absolutely confident that the Sunshine Coast believes that it is critically important that we all focus on improving our urgent-care outcomes.

I guess the other thing that is particular to the Sunshine Coast that is relevant to the question is that, in addition to the moneys that have been received or announced today, there is also a major redevelopment on the Sunshine Coast. The Nambour General Hospital is currently being redeveloped. When that is completed—and it will be completed in the second quarter of 2023—that will increase the beds at Nambour by 137, to a built capacity of 252. That will be in addition to the beds that we are getting today.

Ms BATES: We are talking specifically about these 36 beds.

Dr Waters: I thought you asked me whether this would improve ramping.

Ms BATES: I asked you about the 36 new beds in this morning's announcement and whether that would fix your ambulance ramping. The CEO of Metro North HHS guaranteed it would fix her ramping, so can you guarantee it at the Sunshine Coast University Hospital?

Ms KING: Point of order: the member is continually asking for opinions on these matters. It is a matter of speculation.

Ms BATES: It is not.

CHAIR: It does border on the hypothetical. Again, I am very interested in, and allowing latitude in, the response. Please continue your answer.

Dr Waters: The Sunshine Coast is committed to improving our performance in urgent care right across the board—both urgent care for the ED presentations for the ambulance ramping and, of course, in the urgent care for surgery. The beds that were announced today are absolutely a critical piece of that puzzle. Improving Hospital in the Home and hospital avoidance is another critical piece of the puzzle. The new beds coming at Nambour over time will be important, because part of your question is about now and the future, I am assuming.

Ms BATES: No, now.

Dr Waters: As we know, the Sunshine Coast is growing at a rapid rate. This whole approach needs to be put together as a complete package, to solve the problem for not just tomorrow but also over the next few years.

Ms BATES: Thank you very much. Can I now call the CEO of the Cairns HHS. You received eight beds in this morning's announcement. The CEO of Metro North HHS guaranteed that the additional beds that were announced today would fix the ambulance ramping at Metro North. Can you guarantee that it will fix the ambulance ramping in your HHS in Cairns?

Ms Chinery: Just before I start, can I take a moment to acknowledge the staff of the Cairns and Hinterland Hospital and Health Service. We have been responding to COVID-19 since January last year and continue to do so and they do an amazing job. On top of that, we are seeing a national increase in presentations to our services.

I would like to say that actually it is not all about the beds. For Cairns and hinterland we have received \$1 million to continue with Hospital in the Home, which is a really important program that we are expanding across the region. In addition, we have received recurrent funding of \$1.1 million for supporting our residential aged-care services. We have a wonderful program where, to avoid hospital admission, we actually go into the nursing homes. It is really fabulous. Often hospital admissions can be avoided. In addition to that, the announcement of the eight additional beds is wonderful, but we are also very pleased to have \$1.5 million for a preliminary business case, which is well progressed, to look at optimising Cairns hospital. We know that we need to plan for the future and we are very confident that we have these plans in place.

Ms BATES: Just to clarify, the eight beds that you received this morning are going to fix your ambulance ramping issues?

Ms Chinery: If I can just explain, and I think my peers have explained—

Ms BATES: Yes or no?

Ms Chinery: Ambulance ramping is when a surge of activity occurs. For example, the other night we had 20 ambulances occur in two hours. That is one every six minutes. In addition to that, we have walk-ins come to the service. There are a number of mechanisms to reduce ambulance ramping; it is not just about the beds. I think I referred to the fact that not everybody really needs to come into the emergency department. Cairns and hinterland has a wonderful program called Access to Care. This is a clinically led program that is looking—

Ms BATES: I understand, but I was asking about the beds. You have answered my question.

Ms PEASE: Point of order: Mr Chair, I remind you again that the member for Mudgeeraba has asked a question. She does not like the answer, obviously—

Ms BATES: I got the answer. I am moving on.

Ms PEASE: The member is not allowing the person to respond to the question. I ask you to caution the member for Mudgeeraba about her behaviour again.

CHAIR: Thank you, member for Lytton. In the time remaining I am sure you want to ask a couple more questions. I remind the member for Mudgeeraba that she has been warned. Stop interrupting. Allow the response. Move to another question.

Ms BATES: I am asking specific questions, so I will take your guidance. I call for the CEO of Darling Downs HHS. I note that in the announcement this morning you received 44 beds. As in the case of the Metro North CEO, who said it would stop the ambulance ramping—

Ms PEASE: Point of order—

Ms BATES:—can you guarantee that will stop ambulance ramping in your HHS?

Ms PEASE: Point of order—

CHAIR: Member for Mudgeeraba.

Ms BATES: I have not even finished the question.

Ms PEASE: I would like to draw your attention to the fact that I believe the member for Mudgeeraba is verballing the chief executive officer.

Ms BATES: No, she said yes.

Dr ROBINSON: Under standing orders, what is the point of order? The member interrupted the question. It is normal convention to allow the question to be asked.

Ms KING: It is repetitive, argumentative and subjective.

Ms PEASE: It is verballing. It is actually an imputation.

Ms BATES: It is not an imputation.

CHAIR: Let us keep the questions brief. Member for Mudgeeraba, use your time wisely.

Ms BATES: I am, thank you. Thank you, Dr Gillies?

Dr Gillies: I think I will answer along the lines of my colleagues in that these are very complex issues. We are very pleased with the additional funding. I think it will make a big difference. I think I have been doing this job for too long to guarantee anything. We have seen ED demand increase. It has never increased the way it has in the past two years. That was unexpected. There are a lot of issues around COVID and whether people deferred care and there is a big increase in numbers, which has come back a little bit. We do not know what is going to happen in the next six months. I think for our health service that will be adequate. We are working very hard on all the other strategies my colleagues have talked about, particularly the Hospital in the Home and hospital in aged care models. I think that is a much better way to go, to look after them in their own homes or in their aged-care facility. There are lots of strategies underway. I think, yes, it will make a difference, but I would not guarantee anything in this world.

Ms BATES: Thank you for your honesty. Are you aware of any funding to the proposed new Toowoomba Hospital out of the \$2 billion building fund, given there is no allocation in a line item in the budget papers?

Dr Gillies: My understanding is that out of that funding there is the \$42 million for the day surgery, of which we have 5.9 for this financial year. Other than that, no. I think it has already been explained that that has not been allocated yet.

CHAIR: Thank you, member for Mudgeeraba. We will move to government members for 10 minutes and then do a wrap up.

Ms PEASE: Minister, with reference to page 1 of the SDS, would you please outline how the Queensland government is ensuring consumer groups have a voice and any initiatives to empower consumers with information?

Mrs D'ATH: Every day in Queensland thousands of people access our health system. In fact, we had 2.4 million presentations to emergency departments in the past 12 months alone. When you think of the thousands of people who have had outpatient appointments and surgeries, both emergency and elective surgery, it is quite extraordinary. Then you think that what we are asking of our health workers on top of that is to do thousands of tests every day—and it is not just the physical tests; the pathology staff do an incredible job. I thank all the pathologists who turn those tests around so quickly and now we are requiring them to do vaccinations as well.

It is important that the people of Queensland are at the heart of everything we do. That is why the Palaszczuk government brought in the Human Rights Act. Patients first. Consumers first. We put ourselves in their shoes: what sort of experience do they want, what do they expect and how do they want to be treated and cared for? It is important that we put them at the heart of everything we do in government. Importantly, when it comes to our free world-class health system, Queenslanders play a really important role in shaping the type of services we provide and the outcomes we deliver.

The Palaszczuk government believes that Queenslanders deserve to have access to transparent information about hospitals and that includes public and private hospitals and residential aged-care facilities. This is because the evidence tells us that transparent reporting and the transparent publication of data makes for a better health system for everyone.

I know that I am not alone when I say that we were all shocked when we heard the horrific and heartbreaking stories that came out of the royal commission into aged care. A lack of transparency by the Morrison government in Canberra, coupled with a lack of federal government regulation and investment, has meant that vulnerable aged-care residents have often suffered in silence. Families are forced to make decisions about facilities without basic information about the number of staff caring for their loved ones. Some aged-care facilities do not have a registered nurse on shift to care for over 100 residents and do not have to report outcomes to families, some of whom pay tens of thousands of dollars—

Mr MOLHOEK: Point of order: I am not sure how this is relevant. We are talking about the Queensland health budget and not the federal budget and aged-care homes.

Mrs D'ATH: It is interesting that the opposition does not think consumers are relevant to health.

Mr MOLHOEK: Point of order: I take offence at that comment and ask for it to be withdrawn.

Mrs D'ATH: I withdraw. For the benefit of the member for Southport, consumers want information about the health system in Queensland. It is the Queensland government, with our budget—

Mr MOLHOEK: You will get no argument from me, Minister, but they also want to know about waiting lists—

Mrs D'ATH: I am not asking for a debate. I am providing you with information and I am answering the member's question. The public want information. We worked with consumer groups to ask them what it is people want. You can put the performance data up and we put it up quarterly. Every state and territory puts up their quarterly data about how many are on waiting lists for categories 1, 2 and 3 and elsewhere. However, what the public has said to us is: we actually want to know which hospitals do certain procedures; we want to know how long you normally spend in hospital for that procedure; I am really anxious about this serious surgery that myself or my loved one is going to undertake and I want to know what the normal recovery time is and how many complications normally occur in relation to that type of surgery. They also want to know about aged care, not just in the public sector but in the private service as well.

The Palaszczuk government passed legislation, the Health Transparency Act 2019, on 28 November 2019 and it commenced on 1 March 2020. That legislation is about staff mix and ratios in both public aged care and private aged care. There are 464 private for-profit and not-for-profit residential aged-care facilities in Queensland and 69 facilities have provided reporting information. That means 395 private aged-care facilities have chosen not to report their staff ratios. I think that is pretty damning. When the public and families want to know where to put their loved one and who is caring for them, they should be able to look at this data and say, 'Okay, I am comfortable with that. They have a good skills mix and they will have nursing staff looking after my loved one.'

Mr MOLHOEK: Mr Chair, I ask you to rule on relevance. Where in the SDS statements does it talk about aged care data? How is that relevant to the Queensland health budget?

Mrs D'ATH: If I can assist, Chair, the member for Mudgeeraba asked me about ICT investment, directly quoting the SDS. This is ICT investment. We are establishing a web platform that is providing real data through our Inform My Care website. There is your link. I think it is extremely important that the public know what is available and what services are across our hospitals. I do not understand why the member for Southport wants to keep interjecting.

Dr ROBINSON: They want to know what you are doing.

Mr MOLHOEK: Again, point or order, Mr Chair—

Mrs D'ATH: I have been listening to the rhetoric around beds all morning and the gotcha questions for every HHS.

Dr ROBINSON: It is not the federal estimates; it is the state estimates.

Mrs D'ATH: I have sat here quietly while they have tried to frame up every chief executive of the hospital and health services around bed capacity.

Mr MOLHOEK: Point of order, Mr Chair.

Mrs D'ATH: I think they should be interested in health consumers.

CHAIR: What is your point of order?

Mr MOLHOEK: Relevance. Again I ask that you bring the minister back to relevance.

Dr ROBINSON: Get back to the state budget.

CHAIR: Order! The minister has concluded with that question. I move to the member for Pumicestone for one question. We have four minutes before the wrap up.

Ms KING: Minister, with reference to pages 1 and 2 of the SDS, can you please provide an update on the Queensland government's investment in nursing and midwifery?

Mrs D'ATH: Again I acknowledge our amazing nurses and midwives who are working not just in our hospitals where it is business as usual but also on the front line as part of the COVID response. During the 2020 state election we were very proud to commit to the hiring of 9,475 extra health workers, which includes, over the next four years, 5,800 extra nurses and midwives. Those additional frontline workers are not just for the south-east corner; they will be employed across the whole state and they will be employed where they are needed most. I am very proud to announce that since we were elected in 2015 the Palaszczuk government has employed 9,131 nurses, including 400 nurse navigator positions. Again I thank them for their tireless efforts.

I am pleased to report that one of our most important health initiatives, the introduction of the nurse-to-patient ratios, is delivering great results for patients in Queensland. This year, on the fifth anniversary of the passage of the legislation enabling nurse-to-patient ratios, new research published in the prestigious *Lancet* medical journal found that Queensland's nurse-to-patient ratios deliver significant patient benefits. They prevent readmission, shorten hospital stays and reduce costs on our health system.

For the member for Mudgeeraba who is questioning about ED pressures, beds and whether it will all fix the system, I want to reflect on all of the answers we have had from all of our chief executives who say these are complex issues that are not fixed simply by putting extra beds in. That is one element of what we are funding.

Ms BATES: One HHS admitted it would work.

CHAIR: Excuse me, member for Mudgeeraba.

Ms BATES: Sorry, Mr Chair.

CHAIR: We have two minutes. I draw your attention to the fact that the minister is answering the question on nurse-patient ratios, which you lot actually did not support.

Dr ROBINSON: She was provoked. She was named, Chair.

Mrs D'ATH: The joint study between QUT and the University of Pennsylvania is based on standardised Queensland hospital admitted patient data and its findings serve as a ringing endorsement of our nurse-to-patient ratios. The Executive Dean of QUT's Faculty of Health, Distinguished Professor Patsy Yates, has been quoted as saying of the study—

What we found over time there was a 7 per cent drop in the chance of death and re-admission and a 3 per cent reduction in length of stay for every one less patient that a nurse had.

So they were quite impressive outcomes in the sense of showing what an impact nursing quality has on patient care and safety.

If we talk about the bottom dollar, the research estimates that 145 deaths have been avoided and 255 readmissions have been prevented at a cost saving of \$1.2 million to \$2.4 million and 29,200 hospital days have been avoided saving around \$70 million. The savings were more than twice the cost of the additional 167 new nursing positions to meet the ratio requirements in the prescribed wards, which cost \$33 million implemented over two years. This year we hosted the event for International Nurses Day and welcomed them in parliament. I heard how nurses themselves notice a difference in their workload, which allows them to provide more direct patient care and spend more time with patients. I am very proud that Queensland became only the fourth jurisdiction in the world to legislate nurse-to-patient ratios in our public hospitals. Once again, I thank our nurses and midwives in Queensland.

CHAIR: Hear, hear, Minister. In the time remaining, did you want to address any of those questions on notice?

Mrs D'ATH: Thank you, Chair. Firstly, in relation to the member for South Brisbane's question around eating disorders, the question quoted an incorrect amount. The unallocated amount is \$9.2 million. The \$9.2 million allocated funding is subject to bilateral negotiations with the Commonwealth government and those negotiations are ongoing.

In response to the member for South Brisbane's questions around terminations of pregnancy and which HSSs are providing certain services, the director-general mentioned a number of hospitals that were level 6. I just wanted to mention that the Gold Coast University Hospital also provides therapeutic services in relation to termination of pregnancy.

In relation to the member for Mirani's question on vaccinations, the question was: what was the dollar amount that Queensland received for the vaccine rollout? I had already mentioned that we get funded 50 per cent of dollar value from the federal government. It is costed by the Commonwealth at \$27.50 per vaccination, with the Commonwealth contribution being 50 per cent, so we get \$13.75 for each vaccination that we give. This is increased in rural and remote areas. The price in rural and remote areas is \$32.45 and we get \$16.23 from the Commonwealth. Just to be clear, that does not cover anywhere near the extra costs of us delivering that vaccination, including the centres and the rollout and all of the staff to administer them.

The question from the member for Mudgeeraba was: how many hospitals with ieMR capability have stopped using the SAA anaesthetist module? Of the 16 ieMR enabled hospitals, only the Townsville Hospital has adopted an alternative medications and anaesthetics solution. The previous medications solution is a bespoke solution worked out by the Townsville anaesthetists.

I will just check with the secretariat as whether that is all of the questions taken on notice. There was one earlier which I am happy to clarify, even though the director-general went to some lengths repeatedly saying what is already allocated over this year and the forward years out of the \$2 billion Hospital Building Fund—the member for Mudgeeraba kept asking how much this year and next year. The Toowoomba day surgery is \$5.9 million in 2021-22; \$6 million in 2022-23; \$23 million in 2023-24; and \$7.1 million in 2024-25. The sustaining capital sits at \$60 million this year and next year.

I believe that addresses all of the questions, Chair.

Ms BATES: The minister also agreed to provide the total cost of ieMR.

Mrs D'ATH: Sorry, I did, yes. We will seek to get that in the break, member for Mudgeeraba. Prior to closing, if I can very quickly, Chair, I want to thank publicly all of the hardworking and dedicated staff within the Department of Health, all of the hospital and health services and the statutory agencies within my portfolio who each and every day go to work for the benefit of all Queenslanders. I thank them as a fairly new health minister and ambulance services minister, particularly the chairs of the Hospital and Health Services Board and the chief executives who have been working very closely with me and all of the staff who have just been so warm and welcoming across the state and so eager to talk to me and show me the great work that they do each and every day. I know that their jobs can be difficult at times, if not all times, but I know that, like the Palaszczuk government, each and every Queenslander is truly appreciative of their work.


It would be remiss of me not to acknowledge and recognise—I try not to get emotional—Queensland's Chief Health Officer, Dr Jeannette Young, who today sadly attended her final parliamentary estimates hearing as Queensland's Chief Health Officer. I am so grateful for her amazing work and I look forward over the next few months to continue to work with her side by side. A lot of people said to me when I took over this role, 'You must be happy you are taking over at a time when we are moving on from COVID.' Well, weren't they wrong? The risks have increased, if anything, and I am so grateful for the leadership of Dr Young and the Premier.

Dr Young has been our Chief Health Officer since 17 August 2005 and has led Queensland's response to a number of health reforms. She will always be known for providing the world-class health advice to the Queensland government which has ultimately protected Queenslanders through this pandemic. While words can never repay the selfless public service Dr Young has displayed, on behalf of the Palaszczuk government and indeed all Queenslanders I say thank you. I wish Dr Young all the very best as she takes up her role on 1 November this year as Governor of Queensland. I know she will truly be the people's governor. Thank you, Chair.

CHAIR: Thank you very much, Minister, and well articulated. On behalf of the committee, I too would like to thank Dr Young and acknowledge the wonderful work she has done in informing us over the last few years when regularly attending the committee.

This concludes the committee's consideration of the estimates for the health portfolio area. The committee will now adjourn for a break of 15 minutes. We will resume at 12.30 to consider the estimates for the ambulance services portfolio area.

Proceedings suspended from 12.16 pm to 12.30 pm.

 **CHAIR:** The hearing is now resumed. Welcome back minister and officials. The committee will now examine the estimates for the Queensland Ambulance Service portfolio area until 1.30 pm. I call the minister.

Mrs D'ATH: I welcome the Queensland Ambulance Service Commissioner to estimates and, in doing so, acknowledge our dedicated Queensland Ambulance Service staff who, over the past 12 months, have risen to the occasion as they continue to carry out their important work in the midst of

a global pandemic. Each and every day our Queensland Ambulance Service staff put the health and wellbeing of Queenslanders first as they respond to their patients with grace, care and compassion. Providing our ambulance officers with the best training, equipment, technology and infrastructure allows them to be their best and improve patient outcomes for the sick and vulnerable.

Already today I have highlighted how health is a top priority for the Palaszczuk government. Now more than ever we are committed to making sure our health services continue to improve to ensure patients get the best care no matter who they are and where in our great state they live. We take our commitment to the pre-hospital care of Queenslanders seriously which is why we have invested record year-on-year funding into the Queensland Ambulance Service for the better part of the last decade. In 2021-22 the Palaszczuk government is investing a mammoth \$1.05 billion into ambulance services.

Last financial year, as at 31 May 2021, the Queensland Ambulance Service received 934,756 triple 0 calls—a 10 per cent increase on the previous financial year. On the busiest days in the operation centres emergency medical dispatchers across the state can expect to receive a triple 0 call every 25 to 30 seconds. More than one million patients are cared for by our officers every year. From 302 response locations across the state, the Queensland Ambulance Services responded to 837,060 code 1 and code 2 incidents in 2020-21. Compared to the previous financial year that is an additional 21,534 incidents or an increase of 2.6 per cent. For code 1A incidents—the most serious emergencies such as cardiac arrest and major trauma—our investment in ambulance services continues to pay dividends. As at 31 May, 50 per cent of these time critical cases were responded to within 7.9 minutes and 90 per cent responded to within 15.7 minutes, exceeding the performance targets.

The Palaszczuk government is dealing with increasing demand for ambulance services by investing strategically and appropriately. This year an additional 100 ambulance operatives will earn their teal uniform as part of our original commitment for an additional 475 frontline operatives during this term of government and 14 positions to support frontline services. On 15 June 2021 I announced that the Palaszczuk government will also be recruiting an additional 60 paramedics on top of this 475, taking the total number of new frontline ambulance operatives to 535.

We will see planning or construction of seven new ambulance stations this year, to the tune of \$8.3 million. For vulnerable Queenslanders experiencing mental health crisis we have expanded the mental health co-responder program to now include Brisbane, the Gold Coast, West Moreton, the Sunshine Coast, Cairns and Townsville. This vital program sees a senior mental health clinician working hand in hand with emergency medical dispatchers and paramedics to provide the most appropriate specialised care. Not only do programs like this provide better healthcare outcomes and pathways for patients, they also take pressure off hospital emergency departments.

I also want to highlight the magnificent work the Queensland Ambulance Service has undertaken to support our COVID-19 pandemic response. The service has been called on to stand up several COVID-19 fever testing clinics and transport confirmed COVID-19 patients to and from hospital and quarantine facilities. This unrecognised work is integral to the safety of all Queenslanders on a daily basis. The measures put in place to maintain staff safety has meant that, to date, no Queensland Ambulance Service staff member has contracted COVID-19 in the workplace. The Queensland Ambulance Services continues to play a critical role in the health of Queenslanders. We will ensure it continues to be supported in doing so. I look forward to answering questions from the committee on the expenditure of the Queensland Ambulance Service for the 2021-22 budget.

CHAIR: This comment will come out of our time. With the indulgence of the committee, I recognise representatives of the Queensland Ambulance Service here and in particular Commissioner Russell Bowles who has just shared with me that after 40 years he will be retiring. That is a significant achievement. He has been commissioner for the last decade. He has overseen so many advances in pre-hospital care. I will declare—I know this will be noticed by my side—that I am still volunteering with the QAS at Kirwan station. I will never reach 40 years. I started in 1990 and do not know that I will reach 40 years. Thank you so much, Commissioner. I acknowledge all paramedics, EMDs, PTOs, executive support—everyone who makes up the QAS—for the fantastic work they have done, particularly over the COVID period. Commissioner, would you like to make any comments before we go to questions?

Commissioner Bowles: No, I think I am pretty right.

CHAIR: We will start with non-government questions.

Ms BATES: I too wish you a happy retirement, Commissioner Bowles. My first question is: are people dying in Queensland as a result of ambulance ramping?

CHAIR: I might get you to rephrase that question, member for Mudgeeraba.

Ms KING: Imputation.

CHAIR: Do you want to rephrase your question?

Ms BATES: Commissioner Bowles, do you believe that Queensland patients are at risk of dying as a result of ambulance ramping?

Commissioner Bowles: I will talk for a while because I can keep my mask off. That is a broad statement. To be quite honest, we did about 1.4 million responses this year and of the 1.4 million responses we went to about 5,800 cardiac arrests. Ambulance services are often responding to people when they are facing a tragic part of their life or are near death. We also respond many times to situations where people are just so grateful to see the teal uniform come through the door because they know things will be a lot safer. We are a pretty busy service, as you know, and we have to flex. On our quieter days we will do 2,225 triple 0 calls, but the next day that could be 3,566, which is our—

Ms BATES: I understand that—

Ms PEASE: Sorry to interrupt, Commissioner. Chair, I would just like to remind you to ask all members on the committee bench to have their masks on.

Ms BATES: I was just about to ask a question.

CHAIR: Let us continue.

Ms BATES: Commissioner, it was a yes or no answer, but I will move on. We have asked for the most up-to-date data on ambulance ramping yet it has not been supplied. Why is this?

Commissioner Bowles: Sorry?

Ms BATES: I will repeat it. We have asked for the most up-to-date data on ambulance ramping, yet it has not been supplied. Why is that?

CHAIR: Just to clarify, who did you ask?

Ms BATES: There has not been any data released for the recent time. The LNP have been asking for it. The media have been asking for it. I am asking why it has not been supplied.

Commissioner Bowles: The Ambulance Service supplies the department with the data every month. You would have noticed that the Ambulance Service was out of sync with the rest of the reporting for the department and that is being brought into line.

Ms BATES: Commissioner, we have asked questions on notice and we have not had the most recent data. I am wondering why. Is there a reason?

Ms PEASE: Point of order, Chair: I think the member is debating this point. We are here at estimates.

Ms BATES: We only get it quarterly. We asked a question on notice.

Ms PEASE: Then do not debate it.

Ms BATES: It was a question on notice for these estimates.

CHAIR: Order! Did we get a response to that?

Commissioner Bowles: Sorry, I am not sure what the question is.

Mr MOLHOEK: We are just seeking clarification.

CHAIR: Perhaps move on with—

Commissioner Bowles: They will go up quarterly, in line with the rest of the health system.

Ms BATES: Thank you, Commissioner.

CHAIR: The commissioner has answered that. Do you have another question, member for Mudgeeraba?

Ms BATES: Yes, I do. Minister, do you believe that real-time ambulance ramping data is available and should be shared with Queenslanders?

Mrs D'ATH: The quarterly data, which is what every jurisdiction in Australia produces as far as performance is concerned, goes up quarterly. It was due this week and it is going up today, as I understand.

Ms BATES: Commissioner, is it true that you have a monitor in your office that shows you ambulance ramping in real time?

Commissioner Bowles: Yes, you would have seen that when we met a couple of months ago in my office.

Ms BATES: I am also asking why, when you have that data in real time, it is not shared with all Queenslanders monthly, quarterly. Why are we waiting?

Commissioner Bowles: It is a product called iROAM. It is an intelligence system. I may as well do a plug for it. It is an in-house developed program. It is probably the envy of any ambulance service both nationally and internationally. In fact, we ended up having to protect the intellectual property.

It is a product that you use. All supervisors have it. It is not a secret. It is in every communications. Every supervisor has it. Most officers in charge have it. It is live; it is not post. We have a lot of shifts during a day—a little over 2,000 shifts. You can imagine all of those vehicles. That program shows you whether they are at a hospital or en route to a hospital. In fact, we have made some significant developments in recent times. Whereas a hospital used to get 15 minutes notice of a vehicle coming in, now they can use this in their EDs and in the patches to work out what is coming in. The patch can also facilitate to make sure we get the patient to the most appropriate place. It is not a tool that is designed to show me ramping; it is a tool that you manage in a live operational environment.

Ms BATES: But you can see the ramping live on your monitor?

Commissioner Bowles: You can see how many vehicles are at a hospital and how long they have been there. You always see vehicles at hospitals, because that is where we take our patients.

Ms BATES: I understand that. Can you confirm, Commissioner, if all of South-East Queensland right now is on extreme escalation?

Commissioner Bowles: Not without looking.

Ms BATES: This is a shot of your current system—

Mrs D'ATH: Chair—

CHAIR: That is completely out of order. We are not using props.

Ms BATES:—which is at extreme escalation of all of the South-East Queensland.

CHAIR: Order! Member for Mudgeeraba, we are not using props.

Ms BATES: It is not a prop. If I could have printed it out, I would have printed it out. It is actually real-time data now.

Dr ROBINSON: Point of order, Chair.

Commissioner Bowles: It looks like a patch report.

CHAIR: What is your point of order, member for Oodgeroo?

Dr ROBINSON: You allowed the minister to show something earlier today to demonstrate it. You allowed it for at least 10 to 15 seconds.

CHAIR: A book.

Mrs D'ATH: I am happy to table *Birdie*.

CHAIR: Yes, let's table *Birdie*.

Dr ROBINSON: For consistency in terms of standing orders, Chair.

Ms KING: Perhaps the member would like to table her phone.

Dr ROBINSON: The shadow minister held it up for two or three seconds.

Ms BATES: I can move on.

CHAIR: Let us move on with a question that is relevant.

Ms BATES: Minister, Queenslanders are dying waiting for ambulances. Why won't you release the real-time data which I have just shown—

Ms KING: Point of order, Chair.

Ms BATES:—or is it that bad that you want to cover it up?

CHAIR: Order! I am ruling that out of order. You have already asked the question. You have simply asked it in a slightly different format.

Ms BATES: I raise a point of order, Chair.

CHAIR: I am asking you to move to another question. You have asked that question already. The commissioner has answered it.

Mr MOLHOEK: Point of order, Chair.

Ms KING: I had already called a point of order, member.

CHAIR: Sorry.

Ms KING: Chair, I put it to you that the member has been consistently and repeatedly argumentative, repetitive, disrespectful and frivolous in a range of settings across the morning.

Dr ROBINSON: What is the standing order?

Ms KING: You have cautioned her and—

Mr MOLHOEK: The member has to quote the standing order.

Ms KING: Under every standing order we have—115.

Ms BATES: Why don't you want to answer the question?

Ms KING: I would put it to you—

Mr MOLHOEK: Chair, that is actually not an appropriate response.

Ms KING: Under standing order 236, irrelevance and tedious repetition. I would put it to you that she might be now excluded from proceedings.

CHAIR: The member for Pumicestone does have a point. I have warned you in the earlier session under standing order 185. Please do not interrupt when I am responding. Member for Mudgeeraba, I ruled that question out of order because it is repetitious. I ask you to go to another question.

Mr MOLHOEK: Point of order, Chair.

Dr ROBINSON: Point of order, Chair.

CHAIR: Sure. It is your time.

Dr ROBINSON: I believe that the member for Mudgeeraba directed a similar content of question but to the minister. Are you ruling that the minister cannot answer the question?

Ms BATES: I am happy to move on.

CHAIR: Let's move on.

Ms BATES: Commissioner, Channel 9 reported that there had been nine deaths when ambulances failed to turn up in the recommended time frames. Can you confirm that?

Commissioner Bowles: No, I cannot.

Ms BATES: Minister, what involvement have you had in the decision to cease releasing ambulance ramping data on a monthly basis?

Mrs D'ATH: In relation to the Channel 9 report, there has been no finding at all that has directly linked the death of those individuals to a delay in the ambulance. Two matters have been referred to the Coroner and are under investigation. No other findings have been made. The imputations in her questions are quite appalling. I know that the LNP like to make those sorts of statements, but I find it quite appalling.

As far as the data is concerned, I find it really—I should not find it surprising. It is no surprise whatsoever that the LNP in their hypocrisy are more than happy to call on certain things to be done when they are in opposition and never do anything in government.

Ms BATES: That was a whistleblower—a paramedic.

Mrs D'ATH: The fact is that we have brought our reporting in line with every other jurisdiction in the country. We report quarterly. As I said earlier in the sessions around the hospital services, we have gone to consumers and asked consumers what they want because that is what you are supposed to do—

Ms BATES: They want ambulances.

Mrs D'ATH:—ask the consumers what they want as far as data is concerned. That is what has formed our Inform My Care platform and website. The opposition keep saying, 'Why don't we have real-time data on ambulances at hospitals?' My concern is: what would they do with that data? Are they suggesting that people should decide which emergency department they go to—

Ms BATES: Maybe they decide not to go to one.

Mrs D'ATH:—when they are in an emergency, when they are in a critical state—

Ms BATES: Maybe the doctor knows which place to go to.

Mrs D'ATH:—when their child is seriously ill they should decide which hospital go to based on the number of ambulances there at that point in time, as opposed to going to the—

Ms BATES: They are not getting ambulances as it is.

Mrs D'ATH:—emergency department that is closest to them?

CHAIR: Sorry, Minister. Order!

Ms BATES: I will move on.

CHAIR: Member for Mudgeeraba, I have warned you repeatedly about the running commentary when the minister is answering a question. You are bordering on being kicked out. Please be respectful.

Ms BATES: Thank you, Chair. I will move on. The health minister said that she gets the data quarterly.

Mrs D'ATH: I did not say I get it quarterly; I said we report it quarterly.

Ms BATES: The commissioner said he gets it monthly. Who was responsible, Minister, for this decision—the commissioner, you or the director-general?

Mrs D'ATH: Firstly, the member is verballing me. I did not say I get it quarterly. We report this data quarterly. This is a decision by Health to report data quarterly. As we went through COVID, what happened was there was a national agreement with the Commonwealth and every state and territory to suspend publishing data because the data was going to be skewed because of a suspension of elective surgery and the impact on hospitals that COVID was having. There was an agreement to delay data.

We decided to start publishing that data, even though there had been that agreement. As soon as we started up elective surgery again, we made the decision late last year that we should start reporting our data. At that point, knowing that we were developing the Inform My Care website, we chose to shift to quarterly data because we wanted to ensure we were consistent with other jurisdictions.

To be absolutely accurate, New South Wales and South Australia refresh their real time data every 30 to 45 minutes. When it comes to our performance data, we chose to report quarterly and to also be transparent by providing this new site Inform My Care. We are the first in the country to do this. We are providing the data—and this is what the member for Mudgeeraba is missing—that consumers have asked for. Not what the opposition is asking for; what consumers are asking for. We should be consumer driven. That is what the health system is for.

Ms BATES: When was the last time the minister received an update on ambulance ramping data, and for what period was that data in relation to?

Mrs D'ATH: I would need to go back to have a look at the data. I know the opposition loves to use the word 'ramp', which they should define. I leave it up to the member to define what she calls ramping. The fact is that I do not get a minute-by-minute update during the day as to how many ambulances are at any one hospital. They are operational issues that Queensland ambulance manages each and every day. Their dispatch officers at the call centres manage this each and every day, and they do it extremely well. They work hand in hand with the hospital and health services. That is what they should do. They are not managed over the top by the minister. Of course we are aware when certain circumstances arise if there are significant delays, but do I get a daily report on the number of ambulances? No, because I leave it to QAS to do their job. They make operational decisions in relation to those ambulances.

Ms BATES: To be clear then, Minister, you have not sought or been given an update on ramping data at a time when it has reached record levels, at a time when some Queenslanders are waiting up to eight hours on hospital ramps—

Mrs D'ATH: I do get updates—

Ms BATES: Has the minister been updated since the March quarter?

Ms KING: Point of order, Mr Chair.

Ms BATES: It is a yes-or-no question.

CHAIR: Member for Mudgeeraba, I am taking a point of order. Again you are verballing the minister. Just take a breath for a minute. What is your point of order?

Ms KING: My point of order is that the member is once more attempting to debate the minister as she provides her answer. The member for Mudgeeraba is being argumentative. I question whether a warning under section 185 is required at this point.

CHAIR: We will move to the crossbench. If we have time for a supplementary before the conclusion I will pull the non-government questions up.

Mr ANDREW: Thank you for your service to Queensland, Commissioner Bowles. As you know, we have friends in the service whom we have known for many years, and they would like to express the same to you. That particular friend told me the ambulance service has gone back to the same service type arrangement of delivery they had back in 2012. Would I be correct in saying that?

Commissioner Bowles: It is similar. You would probably say it is an enhanced version, but a regional based system, yes.

Mr ANDREW: I would like to understand whether going back to that system will cost us more as far as the budget is concerned. Will that have a direct effect on QAS staff and jobs?

Commissioner Bowles: No, not in any way at all. In fact, it would be cost neutral at worst. Basically, it recognises that Queensland is a very diverse state. In the first instance I will start with what the restructure is trying to achieve. We are putting a deputy commissioner into Townsville for the area from Rockhampton north, basically. We have done that by taking an executive position out of the central office and reallocating it back into the regions, where I believe they can be best served. It also allows us to work with the rural and remote parts of Queensland Health and make sure that we co-design around service delivery in some of these very difficult-to-service locations. That is the first part of it.

The second part is we have put an assistant commissioner back into Rockhampton. You are very familiar with Rockhampton. The assistant commissioner was taken out in 2012; now that position has gone back in. That just recognises the amount of growth that has occurred around that area. Again that position is being funded through a position coming out of the central office. We want to make sure that the bureaucracy is as lean as it can be. We will always have one policy framework that works, but then you have to nuance it for the environment you work in. We provide permanent services in a town like Aramac the same way we do in Spring Hill: with advanced care paramedics and everything else. That model is unique to Queensland. It does not exist anywhere else. In fact, most of those locations would have volunteers, as in other states. As you would have noticed in the minister's opening statement, we deliver to 300 locations.

One of the other things we have done—and this is what feeds into the restructure—is that we meet with our staff in things that we call summits. It has been a bit challenging during the COVID era, but one of the most consistent things staff bring up is that they want a much more consistent ambulance service between the LASNs. We still have the districts that mirror the HHSs. That has not changed at all. There is what I call a north-western corridor and there is a south-western corridor, and there is just incredible growth within those two corridors. Those from the south-east would understand. What we have introduced into those is that we have made them stand-alone districts, so they will report to a regional assistant commissioner. It allows us to make sure we are managing that growth.

CHAIR: Do you have a supplementary question?

Mr ANDREW: Not at this stage.

CHAIR: If you do not have a supplementary question then we will go to government questions. Minister, can you outline how the Palaszczuk government is ensuring Queensland has the Queensland Ambulance Service officers and staff it needs now and into the future?

Mrs D'ATH: I thank the member for the question. Let's recognise our volunteers with QAS as well. It is my great pleasure to—when COVID permits—travel the state and meet with our workforce. A big part of the workforce is our Queensland Ambulance Service. Whether you are an emergency medical dispatcher in Kedron or Townsville, a paramedic in Aramac or Barky or a patient transport officer from Redcliffe, I am constantly amazed at what they—and you—do, so thank you.

This Palaszczuk government is committed to ensuring the Queensland Ambulance Service keeps pace with the increasing demand for services. The Queensland Ambulance Service continually reviews frontline resourcing requirements and regularly reviews alternative roster patterns to provide additional coverage for times of peak demand for ambulance services. The Queensland Ambulance Service utilises advanced scenario modelling to assist in future planning with regard to service delivery requirements, including new ambulance station developments and the recruitment of additional frontline ambulance operatives over the forward estimates.

The Queensland Ambulance Service regularly reviews and develops service delivery models to best meet the requirements of the community. During the 2020 election campaign the Palaszczuk government committed to recruiting an additional 475 frontline ambulance staff over the next four years. On 15 June I announced that the Palaszczuk government would be providing additional funding to enable the recruitment of an extra 60 paramedics on top of this, taking the total number of new frontline

ambulance staff to 535. The 60 additional paramedics I announced have already been recruited by the QAS and will start to be rostered to specific shifts to cover the peak demand periods that have been identified through the service delivery models. Along with these 60 paramedics a further 100 paramedics will join the Queensland Ambulance Service, bringing it to a grand total of 160 additional frontline ambulance staff on the ground this financial year.

In support of frontline ambulance service delivery and to address the unprecedented demand in Queensland public hospitals, the government has already committed an extra \$4 million to expand our mental health co-responder model by an additional four teams each year over the next four years. This is a government that supports our front line with a record Queensland Ambulance Service budget of \$1.05 billion and an additional 535 ambulance staff this term. We are ensuring that Queenslanders are not left behind.

Ms PEASE: I would like to acknowledge Commissioner Bowles and thank him for his service. Indeed, I thank all of the QAS representatives and volunteers and acknowledge the great work that goes on in QCESA, which is in my electorate. It is an amazing facility and they do an outstanding job there. Minister, with reference to pages 25 and 26 of the SDS, will you please update the committee on the Queensland Ambulance Service's bicycle unit and the possibility of additional technology to improve response times?

Mrs D'ATH: I thank the member for Lytton for her question. The Queensland Ambulance Service are always delivering the best care for Queenslanders and I am proud of what they do each and every day. This includes the new and innovative practices to respond to the community's needs. Right now the Queensland Ambulance Service currently use 14 bicycles to respond to incidents in Queensland. The bicycles are predominantly used on the Gold Coast and in the Brisbane region. They allow paramedics to be able to attend emergencies and access patients in a congested environment that is otherwise difficult for a traditional ambulance to get to. Bicycle paramedics can carry the same life-saving medications as a regular ambulance, along with first-aid equipment, a heart monitor and a defibrillator. The bicycles were a legacy from the Gold Coast 2018 Commonwealth Games, where they were used with great effect. I will not miss the opportunity to mention that, with Brisbane securing the 2032 Olympic Games, finding innovative ways to negotiate large crowds for paramedics will be a necessity.

Our bicycle paramedics are a regular feature at public events, such as Riverfire and New Year's Eve celebrations along with schoolies on the Gold Coast. Since the manual bikes were rolled out on the Gold Coast in November 2017 and Brisbane in February 2018, the Queensland Ambulance Service has provided over 25,000 responses using the bicycles. On average, approximately 30 to 40 kilometres a day is traversed using the manual bicycles, attending an average of five to six incidents per day. There is no doubt we are keeping them very healthy as well! The use of bicycles has proven incredibly valuable with code 1 emergency calls, with an average code 1 response time of 7.2 minutes at the 50th percentile. That is over two minutes quicker than a traditional ambulance, which is particularly noticeable within large gatherings.

Following this successful initiative, the Palaszczuk government was proud to support funding for the Queensland Ambulance Service to upgrade their bicycles to e-bicycles—and I am sure they welcome this—which will help them respond to emergencies more quickly in Brisbane and on the Gold Coast. The Queensland Ambulance Service have embarked on a procurement process for the e-bikes to assist in the reduction of rider fatigue and improved response times. They will be a welcome addition to the Queensland Ambulance Service fleet.

Ms PEASE: Thank you for that response, Minister. I know that the member for Thuringowa is looking forward to the bicycle unit going up there and getting some lycra on.

CHAIR: You do not want to see a middle-aged man in lycra, I can assure you!

Ms KING: I will begin by giving a shout-out to the great work that is being done by the critical care paramedic pod that has been recently introduced in my area of Caboolture, particularly my friends Rob and Amy who work in that pod. Minister, with reference to page 25 of the SDS, could you please update the committee on how the Palaszczuk government is planning for new ambulance stations right across Queensland?

Mrs D'ATH: I thank the member for her question. The heart of the Palaszczuk government's plan for our economic recovery is delivering top quality health services for Queensland. That is why we have the record budget of \$22.2 billion for Health and we are building on our significant investment in our Queensland Ambulance Service. We have runs on the board, and I am proud of the track record we are boosting in frontline services.

It is the Palaszczuk government that has delivered new stations for Queenslanders in Yarrabilba and Munruben. We have delivered a new station and local ambulance service network office at Drayton on the Darling Downs. Just recently the member for Maryborough and my assistant minister, the member for Mackay, opened a brand new station at Urraween which will support the Fraser Coast. We build, grow and support health services. That is what Labor governments do. No matter where you live in Queensland, if you are on Thursday Island or in Texas, we are delivering the health services to make sure our system remains strong.

As part of our record health budget, the government will invest a significant \$61.8 million in capital purchases for the Queensland Ambulance Service to support essential frontline services. What this money means is that communities will benefit from improved ambulance services. Our paramedics and the QAS staff do an amazing job each and every day, as we know, and we will continue to equip them with the tools they need to save lives. We will continually plan for the future with our capital budget.

We are delivering: \$3 million to progress the design and planning of the new Ormeau Ambulance Station—with the member for Coomera being the only local member in the country complaining about getting a new ambulance station in his electorate; \$5.3 million to progress the planning and construction phases for new ambulance stations at Caloundra South, Petrie (Lawnton), Morayfield, Ripley, the new Burdell Ambulance Station, and a local ambulance service network office and a replacement ambulance station at North Rockhampton as part of the government's \$31 million investment in new and replacement ambulance stations in communities across Queensland over this term of government; \$9.9 million for the planning, design and construction phases of the redevelopment of the Cairns Ambulance Station and Operations Centre, the Southport Ambulance Station—and I am sure the member for Southport welcomes that—the Gold Coast Operations Centre and refurbishment of the Rockhampton Ambulance Station and Operations Centre; \$5 million to undertake minor works at various existing stations to improve functionality and amenities and prolong useful life; and a \$1.5 million investment in the acquisition of strategically located land to accommodate future expansion of services aligned with identified growth areas.

The government will further commit: \$29 million to commission new and replacement ambulance vehicles including the continued rollout of power assisted stretchers, which provide an enhanced work platform for paramedics and patient transport officers to improve patient and officer safety; \$1.5 million in vehicle fit-outs for frontline service delivery; a \$1.6 million investment in operational equipment to support frontline staff; and \$5 million to progress the implementation and deployment of digital capability supporting emergency response and dynamic deployment dispatch activities and continue the consolidation of the Queensland Ambulance Service's data warehouse environment which will further support the service's business intelligence strategy.

In 2021-22 the Palaszczuk government is supporting Queensland and the Queensland Ambulance Service to grow and develop and to establish the appropriate facilities to deliver a world-class 21st century service that is responsive and agile and can deliver patients to the most appropriate care safely and quickly.

CHAIR: We will return to the crossbench and to the member for Maiwar for a question.

Mr BERKMAN: I very much appreciate you all being here today. My electorate is home to heaps of international students—some of whom are still stuck here with no access to Medicare or ambulance cover since nonresidents and international visitors have to pay to call the ambulance. Commissioner Bowles, how many people were billed for getting an ambulance in the 2020-21 financial year and do you know the total amount that was billed for those services?

Commissioner Bowles: All Queensland residents have universal cover. I get that. If you are travelling here you would normally have travel insurance, and people would then send the account on to their insurer. As to the exact number of people we bill, you are talking probably thousands. I am not even sure I could get an exact number, but I probably could. I would need to talk to the finance guy, who will probably send me something through within a few minutes, I would imagine.

It is a case of 'how long is a bit of string?' If you go back to last year, during the COVID period, our billing numbers were right down because there was no international travel. I do get that there are always travellers who come here who are not covered under universal ambulance services. Some of our neighbouring states have subscription schemes for people who are residents within this state. I do not think we should ever underestimate what a great system we have here in Queensland for universal ambulance cover.

If we go back in time, in 1999 it was the free pensioners. In my time, as far as patient care initiatives go, I think that is probably one of the best initiatives I have ever seen. Instead of sitting at home and wondering if you could call an ambulance or not, you were able to. Also, in about 2004 I think it was, universal ambulance cover came in for all Queensland residents.

Mr BERKMAN: Just to clarify, is that something that you can come back to later in the session or take on notice if you cannot get the figures?

Commissioner Bowles: How many people have we billed?

Mr BERKMAN: That is right.

Commissioner Bowles: From overseas?

Mr BERKMAN: Yes. How many people were billed for getting an ambulance and what was the total amount? Is that something to be taken on notice or we can come back to it later. I am interested also in how many people have paid fees and how many people have been referred to SPER if that is something you could access. I would very much appreciate it if that could be taken on notice if we are unable to get the information before the end of the session. Can the minister take that one on notice?

Commissioner Bowles: I would imagine we would be able to get the information by the end of the session.

Mrs D'ATH: I am happy to take that on notice. I will note that if you are particularly interested in international students, they cannot get a visa to come here unless they have health insurance, which would cover that. Most importantly, our ambulance turns up and they treat people and they worry about the bill later. They look after people.

Mr BERKMAN: I appreciate you taking that on notice.

Commissioner Bowles: Just to update, I can give you the dollar amount now. The dollar amount is \$5,348,000 that we billed to people interstate and overseas. It is roughly about \$1,300 an incident. If you divide \$5,348,000 by \$1,300, that will give you the number.

Mr BERKMAN: Is the remainder of the question to be taken on notice? Can I clarify that before handing over to the member for South Brisbane?

Mrs D'ATH: If I can clarify, that question was: how many were referred to SPER?

Mr BERKMAN: That is right. How many of those people have paid fees and how many were referred to SPER?

Mrs D'ATH: We will seek to get that information for you.

CHAIR: The member for South Brisbane has a question and then we will go back to the member for Mudgeeraba to split the remaining time.

Dr MacMAHON: My question is also for the commissioner. How many ambulance stations in Queensland are there where there is a single paramedic at work? Do you have data on cases where an individual paramedic has arrived at an incident and they have then had to call for another ambulance or the Fire Service?

Commissioner Bowles: I will get you the exact number. We deliver services in Queensland very differently to most other states. In fact, we would be the only ambulance service that actually delivers permanent services in towns like Aramac and Karumba—you name it—all of those very small towns. There has been a view with government for a long time that these services are very important to those communities and that we should continue to have permanent services. Some of those locations do employ at a minimum two staff and many of them have volunteer networks within the community. With two staff, you will get an overlapping day in the middle. It is pretty much a single response that is augmented by volunteers.

One of the things that I think we do exceptionally well in Queensland is we work with other emergency services very closely. It is not unreasonable that fire will help us on some occasions, and that happens in a lot of small communities. In saying that, if you look at the support we provide to fire at standbys and things like that, we provide a workplace health and safety arrangement with them to make sure that they are safe and we check them over when they are done. We do all those sorts of things, so one sort of knocks out the other. That is how we do it in Queensland. I think into the future we will need to look at auxiliary type models—probably similar to fire—and how we provide those services. In terms of the actual number, as the minister said before, we provide services from 302 locations, and 83 of them are what we would call a category 2 station.

Can I acknowledge the volunteers who do help our advanced care paramedics in those locations to do emergency driving, helping with some lifting and things like that? It is amazing. I remember at last year's estimates hearing we made reference to Kevin Elliott from St Lawrence, who since then has actually received from the Governor-General the Ambulance Service Medal for his service—

Mr ANDREW: So he should.

Commissioner Bowles:—to the community. The answer is 83 and it happens. That is our model of service delivery.

Dr MacMAHON: Is there any data on when a single paramedic has had to call for other services?

Commissioner Bowles: We have a mobile service, do not get me wrong. The ambulances will go from town to town or suburb to suburb if you are in Brisbane. That is why I say that we use volunteers. If you are in Aramac—and that seems to be getting a run today—it is 66 kilometres from Barcaldine. It is not as simple as getting someone to run up the road for 66 kilometres. That is why the officer-in-charge in those locations is able to help. Do we keep data on that? No.

CHAIR: I am mindful that we have to split the remaining time.

Ms BATES: The minister asked me what my definition of ramping is. Well, this is it.

CHAIR: We do not need props, member for Mudgeeraba.

Ms BATES: This is it.

CHAIR: Ask the question.

Ms BATES: Minister, given the commissioner is retiring and the ambulance ramping crisis is getting worse, does the buck now stop with you, Minister?

Mrs D'ATH: I thank the member for her question. I assume from that she infers it does not when the commissioner is here now. I did not realise I was not responsible for the Ambulance Service! It gives me a great opportunity to acknowledge the amazing commissioner and wish him all the best in his retirement.

Ms BATES: He would be glad to be retiring now.

Mrs D'ATH: He has made an amazing contribution to the Queensland Ambulance Service for many years. I am the minister for the Queensland Ambulance Service.

Ms BATES: So the buck stops with you, Minister?

Mrs D'ATH: It always has.

Ms BATES: Great, thank you. I will move on. Commissioner, you are retiring. Before you go, would you support more regular releasing of information to the public?

CHAIR: Do not ask for opinions.

Commissioner Bowles: That is asking me for an opinion.

Ms BATES: You have one, don't you, Russell?

Commissioner Bowles: I think the best way to release it is the same as the health system, to be honest. We have gone from being an emergency service to a healthcare provider, so why would we not just line up with that?

Ms BATES: Commissioner, I have a few questions about flexible work arrangements. My question is: has the establishment of flexible work arrangements within your organisation diminished the ability of the QAS to fulfil its core function, which is to help sick and injured Queenslanders when they call triple 0?

Commissioner Bowles: That could not be further from the truth. As I think Aaron said at the start, I have been in this system for a long time—over 40 years. The biggest decision that I have probably ever seen made was in 1991 with the parliamentary select inquiry into ambulance services where they took 96 individual ambulance services and said, 'You are now one Ambulance Service,' and funded it appropriately through government. That was 30 years ago this year—actually, on 1 July this year it was 30 years ago. We have to get out of our minds that it is a station; it is not. It is not 96 individual ambulance services anymore; it is a network.

We do have core rosters that have probably been around for in excess of 100 years to be quite honest. I know that they are an important part, but the patients do not come through the door evenly. The opportunity of a lifetime—as you will realise, the changes in the 2016 Industrial Relations Act mandated flexible work arrangements where it can be done appropriately. The only way that we can

make the workplaces work is not by having traditional 12-hour shifts. They are there, they are there as a core, but you need to augment parts of your day. In the minister's opening speech she said that we recruited 60 staff directly to cover the busy periods, being the twilight period, basically from 2 in the afternoon to about 4 in the morning. That is the best way we can meet people's needs. The one thing we have to understand is that it is not like when I started—on road. I am one of five kids—

Ms BATES: Just to clarify, Commissioner, the flexible work arrangements—

Commissioner Bowles: No, they have not hurt anything.

Ms BATES:—have not hurt anything?

Commissioner Bowles: No, they have actually augmented our service delivery.

Ms BATES: Thank you. My next question is to the minister.

CHAIR: Make it brief.

Ms BATES: Minister, are you aware that paramedics are being offered 12 months work of only night shifts so they can cover the gap left by other staff who have taken up flexible work arrangements? Is this a sustainable option for our paramedics?

Mrs D'ATH: I thank the member for her question. I am advised that the QAS employees may request flexible work arrangements in accordance with the Industrial Relations Act. That is a good thing. This is the workforce themselves asking for flexible work arrangements.

The QAS has invested in the development of a workplace where flexible work arrangements are not only readily available for all work groups but are actually encouraged and supported. The QAS has introduced a comprehensive framework for flexible workplace arrangements and processes requests collaboratively with the employee to ensure that the request suits both the employee and supports Ambulance Service delivery. The QAS recognises that, in a 24-hour day model of service, having the ability to have flexible rostering practices is imperative. The capacity to roster our ambulance paramedics during peak demand periods allows the Ambulance Service to manage an increasing workload and gives the community the best use of ambulance resources.

The QAS supports over 1,000 flexible work agreements and is an employer of choice. This is supported with an attrition rate of clinical staff of less than one per cent. I think that says a lot. The member asked whether it is sustainable to just have people working night shift. Having been married to someone who has been a shift worker for many decades, having someone who has certainty on shifts is not a bad thing.

Ms BATES: 10 nights straight is pretty tough, Minister.

CHAIR: Member!

Ms BATES: Please, you're a paramedic.

CHAIR: Order!

Mrs D'ATH: Flexible working arrangements is a sensible model and we will continue to resource our QAS with a record budget and a commitment of additional paramedics. This is what QAS asked for. They wanted to utilise this funding and the additional paramedics in this way. They are the ones best to make those decisions operationally in terms of what works for them. Their staff have asked for flexible work arrangements, and we should support that.

Ms BATES: Thank you, Minister. Last question?

CHAIR: No.

Ms BATES: I just have one last question as a follow-up.

CHAIR: Order! The time for opposition questions has finished. We have four minutes left. I am going to ask the question—

Ms BATES: Who is going to be held responsible?

CHAIR: I go back to 1985 in terms of permanent nurses. Before I joined the Ambulance Service, I was working in health. We were on permanent night shift, member for Mudgeeraba.

Ms BATES: So no-one is going to take responsibility if someone dies due to flexible work arrangements?

CHAIR: Order!

Ms BATES: The Minister is not going to take responsibility and the commissioner—

CHAIR: Order, member! In reference to page 25 of the SDS, can the minister outline how the Queensland Ambulance Service is partnering with other health professionals to provide care for Queenslanders?

Mrs D'ATH: Chair, thank you for that question. I know that you understand the importance of the program. On Monday you, along with the member for Mundingburra, were at Kirwan station for the exciting milestone of the first shift of the Co-responder Mental Health Program in the Townsville region. This program will make a huge difference to the community in North Queensland as it has in other parts of the state. It is why the government is investing funding in supporting the expansion of our highly successful mental health co-responder program. During the pilot program, over 1,000 patients were attended to by the mental health co-responder teams and 65 per cent of patients were able to be treated and managed in their home.

This is a serious and important issue that the Palaszczuk government is taking steps to address. Last financial year, around 58,000 people suffering a mental health crisis called the Ambulance Service. This is a 20 per cent increase over the past three years. The Co-responder Mental Health Program provides a comprehensive first and a health focused response in a timely manner, undertaking a physical and mental health assessment, and devising individually tailored treatment plans. The QAS provides local area assessment and referral unit officers and vehicles. The HHS provides a senior mental health clinician and clinical resources to problem-solve and troubleshoot operational and clinical problems as they arise. It is a fantastic example, out of many, of the important collaboration from the QAS and our HHS.

In 2020 the Palaszczuk government through our economic recovery strategy provided the Department of Health's Mental Health Alcohol and Other Drugs Branch with funding for the Queensland Ambulance Service to conduct a formal study into mental health co-responders. This was a collaboration across Queensland Health, the Queensland Police Service and the Queensland Ambulance Service. The Co-responder Mental Health Program is currently operational in seven hospital and health services: Metro South, Metro North, West Moreton, Gold Coast, Sunshine Coast, Cairns and Townsville.

In May 2021 I was incredibly proud to announce additional funding for the Queensland Ambulance Services' Co-responder Mental Health Program under the Care for Queensland package. This funding will assist to expand the mental health co-responder model by an additional four teams each year over the next three years. Additional sites for the program will be Metro North, Metro South, Gold Coast and Rockhampton. The rollout of the new services will be in areas identified as having the highest demand for mental health services by people who call triple 0 in an emergency. This is exactly the type of innovative program pre-hospital care in which Queensland Health and Queensland Ambulance Service lead the world.

CHAIR: Thank you, Minister. In the time remaining, would you like to do a wrap-up of this session?

Mrs D'ATH: Before I thank everyone, in terms of the question from the member for Maiwar in relation to interstate and international debt recovery numbers for ambulance fees, I understand that we cannot get that data. We do not have that data broken down. The information we provided to the member for Maiwar we hope is helpful for his question, but we cannot give the breakdown of the debt recovery numbers available.

In relation to the Queensland Ambulance Service session, I thank all of the hardworking and dedicated staff across the Queensland Ambulance Service. There are many I have met and many I look forward to meeting around the state who do an incredible job. We talk about rural, remote and regional. The work that these paramedics do is just extraordinary. At Aramac, it takes hours in terms of retrieving and treating someone. On Thursday Island, there is the training that they do in helicopter retrieval. A husband and wife working together up there as paramedics told me that they were having to do reaccreditation in terms of the helicopter going upside down in the water. It is just extreme work that they do in putting other people's lives ahead of themselves. I say, 'thank you'.

I pay tribute once again to Commissioner Russell Bowles on his service since 1981 to the people of Queensland as a Queensland Ambulance Service officer. Thank you so much. It has been a pleasure to work with you. I wish you all the best for your retirement. Like the Chief Health Officer, this is Commissioner Bowles' last estimates hearing in his role. On behalf of the Palaszczuk government, we wish you all the best.

I thank my Director-General Dr John Wakefield, his leadership team and his office for the work they do each and every day. We all know that it takes many people to prepare for this important democratic estimates hearing.

I thank Mary Weaver, Laura Kanaris and their estimates team—thank you wonderful people for all the work you have done—the officers within each hospital and health service—remembering that chief executives have come in from all over the state to make themselves available here today—and the Queensland Ambulance Service for its diligent work to ensure that we were prepared for this hearing.

Of course, I want to thank my ministerial staff as well who support me each and every day in their assistance in preparing me for estimates. I thank my assistant minister Julieanne Gilbert for her support and great work. I know that she travels right around Queensland in all of our regional and remote towns. Whenever I cannot be there, Julieanne is there for me and it is fantastic. We work as a great team, a bit like the relay, doing a great job—and I wish all of our Olympians all the best today, too. I have not heard the results yet. Chair, I thank you, all the committee members and the parliamentary staff for facilitating today. I look forward to coming back to estimates next year. Thank you.

CHAIR: Thank you. Before we wrap-up, there was a question on notice.

Mrs D'ATH: One more question on notice in relation to the ieMR question. As at the end of May 2021, Queensland Health has invested \$325.36 million to support the rollout of the advanced ieMR at 16 facilities across Queensland.

Mr MOLHOEK: There was an additional question. When was the last time the minister was briefed on ambulance ramping data? What period was that for?

Mrs D'ATH: I did not take it on notice.

Ms BATES: On a point of order, Mr Chair.

CHAIR: Order! No, the minister did not take that on notice. I have answered that.

Ms BATES: I am not asking about that; it is the ieMR.

CHAIR: What is the point of order?

Ms BATES: The question about the ieMR. What is the ieMR rollout total? The costs from start to now. It is not just \$325 million.

Mrs D'ATH: The question as I recall it—I am happy to go back to *Hansard*—was how much has been spent to date? As at the end of May 2021, \$325.36 million to support the rollout. That is what I have been provided.

Ms BATES: To support the rollout or including the rollout?

CHAIR: I think the minister has answered it. I have one procedural thing to do. Members of the committee, we have to table *Bertie and the Virus*. Leave is granted. Bertie, you are now tabled.

Mr MOLHOEK: On the condition we get a copy to share!

CHAIR: With everything being said, thank you so much, Minister. We thank the directors-general and all officials for their attendance this morning. The committee will now adjourn for a break and resume at 2.30 for the examination of the estimates for the portfolio of the Minister for the Environment and Great Barrier Reef and Minister for Science and Youth Affairs.

Proceedings suspended from 1.29 pm to 2.30 pm.

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

In Attendance

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

Mr N Heath, Chief of Staff

Department of Environment and Science

Mr J Merrick, Director-General


Dr K Hussey, Deputy Director-General, Environmental Policy & Programs

Mr B Klaassen, Deputy Director-General, Queensland Parks and Wildlife Service & Partnerships

Dr M Jacobs, Deputy Director-General, Science & Technology

Ms S Chrisp, Deputy Director-General, Corporate Services

Ms E Nichols, Executive Director, Office of the Great Barrier Reef

 **CHAIR:** The committee will now examine the proposed expenditure contained in the Appropriation Bill 2021 for the portfolio areas of the Minister for the Environment and the Great Barrier Reef and Minister for Science and Youth Affairs until 5.15 pm. As was determined by the House, the committee will examine areas within the minister's portfolios as follows: environment and the Great Barrier Reef from 2.30 pm to 4.15 pm, and science and youth affairs from 4.30 pm to 5.15 pm. I remind honourable members that matters relating to these portfolio areas can only be raised during the times specified for the area, as was agreed in the House.

The following non-committee members have sought and been granted leave to participate in the hearing, in accordance with the standing orders. I apologise that this is a lengthy list; not everyone is turning up. They are: David Crisafulli, David Janetzki, Jarrod Bleijie, Fiona Simpson, Ros Bates, Sam O'Connor, Brent Mickelberg, Steve Minnikin, Jon Krause, Sandy Bolton, Amy MacMahon and Michael Berkman.

I remind everyone present today that the committee's proceedings are proceedings of the Queensland parliament and are subject to the standing rules and orders of the Legislative Assembly. It is important that questions and answers remain relevant and succinct. The same rules for questions that apply in the Legislative Assembly apply in this hearing. I refer to standing orders 112 and 115 in this regard. Questions should be brief and relate to one issue and should not contain lengthy or subjective preambles, argument or opinion. I intend to guide proceedings today so that relevant issues can be explored fully and ensure there is adequate opportunity to address questions from government and non-government members of the committee. I remind everyone present that any person may be excluded from the proceedings at my discretion as chair.

In line with the COVID-Safe Estimates Hearings guideline issued by the Chief Health Officer, I remind everyone to maintain social distancing while in this chamber. Face masks are to be worn at all times and removed only to speak during the proceedings. The COVID-Safe Estimates Hearings guideline is available from the secretariat.

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

That the proposed expenditure be agreed to.

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

Ms SCANLON: Thank you, Chair, and good afternoon, committee members and staff. I would like to start by respectfully acknowledging the traditional owners of the land on which we gather today, the Jagera and Turrbal people and pay my respects to their elders past, present and emerging. I thank them as the First Australians for their careful custodianship of the land over countless generations. As

the Speaker says on each sitting day, we are very fortunate in this country to have two of the world's oldest continuing living cultures in Aboriginal and Torres Strait Islander peoples, whose lands, winds and waters we all now share. I am acutely aware of the responsibility and privilege to be the environment and Great Barrier Reef minister and know how important a role traditional owners have played in over 50,000 years in protecting our environment and the vital role they play into the future.

Over the last six months since I have had the opportunity to speak with you at the previous estimates hearing, Queensland has moved from strength to strength as we roll out the Palaszczuk government's COVID-19 economic recovery plan. We have witnessed strong job creation, with the latest figures showing Queensland jobs are up 16,700—the greatest increase in the nation; unemployment down to the lowest level in more than a decade; forecast jobs growth in Australia—I am sure this is welcome news to many young Queenslanders; and the successful Olympics and Paralympics bid for 2032, unleashing the potential of our state.

Very importantly, as a key pillar of our economic recovery plan, we have seen significant investment in protecting our environment. We saw the first round of our landmark carbon-farming project, the Land Restoration Fund, delivered, investing close to \$100 million to create more than 600 jobs, restore 1.8 million hectares of land and see more than 1.9 million tonnes of carbon out of our atmosphere. We legislated the ban on single-use plastics such as straws, cutlery, plates and polystyrene food containers. This government delivered more grant funding for community groups who tackle waste, flying fox management, healing country and improving turtle habitat.

We have continued to expand our protected areas by securing Wild Duck Island, expanding the Mon Repos conservation area, Pinnacles National Park and adding new private nature refuges in Ipswich, the Sunshine Coast and the Gold Coast. Our government locked in more funding to reduce the amount of waste going to landfill, while creating new jobs with the \$40 million Recycling Modernisation Fund, building on the popular Containers for Change program, which has seen more than four billion containers exchanged, creating over 700 jobs across the state.

We have built a new vessel for the Great Barrier Reef and we are expanding our Indigenous Land and Sea Ranger program, creating more jobs in regional communities at a time when we need them the most.

As we continue to see our jobs and the economy bounce back, so, too, will we see the same for our environment thanks to a record \$1.4 billion investment in this budget. For Queensland's economy to keep growing, it relies on a thriving, healthy environment. The investment in the environment together with record investment for renewable energy will drive down emissions and create jobs of the future. This investment includes: more funding for the reef; more funding for the Land Restoration Fund; more funding for waste; more funding for our national parks; and the establishment of a new Queensland Natural Capital Fund. It is funding that enables us to put the pedal to the metal when it comes to acting on climate change, creating cheaper and cleaner energy and more jobs in more industries, and to meet our emissions targets.

With the eyes of the world watching as we prepare for the 2032 Olympic Games, it is critical that we continue to put the environment at the forefront of Queensland's recovery and growth. Our environment and natural assets are, after all, one of the key reasons we were successful in securing the games. Since 2015, the Palaszczuk government has backed Queensland's environment and as the minister for environment I am committed to seeing that effort continue.

We know just how important our natural assets are to the economy, whether it is the reef and the 60,000 jobs and \$6 billion in economic activity it supports, or our national parks which generate more than \$2.6 billion in economic activity and indirectly support more than 17,000 jobs.

We also know what the science says and how our environment is and can be affected by climate change. As minister, I will continue to be a strong voice for Queensland's environment, whether that is at on the state, national or global stage. We recently saw UNESCO's decision on the Great Barrier Reef, setting a date for Australia to respond to its concerns. That is why we have written to the Prime Minister to match the Palaszczuk government's commitments on \$2 billion for renewable energy, \$270 million for water quality and \$500 million for our Land Restoration Fund. We will continue to advocate for more funding to match those commitments.

The Palaszczuk government is able to deliver our plan for economic recovery from COVID-19 because of the efforts of all Queenslanders and the efforts of staff across all government agencies, including the Department of Environment and Science. I would like to acknowledge their work to date

not just in delivering this record budget but also in preparing for this afternoon. I would like to quickly acknowledge and thank the chair, the committee members and guests for the opportunity to appear before you today and to talk about our strong plan for the environment, jobs and economic recovery.

CHAIR: We will move to non-government time for the 20-minute block.

Mr O'CONNOR: Director-General, was the website that was released today the long-awaited Climate Action Plan 2020-2030? I am confused, as it appears to just be a collection of policies and strategies which were already released?

Mr Merrick: Yes, I can confirm that is the Climate Action Plan.

Mr O'CONNOR: What specific consultation was undertaken with industry NGOs, academia and the community to put that together? Who was consulted? Can you provide a list?

Mr Merrick: I thank the member for the question. There was extensive consultation undertaken in the development of policies in the Climate Action Plan over the past two to three years. In terms of providing a list, I will have to come back before the end of the session. We consulted extensively across a range of sectors. There are a number of sectoral adaptation plans that have been put in place as part of that process. There has been extensive work with sectors across the economy. We have worked extensively with academia as well in terms of developing the range of government policy and actions that you see as part of the Climate Action Plan.

Mr O'CONNOR: So is that on notice to get a list of who was consulted?

Mr Merrick: Through the minister, are you comfortable if we—

Ms SCANLON: We will come back at the end of the session.

Mr O'CONNOR: Wonderful. Director-General, I assumed from last year's estimates that there would be the production and release of a new document—the word 'document' was used specifically—outlining more details, but it just seems to be the website. Director-General, can you advise what new information or policies are included in the action plan?

Mr Merrick: The reason, principally, for launching it as a website is because it is live in the sense of government is continuing to add new interventions as we seek to deliver the targets that government has set out. There were a range of new announcements made as part of the budget and, if it is okay, Minister, would you like to speak to those?

Ms SCANLON: Absolutely. The reason we have done, as the director-general has said, an online website is because this area continues to change and we continue to act, so we need to keep putting up new announcements from the government almost every day. As part of this new plan, we are releasing the first stage of the Land Restoration Fund which we have announced, so that is one of the significant pieces of this. But it is not just the website which is the plan of the \$4 billion of initiatives the Queensland government has taken to date; it is also making sure that we have a very key ministerial group that is being led by the Premier to focus on how we can create more jobs in more industries and deliver on our targets. I know all of this is a foreign concept for the LNP, which just yesterday would not even commit to net zero emissions again. We take our responsibilities to the world and to Queensland seriously. That is why we are investing significantly.

In 2015 when we took government there were no—zero—large-scale renewable energy projects. We now have over 40 in this state. We have a \$2 billion Renewable Energy Fund. We have \$500 million for our Land Restoration Fund. We have \$270 million for water quality. We continue to invest in this space. We have established the nation's first publicly owned clean generator, CleanCo. We continue to act. We are putting solar panels on school rooftops and we are putting them on hospitals. We want to make sure that we are focused on all of the amazing job opportunities that are out there by us acting. Unfortunately, we are frankly not seeing that leadership at a Commonwealth level, so I would encourage the member to talk to his federal colleague and former boss Stuart Robert to encourage more action at a Commonwealth level when it comes to climate.

Mr O'CONNOR: Minister, running through all of those initiatives, in terms of outcomes—and I am happy with just a simple yes/no answer on this—on the most recent available data, are Queensland's greenhouse gas emissions higher or lower than when Labor came to government in 2015?

Ms SCANLON: I know the LNP likes simple answers because of course its policy is, frankly, very simple or minimal when it comes to climate change.

Mr O'CONNOR: Higher or lower?

Ms SCANLON: Just to give some context around emissions, these are publicly available sets of data, and I think it is helpful for the committee to understand where we are at. If you have a look at where land use particularly is at, what we saw was actually a downward trend of land use emissions from 2005 but then we saw a spike following the repeal of vegetation management laws that the member voted against.

Mr O'CONNOR: I raise a point of order on relevance.

Ms SCANLON: Member, you have asked your question—

Mr O'CONNOR: It is a very specific question.

CHAIR: Member, what is your point of order?

Mr O'CONNOR: Relevance. It is a very specific question: are emissions higher or lower than in 2015 when Labor came to government?

CHAIR: Thank you, member.

Mr O'CONNOR: It is on your website if you want to have a look at it.

CHAIR: Member, just let me go through your point of order. I actually think that the minister is articulating and I am going to allow a fair degree of latitude to get a very good understanding of the response, so can we let the minister respond please?

Ms SCANLON: Exactly; as has been mentioned, it is on the website, so I am providing the context clearly of what you are interested in. We have seen, as a consequence of us bringing back those vegetation management laws, emissions starting to drop down again under our government. You also need to consider the fact that, in that period of time since the Newman government and the latest set of data, which is 2019—the Commonwealth only provides that two years in arrears, which is one of the reasons we have established this new subcommittee so we get that more real-time data—one of the issues was that we had no large-scale renewable energy projects over that period under the Newman government. When we came to government, we needed to put in place things like vegetation management laws, which took time and unfortunately were not voted for by the LNP the first time around or the second time around. It also takes some time to get large-scale renewable energy projects off the ground, and again I have some other interesting data that you might find helpful.

Over the Newman government period there were zero large-scale renewable energy projects. We have then seen a big spike when our government came to power and unlocked the potential to open up more large-scale renewable energy. That is why we are now seeing a downward trend again of emissions in this state and why we will continue to push to see more jobs created in more of those industries to drive down emissions, because we believe in the science and we want to make sure we are creating more opportunities throughout Queensland.

CHAIR: Minister, did you want to table any of those documents you have just shown?

Ms SCANLON: Absolutely, yes.

CHAIR: Is leave granted to table those? Leave is granted.

Dr ROBINSON: So was that a more or less? You did not answer the question.

Ms SCANLON: I think I did answer the question. The data—

Dr ROBINSON: So more or less?

CHAIR: Member for Oodgeroo, I will chair the committee, thanks very much. The minister has answered the question. Next question please, member for Bonney.

Mr O'CONNOR: Minister, so in the five years of available data—2015 to 2019—are emissions higher in 2019 than in 2015?

Ms SCANLON: You just said that it was on the website. I think you can check for yourself. I am happy to send you the link—

Mr O'CONNOR: Is it that difficult to say that they are higher?

Dr ROBINSON: It is an easy one.

Ms KING: Point of order, Chair.

Ms SCANLON: As I have said, member, what we saw was a significant—

Ms KING: Point of order, Chair.

CHAIR: Sorry, member for Pumicestone. Apologies, Minister.

Ms KING: I am sorry, Minister.

CHAIR: What is your point of order?

Ms KING: Chair, I would put it to you that the member is being repetitive in his questions and it offends the standing orders.

Mr O'CONNOR: I am trying to get an answer. It is very simple.

Mr MOLHOEK: I raise a point of order, Mr Chair. Under which standing order is the member for Pumicestone—

Ms KING: I am sorry, member, but could the chair please deal with my point of order?

CHAIR: Let me deal with that first. What I am—

Ms KING: He is being repetitive under 236.

CHAIR: Thank you, member for Pumicestone. Deputy Chair, I counsel that when the minister is answering a question, we have commentary from the member for Oodgeroo. We just need to allow the minister to answer the question that was put by the member for Bonney and we will move on.

Ms SCANLON: As you have said, the data is publicly available. You might not like the context—

Mr O'CONNOR: You do not want to say it.

Ms SCANLON:—the context being that one of the reasons that emissions went up in this state was as a result of the Newman government. We are doing what we can to drive down emissions. We have set targets. Your party will not even set a target, never mind put in place actions.

Mr O'CONNOR: This covers five years of your government, though, and it is higher.

Ms SCANLON: And we have seen emissions in that time—

Mr O'CONNOR: Increase.

Ms SCANLON:—come down. No, we have seen them—

Mr O'CONNOR: They are higher than—

Ms PEASE: Point of order, Chair.

CHAIR: Please do not argue with the minister. Member for Bonney, do you have another question?

Mr O'CONNOR: Yes, thank you, Chair. I will move on to the director-general. With reference to page 4 of the SDS, can you outline the impacts the 40 per cent cut to your capital budget will have on the department's ability to deliver on the upkeep and upgrading of our natural environment?

Mr Merrick: In terms of the capital program, are you talking about the capital program for the agency as a whole?

Mr O'CONNOR: Yes, so it was \$95 million in 2020-21 and down in 2021-22 to \$57 million, so the 40 per cent cut.

Mr Merrick: I might take some time to explain the context there. Part of the reduction you see in the capital program from the prior year to this year is related to machinery-of-government changes. The arts portfolio moved to the Department of Communities, Housing and Digital Economy, so that accounts for a significant component—over \$13 million—in the change.

In terms of last year, we particularly saw additional capital components that were part of the government's Unite and Recover COVID stimulus package, so there was a significant increase in our capital program. Indeed, if you look at the program that parks delivered, there were over 50 additional projects and an additional 200 jobs that came from that stimulus spending in regional areas. We also had some major one-off capital purchases last year. They included the *Reef Resilience*, a major new vessel, for the joint field management program. That was just under \$10 million and I think the minister launched the vessel with Minister Ley. There were also some additional capital purchases last year as part of our enhanced fire management program, so there were some major capital purchases and so there were a range of factors that explain the differences between the two years.

Mr O'CONNOR: Was the decrease from the moving of arts not covered in the last budget? Was that not factored into the \$95 million?

Mr Merrick: No. In terms of the comparison you have, that end-of-year budget for last year included arts capital.

Mr O'CONNOR: Director-General, protected area acquisitions have decreased 40 per cent, from \$7.28 million last budget to \$4.32 million this budget, which is barely half of even the Brisbane City Council's bushland acquisition budget. What impact does this have on the department's plan to reach the government's protected areas target of 17 per cent of Queensland's land area?

Mr Merrick: In October 2020 the Queensland government released Queensland's Protected Area Strategy, a 10-year plan for supporting the growth, management and sustainability of national parks and other protected areas. The strategy's funding allocation includes a focus on building co-investment partnerships to leverage Queensland's investment and accelerate protected area expansion. Alongside that strategy, government committed \$60 million over four years, of which \$28 million was for the purpose of expanding the protected area estate. This is in addition to the \$6.5 million committed for strategic land acquisitions as part of the Cape York Tenure Resolution Program.

Last year we purchased 33,621 hectares for addition to the estate. We have a very large, active program in place at the moment. We have acquisitions in stream that are in advanced negotiations for nearly 150,000 hectares. Because some of that funding ran over the end of financial year and we are just in the position of now reaching agreement on some properties, I think what we will see this year are some very significant acquisitions to the estate that will make a real difference in terms of reaching the government's target.

The department is also doing broader work to look at other opportunities. We have seen announcements, for instance, around the Land Restoration Fund and the first round there—1.7 million hectares—that is being supported through that process. We will work with the organisations leading those projects because a number of those areas, as you can see from the question on notice, will provide long-term restoration of a number of areas of land. Some of those areas may well be possible areas for expansion to the estate under the IUCN category VI definition of protected area estate.

We are also looking to accelerate work around existing estate that is managed by Queensland Parks for adoption into the protected area estate by removing a number of easements and other impediments. There is, I think—and I will seek guidance on this—nearly 130,000 hectares in that category. We are actively taking forward major work to meet the government's target around the protected area estate expansion. I just clarify that last year 33,621 hectares were added to the protected area estate; not all of that was purchased last year.

Mr O'CONNOR: When do you expect to reach the government's target of 17 per cent of Queensland's land area being protected?

Mr Merrick: That is a long-term ambition.

Mr O'CONNOR: How long-term?

Mr Merrick: It is a very substantial area. Queensland, as you know, is a very large state. Already the protected area estate here is twice the size of Tasmania. We are proceeding very quickly in looking at opportunities to accelerate the rate of expansion of the protected area estate.

Mr O'CONNOR: There is no projection for when you will reach that target within the department?

CHAIR: He has just answered the question.

Mr O'CONNOR: So that is a no. Has the minister given any instruction to accelerate the growth in protected area acquisitions from the current rate of 0.01 per cent a year?

Mr Merrick: The minister is very supportive and is constantly asking the department to do all it can to accelerate the expansion of the protected area estate and is very supportive of the efforts the department is making.

Mr O'CONNOR: To accelerate it above 0.01 per cent a year?

Mr Merrick: To accelerate the increased scale of the protected area estate.

Mr O'CONNOR: Director-General, did the funding to buy the property known as Martha's Vineyard in Currumbin Valley come from the 2021-22 protected areas budget?

Mr Merrick: I may need to take some advice from the deputy director-general.

Mr Klaassen: No, that funding is not part of the Department of Environment and Science's budget.

Mr O'CONNOR: Where is it within the budget? Is it held centrally with Treasury?

Mr Merrick: Our understanding is that it is the Department of State Development, Infrastructure, Local Government and Planning.

Mr O'CONNOR: It is somewhere within their budget. Do we have a specific location within the budget so we could clarify that?

Mr Merrick: With respect, I think that is a question for the Deputy Premier's portfolio.

CHAIR: I was going to say the same thing.

Mr O'CONNOR: Director-General, regarding private protected areas, what is specifically allocated in this budget for that and what proportion of that funding goes to landholders to assist with management? What is that figure over the forward estimates? I am happy for you to take that on notice.

Mr Merrick: I will seek that advice and we may be able to provide that figure to you very quickly.

Mr O'CONNOR: Can I ask another one while the director-general is looking for that?

CHAIR: Are you happy to continue with the answer now?

Mr Merrick: Certainly in terms of the Nature Refuges Program, the \$60 million investment the government announced as part of the Protected Area Strategy included \$8 million for the Nature Refuges Program and to deliver an expanded NatureAssist toolkit to landowners. What was the second part of the question?

Mr O'CONNOR: The specific breakdown to assist landholders with management. I am wondering how much of that private protected area money goes towards management, if you have that figure available.

Mr Merrick: I have the figure for the Nature Refuges Program across the forward estimates. In 2020-21 it was \$1.235 million; in 2021-22 it is \$2.485 million; in 2022-23 it is \$2.325 million; and in 2023-24 it is \$1.95 million.

Mr O'CONNOR: Director-General, has the department identified how many properties or how much available land there is which meets the requirements for protected area acquisition? I am looking for a broad figure for confidentiality purposes.

Mr Merrick: We have a very robust process for assessing the suitability of properties in terms of inclusion within the protected area system. That uses international standards in terms of those properties that are suitable. With the minister's permission, I might ask the deputy director-general if there is anything else he wants to add.

Mr Klaassen: We have a team that basically analyses the properties across Queensland, looking at factors such as natural values and cultural values. We have a list of properties that are in our sights as such. We do not make that publicly available because that can influence market rates. We do not disclose those details publicly.

Mr O'CONNOR: Are we able to get a broad figure of how many hectares are within that wish list or how many individual properties there are? I would like just a number, not the specifics of where they are or what they are. I am wondering how much land the department has on its wish list.

Mr Merrick: It is almost impossible to provide an answer, given that the market is very dynamic. Of course, we are constrained by those properties that are available on the market to purchase at any one time.

Mr O'CONNOR: Minister, are you still committed to the 17 per cent target set in 2015?

Ms SCANLON: We are committed to the 17 per cent long-term target. In fact, as the director-general just said, our protected area estate—so just the protected area estate—is more than double the total size of Tasmania. We are dealing with a massive area of land. We have allocated \$60 million through our Protected Area Strategy to grow that area. It is important that we are not just looking at the acquisition rate; we are also looking at the management. That is why we have continued to invest in QPWS rangers, to make sure they are doing that important work to manage these really important estates. Unfortunately under the Newman government we saw a number of those positions cut, and that meant that people were being asked to do more with less. We do not think that is the way we should do things. That is why we need to look at both the QPWS staffing allocation and the protected area estate, as well as things like the Land Restoration Fund that the director-general pointed to, as well as things like vegetation management laws that do a lot in making sure that we conserve really important habitat and environment for species. We are doing an awful lot of work across this space to make sure we protect our huge biodiversity. We have the most biodiversity of any state or territory in the country. We take that responsibility incredibly seriously and that is why we are investing significantly.

Mr O'CONNOR: Minister—

CHAIR: I am sorry, member for Bonney. We will come back to you for supplementary questions. We will move to government questions for a period of 20 minutes.

Ms KING: Minister, with reference to the Department of Environment and Science SDS at page 1, could you please update the committee on the progress of the Queensland Climate Action Plan and how it will create jobs as part of Queensland's COVID-19 economic recovery plan?

Ms SCANLON: Of course, since 2015, as I mentioned before, the Palaszczuk government has invested more than \$4 billion in this space and we have seen 44 large-scale renewable energy projects that are playing a big part in where our economy and our recovery from COVID-19 is at today. Today we build on that effort and I am very proud to have released that plan online to launch our Climate Action Plan 2030. Under the climate and economic blueprint, Queenslanders will benefit from a stronger focus on more jobs in more industries and cleaner and cheaper energy. It will outline the Sunshine State's road map to reach its emissions and renewable energy targets, create jobs and drive economic recovery from COVID-19. We are certainly trying to seize the opportunities to establish Queensland as a nation leader in a low-carbon economy and create 185,000 jobs, which is the most of any state in the country in this space.

The plan builds on the work taken to date such as the \$2 billion we have announced for our Renewable Energy and Hydrogen Jobs Fund, the world's longest electric vehicle charging superhighway, our trail-blazing Land Restoration Fund and Australia's only publicly owned renewable energy company, CleanCo. It will be driven by investment in energy, resources, manufacturing, transport, land and agriculture, tourism and climate-resilient infrastructure and by a team of ministers that will be, importantly, led by the Premier. Queensland is already halfway to meeting its 2030 emissions reduction target. This plan will put us in the fast lane for more jobs in those really diverse industries.

It will also allow Queenslanders to see what actions the state is taking and as a living online document it allows us to add more actions. In fact, the first action off the rank will be the launch of the second round of our Land Restoration Fund. The first round will see 600 jobs created, 1.8 million hectares of land restored and more than 1.9 million tonnes of carbon removed from the atmosphere. We are putting out the call for even more projects because the science ultimately is very clear: we should all be working together to make sure we protect our beaches, waterways, the outback, rainforests and the bush. Queensland is home to the most unique environment in the world and that is one of the many reasons why we were so successful in securing the Olympic and Paralympic Games. To protect it and grow our economy, we need to act on climate change and create those opportunities for young Queenslanders.

I want to mention a couple of comments that have already been made to date since the release of that website. Today we have had the Planning Institute say that they welcome the Queensland government's release of the online Climate Action Plan 2030, recognising the important role of the built environment. We have also had the Australian Marine Conservation Society thanking the Queensland government for its leadership on climate action. The WWF has said that the Queensland government's Climate Action Plan is an encouraging step forward in creating a transparent framework to guide how the state will achieve its targets for renewables, emissions reduction and climate action. It is great to see so many people saying positive things around the work we need to do. We look forward to working with them to try to find even more opportunities to turbocharge our state into the future.

Ms PEASE: Minister, with regards to the Department of Environment and Science SDS at page 1, would you please update the committee on how the Palaszczuk government's record \$1.4 billion investment in the environment will benefit Queensland, particularly as it relates to the recently secured Olympic and Paralympic Games 2032 and the delivery of a climate-positive games?

Ms SCANLON: Of course, Queensland is no stranger to Olympic and Paralympic excellence, as we have seen with the recent success of athletes such as Ariarne Titmus and Kaylee McKeown, and I think we have seen some great results just today. The recent announcement of the Olympic and Paralympic Games for Queensland will supercharge our state when it comes to jobs and the economy, and also opportunities for tourism, which is something that our state is already renowned for. It also provides a once-in-a-lifetime opportunity to focus on our environment. From the crystal-clear waterways of the world's largest reef to the vast never-ending red sands of the outback, Queensland really is the gateway to some of not only Australia's but also the world's most spectacular natural wonders. It was a big reason why we were able to lock in that event.

Because of that, for the very first time this Olympic Games will commit to delivering a climate-positive event. I am very excited at the opportunity for us to work on making sure we deliver that as a first. It means emissions reductions greater than the emissions from the games. It means additional climate and jobs benefits for host communities. It is a commitment that aligns with and will accelerate our progress to Queensland's emission reductions and renewable energy targets. To achieve climate-positive carbon management strategies we will be guided by four key principles: minimising the games footprint as much as possible before compensating more than 100 per cent of residual emissions; continuously improving emissions forecasting and the measurement to support

evidence based decision-making; ensuring consistency and transparency across the event lifecycle to promote accountability and comparability; and influencing to create change and deliver verifiable climate-positive outcomes for Queensland and Australia, including by promoting shared responsibility.

We are already on our way to achieving a climate-positive games. As the Premier said in her games pitch last week, with the largest uptake of rooftop solar in the nation and a huge investment in wind, bio and hydrogen research we are already halfway when it comes to our targets. This budget locks in even more funding with the \$2 billion Renewable Energy Fund, carbon farming initiatives and \$270 million for our Great Barrier Reef water quality fund. It will see us target waste as well, which is something we know is incredibly important for the Olympics, to make sure that we have a beautiful environment with \$254 million to drive down waste and create more jobs in resource-recovery industries. This is a great opportunity. We have also funding secured for our South-East Queensland wildlife hospital network. We have funding to make sure that we are protecting the species that we know so many people worldwide love, our koalas.

This is a great opportunity for Queensland. I look forward to working with the Premier and, of course, the Olympic Committee to ensure we can deliver the best Olympic and Paralympic Games the world has ever seen.

Ms PEASE: I know in my neck of the woods everyone is looking forward to having sailing for the Olympic Games.

CHAIR: Minister, I am glad that you mentioned the Great Barrier Reef because my question relates to it. Can you outline to the committee the action the Palaszczuk government is taking to protect the Great Barrier Reef and how further funding from different levels of government could benefit the reef following the World Heritage Committee's recent decision?

Ms SCANLON: I know the member is particularly passionate about the Great Barrier Reef, having it on the doorstep in his part of Queensland. The Palaszczuk government knows how important it is to protect the Great Barrier Reef, not just for its incredible ecological value but also for the 60,000 jobs it supports and the \$6 billion that it generates for our economy. Our state, as I said, is the gateway to this World Heritage listed icon and we want to make sure that our environment thrives and we create jobs that we know so many tourism businesses rely on in this space. You simply cannot have one without the other. A protected reef means more tourism jobs, which is why we have committed to things such as a 50 per cent renewable energy target by 2030 and a net zero carbon emissions target by 2050. It is why we have invested significantly in renewable energy. It is why we have introduced regulations that ensure best-practice land management in reef catchments. I note that even the federal minister on Radio National was talking about those reef regulations recently and how great it is that Queensland is acting.

We have also introduced sensible tree-clearing laws to improve land management and runoff, which we know were opposed by the opposition unfortunately. We have introduced a ban on the use of single-use plastics. We have also established three net-free fishing zones at Trinity Bay, Cairns; St Helens Beach, Cape Hillsborough, north of Mackay; and Yeppoon, Keppel Bay and Fitzroy River on the Capricorn Coast. It is why in this budget we are continuing to invest in water quality with \$270 million over the next five years. That funding will see the continuation of successful reef water quality improvement programs from the Far North to Wide Bay.

Last week we saw UNESCO make a very clear statement on the reef. The World Heritage Committee decided not to immediately list the reef as in danger but set a date of February 2022 for Australia to provide an updated report on the state of conservation. I think it sets a pretty clear time frame for the federal government to show that it is acting to protect the Great Barrier Reef.

As we did back in 2015, we need to work together to address the very real science and the impacts of climate change on water quality. You will remember that in 2015 we brought in reef regulations. We banned the dumping of dredge spoil. We also made significant announcements around vegetation management laws. We went with a package to the World Heritage Committee to show that we were taking their concerns seriously.

The Premier has written to the Prime Minister, asking the Commonwealth to match our \$2 billion Renewable Energy Fund, our \$270 million water quality fund and our \$500 million Land Restoration Fund that is focusing on those Great Barrier Reef catchment areas and incentivising landholders to try to make sure we protect the reef. As I said, we know how important it is economically, not only ecologically, and for a tourism industry that has been going through a tough time recently. No-one at the end of the day wants to see the reef go on the 'in danger' list, which is why we need all levels of

government to work together to preserve it and treasure it, not only now but also for future generations. The eyes of the world really are watching and, especially with the 2032 Olympic and Paralympic Games, we need to make sure we are acting now to protect those jobs and this World Heritage listed icon.

Ms KING: To follow on from what you were just saying about the Land Restoration Fund, Minister, with reference to page 3 of the SDS, can you please update the committee on progress of the Land Restoration Fund and how it is working to protect the environment and create jobs?

Ms SCANLON: We are very proud to have the Land Restoration Fund. It was the first of its kind by any state in Australia when we committed to it. It is an initiative that has created jobs, has supported industry and is making headway when it comes to protecting our environment. In fact, it is a model that has been almost replicated by the federal government. We know that carbon farming has the potential to contribute up to \$4.7 billion to the economy by 2030, and Queensland's size and diverse natural environment means we are well positioned to build on a robust carbon-farming industry that meets the increasing demand for carbon credits.

As I mentioned earlier, in the last seven months we saw the first round of our landmark carbon-farming project. The Land Restoration Fund delivered, investing close to \$100 million to create more than 600 jobs and seeing more than 1.9 million tonnes of carbon out of the atmosphere. The first investment round will also deliver strong outcomes for the environment, including the regeneration of more than 350,000 hectares of land, with natural forests, the planting of over 1,700 hectares of trees in Great Barrier Reef catchments and an overall fivefold increase in environmental planting method projects for Queensland. That is why I am very proud to announce today that we have committed additional funding through this budget and also that we will be making the second round of the Land Restoration Fund open online for people to apply for.

We have announced in the budget \$61 million. That includes the breakdown of \$25 million for round 2, so we are doing a market call right now for anyone who is interested in this space to come forward, as well as the \$35 million to seed the Natural Capital Fund to capture private sector co-investment in natural capital markets and a further round of the Carbon Farming Advice Rebate Program that I know was really important to landholders. It is a key component of our record \$1.4 billion investment, but, importantly, this particular round will prioritise projects that deliver benefits for the Great Barrier Reef and regenerative agriculture projects, employing both agriculture and vegetation methods on the same property to ensure a holistic approach to land management. It will also see additional funding available to help cover the costs of seeking carbon-farming advice which is a generous support package of up to \$10,000. Importantly, these sorts of projects are supporting training opportunities and jobs for local communities such as plant operators, project managers, scientists and landscapers, just to name a few.

In round 1 we saw a particular project improve water quality entering local waterways and reaching the Great Barrier Reef to connect native vegetation and create jobs for that local community. At the Ivanhoe timber retention project in Covert, west of Kingaroy, the property owners are growing and retaining mature vegetation, including threatened species and habitat, while diversifying their income streams through carbon farming and extending economic benefits for their community.

That also adds to work at Lake Wivenhoe, where 153,000 trees have been planted, covering 170 hectares of former cleared grazing land adjacent to the lake. Through this project alone, we are helping Queensland recover by backing a number of small businesses. The revegetation will be led by 26 contractors including plant operators, project managers, soil experts and landscapers. It is clear that this is ultimately delivering on the objectives that we set out for it to achieve.

I think, especially given the recent decision by the World Heritage Committee, it is really important that we are looking at initiatives that will ensure our reef maintains resilience and can be protected for future generations. In fact, we want to see that ambition matched, as I said, which is why we have asked for the Commonwealth to look at matching that particular fund. That would send a really good signal to the world that we are taking seriously the concerns and the amazing opportunities economically that are available for regional Queenslanders.

Ms PEASE: Minister, with reference to SDS page 3, can you please update the committee on the Palaszczuk government's investment in waste and how the government continues to clamp down on illegal dumping?

Ms SCANLON: We have set a number of targets in this state when it comes to our vision for a zero-waste society by 2050. Our target is to reduce household waste by 25 per cent, recycling by 75 per cent of all waste and diverting 90 per cent of all waste from landfill. The department continues to support statewide initiatives and programs that build consistency and capacity to adequately address litter and illegal dumping across all of Queensland.

Earlier this year, the *Keeping Queensland clean: the litter and illegal dumping plan* was released. It is a key deliverable of the Waste Management and Resource Recovery Strategy. Implementation of that plan will be led by the department as they work in partnership with, importantly, traditional owners and with state agencies, local governments, land managers and community groups.

The department is also delivering \$3.6 million in funding to support local governments in preventing and investing in illegal dumping through the Local Government Illegal Dumping Partnerships Program. This funding has provided 31 dedicated illegal dumping compliance officers for 12 months across 27 council areas in Queensland. In that time, over 7,000 incidents have been investigated under the program. Successful compliance actions have included the issuing of over 800 fines to offenders and over 11 million litres of illegally dumped waste being removed from the environment. In addition to that, \$1.35 million has been provided to councils through our Illegal Dumping Hotspot Grants.

The department is also proactive in waste levy compliance activities and has a workforce dedicated to ensuring the integrity of the waste levy framework. Waste levy compliance officers target key waste levy risks across the entire waste handler chain, from the generator to the receiver, and the department is one of the national leaders in the use of the remote piloted aircraft system's volumetric surveys and data to assist with waste regulation and compliance. A series of audits of the top 10 largest landfills within the state levy zone were completed by using these surveys in 2020-21 which accounted for over 5.5 million tonnes of waste disposed of in Queensland during the 2019-20 financial year. During the 2020-21 financial year, officers completed a detailed volumetric survey audit of the top 10 landfills, with another 22 waste disposal facilities statewide. This comprises approximately 75 per cent of the total quantity of waste disposed of in Queensland during the 2019-20 financial year.

We are also maintaining an online reporting system where members of the public can submit reports of littering and illegal dumping. The online reporting system is accessible from our website and allows the public to report litter and illegal dumping directly to be investigated by an officer at the time the offences are witnessed. This system is an effective tool in deterring behaviour, with almost 4,000 witness reports received in the 2020-21 financial year resulting in the issue of over 2,000 fines to offenders. I think that shows that this program is working.

The department also takes unlicensed waste offences very seriously. It committed to addressing unlawful waste activities in Queensland. In November 2020 the department established a small team of compliance officers dedicated solely to the investigation and enforcement of unlicensed waste offences across Queensland. This was to ensure that there is a level playing field for licensed operators by addressing the illegal operators in the sector. The team has had a significant impact—to date. As of 30 June 2021, they have had 64 directions notices requiring illegal activities to cease being undertaken. They have issued 49 penalty infringement notices. They have required 26 environmental authority applications to be lodged. They have required 12 outstanding annual fee payments be settled and required 13 sites be cleaned up. I look forward to continuing to update the committee on the successful work of that program.

CHAIR: We will now move to questions from the crossbench.

Mr ANDREW: I have been catching good whiting in the Pioneer River. I had to drop to a two-pound trace because the water is so clear they will not take my bait. There has been some testing done on the impact of feral pigs on the environment. They say that it equals 1.5 million cars worth of carbon. A bigger percentage of that would be in Queensland. What do we have in the budget to address carbon emissions from feral animals?

Ms SCANLON: We have a range of initiatives under our \$4 billion climate action plan. In relation to a feral pig program, I know we have a program in place, but I will hand over to the director-general or the deputy director-general to talk a little further on that.

Mr Merrick: Obviously, as a department we undertake very extensive pest management work. On average the department spends around \$6 million per year on pest management. Some \$900,000 of this funding is allocated to the strategic pest management program that supports the management of pests that threaten the estate's most important values and addresses biosecurity issues and public safety risks. Alongside our own direct investment through the \$17 million Indigenous Land and Sea Ranger Program and the associated Looking after Country Grant program, we also provide funding to external bodies to undertake pest management work.

The department also leads the \$7 million Nest to Ocean Turtle Protection Program—a joint initiative with the Commonwealth Department of Agriculture, Water and the Environment. The program has been very successful in reducing the impacts of feral pigs and foxes on marine turtle nests across the Queensland coastline. Due to the success of the program, the Queensland government is investing an additional \$1.3 million to continue to protect marine turtles and their habitats.

We also undertake extensive pest management work through the joint field management program, which addresses a range of pests, plants, animals and pathogens in the Great Barrier Reef region. I think it was only last week that the deputy director-general and I met with Trackers Traps—a Rockhampton based business with a unique and innovative pig trap—to look at the opportunity that may bring in terms of improved management of feral pigs.

Mr ANDREW: Traps are good, but putting them in there is different. There are a lot of other bodies and NGOs in this area—WWF and the World Heritage Fund—what does it cost Queensland every year for these consultancies to be involved in the processes and policies that we make? When we make policies with them how close is the ESG—the environmental, social and governance—tied to funding that puts downward pressure on the government to implement certain policies?

CHAIR: Member for Mirani, that was a very lengthy preamble.

Mr ANDREW: It is very relevant.

CHAIR: Try to keep it succinct if you can. It is not something that I think is entirely relevant to budget estimates, but I will allow some latitude in terms of the response.

Mr Merrick: In terms of the overall consultancy budget expenditure of the Department of Environment and Science in 2020-21, I can report that our total expenditure was \$40,536. This is a 95 per cent reduction in consultancy expenditure from the previous year. None of that expenditure was with the organisations that you mentioned.

Mr ANDREW: In terms of the ESGs—the environmental, social and governance—is there pressure on us from overseas bodies to implement policy or change?

CHAIR: That is somewhat seeking an opinion.

Mr ANDREW: I am just asking whether we get pressure from those bodies to make certain policy?

Ms SCANLON: When we develop policy we do so listening to experts. As the director-general has just talked about, we have dramatically reduced consultancy. If there is a particular organisation you are referring it might help me to know that so I can answer the question. I am a bit unclear.

Mr ANDREW: It is an overall question about how the environmental, social and governance criteria impacts our decisions around policy or implementing policy. I am trying to understand it myself. That is why I was asking whether it actually has any impact on what we do.

Ms SCANLON: When we develop policy we do so in the best interests of Queenslanders and listening to experts.

Mr ANDREW: Of course. I was just wondering whether there are any external sources that apply downward pressure on us.

Ms SCANLON: A range of stakeholders, both in Queensland and internationally, have very different views and they can make those views heard. At the end of the day, our priority is to always do what is in the best interests of Queenslanders.

Mr ANDREW: In terms of carbon farming, is provision made for smaller farmers to get together to present a bigger portfolio and is that taken into account—for instance, a heap of hay farmers? Is it possible that they can join together and get financial benefit from linking up?

Ms SCANLON: We certainly had some learnings from the first round of the Land Restoration Fund that we implemented for the second round of the Land Restoration Fund. There are two different funds. There is the LRF and the Natural Capital Fund. The Queensland Investment Corporation will manage that. It prioritises those reef catchment areas. I will pass over to the director-general who might be able to talk in a little more detail about that additional round. I encourage everyone to look online and contact the department if they do have any questions.

Mr Merrick: Through the Land Restoration Fund we continue to invest in capability, developing activities for landholders, including statewide workshops, design and develop online tools and information and development of an advisor network to work with landholders to enable them to really understand the potential for carbon farming on their properties and to actively work around aggregating smaller landholders so they can access the Land Restoration Fund. We particularly undertook an extensive evaluation of round 1, as the minister indicated, and made some changes to the program on the back of that, principal amongst which was additional education and advice into the marketplace on market development, but also introducing a two-stage process. This now involves a more streamlined expression of interest for the Land Restoration Fund before the full application. That is really to help increase access to the fund for a number of players, and smaller players particularly.

Mr BERKMAN: I want to very quickly return to the climate action plan. I have a quick question for the DG. The plan is based on the government's existing 2030 and 2050 targets for renewables and emission reduction. I am curious whether the plan includes any time-bound measures or interim targets ahead of 2030 against which progress towards the headline targets can be measured?

Ms SCANLON: I might take that question if that is okay. The DG might be able to add some commentary as well. The idea of the climate action plan and the team of ministers focused on it is that we can continue to look at this regularly. We will be implementing measures obviously not just by 2030 but in the lead-up to 2030, as we have done to date. It provides a great opportunity for us to be looking at where we are at in terms of our emission profile and then what further needs to be done—whether that is through policy or investment.

We will not be setting additional targets as such, because we have already set that interim target of 2030 and then 2050. We will be making sure that that information around where our emissions are at, as it already is, is publicly available and that we show people what we are doing to make sure we deliver on what we have set out to achieve.

Mr BERKMAN: Director-General, I am interested in some recently released satellite data that shows fugitive methane emissions from the Bowen Basin are up significantly—around 7.5 kilograms per tonne of coal produced. Given what we know about the potency of methane as a greenhouse gas—28 times more potent than carbon dioxide—does the government have any plan currently in place to significantly reduce those fugitive emissions?

Mr Merrick: Whilst I have not seen the specific information that you refer to, the department certainly has done work in the past to understand fugitive emissions. Obviously there has been a significant growth in terms of Queensland's overall emissions. Yes, the department is currently working with other agencies to look at mechanisms we can put in place to apply downward pressure on fugitive emissions.

Mr BERKMAN: Prior to the last election, I remember the then environment minister committed to the creation of an independent environmental protection agency, which we agree is urgently needed to properly enforce environmental law in Queensland. Director-General, what funds, if any, were allocated in the 2021-22 budget to begin the establishment of the EPA and what steps, if any, have been taken towards that?

Mr Merrick: The work around the investigation that the government committed to through its government election commitment is being funded internally by the department. We have a dedicated executive director who is leading that work. Extensive work is underway to benchmark other models as they exist not only in other states across the nation but also internationally and best practice in terms of environmental regulation. We have also seen the publication of the final Samuel review, which again highlighted that independent environmental regulation is indeed best practice. We are undertaking initial work around the potential to perform benchmarking with other jurisdictions. We will be moving towards a consultation phase, both targeted and more public, in the coming months.

Mr BERKMAN: The commitment was made before the last election. Is there a time line for its establishment in this term of government? Given comments at the last estimates, what consultation has been undertaken so far with stakeholders?

Mr Merrick: I might pass to the minister in just a minute. In terms of establishment, it would necessarily involve a legislative process as well. There will be policy decisions for government to make as part of the process of both investigating and making a threshold decision to establish an EPA and then enacting legislation that will bring an independent EPA into being. We see in other states—Victoria is an example—that there is specific legislation that creates the environmental protection agency as an independent body. I might ask if the minister wants to say anything more on that consultation.

Ms SCANLON: The commitment was to consult on an independent EPA. We will do that consultation and look at the pros and cons of establishing an independent EPA. The Samuel review very clearly sets out some of the benefits from having such an agency that is seen as being independent from the arm of government that creates policy. I understand why people have a view around wanting to see an independent EPA in Queensland. I think we also need to be mindful of the review that has taken place federally around the EPBC and the single-touch approvals processes and how that will all play out together. Of course, we remain committed to making sure that we do that consultation at the end of this year and we look forward to hearing the views of Queenslanders about that.

Mr ANDREW: In talking about independent arbiters, AIMS is claiming that the reef regrowth is the best it has ever been and World Heritage is saying that the reef should be on the 'in danger' list next year. Is there any money in the budget for an independent arbiter to find out exactly what is going on with the reef, instead of having these polar opposite claims?

Ms SCANLON: We have a range of incredible scientists here in Queensland that we listen to when it comes to the reef. We will continue to do that. I do not think another layer of bureaucracy for alternative theories is what we need or what the world needs. We have seen very clearly some really good results as a result of things like our reef regulations. We have invested in water quality. We know that the two biggest threats are climate change and water quality. That is why we continue to act in that space. We hope the Commonwealth can match our ambition there as well. Ultimately, we take our advice from the experts.

Mr ANDREW: Is it in danger or is the best it has ever been? I cannot work it out. I am looking at the facts. There are two sides of the story. They are saying two different things.

Ms SCANLON: Obviously there is the World Heritage process of whether the reef is on the 'in danger' list or not. To the side of that, what the science very clearly says is that there are two very large threats on the reef. We have seen the impacts of coral bleaching. I think the science is really clear. There are significant threats that all governments need to address. That is what I think we should be paying attention to.

CHAIR: We will return to non-government questions. We will try to split the remaining time. If there are any supplementary questions from the crossbench, we will put those at the end.

Mr O'CONNOR: Minister, you call for matched funding for the reef, but the federal LNP government is spending over \$2 billion on direct reef protection compared to the state's \$970 million. Will you follow your own call and double what you spend, or is this just more of the Canberra blame game?

Ms SCANLON: As you would know, the Commonwealth receives 80 per cent of the taxation revenue in this country. If you look at things on an accounting basis, I think you should expect that the Commonwealth provide more funding than state governments do. I would be interested to see the allocation of years you are referring to.

Mr O'CONNOR: It is the same. I am happy to table it, if you like. I seek leave to table it. It is over the same time period.

Ms SCANLON: We have asked the Commonwealth for \$2 billion to match our renewable energy fund. What we have seen is them enter bilateral energy agreements with other states—other states where, frankly, LNP governments do accept the science of climate change, yet the LNP do not seem to. We want to make sure that we see minimum matched funding for the \$2 billion. We want to see matched funding for our Land Restoration Fund in those Great Barrier Reef catchment areas and water quality. We have not seen that from the Commonwealth. It is a bit misleading to suggest that that allocation you are referring to is expressly for the areas in which we have asked for matched funding.

Mr O'CONNOR: It is direct reef funding and it is two to one. Minister, moving to fuel load reduction standards, in this budget there is a 33 per cent cut, from \$6.8 million to \$5.3 million, to the parks and forest fire management. Can you guarantee that this cut will not put Queenslanders at risk in future bushfire seasons?

Ms KING: Point of order, Chair.

CHAIR: I think I know where you are going with this.

Ms KING: Chair, I would suggest to you that that question contains imputations.

Ms SCANLON: It is also incorrect.

CHAIR: Using the word 'cut'—I might get you to rephrase it, member for Bonney.

Mr O'CONNOR: In this budget there is a 33 per cent decrease, from \$6.8 million to \$5.3 million—another word for 'decrease' is 'cut'—to the parks and forest fire management. Can you guarantee this cut will not put Queenslanders at risk in future bushfire seasons?

Ms SCANLON: I might hand over to the director-general, because I think there is some misleading commentary in that question.

Mr Merrick: Our total fire management budget for 2021-22 is \$14.3 million. Some \$8.5 million will be directed to bushfire mitigation activities including planned burns; \$4 million towards our enhanced bushfire management capability; \$1.2 million for aerial ignition programs, fire training and QPWS fire information system enhancements; and \$0.6 million for K'gari fire management specifically.

We are also continuing to implement the findings of the IGEM's report post the K'gari fire. In fact, we have a significant budget above that which the member discussed. I can report that for the previous year our burn reduction program delivered 669,000 hectares of prescribed burns. We treated 1,753

hectares of protection zones. In both cases we exceeded our target. To put that prescribed burn program in context, the amount we delivered last year is equivalent to what the New South Wales Parks and Wildlife Service delivers over a five-year period. Our burn program is the largest on the east coast.

Mr O'CONNOR: Director-General, has the department followed suit with other government bodies like the Brisbane City Council to become carbon neutral in their operations and set an example for action on climate change?

Mr Merrick: The department actively monitors across a range of our areas in terms of emissions that arise. In terms of the specifics of the question, I might invite the Deputy Director-General of Environmental Policy and Programs, who leads the work in this space, to come up here.

Dr Hussey: We have not, strictly speaking, taken on a carbon-neutral goal at this point. We have undertaken some research to understand what moving towards carbon neutral would look like for government operations. As the director-general stated, we have a fairly good understanding of where our emissions are in relation to travel, for example, and our own department is looking at how we can establish a budget for our travel emissions for the Department of Environment and Science.

Mr O'CONNOR: I will move on to waste, and this question is to the director-general again. In the previous budget SDS an organic waste strategy was included to be delivered in the 2020-21 financial year. There was also a commitment to the waste industry that this would be completed by June 2021. Where is the strategy?

Mr Merrick: The Department of Environment and Science is currently developing the organic strategy in close consultation with the stakeholder advisory group. This structure will identify and prioritise key actions from avoidance through improved end-use management and market development opportunities. Organic waste is a priority for action in Queensland due to its significant contribution both to the waste stream but also the potential environmental and economic impacts associated with the disposal of organic waste. They identified beneficial re-uses for the material. The strategy will also support the Queensland government's national commitment to implement the National Food Waste Strategy target to halve food waste by 2030 and implement actions in the National Waste Policy Action Plan to halve the amount of organic waste going to landfill by 2030. Targeted consultation has been undertaken with key stakeholders across the organic supply chain to ensure that the full range of issues and opportunities are well considered and understood.

The department anticipates releasing the draft strategy for consultation in the near future—and certainly before the end of 2021—and the results of that consultation will also allow the development of an accompanying implementation plan with key programs that support the strategy.

We have also been undertaking very extensive work with the Council of Mayors to specifically understand the current and future projections for organic waste in SEQ and therefore both the infrastructure that is required moving forward and the market development and community education programs that are needed if we are to meet our targets in terms of diversion from landfill and beneficial re-use. I do not know if the minister wants to add anything more.

Mr O'CONNOR: That is fine, Chair.

CHAIR: Member for Bonney, before you move on can you identify the source of that tabled document for the committee, please.

Mr O'CONNOR: The federal government. It is publicly available federal funding that is going to the reef. I have circled the amount they have, and then on the other page you can see—

CHAIR: I can see what it is. I am just wondering what the source is. Where did you get it from?

Mr O'CONNOR: Federal budget papers. It is all publically available. Then Queensland is on the back, which is half of what the federal government is spending on—

CHAIR: We do not need the running commentary. What we do need is for you to move to the next question.

Mr O'CONNOR: Director-General, is there a reason for the delay, and what priority has the minister given you for the organic strategy?

Mr Merrick: I might defer to the minister for the priority that the minister has set.

Mr O'CONNOR: The question was to you, if that is all right.

CHAIR: The director-general can ask the minister to answer that.

Dr ROBINSON: No, it is a question directed to the director-general.

Ms PEASE: Actually, no.

CHAIR: I do not need guidance; I am asking for latitude. If you want to ask the minister to answer, go for it.

Mr O'CONNOR: If it is going to the minister can I rephrase, Chair?

Dr ROBINSON: Point of order, Chair: in terms of standing orders, I believe that the person asking the question is able to direct it to the person they would like to answer the question. I believe that is the general—

Ms PEASE: What standing order would that be, member for Oodgeroo?

Dr ROBINSON: I am happy to go through the chair.

CHAIR: In the meantime, whilst we look to that, if you want to start and then you can—

Mr O'CONNOR: I am happy to rephrase the question if it is going to the minister, Chair.

Mr Merrick: I have given an extensive answer in terms of the progress of the organic strategy. It is important we get it right for Queensland. It is a very significant component of the waste stream. It can comprise around 40 to 45 per cent of the red top bins. It is clear, frankly, that we are behind other states in terms of the processing and beneficial re-use of organic waste. The department, under the minister's leadership, is making very significant progress in this area. We have obviously funded new FOGO trials. This is a priority and the minister, I can assure you, has underscored the importance of it to the portfolio.

Mr O'CONNOR: My question is to the DG again. The third strategic priority of the Waste Management and Resource Recovery Strategy referred to a coherent statewide waste infrastructure planning framework and regional infrastructure plan as one of the government's key actions. Has the department undertaken this?

Mr Merrick: The department has undertaken statewide infrastructure planning. As I mentioned in relation to the previous answer, we have also done more detailed regional level planning. We have to understand that, as Queensland is a heavily decentralised state, there are specific regional aspects to waste markets. We are also rolling out a program of detailed waste infrastructure planning with other regions. We have provided funding to work alongside, and with, a number of Aboriginal councils in terms of waste infrastructure needs, so extensive work has been undertaken.

Mr O'CONNOR: Director-General, industry always talks about these two reports from the consultants Arcadis that are apparently imminently to be released. Are you able to release those for the benefit of the committee to further detail what the waste infrastructure needs of Queensland are?

Mr Merrick: I think the minister is happy for that report to be released. We are also hoping to release the joint work we have done with CommSec in the very near future.

Mr O'CONNOR: Is that able to be tabled today?

Ms SCANLON: I do not have that on me. I am happy for that to go up online. I think the CommSec report you are referring to would require agreement from the mayors, so we would need to speak to the majors about that. I cannot speak on their behalf.

Mr O'CONNOR: Director-General, only about \$34 million of the \$100 million Resource Recovery Industry Development Program has been spent since it was launched in 2018. The fund expires in December. I am aware that this is under the Department of State Development, Infrastructure, Local Government and Planning, but as your department oversees the waste industry in Queensland what role does DES have in reviewing those applications to the fund?

Mr Merrick: This does fall under the portfolio of the Deputy Premier and I seek your guidance, Chair.

CHAIR: I think it is best directed to the appropriate minister. Member for Bonney, can you move to another question.

Mr O'CONNOR: Just to clarify, DES has no role in those applications for the RRIDP. The department that administers the waste industry has no role in determining where the grants go?

Mr Merrick: I might invite the deputy director-general of environmental policy and programs to respond to your question.

Dr Hussey: The executive director of the Office of Resource Recovery is involved in the assessment of RRIDP applications.

Mr O'CONNOR: Director-General, why has there been such a small percentage approved? I received a response to a question on notice that showed applications to this fund totalled over \$811 million and only \$34 million has been approved. Does DES have any commentary on that?

Mr Merrick: With respect, I think that question really does need to be addressed to the correct portfolio, the accountable minister and the accountable officer of that portfolio. We are not responsible for that expenditure.

CHAIR: I certainly agree. Next question, please.

Mr O'CONNOR: Minister, businesses will often spend \$15,000 to \$50,000 on these applications. Do you think it is acceptable for so few to be approved when the total fund is nowhere near expended and only four per cent of those who have applied have been granted an application?

Ms KING: Point of order, Chair: these questions are irrelevant and tedious repetition and they offend standing order 236.

CHAIR: The minister is indicating she is happy to answer it. I take exactly you are saying, member for Pumicestone. It is seeking an opinion. Minister, I will allow some latitude.

Ms SCANLON: As the director-general has mentioned, this does not fall under the Department of Environment and Science. It falls under the Deputy Premier's portfolio, and I note this question was not asked of him during his estimates. I can say, though, that obviously we do have our resource recovery infrastructure program that does invest in resource recovery projects. We have also just partnered with the Commonwealth on a new Recycling Modernisation Fund that unlocks around \$80 million worth of investment. The RRIDP fund has to date provided funding to 29 projects. That is a significant amount of money that has gone out the door to these projects. We have been able to fund this as a result of bringing back the waste levy that those opposite opposed. I think it is an interesting line of questioning, given that we would not have such a bucket of money if it were up to the member for Bonney.

Mr O'CONNOR: So, Minister, you are happy to comment on the program but you will not comment on the minuscule amount of applications that have been approved—just to clarify.

Ms SCANLON: I thank the member for the question. I just talked about the fact that there have been 29 projects approved. Millions of dollars have gone out the door to deliver these projects, in comparison to under the LNP government where we had no such—

Mr O'CONNOR: Oh—

Ms SCANLON: Well, you are a member of the LNP party so I think it is important—

Mr O'CONNOR: I do not think either of us were in parliament, Minister. I think we were about a term away from being elected back then.

Ms SCANLON: We are very proud to make sure we are investing in resource recovery in this state. That is why we have that scheme. That is why we have just announced another scheme where we are partnering with the Commonwealth to make sure we see more resource recovery in this state. As the director-general just mentioned, organics is a great opportunity that we want to look at. That is one of the reasons we need to look comprehensively at the waste levy, to make sure we are delivering all of those targets that we have set out. Also, it provides an incredible opportunity. You create three times as many jobs in resource recovery than you do if you put that rubbish into landfill. We have export bans coming into effect. This is a space Queensland needs to be in. Unfortunately, we went backwards when the waste levy was repealed and we had dump truck after dump truck dumping their waste in Queensland's environment because it was free to do so, even though every other mainland state had a waste levy in place.

CHAIR: Member for Bonney, unless you have a brief one, I want to move to the crossbench. Do you have one brief question?

Mr O'CONNOR: I have a fair few questions.

CHAIR: We are at the end, so a brief one of two or three minutes maximum.

Mr O'CONNOR: Director-General, following the budget's release, what feedback has your department received from local governments about the end of their advance payments from the waste levy?

Mr Merrick: I thank the member for the question. I think it has been addressed on a number of occasions and indeed by the Deputy Premier in his hearing. The government remains committed to ensuring there is no impost on households from the waste levy. The extension of the advance payments

is subject to a review at the moment. We have been engaging closely with a number of stakeholders. Indeed, the minister and I met with Greg Hallam of LGAQ. As I understand it, the minister has also been meeting and discussing with other mayors. At officer level, we have been engaging with councils. We are also engaging with industry, and I have a meeting with the chief executive of WMRR on Monday in relation to the waste levy review. The premise of the question is not quite correct in terms of where government is positioned in terms of the waste levy. I might see if the minister wants to add any more.

Mr O'CONNOR: Minister, the mayor of the Gold Coast has said if the annual payments are removed it will cost an extra \$88 for every household in our city. What advocacy have you made to ensure this does not become a wheelie bin tax for Queenslanders?

Ms SCANLON: I do not accept the premise of the statement from the mayor because, as has been outlined, this is a legislated review. You would know that because the legislation came before the House that we voted on.

Mr O'CONNOR: So his figure is incorrect? Is that what you are saying?

CHAIR: Can we allow the minister to respond?

Ms SCANLON: We have been very clear in saying that there will be no impact on households. We are doing the review that the legislation requires. We will then provide clarity to councils. As I said, we are having conversations with councils right now. Right now we are actually providing more than 100 per cent—we are providing 105 per cent—to local governments. We also provide a range of other funds to them—as I said, the illegal dumping partnerships program. Councils as well as organisations also get around \$88 million from our container refund scheme at those MRFs. That is \$88 million shared amongst those.

There are a range of different buckets of money that come from the Queensland government. I think it is absolutely right that we look at how the waste levy is performing after it has been in place for three years. We have seen some great improvements, particularly in commercial and demolition waste. We have seen an over 65 per cent reduction in terms of interstate dumping, which is great. We have also seen some strong signs in commercial and demolition waste, as I said, which shows that the levy is working. What we have not seen is the same reduction in municipal solid waste, which is why we need to work with councils to do what we can to reduce the amount of rubbish that is going to landfill each year from households and make sure we deliver on that commitment that there will be no impost on individual households.

CHAIR: We will move to both crossbench members for one supplementary each.

Mr ANDREW: As the reef credit system rolls out, how much has this department spent to look into and do a survey on the reduction of food, fibre and protein and also revenue to the Queensland government?

Mr Merrick: Sorry?

Mr ANDREW: As the reef credit system rolls out, it will have an effect on farmers directly. How much has the department spent on looking into how that will directly impact food, fibre and protein and also revenue from farming practices being wound back to the state?

Mr Merrick: I thank the member for the question, assuming that was directed to me as the department. I might invite the head of the Office of the Great Barrier Reef to come forward to speak more to the reef credit scheme. What I would say is that the scheme is voluntary, but I invite the executive director to speak further on the scheme.

Mr ANDREW: I understand it is voluntary. I am just trying to understand: when people take it up—because it probably is going to be attractive—have we put any money towards studying what that effect will be to us on those items?

Ms Nichols: As the director-general mentioned, the reef credit scheme is voluntary. I think the methodology you are referring to is the methodology for reducing nitrogen. There have been some concerns raised that if farmers under that methodology decided to stop farming it might have impacts. However, that is not the main purpose of that methodology. There are a lot of other ways that farmers can reduce nitrogen under that methodology, and it is not expected to have any kind of significant impact. I would also point out that there are other methodologies that are also attractive, such as remediating gullies. There is a methodology in creation now for creation of wetlands and remediating wetlands. The purpose of the reef credits is not to reduce any kind of tonnage or agricultural production; it is really to focus on those water quality impacts from those activities.

Mr BERKMAN: Director-General, it is some time now since parliament legislated to create the independent statutory mining Rehabilitation Commissioner. Is it the case that a mining Rehabilitation Commissioner still has not been appointed? Is there funding in this budget for that role to be filled? If so, how much?

Mr Merrick: I thank the member for the question. I can confirm at this present time there is not anyone in the role. We are moving very close to an appointment though for the Rehabilitation Commissioner. Yes, there is indeed budget provision for the Office of the Rehabilitation Commissioner.

Mr BERKMAN: Thanks, Chair.

CHAIR: We will move to government questions and then address any questions on notice and wrap up this session. Minister, referencing page 1 of the SDS, will you provide an update to the committee on how the government continues to expand and maintain protected areas?

Ms SCANLON: I thank the member for the question. Our government takes the protection of our outstanding natural environment incredibly seriously. Successive Labor governments going back to Wayne Goss have significantly increased areas of protection. Queensland's protected area estate now covers more than twice the size of Tasmania, as I mentioned before. We also have more World Heritage areas than any other state or territory. As you will have seen from the Premier's Olympics and Paralympics presentation, our environment was one of the key platforms of the pitch, particularly the Great Barrier Reef, which is one of our World Heritage listed icons. The committee certainly liked what they saw, giving us that 2032 opportunity.

In 2015 the government adopted a long-term target of increasing our protected areas to 17 per cent of the state's land mass. Since February 2015 our protected areas in Queensland have increased by over 1.18 million hectares. That is from 7.56 per cent to 8.2 per cent of the state. This includes both public protected areas such as national parks and conservation parks and private protected areas such as nature refuges and special wildlife reserves. Future expansion of Queensland's protected area is guided by our Protected Area Strategy, which is a 10-year strategy, as well as our own investment. We will continue to work with the community, other levels of government, the private sector and landholders.

Two recent public protected area acquisitions will conserve land vital for the protection of loggerhead and flatback turtle populations. Forty-two hectares of land adjoining Mon Repos Conservation Park will be restored to protect dune groundwater recharged areas critical to the internationally significant marine turtle rookery. The land will form an environmental buffer between neighbouring agricultural activity, boost the nesting grounds' resilience to climate change and sea rises, and protect it from artificial light. I was with the member for Bundaberg recently when we made that announcement.

The 118-hectare tourism lease over Wild Duck Island within the Great Barrier Reef Marine Park off Central Queensland has also been acquired. This tourism lease adjoins two parcels of Broad Sounds Island National Park. The acquisition will allow the whole island to be consolidated as a protected area. Wild Duck Island is the largest flatback turtle rookery on the east coast and is of critical importance to the viability of Queensland's turtle population.

The Department of Environment and Science is also in advanced commercial-in-confidence negotiations with a number of landholders across the state to acquire further properties to add to the protected area system. Queensland, of course, has the largest private protected area network in the country. We have 541 nature refuges and one special wildlife reserve which protects 4.47 million hectares of private land. Since the release of our strategy, an additional 624 hectares have been added to the private protected area network through the declaration of eight new nature refuges. This includes the 81-hectare Mount Elliot Nature Refuge south-east of Ipswich and the 30-hectare Merala Nature Refuge south of the Gold Coast. These nature refuges protect significant habitat for a range of threatened species including the koala, spotted-tail quoll, glossy black cockatoo and Richmond birdwing butterfly. The department is also negotiating with several landholders to establish new nature refuges and further expand that system.

The Queensland protected area network is not only important for its role in ensuring our unique environment is here for future generations, but it also underpins many regional economies through visitor spend. You only have to go out west right now to see the lines of caravans heading out to remote area parks or to Cooktown at this time of year where you are, frankly, lucky to find a bed because of all of the visitors heading to the cape during the dry season. There is certainly no doubt that the spectacular Noosa National Park is a major reason why people flock there. As I mentioned earlier today, we also need to make sure that we manage these areas well. That is why we are investing \$1.4 billion to protect our environment and to create and support those jobs. This will enable the successful delivery of

improved visitor facilities and park infrastructure and deliver jobs and training opportunities that support local builders and suppliers.

We are also investing in additional maintenance at iconic parks across the state to manage the extra maintenance required due to increased visitation, which is a good problem to have. As of 30 June 2021, QPWS employed over 770 rangers. The rangers do a great job and work throughout Queensland including in regional and remote areas. These rangers and their activities often form a core part of regional economies. I just want to acknowledge that tomorrow we celebrate the amazing work that rangers do. I want to place on the record my appreciation for the work they do across our state in protecting really important areas that we all love to visit.

Ms PEASE: I, too, would like to acknowledge the great work of the rangers. I have a really big program in my electorate. Thank you very much for the great work you do each and every day. Minister, with reference to DES's SDS page 3 can you please elaborate on the government's commitment in the budget towards South-East Queensland's wildlife hospital network and how it will benefit local wildlife and jobs?

Ms SCANLON: Of course, we are very passionate about our wildlife hospitals here in South-East Queensland. We know they do an incredible job particularly in protecting koalas, which I know are loved by so many people. In fact, the South-East Queensland corner has the largest population of koalas in the state, so it is really important that we do protect them. Of course, under our new regulations that we introduced in February, we are doing more to protect those species. Unfortunately, a number of koalas still do make it to our wildlife hospitals. Those volunteers and staff at our wildlife hospitals do an amazing job at making sure they protect those animals that do come into their care and they look after orphaned animals as well.

To support the function of those hospitals, the South-East Queensland wildlife hospital network was established to support greater care, capacity and coordination of all native wildlife, and rescue and care operations. Just to be clear, that network is made up of the Currumbin Wildlife Hospital, RSPCA Queensland, Australia Zoo Wildlife Hospital and Moggill Koala Rehabilitation Centre. Each of these facilities works closely with local wildlife rescue and care volunteers and community groups in their area. The Queensland government also supports RSPCA Queensland to provide their wildlife hotline, which receives and responds to all calls about native animals in need of care and forwards these call calls to wildlife rescuers in the local area.

The network plays a really vital role in coordinating their approach, allowing each facility to play its unique role using its individual strengths and to share workloads during times of peak demand. Each year the Queensland government provides the network grants of \$1.5 million, and the Palaszczuk government has invested more than \$7.5 million as part of the annual contribution to the South-East Queensland hospital network since it was established in 2016. This funding is playing an important role in the ongoing operation of each of those facilities. That funding will continue with a commitment to provide, as I said, that \$1.5 million over the next four years. We have also committed additional one-off funding of \$1.5 million to support equipment purchases and upgrades at each of those hospitals.

We also acknowledge it has been a tough time to fundraise at the moment, so it is important that we help them where we can to do the really important work. I look forward to visiting those facilities. I know they have been very appreciative of the additional funding. We know there will always be more to do in this space. We will continue to work with them. I want to place on the record my appreciation for all of the work that a lot of the volunteers and the staff at those facilities do to look out for animals across this state and to make sure they are cared for when they are injured or orphaned.

CHAIR: We will move to the member for Pumicestone for the final question and then we will wrap up. I think there is still a question on notice. We will try to truncate it.

Ms KING: Minister, with reference to page 10 of the SDS, could you please update the committee on how increases in expenditure for the Indigenous Land and Sea Ranger Program are creating more jobs for our First Nations communities?

Ms SCANLON: I thank the member for the question. I am very proud to be a part of a government that is investing significantly in this space. I want to place on the record my acknowledgement of the former minister for the environment, the Hon. Leeanne Enoch, who I know as a proud Quandamooka woman was a very strong advocate for increased funding in this space. We have seen the resounding success of our Indigenous Land and Sea Ranger Program since it first started. Through the program, the government partners with First Nations communities to care for land and sea country, provide jobs and training, and engage future generations. The work of these groups is to conserve Queensland's

important ecosystems and the cultural heritage on country in locations stretching from Cape York to the Bunya Mountains.

Our Queensland land and sea ranger program currently assists Aboriginal and Torres Strait Islander organisations with grants so that right now we employ over 100 Indigenous land and sea rangers across 24 of Queensland's regional and remote communities. The Palaszczuk government is doubling the number of rangers from 100 to 200, boosting investment in this program by \$24 million over three years. These new ranger programs will provide full-time, highly skilled jobs where they matter most, in regional and remote Queensland communities. They will deliver multiple benefits and represent outstanding value for money. Drawing upon a powerful mix of cultural knowledge and specialised conservation training, Indigenous rangers will care for cultural and natural values of country.

Of course, the rangers will be directly employed by those First Nations organisations to deliver on locally determined priorities in caring of country and culture. Rangers will help to protect those important obligations and transfer knowledge across multiple generations. Of course, the program also supports our QPWS ranger workforce and the investment we are making in our protected area estate. As I said, we are very proud of this particular program. I look forward to announcing the first stage of those additional ranger positions very soon.

CHAIR: Thank you, Minister. It being 4.10, do you want to respond to the question on notice about stakeholders and/or wrap-up this session?

Mr O'CONNOR: Can we ask some more questions?

Ms SCANLON: If I can just answer that question, Chair?

CHAIR: Yes. The 4.15 break is four minutes away. I am allowing the minister to respond to a question on notice.

Ms SCANLON: What the member was asking for is quite comprehensive, so the team is still working on that. We will endeavour to have it at the end of this session, but we do not have right at this moment.

CHAIR: That is fine.

Ms SCANLON: I am happy to take another couple of questions.

Mr O'CONNOR: Director-General, it is my understanding that the energy-from-waste guidelines were meant to be released at the end of 2020. Have they been released? If not, why the delay?

Mr Merrick: In June 2020 the government released the Energy from Waste Policy. The Energy from Waste Policy signals the government's preferences and policy intentions concerning the future environmental management of energy-from-waste facilities in Queensland. The policy indicates a preference for industries that produce high-value commodities such as solid and liquid fuels from residual waste over electricity and heat. That aligns with the Queensland government's biofutures agenda. The department is currently finalising a supporting guideline to provide energy-from-waste proponents with guidance on how to apply the waste policy in the Queensland context. The department has also been developing several case studies—from Queensland, Australia and internationally—that demonstrate how the Energy from Waste Policy outcomes can be achieved in practice. We anticipate releasing the guideline in the very near future.

Mr O'CONNOR: Following on from my attempt to get a simple answer on Queensland's carbon emissions, is 164.5 million tonnes a larger amount than 162.7 million tonnes?

Ms SCANLON: I think it is a pretty self-explanatory question.

Mr O'CONNOR: So they have increased, because that was the amount in 2019 versus 2015?

Ms SCANLON: The data is really clearly online. I understand that you do not like me answering the question and giving the context—

Mr O'CONNOR: I think it is the other way around.

Ms SCANLON:—of why emissions have changed as a consequence of LNP policies which drove up emissions in this state.

Mr MOLHOEK: It's still Campbell's fault, apparently.

CHAIR: You have asked the question. Let the minister respond.

Ms SCANLON: We have just developed a climate action plan. A group of ministers are focusing in this area. Frankly, member, your leader had the opportunity yesterday to commit to targets but he did not.

Mr MOLHOEK: Another study. Another review. Another report.

CHAIR: Order!

Mr O'CONNOR: You are in your third term, Minister.


CHAIR: Order, member for Bonney! Minister, did you want to wrap up this session before we move to a break?

Ms SCANLON: Thank you very much for the opportunity to answer your questions and brief the committee on the work we are doing. Obviously we are very proud today to announce the Climate Action Plan. We acknowledge that there is more to do. That is why we have set up this very dedicated group of ministers: to make sure we are taking the opportunities that we think Queensland has in terms of turbocharging the work we are doing in renewable energy, looking at more opportunities in the land restoration area as well as making sure we are looking at our own emissions as a government by putting solar on school rooftops, at hospitals and in a range of other areas where we think there is enormous opportunity.

Obviously we have the most biodiversity of any state and we are very proud to continue to protect that. We know that we have a huge responsibility as a government to make sure we conserve not only those World Heritage listed icons but also the important habitat and species that rely on governments speaking out where they cannot. I thank the committee for the opportunity to talk about the work we have been doing.

CHAIR: Thank you. We will now adjourn for a break and resume at 4.30. Members on my left, go and have whatever you need—sugar, fruit, coffee—and come back. What I will not tolerate is ongoing interruption when the minister is answering a question.

Proceedings suspended from 4.15 pm to 4.29 pm.

 **CHAIR:** Welcome back, Minister and officials. The committee will now examine the proposed expenditure for the portfolio areas of science and youth affairs. Minister, if you wish, you may make an opening statement and then we will move to questions.

Ms SCANLON: Queenslanders backed this government at the last election to deliver a plan for economic recovery from COVID-19 and they made their voices very clear that they wanted a government that makes sure young people have the opportunity they need for a good education, a stable job and access to vital services. As part of this budget the Palaszczuk government is focused on ensuring young people can achieve those goals and that they are a key pillar of Queensland's economic recovery plan. This budget ensures that from the moment a young child enters school they are supported with close to \$1.9 billion to deliver new schools as well as new halls, classrooms and facilities. That will be joined by another \$320 million for the popular Skilling Queenslanders for Work program that I had the privilege of attending only recently in my electorate in Nerang where many young Queenslanders have already gotten a job from doing that program and are doing amazing work. It will also be complemented by our \$140 million injection for the revitalised Back to Work program. We will also see free TAFE and apprenticeships for under-25-year-olds continue under this government alongside our \$100 million investment for vital TAFE infrastructure.

This budget goes beyond equipping our young people with the skills they need. As youth affairs minister, young people have told me that one of the biggest issues for them continues to be housing affordability. Young Queenslanders and Queenslanders as a whole will see \$2.9 billion committed as part of our plan to build more affordable housing. It is hard to finish your studies or hold down a job if you do not have a safe, secure home, which is why this funding is so important, and I look forward to this record investment benefiting many thousands of young Queenslanders moving forward because we know that Queensland's economic recovery will be driven by young Queenslanders. That is why our government is backing them with record investment to make sure they have the access they need to a good education, skills, housing and vital services.

It is also a budget that focuses on science. As Minister for Science, I am extremely proud of our scientists and health experts who have continued to steer Queensland through a global pandemic. During uncertain times we look to experts, the science and scientific research—decisions that have allowed us to kick-start an economic recovery focused on jobs. We continue to look to leading scientific and medical figures like the Chief Health Officer to guide our COVID-19 health response so we can focus on Queensland's economic recovery. In this budget we will see Queensland's scientific capacity bolstered with a further \$7.7 million over three years for research into disaster management, water quality modelling and sediment management. This is the science that underpins our work on the reef, our response to natural disasters and the work of government agencies. We have seen the benefits of

Queensland science endeavours. This almost \$8 million in additional funding will support 300-plus scientists who work tirelessly in the pursuit of scientific excellence, because this is a government that backs the science, backs the jobs and backs Queenslanders.

CHAIR: In terms of the remaining time—45 minutes—we will try and divide it. We will start with non-government questions.

Mr MOLHOEK: Minister, the Youth Foyer is finally completed after an 18-month delay. I know it is not directly within your portfolio, but as a Gold Coast MP and minister for youth who has been listed on many occasions in media reports I was wondering if you could run through the model and if you have any concerns around the staffing and the resources to be provided?

Ms SCANLON: I am very proud to be a part of a government that is delivering a Gold Coast Youth Foyer, which is one of many Youth Foyers that we are delivering across the state for vulnerable and at-risk young people—40 apartments. I am not the minister responsible for this particular area, but from memory we have asked the Gold Coast youth homelessness network to manage that particular site. I have no doubt it will do an incredible job because it does amazing work on the Gold Coast already helping vulnerable young people. As I just outlined though, we are investing \$2.9 billion. That is the biggest investment I think we have ever had in Queensland in terms of investment in public housing and affordable housing, so we will continue to see more and more rolled out across this state.

That, frankly, is in stark contrast to the Newman government, of which you were a member, which cut a lot of funding to these really important services, so I think it is an interesting line of questioning given the track record of yourself, member, when you were in government. We want to make sure that we continue to help vulnerable young people. We did that through COVID-19 and will continue to do that now.

Mr MOLHOEK: Minister, I might just remind you that it was actually the Newman government that delivered the first Youth Foyer in Queensland as the pilot. The issue I wanted to raise with you, Minister, is that there have been some reports that the department is having trouble sourcing the wraparound services necessary to support this service and that it may end up being just an accommodation facility. What will your government do to ensure there is sufficient support and wraparound services for these high-needs young people?

Ms SCANLON: I will continue to advocate for all services on the Gold Coast to ensure they get the support that they need. I am certainly not aware of that particular information as it does not relate particularly to my portfolio, but obviously I have a good relationship with the Minister for Housing. We are working together on a homelessness policy, so I will certainly make sure that I follow up to see the status of that great new building—a 40-unit building. As I said, to suggest that we are not investing in this space significantly is—

Mr MOLHOEK: I raise a point of order. I did not actually suggest that you were not investing in it; I was raising questions and concerns about the level of service that would be provided to the young people living in the facility.

Ms SCANLON: Absolutely, and we are a government that is proud of our delivery in services, unlike the Newman government, which cut many of those services like the Nerang Neighbourhood Centre in my electorate that provides support to young Queenslanders and young Gold Coasters. That received a cut. We will continue to significantly invest. In fact, we have increased funding to a range of those services. I am happy to follow up on that particular area, but I think our track record is pretty clear.

Mr O'CONNOR: Director-General, a *Health of Queensland science and innovation* report has been released in 2013, 2014 and 2016. Given it has been five years since the last report, when can we expect an update in the near future?

Mr Merrick: I might just, with the minister's permission, invite the deputy director-general of science and technology to respond to your question.

Dr Jacobs: I will just check, but I am pretty sure we have released a further report through the Office of the Queensland Chief Scientist, so could I just check if that is all right through the minister?

Ms SCANLON: Yes, we will come back before the end.

Mr O'CONNOR: I have a follow-up to either the director-general or the deputy director-general, whoever can answer best. There has been a lot of recent reporting around a STEM teacher shortage, which the Minister for Education has also confirmed, as well as the recommendations in that last report that I could find online. Do you think it would be prudent to do an update, depending on when the most recent one was?

Mr Merrick: With respect to seeking an opinion, I would say obviously STEM education principally lies within the portfolio of the Department of Education. That being said, the Chief Scientist runs a number of programs such as Engaging Queenslanders in Science which are all about engendering a passion for science and supporting greater citizen involvement in science, but we will come back to the member in terms of that particular report that you are referring to.

Mr O'CONNOR: Director-General, to expand on that, what role does the Chief Scientist and the department more generally have in increasing the number of STEM qualified Queenslanders, particularly teachers, and are there any targets that you set broadly as the department of science?

Mr Merrick: We do not set specific targets for other agencies. As I mentioned, the Office of the Queensland Chief Scientist has offered Engaging Science Grants for community engagement events and activities from 2016 to 2019 and Citizen Science Grants designed to support scientist community groups and individuals to conduct or participate in Citizen Science projects in 2019-20. Indeed, I know that, despite the obvious restrictions that COVID has imposed in terms of Citizen Science, over 35,000 Queenslanders have participated in our Citizen Science programs over the last two years and the Chief Scientist does a tremendous amount of work through events and through appearances across the state to encourage, particularly young people but a broad range of people, to become involved in science and share the wonder of science.

Mr O'CONNOR: The Queensland Citizen Science strategy is now over five years old. I think 2016 was the most recent that I could find. The document itself says that it is intended to be an evolving strategy and is expected to change over time. Is there a plan to provide an updated strategy?

Mr Merrick: I might invite, with the minister's permission, the deputy director-general to answer.

Dr Jacobs: A charter letter commitment of the minister is to revise the Engaging Queenslanders in Science strategy. Under that strategy sit the citizen science program and the Engaging Science Grants program. The review of that strategy, which is under the auspice of the Advance Queensland strategy, is underway.

Mr O'CONNOR: Director-General or Deputy Director-General, the most recent review found that only three per cent of respondents in Queensland knew what the term 'citizen science' meant. What work has the department done in those three years to change this, including any directions that you have received from the minister to try to increase that awareness?

CHAIR: Member for Bonney, you can only direct questions to the director-general or the minister.

Mr O'CONNOR: Director-General, do you want me to repeat the question?

Mr Merrick: I am happy to respond. Over the last two years we have provided \$1.2 million in funding to support 43 citizen science groups to engage in activities. Those projects span right the way across the state. I have a very extensive list of projects. As I said, over 35,000 Queenslanders have been involved in those. I am happy, after the session, to provide further detail to the member if the minister is comfortable with that.

Mr O'CONNOR: Thank you. Director-General, what is the most recent figure of STEM authority subject enrolments? In the most recent report I could find, it had a 23 per cent drop between 2003 and 2015. Are we able to get the most recent figure of STEM authority enrolments in Queensland?

CHAIR: That might be best left for the education minister.

Mr O'CONNOR: It was tracked by the department previously. I am wondering if there is an update.

Ms PEASE: This is the Health and Environment Committee, Chair, not the Education, Employment and Training Committee.

Mr Merrick: I think for accuracy it is best that that question is directed to the education department, not the department of science.

CHAIR: I absolutely agree. Next question, please.

Mr O'CONNOR: I understand. The Queensland Science and Research Priorities website states that a new set of priorities is being developed. It was last updated in mid-2018. When can we expect these new priorities to be completed and released?

Mr Merrick: The Queensland Chief Scientist is engaging extensively across government. He is, of course, relatively new. I think we are blessed to have Professor Hugh Possingham in the role. He is a genuinely world-renowned scientist in the world's top one per cent of highly cited scientists, an ARC Laureate Fellow and one of only 400 non-Americans to be a Foreign Associate of the US National Academy of Sciences. We are blessed that Professor Possingham is with us. He is currently engaging widely, and that will inform a review that he is doing of those science priorities.

Mr O'CONNOR: There are no specifics on when we think that will be completed? Has there been a time frame given to the Chief Scientist?

Ms PEASE: Point of order: I think the director-general has answered that question. It is just repetitive and tedious. I refer to standing order 236.

Mr O'CONNOR: We are talking about science. It requires detail.

Ms PEASE: Also may I point out that argumentative questioning and talking over the top of people and irrelevant and flippant questioning is also not appropriate.

CHAIR: Member for Bonney, perhaps move to another question in the five minutes remaining.

Mr O'CONNOR: Minister, two of the biggest issues you rightly identified in your opening for young people are housing affordability and unemployment. How have you engaged young people to deal with these issues specifically?

Ms SCANLON: We have been hosting a number of speak-out sessions across the state, and it is my intention to do those in the whole of Queensland to ensure that all young Queenslanders have a voice when it comes to the decisions that the Queensland government is making. Housing affordability is a significant issue. We are seeing a lot of net interstate migration to this state, which is wonderful in that it is a consequence of us having a really strong health response and people wanting to move to Queensland, but we know that it is putting pressure on affordability of housing. The Deputy Premier has the Growth Areas Team. Our department is working on that with them. We have announced \$2.9 billion in the housing space. There are things the federal government, frankly, could do as well. We have been advocating to the relevant ministers where we think they need to know the views of young Queenslanders on this.

We have also heard from a number of young Queenslanders that their concerns are around consent, which we know has been a big issue nationally, and access to mental health services. We are continuing to invest in our healthcare system, and on the Gold Coast we are building a new mental health foyer. Any representations that are made to me throughout the state by young Queenslanders I make sure I pass on to those relevant ministers. We are working cooperatively together around finding solutions to address problems that young people are raising. We will continue to do that.

I think it is really important that young people have a voice in parliament. It is one of the reasons the Premier put me in this position, as a young Queenslanders myself: to make sure we really are listening to the next generation. We do that through schools and through speak-out sessions, and we will be doing a number of other sessions specific to the areas young people have raised. We will be talking to them about our Climate Action Plan. You asked previously about consultation that we will be delivering there. That is one area that I know many young Queenslanders are incredibly passionate about. We will be hosting a session to explain the measures the Queensland government is taking right now but also those key areas that we said we are going to focus on.

Mr ANDREW: You spoke about young people and speak-outs. How many people in the bush, people who own farms and cattle properties, have you addressed and heard of the hopelessness they find with succession planning going into the new era that we are going into where their families are downtrodden in some ways?

Ms SCANLON: One of the reasons we are travelling across the state is so we get a broad set of views from all young people. I absolutely acknowledge that the views of people on the Gold Coast will be very different to the views of people in Central Queensland. I prioritised the three sessions in Far North Queensland, Brisbane and Central Queensland, and naturally you can understand that we had a bit of a difference in some views. Some things were very common amongst all of them.

From memory, at the Central Queensland one I did speak to a young woman whose parents are farmers. She was talking to me about some of the challenges her family is encountering. I can assure you that we are listening to everyone. I encourage all members to reach out to young members of their electorates and get them to come along to these sessions, because we do want to hear what they have to say. I know that a number of members are doing their own youth panels. We have the YMCA youth program that the Department of Environment and Science also funds. That ensures we have a good cross-section of young people from across the state who come to parliament and act in those roles. We are doing what we can. We will continue to do more and encourage you to make sure those young people's voices are heard at those sessions.

Mr ANDREW: It is very important to pass that on and take up those roles in those communities. With reference to page 2 of the SDS, Director-General or Minister, have there been any fertility control programs, studies or trials carried out on flora and fauna populations in Queensland and how much funding have we put towards that?

CHAIR: That may be better asked of the agriculture minister.

Mr ANDREW: I think they are trying to spray something in the air to stop pigs from breeding. There is talk about it, but I cannot find it anywhere in the government documents.

Mr Merrick: I would think it is highly likely that in Queensland universities there is research going on of the type you said. I think perhaps one thing we might be able to do is work offline with you. There is a science capability offline, and we may be able to hook you up with the work that is going on. Yesterday in the media there was an announcement of major work around mosquitoes to reduce malaria, for example, that involves gene editing. There is extensive work that goes on. The Department of Environment and Science is not funding that work.

Mr ANDREW: Do you have anything to do with cattle cloning?

Mr Merrick: I do not believe the Department of Environment and Science is funding any work on cattle cloning.

Mr BERKMAN: I have a question about the Statewide Landcover and Trees Study or SLATS. The results of SLATS have not been published since the publication of the 2017-18 data. Director-General, why has no SLATS report been published since that 2018 data and when can we expect to see a new SLATS report?

Mr Merrick: In terms of the work that the department has been doing around SLATS, over the last few years we have invested in a major upgrade in terms of the capability of the SLATS program. Key enhancements include the development of new and robust methodologies to produce a detailed map of Queensland's woody vegetation extent to be used as a baseline for ongoing monitoring and reporting; a transition from medium resolution Landsat imagery, which was the historic imagery that we used, to much higher resolution Sentinel-2 satellite imagery for the monitoring and reporting of woody vegetation clearing; the development of new approaches for monitoring and mapping woody vegetation regrowth, age and canopy density using the extensive LANDSAT archive and Sentinel-2 satellite imagery; and the development of a vegetation condition assessment and mapping framework to map and monitor the biocondition of Queensland's terrestrial ecosystems.

The 2018-19 SLATS reporting, which includes woody vegetation clearing analysis enhancements, was planned for earlier this year. A considerable amount of work is ongoing. The new methodologies are currently going through peer review. Once that peer review has been finalised we will endeavour to release the new version of SLATS. As I say, it is a very significant step on from historically what you will have seen through the SLATS reporting. The government has committed a further \$9.5 million over the next four years to developing the ongoing suite of enhancements.

I would say that the new tools will also be very useful not just for monitoring around the Vegetation Management Act but also for proactively understanding opportunities both at a Queensland wide scale and also on an individual property level scale—opportunities around things such as restoration and carbon farming. We are already in active engagement with the Clean Energy Regulator about them using our methodologies to explore those new opportunities in areas such as carbon farming.

CHAIR: Member for Mirani, I know you have a follow-up question and we might get that in, but the member for Maiwar has a supplementary.

Mr BERKMAN: There are very impressive developments in the methodology and what is going on with SLATS. Given the pause in the release of data, what can you tell us generally about the trends that that data is showing? Are we seeing an increase in clearing rates since the 2018 data, a decrease or is it neutral? What does it look like?

Mr Merrick: I have not actually seen the findings whilst it is going through peer review because obviously that peer review will be very much testing and verifying the figures that are coming out of the new methodologies. I think there is also broader work going on to benchmark the new methodologies versus the old. I am not in a position to give data, I am afraid, at this stage because I have not seen the report.

Mr ANDREW: In 2014, the regrowth component of SLATS was left out. Will we be seeing the regrowth component reincorporated in the next release?

Mr Merrick: I think we have developed a full range of enhanced methodologies around SLATS and it will be a far more comprehensive report in terms of what is released, including regrowth analysis.

CHAIR: We will move to government questions. Minister, in reference to the budget, can you update the committee on crocodile management in Queensland and any recent scientific research?

Ms SCANLON: I am able to advise today of the release of the most comprehensive crocodile population monitoring program to be carried out in Queensland in more than a decade. That is being led by Dr Matt Brien. The three-year Queensland estuarine crocodile monitoring program involved extensive spotlight and helicopter surveys of river systems. I acknowledge the extensive work of all the staff involved in that process.

Our highly trained team surveyed rivers in Cape York and the Gulf and as far south as Maryborough on the east coast. The survey shows crocodile populations in Queensland continue to recover after the reptiles were almost hunted to extinction before being protected in the 1970s. It is a sign of our wildlife conservation in Queensland working. The average rate of population growth for the species across its range is 2.2 per cent per year. It shows only 20 per cent of the crocodile population was found south of Cooktown, with no crocodiles detected south of the Fitzroy River at Rockhampton. The survey showed the spatial distribution of crocodiles in Queensland has not changed and there is no evidence of any southward expansion of its range. Due to the limited amount of suitable nesting habitat, the Queensland crocodile population is not expected to reach the size or density of the Northern Territory crocodile population.

Although crocodile numbers have increased along Queensland's east coast, the survey showed the average size has decreased. This is a likely consequence of the Queensland government's crocodile management program where crocodiles assessed as posing a threat to public safety are removed from the wild, with more than 450 crocodiles having been removed from 2004 to 2019. It is why it is vital we continue to support this program and make sure human safety remains a priority. I am pleased to advise the member that, as part of this budget, the Palaszczuk government is making its CrocWise program permanent and will invest an initial \$12 million over the next four years for the ongoing management of crocodile populations. That funding is able to be delivered because of the continued rollout of our economic recovery plan. Since 2012, we have ramped up annual funding for crocodile management to the point where it is now almost eight times the amount invested under the Newman government.

Our Chief Scientist will now review the data and what it means for our communities. The review will involve looking at how wildlife officers and scientists can respond to population trends, improve the management program and bolster public safety through ongoing education programs. It might mean we need to target our CrocWise program to more places such as beaches and watering holes where people might never have seen crocodiles before. We have wildlife officers on the ground who remove problem crocodiles and this survey will allow rangers to now look at how they can build on that expertise. Obviously, though, it remains crucial for people to continue to be vigilant when in croc country, whether it is following the signage, reporting crocodiles, staying away from croc traps and fishing safely. I am very proud to be able to make this program permanent and provide more funding so that human life remains a priority and that crocodiles can remain a part of our native ecosystem.

Ms PEASE: Minister, looking at SDS page 2, can you please advise how this budget continues to harness Queensland's scientific excellence through support for research?

Ms SCANLON: Queensland is home to some of our country's most pre-eminent scientists and has a proud record of groundbreaking research. In particular, the past 18 months have shown us how critical science and research is in keeping our community safe and healthy. In conjunction with the Office of the Queensland Chief Scientist, my department has stewardship of Queensland's science sector, including the development of strategy, the promotion of collaboration and impact, and the engagement of Queenslanders in science.

The department works to enhance the state's research capability and implements a range of projects to increase collaboration in key industries. This is often done in partnership with other government departments and agencies, such as the CSIRO. The department assists the research sector and partner agencies to drive the commercialisation of research, delivering jobs and investment into Queensland, to enhance collaboration between universities and industry, to identify Queensland skills needs and support initiatives in new skills, and to deliver insights into knowledge industries that have commercial advantage for Queensland.

The development of new and existing industries in Queensland is supported by a range of areas across our government. Our role is to work across those areas to maximise the contribution of the state's science sector to industry development and the attraction of companies and talent. Some important recent focuses have been on biomedical, biomanufacturing and defence industry development, recognising that science is a significant driver of new opportunities in those industries. For example, I recently launched the Queensland Defence Science Alliance, which I think some

members of the committee were at. The QDSA is a university-led initiative that works across researchers and industry in Queensland to help address the current and future complex challenges facing the Australian Defence Force.

Additionally, the department is supporting building a biomanufacturing industry in Queensland, which includes the manufacturing of vaccines, through new partnerships between business and research institutes. In late August 2021, a significant bioeconomy forum will be run by the industry association Life Sciences Queensland, with support from my department, which will zero in on these opportunities.

We should be producing vaccines in Queensland, and we are working across government to make sure this happens. I am extremely proud of the work the government does to support our scientists, and I also acknowledge how difficult this year has been, particularly for universities and our research sector. International collaboration is at the heart of so many important projects, and our universities have experienced significant hardship through necessary closure of international borders. That has been exacerbated by the incomprehensible decision by the federal government to exclude our public universities from getting JobKeeper. We will keep supporting our scientists in universities and the important work they do for Queensland because we know that a strong research sector is good for all of us.

CHAIR: We heard in this morning's session from QIMR and their collaboration with local universities in Queensland.

Ms KING: Minister, with regard to page 9 of the SDS, could you please update the committee on how the Palaszczuk government continues to engage young people in Queensland?

Ms SCANLON: I am incredibly proud to be the Minister for Youth Affairs. While I am slightly out of the age bracket now, bringing some recent lived experience to what it has been like being a young person in Queensland is helpful to our state. I want to note that the member has a youth panel in her electorate, and I acknowledge the great work that is happening across the state from parliamentarians listening to the next generation. We know that young people are more engaged and passionate about the things that are going on in our world than ever. It is important to me that they have a real and genuine say about the issues that are important to their future, and it is a priority for me that I can provide honest and informed feedback to my colleagues about the policies that young people want. I touched on some of those areas earlier.

That is why we have launched more direct engagement with young Queenslanders. The Speak Out series launched during Queensland Youth Week in 2021 provided a fresh approach to youth engagement, bringing young people to the table to help shape government business. I wanted to make sure it was young people leading those discussions. That is why the sessions are facilitated by young people, ensuring the conversations are current and relatable.

We held the first three sessions in the series earlier in the year in Mossman, Cairns, Rockhampton and Brisbane and have more planned for areas including the Gold Coast, Sunshine Coast, Mount Isa, Mackay, Townsville and Wide Bay, with more to be added to that as well. Young people spoke with passion about the challenges they face across multiple areas—from things like access to appropriate mental health support, education and housing affordability to their concerns around the environment, consent and, more broadly, the way governments engage young people. They want to see greater engagement across the board, more accessible mental health services and wraparound supports which maintain confidentiality, particularly in regional and remote locations—something which I know is a key focus for our government.

They also wanted better education on the environment and more concrete action at all levels of government to drive real, measurable change. As part of the Climate Action Plan that I launched today, I will be convening a forum to speak directly to young people across those sectors passionate about opportunities for acting on climate change.

They also advocated strongly for more open and meaningful discussion around consent, frustrated that current societal taboos make it hard to have the conversations that are needed, and it is something I am passionate about as well. Through the work being undertaken by the education minister and the assistant education minister, we are hoping to address that meaningfully.

The outcomes from each of those Speak Out events are being captured and shared across government and with relevant ministers to promote youth voices to help support and to shape important policy that hears from young people and makes sure those programs are geared towards the next generation. It has been invaluable to hear directly from those young Queenslanders and it is something we will continue going forward.

CHAIR: I will pull up our questions for a minute and ask if there is a brief supplementary from the opposition.

Mr O'CONNOR: Director-General, the answer to prehearing question on notice No. 17 shows that, of the \$500 million committed four years ago to the Land Restoration Fund, just \$2.7 million has actually been spent to date. When does the department expect to expend the full \$500 million?

Ms SCANLON: Chair, respectfully, this related to the previous session. We are now dealing with science and youth.

CHAIR: That is right.

Mr O'CONNOR: We just had crocs before—

CHAIR: Member for Bonney, I was trying to be nice and give you a supplementary question. As per the motion moved in the House, you need to stick to the questions for this session. Please, do you have one brief question? Otherwise I will finish with government questions.

Mr O'CONNOR: With respect, Chair, we had SLATS questions, we just had your questions on crocs and we had the minister mention reef science, housing and unemployment. It is a fair question. The full appropriation is up for debate here.

Ms SCANLON: Chair, the crocodile reporting is a scientific survey that has been currently analysed by the Chief Scientist; that is why we were talking about it in this session.

Mr MOLHOEK: And SLATS?

CHAIR: We have four minutes left for questioning. I was being gracious in allowing something from the left and opposition. Do you have anything?

Mr O'CONNOR: That is fine, Chair, if I cannot ask that one.

Ms PEASE: Minister, with regard to SDS page 2, can you please advise how this budget will invest in science, specifically the government's science platform?

Ms SCANLON: The government is proud to position Queensland for a digital future and to be recognised as a leader in developing tools to put science in people's hands. We think that to make good decisions we also need to access the best available science which provides the evidence for government to make informed decisions. That is why we are investing in the government science platform. Through increased funding of \$7.7 million over three years, this government has strengthened our scientific capacity and provided the support that we will depend on to cope with and build future resilience to manage natural disasters such as bushfires, cyclones and droughts. The government science platform is also critical to enable the Queensland government to address complex environmental challenges and their impacts on people, assets and the economy. This includes performing modelling that underpins information on climate change, protecting the Great Barrier Reef and planning for essential water supply infrastructure in our regions.

The digital platform harnesses new technologies and machine learning to generate new insights and unlock further value from our monitoring networks. It will process and store high-resolution satellite images and reduce the time required to perform groundwater models from months to days, reducing costs and driving efficiencies. Through this investment we have also increased the access to our significant biodiversity species data, not just to Queensland but also to the world, opening up opportunities for collaborations with scientific communities and further enhancing the reputation of this government to protect our precious ecosystems for future generations. Already over 150,000 rare and threatened physical specimens have been digitised, providing a permanent digital copy of our flora collection.

Queensland and the southern states experienced a devastating summer of bushfires last year. Learnings from the royal commission into natural disaster arrangements pointed to the need for data to be shared between states and the Commonwealth. Through our science platform, we are investing in the smarter technologies that improve our capacity during those natural disasters, enabling the government to make timely and informed decisions that protect Queenslanders and to implement the important recommendations from the royal commission. This is an investment that will benefit all Queenslanders, improving resilience, supporting our environment and democratising science for everyone.

Ms KING: Minister, with regard to page 1 of the SDS, could you please update the committee on how the Palaszczuk government continues to support science research through grants?

Ms SCANLON: Queensland is no stranger to scientific excellence, whether that be through our dedicated team of government scientists, the thousands of researchers and scientists in our universities, businesses and industries, or everyday Queenslanders who are putting their hand up in the pursuit of science. In fact, I recently had the pleasure of acknowledging some of Queensland's women in STEM who are leading the way in their fields of expertise and breaking barriers. We know it is our women in STEM, like the Chief Health Officer, who have helped lead Queensland's response to COVID-19.

I had the pleasure of meeting the co-founders of STEM Punks: Fiona Holmstrom, who is passionate about ensuring equality in the education system for girls in STEM; Kate Kingston, who has been a key part of improving soil health for wine growers by adding biochar; and Sally McPhee, who has played a fundamental role in providing STEM pathways, leadership and engagement opportunities for school students.

It is great to see these women helping to make science so much more accessible. As a government we are also committed to increasing public participation in science research. It is great to see so many of our recent Citizen Science Grants already up and running. To date almost \$1.2 million has been locked in to support 43 projects, from surveying the reef to identifying native wildlife, monitoring air quality, turtle care and tackling beach litter. Right up and down the Sunshine State, thousands of Queenslanders are putting their hands up to protect our environment.

We have also seen the sea flowers project receive \$29,000 to involve local people, volunteer organisations and apprenticeship schemes to become involved in the non-destructive collection of seagrass flowers from intertidal grass banks within Gladstone, Bundaberg and the Sunshine Coast. There is the Biodiversity BioQuest of urban rainforest interface in Far North Queensland where a grant of over \$28,000 is involving the engagement and education of residents living adjacent to the rainforest edge, as well as any other interested Cairns residents, followed by three months of focused biodiversity data collection by the residents using the QuestaGame app. There is also Platypus Watch and DNA in the Dawson River where a \$26,000 grant is helping community surveys and DNA sampling to document platypus populations in Western Queensland.

I recently met with one of the recipients Dr Janet Davies and her team who are researching pollen in Queensland and the impacts on allergies and asthma attacks. With nearly 20 per cent of Australians suffering from hayfever it is incredibly important work that they are doing. The Palaszczuk government is supporting her work with \$30,000 to help fund a citizen science project that is providing valuable information for her research.

I look forward very soon to meeting with the team from SCF's citizen science recreational fishing program, which we hoped to visit when we were on the Sunshine Coast but we had to turn around due to some of the COVID restrictions. Dean and his team are using smartphone technology and working with recreational fishers to collect valuable data on our marine wildlife. We provided them with \$29,000 to develop the app which is expected to provide data on an additional 60,000 fish per year.

These grants, together with grants in waste, nature and the reef, play a valuable role as part of our record \$1.4 billion investment in the environment. Not only are our grants encouraging Queenslanders to help protect our environment, they are also creating jobs. I look forward to seeing their contributions help scientists across our state develop the information, skills and technology we need to drive our state further.

CHAIR: That concludes questions. We do have a question on notice, if you wanted to tackle that.

Ms SCANLON: The director-general has one point of clarify which I might let him lead with and then I will answer the other question.

Mr Merrick: This relates to the question from the member for Bonney about the report titled *Health of Queensland science and innovation*. You mentioned the 2019 report not being on the web. It is on the web. It is called *Heartbeat of Queensland science*. It is the continuation of the data sets. The 2021 report is now being drafted. What I can report is that between 2015 and 2019, in terms of the *Heartbeat of Queensland science* report, year 12 enrolments in STEM subjects—biology, chemistry, physics, maths B and maths C—all increased.

Ms SCANLON: In relation to the question from the member for Bonney, I can advise that consultation and development of our climate action plan and initiatives involved in that involved 50 meetings with key stakeholders, 60 meetings to support the Queensland climate opportunities and risks analysis and 41 workshops or events, including with the Queensland Climate Advisory Council and a ministers environment round table—that is not including Climate Week 2019 events or climate change events which engaged 1,000 Queenslanders on climate change.

We also continue to do consultation. In fact, the climate action plan website provides all Queenslanders with an opportunity to have their say on shaping the future of climate action in Queensland. The survey can be found on the website through the e-hub. As I said previously, I plan on holding round tables, particularly with young people, on key areas we have outlined on the website around opportunities for the future—areas like transport, resources, agriculture and energy. We also have our Queensland Climate Advisory Council that we meet with regularly. There is substantial consultation when it comes to climate initiatives. It is a living document. We absolutely want to make sure we keep engaging with Queenslanders about the opportunities that acting on climate change presents to Queensland.

CHAIR: Thank you very much, Minister. Do you have any closing remarks?

Ms SCANLON: Chair, I want to thank you, committee members and those MPs who visited today for showing an interest in the environment, Great Barrier Reef, science and youth affairs portfolio. It is an exciting portfolio and one with a great story to tell. This is my second estimates hearing, and both times I have seen firsthand the extensive work that goes into the process and the process of creating the budget.

I would like to acknowledge the many people in the Department of Environment and Science who have contributed to today's proceedings. I want to thank Director-General Jamie Merrick, deputy directors-general Karen Hussey, Rob Lawrence, Ben Klaassen, Mark Jacobs and Susan Chrisp, as well as Elisa Nichols, Brad Lang, Gordon Guymier, Alena Tracey, Mike Kirton, Trinity Lowe, Kerrie Clarke and all staff who have helped prepare information for the hearing. I apologise if I have missed someone. With tomorrow being World Ranger Day, I would also like to especially thank all of our rangers across the state who do an incredible job in protecting and looking after our natural areas.

I would also like to acknowledge you, Chair, as well as the committee and parliamentary staff for your efforts in the process. They do not go unnoticed. Finally, I would like to thank my chief of staff Nick Heath and advisors Clare Manton, Kate Whittle, Danielle Shankey, Francis Dela Cruz, Megan Kennedy-Clark, Cheryl Packer and Dave Mortleman. Each one of them has worked very hard to ensure we were able to answer the committee's questions today.

CHAIR: Thank you very much, Minister. The time allocated for the consideration of the proposed estimates for the portfolio of the Minister for the Environment and the Great Barrier Reef and Minister for Science and Youth Affairs has expired. Thank you minister, director-general and officials for your attendance. I thank my fellow committee members and the visiting members—all those who behaved themselves; there was one who played up like a second-hand mower this morning—for participating in the hearing. On behalf of the committee, I thank the secretariat, Hansard staff, parliamentary broadcasting staff and all other parliamentary staff for their assistance today. I declare this hearing closed.

The committee adjourned at 5.17 pm.