

FRIDAY, 4 AUGUST 2023

ESTIMATES—HEALTH AND ENVIRONMENT COMMITTEE—HEALTH, MENTAL HEALTH AND AMBULANCE SERVICES; WOMEN

Estimate Committee Members

Mr AD Harper—Chair
Mr R Molhoek
Mr SSJ Andrew
Ms AB King
Ms JE Pease
Mr AC Powell

Members in Attendance

Ms RM Bates
Mr DF Crisafulli
Dr A MacMahon
Mr ST O'Connor
Mr MC Berkman
Mr J-PH Langbroek

In Attendance

Hon. SM Fentiman, Minister for Health, Mental Health and Ambulance Services and Minister for Women

Mr F Semple, Senior Adviser
Mr L Richmond, Acting Chief of Staff

Queensland Health

Mr M Walsh, Acting Director-General
Mr M Rigby, Executive Director
Ms P Radice, Deputy Director-General, Health Capital Division
Prof. L Wilson-Wilde, Chief Executive Officer, Forensic Science Queensland

Hospital and Health Services

Ms S Gannon, Health Service Chief Executive, Mackay Hospital and Health Service
Ms J Hancock, Acting Health Service Chief Executive, Metro North Hospital and Health Service
Ms N Cridland, Health Service Chief Executive, Metro South Hospital and Health Service
Dr E McCahon, Health Service Chief Executive, Central Queensland Hospital and Health Service
Mr D Davidson, Acting Health Service Chief Executive, Torres and Cape Hospital and Health Service


Queensland Mental Health Commission

Ms A Callaghan, Acting Commissioner

Queensland Ambulance Service

Mr C Emery, Commissioner

The committee met at 9.00 am.

 **CHAIR:** Good morning, everyone, and welcome to Friday. I declare open this hearing of estimates for the Health and Environment Committee. I would like to start by respectfully acknowledging the traditional custodians of the land on which we meet today and pay our respects to elders past and present. We are very fortunate to live in a country with two of the oldest continuing cultures in Aboriginal and Torres Strait Islander peoples whose lands, winds and waters we all now share. I am Aaron Harper, the member for Thuringowa and chair of the committee. With me is Mr Rob Molhoek, the member for Southport and deputy chair. Other members of the committee are Andrew Powell, member for Glass House; Joan Pease, member for Lytton; Ali King, member for Pumicestone; and Stephen Andrew, 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 2023 and the budget estimates for the committee's areas of responsibility. I remind everyone present that any person may be excluded from the proceedings at my discretion as chair or by order of the committee. The committee has authorised the hearing to be broadcast live, televised and photographed. Copies of the committee's conditions for broadcasters of these proceedings are available from the secretariat. While the use of mobile phones is not ordinarily permitted in the public gallery, an exception has been made for staff who are assisting witnesses and members here today and who have been permitted the use of their devices for this purpose. I ask everyone present to ensure that phones and other devices are switched to silent mode or turned off. I also remind everyone that food and drink is not permitted in the chamber.

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, mental health, ambulance services and women from 9 am until 1.30 pm; and environment and the Great Barrier Reef, science and multicultural affairs from 2.30 until 5.30 pm. The committee will now examine the proposed expenditure contained in the Appropriation Bill 2023 for the portfolio of the Minister for Health, Mental Health and Ambulance Services and Minister for Women until 1.30 pm. As was determined by the House, the committee will examine the areas within the minister's portfolio as follows: Department of Health, hospital and health services and Health Ombudsman from 9 until 10.30 am; Department of Health, hospital and health services, Queensland Institute of Medical Research, Queensland Mental Health Commission, Health and Wellbeing Queensland and women's portfolio from 10.45 am to 12.15 pm; and then the Queensland Ambulance Service from 12.30 to 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 am and from 12.15 to 12.30.

A number of non-committee members have sought and been granted leave to participate in the hearing in accordance with standing orders, being the members for the following electorates: Broadwater, Bonney, Buderim, Kawana, Maiwar, Maroochydore, Mudgeeraba, Scenic Rim, South Brisbane and Surfers Paradise. I remind those present today that the committee's proceedings are proceedings of the Queensland parliament and are subject to the Legislative Assembly's standing rules and orders. It is important, members, that questions and answers remain relevant and succinct. The same rules for questions that apply in the Legislative Assembly apply in this hearing, and 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 send to all members a general warning for how I want the proceedings to be run today in terms of conduct and with respect. I will not tolerate rudeness. I will not tolerate bad behaviour, and I hope we will all have a good day. I will warn members if anything goes awry. I intend to guide proceedings today so that relevant issues can be explored fully and to ensure that 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 all officials to identify themselves by name and role the first time they answer a question referred to them by the minister or by the director-general. I now declare the proposed expenditure for the portfolio areas of the Department of Health, the hospital and health services and the Health Ombudsman 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 for this first session. Welcome.

Ms FENTIMAN: Good morning. Thank you for the opportunity to address the committee today. Can I also start by respectfully acknowledging the traditional owners of the land on which we gather, the Turrbal and Jagera peoples, and pay my respects to elders past, present and emerging. When I was sworn in as Queensland's Minister for Health, Mental Health and Ambulance Services and Minister for Women I said I wanted to travel the length and breadth of Queensland to meet with our amazing frontline health workers. I started by visiting 30 hospitals in 30 days and since then the list has grown even longer. I have met with countless doctors, nurses, midwives, allied health professionals, the chefs, the wardies, the administrators and their message to me has been loud and clear: yes, we do need even more staff, we do need more beds and we need to innovate our models of care so that Queensland can continue to receive world-class health care.

We know that our system, like those around the world, is facing pressures. We have a growing and ageing population, an increasing burden of chronic conditions, global workforce shortages and a shortage of GPs which all mean that our Queensland Health workers are experiencing pressure like never before. Despite these challenges and despite having the highest growth in public hospital admissions nationally, Queensland Health continues to provide quality care every day to Queenslanders. We have the highest rate of elective surgery patients treated within the clinically recommended time frames and in the June quarter alone our emergency departments managed a total of 584,431 presentations. This is the highest we have ever seen in Queensland. These results are testament to the hard work and dedication of our health workers and the investments that we are making in our health system, but we know there is still a long way to go.

That is why this year's budget includes a \$2.88 billion boost for health, taking our health budget to a record \$24.2 billion. We have invested more than \$11 billion in health infrastructure to deliver the services to support Queensland's growth. This is in addition to our \$764 million Putting Patients First plan to directly address ambulance ramping and emergency department pressures. To meet the increasing demand we are seeing across the state, we are hard at work to deliver my priorities to keep Queenslanders out of hospital and provide alternatives to our emergency departments, to supercharge virtual care, to strengthen our Queensland Ambulance Service, to invest in the frontline health workforce and to provide even more hospital beds.

Critical to achieving these reforms of course will be our frontline workforce and there is a global shortage of key health specialists—Queensland Health is not immune—but it is why we are taking significant steps to address immediate and long-term skill shortages by attracting interstate and international health practitioners to Queensland via our Workforce Attraction Incentive Transfer Scheme, upgrading staff accommodation and making recruitment processes easier through our recently announced digital passports and developing a key workforce strategy. These investments are all about positioning our health system to meet the needs of today while planning for the challenge of tomorrow. If COVID-19 taught us anything it taught us that we can innovate and we can rise to any challenge thrown our way. The Palaszczuk government is committed to investing in our health system. We have a health workforce that is skilled and dedicated to providing world-class care and we have a community that is passionate about working with us to improve health.

As the Minister for Women, I am so proud of what we have been able to achieve for women and girls in Queensland. This budget includes an expanded women's economic statement outlining the Palaszczuk government's continued investment. Recognising that economic security is the foundation on which women and girls can build prosperous lives, \$16.3 million will be invested in range of initiatives to strengthen women's economic security. Together we can and we are creating a healthier and more equitable Queensland for everyone. Thank you, Chair.

CHAIR: Thank you very much, Minister. The first question comes from the member for Mudgeeraba.

Ms BATES: Before I start, with your indulgence, Chair, as I have done in previous years, I would like to thank all of those here in the room today for their efforts in running our public health system across Queensland and the institutions which support it. Through you all, I want to thank the staff who work in your organisations and who so diligently look after sick and injured Queenslanders. I will forever be in awe of the work that they do and I know that feeling is shared by my opposition colleagues here at the table and Queenslanders up and down our great state.

My first question is to the acting director-general. Acting Director-General, I refer to the latest ambulance ramping data which shows ambulance ramping increased to 45 per cent, the highest in the nation. Has the minister given you a time frame of when ambulance ramping must return to the 15 per cent that this government inherited?

Mr Walsh: The idea of looking at performance for ambulances and hospitals needs to be looked at in the context of a whole range of measures. The notion of ‘ramping’ includes a whole set of indicators. For instance, in 2022-23 there were 393,823 Queenslanders—as the introduction to your question indicated, the awe that we have for the clinicians who actually provide that work and diligently work to provide the support—who were treated in time in our emergency departments, and that is up 14,700 from the previous year. So, performance is improving in terms of more Queenslanders are able to get their services in time in the emergency department.

I should also indicate that the median time for waiting on treatment in emergency departments is 16 minutes, which is down from 17 minutes the previous year. So performance is improving. As we know, the demand is increasing and therefore we need to ensure that there is investment in services. There is a range of investment going out around putting patients first to increase the number of ambulances on the roads, to increase the number of paramedics who are actually supporting those ambulances and working with hospitals, as well as ensuring that there are services within hospitals to provide those services. As you would know, it is important that the flow through hospitals is occurring in order for the emergency department to work. In terms of improving the performance, the minister has stated publicly that the minister wants to see the performance of all the services, including emergency departments and patient off-stretcher times, returning to the pre-pandemic levels.

Ms BATES: The minister has not given you a time frame for when ambulance ramping will be returned to 15 per cent, which is what this government inherited in 2015?

Mr Walsh: I think the short answer is as quickly as possible.

Ms BATES: The answer is no? She has not given you a time frame?

Mr Walsh: The answer is as quickly as possible.

Mr CRISAFULLI: You just pointed to a figure, which I believe from memory is closer to the 30 per cent that the minister has quoted. At that point Queensland Health was described as a basket case. Do you believe that a figure of around 28 per cent would be acceptable to Queenslanders?

Mr Walsh: Chair, can I just clarify the question? The use of the term ‘basket case’ seems to be criticising the staff who provide fantastic services.

Mr CRISAFULLI: No, Director-General.

CHAIR: Member for Broadwater—

Mr CRISAFULLI: Through you, Mr Chair—

CHAIR: Hang on, member for Broadwater, allow me to speak. You have asked the director-general a question which is literally seeking an opinion. I would ask you to either rephrase or move on.

Mr CRISAFULLI: I am quoting a former premier who described Queensland Health as a basket case. Does the director-general accept that 28 per cent is an acceptable ramping figure for Queenslanders?

Mr Walsh: We have targets that we work towards. We invest heavily in order to ensure that we provide the services. We have a whole range of investments going into putting patients first to ensure that there are more ambulances on the road, there are more paramedics, there are more doctors, nurses, midwives in our services, and allied health professionals.

Ms BATES: Just to clarify, Acting Director-General, you cannot tell us when ambulance ramping will return to 15 per cent?

CHAIR: You are seeking an opinion. It is hypothetical as well. I think we either move on to a different line of questioning or I will rule it out.

Ms BATES: For as long as I can remember the ambulance ramping/patient off-stretcher time target has been 30 minutes. Has the department discussed changing this metric?

Mr Walsh: No.

Ms BATES: Have you changed the way the specialist outpatient waiting list or the elective surgery waiting list is calculated or publicly reported compared to last quarter, or is it being considered?

Mr Walsh: Looking at how patients need to be reviewed on waiting lists occurs all the time. It is important to understand that a person who makes an appointment for an outpatient clinic or is identified as needing elective surgery, does not just sit on the list and not reviewed to ensure that their needs have not changed. Those indicators are always being reviewed and progressed. In terms of whether you are on the list or not on the list, you are either on the list or you are not on the list. I would like to understand what the information is about; what is your understanding of what is intended to change.

Ms BATES: I will move on. Thank you. Have you changed the way emergency department performance is being calculated or publicly reported compared to last quarter, or is that being considered?

Mr Walsh: Again, health services and the way that health services are managed, operated and reported is a dynamic, ever-changing process. If you have a specific situation where you would like to talk about a change, I am happy to talk about that.

Ms BATES: Is the formula that you currently use being changed or is it being considered?

Mr Walsh: For?

Ms BATES: For any other way of reporting. Is it going to stay the way it is now or are there changes?

Mr Walsh: At this point in time there are no plans to change anything. The measurement of clinical processes, as you would be aware, is undertaken by clinicians.

Ms BATES: I understand that. So you are not changing anything. Thank you.

Mr Walsh: As we progress through and develop new models of care and develop new pathways of care and develop new approaches to care, of course the way that people flow through the system changes. To say that those changes may or may not impact on the way performance data is counted and reported cannot be predicted until you know the change in the models of care.

Ms BATES: Thank you. It has been over two months since the minister promised to review how hospital and health services reported when they were at or over capacity—once called code yellows. Will you commit to publicly releasing the number of days each hospital spends at tier 0, 1, 2 and 3?

Mr Walsh: The new performance website is available as of today, and hopefully people have had the opportunity to have a look at that. As you would have noticed on that website, the reporting of tier 3 incidents is on the website, along with the average amounts for monthly POST—I mentioned tier 3 escalations—how we compare with other jurisdictions and the number of long-stay patients in our hospitals. The commitment to continually improve and identify increased performance metrics to be reported on the website is something I am committed to. The minister has publicly committed to continuing to look at how to progress that. So the short answer is we are always looking to improve the data that is available to the public.

Ms BATES: To clarify, Director-General, will you publicly release the number of days each hospital spends on tiers 0, 1, 2 and 3; yes or no?

Mr Walsh: I will publicly commit to continue to look at what the additional data is that it is useful to the public and beneficial for the public to understand how the health service is progressing. I believe that is consistent with what the minister has stated.

Ms BATES: Minister, why will you not commit to releasing the number of days each hospital spends on tiers 0, 1, 2 and 3?

Ms FENTIMAN: I am really proud that in the space of just a few weeks, really, the team has pulled together a new website with more data than ever before in a way that Queenslanders can understand. Rather than just uploading spreadsheets to a website, which has been the practice across both governments, we are now presenting data in a way that meets national standards so that people can understand the challenges our health system is under and also the trends so that we can really accurately look at how we are performing within Queensland and within our hospitals, but also how we compare to other jurisdictions. The member would know that tiers 0 to 2 capacity escalations are managed within a facility. That is in alignment with the definitions of the health service directive. They are not routinely recorded locally or reported to QPACH.

Ms BATES: Why aren't they?

Ms FENTIMAN: They are local mechanisms to manage demand—

Mr CRISAFULLI: They could be.

Ms FENTIMAN: If you let me finish, members. In addition, tier 3 data is not reported on a calendar monthly basis. What we have done, for the first time in Queensland's history, is report tier 3 escalations. As the Director-General and I have said this morning, this is just the start. We will continue to look at what performance data we can collect, how we can then pull that together to verify it and make sure that it is accurate, to crosscheck it and release it so that Queenslanders can get an accurate picture of the pressures that we are facing. Clearly, we have explained just how much our emergency departments are under pressure.

Ms BATES: Yes, I am aware.

Ms FENTIMAN: Despite thousands more people than ever before coming in the last three months, we are actually performing better in terms of seeing people in time.

Ms BATES: We have seen that this is possible. A leaked email from the Hervey Bay Hospital and Health Service shows that they count the number of days on what capacity escalation tier they are on each month. Why will you not do that for the top 26 reporting hospitals across the state?

Ms FENTIMAN: I just said that they are managed within the hospital facility.

Ms BATES: But they can report it so—

Ms FENTIMAN: It is in alignment with the health service directives.

Ms BATES: It is there. The information—

CHAIR: Member, pause.

Ms BATES: I am just saying, the information is there. My question is—

CHAIR: Excuse me, member for Mudgeeraba! Order. I have not finished. If the minister is being responsive and has taken the question, I will ask that she can do that without running commentary and—

Ms BATES: Sure. I can move on.

CHAIR: It is unhelpful. Please move on.

Ms FENTIMAN: If I can finish, it is operational. It is used for the hospital staff to best manage their resources.

Ms BATES: I know. I have run hospitals.

Ms FENTIMAN: It is not an indication and we do not use it and have never used it as an indication of performance. What we use as performance is all the other data points. As I have said, we have released more—

Mr CRISAFULLI: Like ambulance ramping.

Ms FENTIMAN:—data than ever before, including patient off-stretcher time for the first time in a month. I want to say again that is so we can get a better picture of the trends that we are seeing month to month because it is a priority of mine and it is a priority of the director-general's. Every chief executive who is here today understands that getting better patient off-stretcher time performance is our No. 1 priority. I also want to say on that that we have some of the best ambulance response times in the nation. We are the busiest service—

Mr CRISAFULLI: Minister, ambulance ramping is the worst in the country.

CHAIR: Order! Member for Broadwater, I have just spoken. The minister is being responsive. I will ask the minister—I am very interested—to continue without the interruption. I set the tone early this morning. Let us keep it polite.

Ms FENTIMAN: I think the member for Broadwater knows, because the former health minister explained it in last year's estimates, that every state measures POST differently. Victoria is patient off-stretcher time within 40 minutes. Our average patient off-stretcher time—

Ms BATES: We have heard all of this before.

Mr CRISAFULLI: It is like listening to the last minister.

Ms FENTIMAN:—is 38 minutes. We have a target of 30 minutes and that is what we are working towards.

Mr CRISAFULLI: The worst ever reported.

Ms BATES: So long as you don't change it.

Ms FENTIMAN: I want to give a shout-out to the Queensland Ambulance Service. We are talking about ambulance ramping. We have some of the best response times in the nation. We are the busiest. We are the only service that is free and that is not going to change under a Labor government.

Ms BATES: That is very good but can we move on?

Ms FENTIMAN: The most recent data shows an improvement in response times for the most critical code 1A cases, with 50 per cent of patients attended to in 8.6 minutes.

Ms BATES: So they should be because that is the metric.

Ms FENTIMAN: Absolutely, but we are talking about our ambulance ramping so let us actually talk about our hardworking paramedics and how quickly they are getting out on the road to Queenslanders.

Ms BATES: There is a section for ambulance services later on, Minister. Can we move along to the director-general, thank you.

CHAIR: Order, member! I will start warning. You will find the day will flow and I will give you more time for questions—

Ms BATES: I said I was going to move along, Chair.

CHAIR: But if you continually interrupt me I will warn. Minister?

Ms FENTIMAN: As I was saying, Chair, 50 per cent of patients were attended to in 8.6 minutes. Ninety per cent of patients—this is code 1A cases—were seen within 17.3 minutes. That is despite a seven per cent increase in the number of code 1A callouts this year. Almost 95 per cent of triple 0 calls were answered within 10 seconds. I want to say that the QAS was recognised in the excellence in leadership awards by the Council of Ambulance Authorities just the other night and won an award for their strategy. We are putting more paramedics on the road and we are putting more ambulance trucks on the road. They are doing a tremendous job.

Ms BATES: My next question is to the director-general. On the newly uploaded website, at first glance it appears that the total number of beds at each hospital has been removed; is that the case?

Mr Walsh: I will have to check to see whether that is the case or not and get back to you.

Ms BATES: Does the minister know why the bed numbers were deleted from the website?

Mr Walsh: We would have to look at the website to see if that is correct.

Mr CRISAFULLI: To the—

CHAIR: He has just answered the question, member.

Mr Walsh: We will look at the website to see—

Mr CRISAFULLI: I have a further question, Mr Chairman. Director-General, do you commit to putting them on the website if they are not there?

Mr Walsh: I am answering the question, 'Are they there or not?' I will check the website to see if they are there or not.

Mr CRISAFULLI: My further question is, if they are not there do you commit to putting them on?

Mr Walsh: I have said before, in answer to the same question or similar, different data point, that we are committed to always improving the website to provide the data that makes it easy for the public to understand what is occurring in our health services. We also need to understand that the bed numbers for hospitals vary each day. They vary because there are operational needs that hospitals have to respond to and they vary because staff take leave or change their arrangements. They have to upgrade wards at times. So hospital bed numbers are always fluctuating and are not fixed.

Ms FENTIMAN: If they are not there they should be and we will get them there straightaway.

Ms BATES: Thank you, Minister. I call up Adjunct Associate Professor Hancock. Ms Hancock, were all Metro North HHS facilities at capacity earlier this week?

Ms Hancock: First of all, can I just acknowledge all the fantastic staff across Metro North for the work that they do day in, day out. June, July and now into August has been a period when the majority of our facilities have been running at 97-98 per cent capacity. The reasons for that are multiple. We have had demands in relation to the winter surges that we often see. We have seen increased incidence in community around influenza B together with COVID-19 still in the community and other viruses like RSV. Additionally, Metro North staff, especially our surgical staff and teams, have worked very hard to address our elective surgery long waits and to deliver elective activity as well as we can. That has meant that our hospitals are running at high capacity.

Ms BATES: Just to confirm: the facilities were at capacity earlier this week; is that ongoing or has that ceased?

Ms Hancock: No. In terms of the capacity across Metro North from the north in Caboolture down to the Royal Brisbane and Women's Hospital, we are still running at about 97 per cent capacity but we anticipate that that activity will start to cool as we come out of winter and as we are on top of our elective surgery waiting lists.

Ms BATES: Thank you; it is still ongoing. Can you confirm that on 6 July, the same day the minister said that the LNP was creating a sense of crisis and fear mongering in the community, Caboolture Hospital was cancelling elective surgeries and bypassing ambulances to other hospitals, including Prince Charles Hospital?

Ms Hancock: Across the Metro North Hospital and Health Service we work as a system and we ensure that our patients are treated at the right place at the right time. We work cooperatively amongst our hospitals and with our partners at QAS. We do not divert but we do load share. That depends on where the ambulances are, where the demands are in the system and what the hospitals are dealing with at the time. We do not divert ambulances away and certainly priority 1 ambulances are never diverted away from the closest hospital.

Ms BATES: My question relates to the broader Caboolture Hospital review announced last month—and, for clarity, not the review of baby Weston. Have the terms of reference for that review been finalised?

Ms Hancock: The minister announced that there would be a broader review of paediatric care pathways at Caboolture Hospital. I am working to finalise the terms of reference with the lead reviewer at the moment, whom I met with yesterday. I have also been working with Women's & Children's Hospitals Australasia to finalise those terms of reference, which I anticipate will be done by next week.

Ms BATES: You will release the terms of reference by next week?

Ms Hancock: Yes, we have committed to releasing those terms of reference.

Ms BATES: Who is undertaking that review?

Ms Hancock: The review team is still in the process of being finalised, but the review team will come predominantly from interstate. It will give us an independent view of the opportunities that exist for us in terms of improving paediatric services at Caboolture Hospital. The team will be comprised: a senior paediatric emergency physician, a senior nurse, a social worker, a local consumer representative and a senior health worker who will come from the local area and is a Gubbi Gubbi person.

Mr CRISAFULLI: You mentioned you met with the lead reviewer yesterday?

Ms Hancock: Yes.

Mr CRISAFULLI: Can you advise who that is and confirm that the terms of reference will be made public in full once they are done?

Ms Hancock: Next week with the terms of reference we intend to release the lead reviewer's name together with the other membership of that committee.

Mr CRISAFULLI: There is a commitment to release the review in full once it is done?

Ms Hancock: Yes.

CHAIR: What do you know, member for Mudgeeraba, I have given you some extra time already.

Ms BATES: Thank you, Chair! I appreciate.

CHAIR: With reference to page 7 of the SDS, can the minister update the committee on the pressures being faced by our health system and on how the system is performing?

Ms FENTIMAN: I am really pleased to have a chance to talk about performance data released this morning, which, as I said, shows that demand continues to grow. Our emergency departments saw 584,431 people, which is a huge increase. People are coming to the ED with more acute conditions—103,000 category 1 and 2 presentations in the last quarter, which is a 6.5 per cent increase. We are also seeing more demand for planned care programs through elective surgery and specialist outpatient referrals with 6.6 per cent and 5.5 per cent increases respectively. In the last quarter we did see some improvement, as I said, across ambulance response times, which is excellent, and huge amounts of elective surgery being undertaken in our hospitals. Again, I want to thank our frontline staff. Despite this huge demand, our emergency departments are performing well.

Last financial year the Ambulance Service assisted 1.21 million Queenslanders. As I said, the median response time for the most critical response cases was 8.6 minutes. One of those people was Angeline who contacted my office about a wonderful experience that she had when she called an ambulance after an incident at work. She told me how she was so comforted by the dedication, calmness and professionalism of our paramedics. I am also pleased to advise that our emergency departments continue to perform well under this increased pressure that we are seeing. Across the top

26 hospitals in Queensland, we have seen patient off-stretcher time remain steady, but, as I have said, I am very keen for that to improve. The median wait time at our emergency departments is 17 minutes. This is two minutes better than when the LNP were in government. Despite the huge increase in demand we are seeing people at that median wait time of 17 minutes.

We know wait times and the data does not tell the whole story about our emergency departments. In the last quarter more than 70 per cent of patients were seen within the clinically recommended time frame. That is a 9½ per cent improvement. More important than data though, as I said, is the real-life experiences of the thousands of Queenslanders who attend our emergency departments, like Tim on the Gold Coast who told me about the phenomenal care he received at the Robina Hospital earlier this year, or Kay who wrote in to compliment the hardworking staff at the royal whom she said were 'simply extraordinary'. I absolutely agree.

Our amazing clinicians have done some amazing work this quarter. I am particularly proud of their work in bringing down elective surgery wait times. Our frontline health workers treated 36,321 elective surgery patients last quarter, with a median wait time of 41 days. Across the financial year, we treated 140,977 patients from the elective surgery wait list—a 10.5 per cent increase. That hard work has brought down long wait lists by almost 20 per cent.

We are committed to see these figures improve even further and we are committed to making sure that Queenslanders have even more data to understand the amazing work our frontline health workers are doing. That is why our data this quarter has been published on an updated new look website. Its includes six additional data points to give Queenslanders a better understanding of the pressures we face and more meaningful information about how our system is performing. We know there is more to do, and that is why we are investing \$764 million to tackle ambulance ramping and health system pressures through our Putting Patients First plan. We are also investing \$174 million this year to deliver an extra 20,000 elective surgery procedures and 30,000 specialist outpatient appointments. We are throwing everything at this in addressing the pressures that our system is under, tackling ambulance ramping and bringing down wait lists. These issues are resolved by real investment and real action, and that is what we are doing.

CHAIR: Thank you, Minister. As a follow-up, and perhaps following the theme of the earlier questions on my left, can you update the committee on the Palaszczuk government's commitment to providing more transparent data for Queenslanders on the health of the health system?

Ms FENTIMAN: I know that publicly reporting performance, safety and quality information means people can make informed decisions about their health care. We also know that transparency helps drive service improvements throughout the system. In the only 2½ months since I was sworn in as health minister, I have worked closely with the department to do much to improve data transparency. The new look website launched today includes more data than ever before as part of our commitment to provide Queenslanders with health data that is relevant, current and accessible.

The original website was launched back in 2011. It has been an important way for people to access information about the care they will receive. It provides quarterly data on 106 health facilities across the state on areas including emergency care, elective surgery and specialist outpatient appointments. Consumers can use this information to compare hospitals and inform their healthcare choices. There has been a sharp increase in visits to the site in the past year, so I am pleased that we are being able to provide even more data in a way that is really meaningful, to give Queenslanders insight into the public health system.

A key change to the site is the information about tier 3 escalations. These escalations are designed to help hospitals manage local capacity issues. This type of data is useful to determine not just how busy a hospital is but also what is being done to manage capacity. The site will also include a monthly breakdown of patient-off-stretcher time, reported each quarter. Patient-off-stretcher time measures how long it takes for a patient to be transferred from the ambulance stretcher in the hospital to the care of the emergency department. The site includes new graphs to illustrate specialist outpatient data and an interjurisdictional comparison. We know that health systems across the country are under pressure, so I think it is also important to have that perspective to outline how Queensland's system performs at a national level.

This is just the first tranche of changes that will be made to the website, and over the coming months I will be working with the department to publish even more data. I want Queenslanders to have access to transparent, meaningful data about how our hospitals are operating so they can make informed decisions about their health care, and I want to encourage Queenslanders who want to know how our hospitals are performing to visit the updated website.

Ms KING: Minister, I refer to page 2 of the SDS and to the government's commitment to attracting and retaining our valuable health workforce. What have you seen and heard in your first couple of months as health minister from our health workers as you have travelled around Queensland?

Ms FENTIMAN: The Palaszczuk government continues to deliver record health investment because we care about the health of Queenslanders and we care about the working conditions of those very special people who deliver that care. In my first 30 days as health minister I made it a priority to visit many hospitals across the state. This did provide me with great insight into the work happening across our health system. The health heroes I met painted me a vivid picture of exactly how challenging and unforgettable the pandemic was for our health system and for health workers. What our health workers achieved—what they did, the lives they saved—will not be forgotten. When Queenslanders needed them most, they went to work every day and delivered.

As I have been visiting hospitals across the state I have heard directly about the incredible work that our health heroes perform. At the PA Hospital I met Matty, who was awarded the PA's 2023 nurse of the year award. Matty had leukaemia as a child and he wanted to become a nurse, in his words, first and foremost to give back to nursing what was given to him. The head of Townsville University Hospital's emergency department, Dr Jane, told me about the importance of multidisciplinary teams to get patients treated, to reduce wait times and to get ambulances back on the road. That is a priority that we all share. At the Prince Charles I met the team who oversee the safe space, including mental health peer worker Ryan. Ryan is committed to this work because, in his words, he gets to share his experiences and show people that there is hope.

At Gladstone Hospital I met midwife Christina, who has been continuing to provide quality and compassionate care to new mums like Jessie, whom I got to meet, even as that service faced its well-known workforce pressures. At the Birtinya Ambulance Station I met Sandra, Francis and Paul, who kicked off the Sunshine Coast's mental health co-responder service, which pairs paramedics with senior mental health clinicians to provide fast and appropriate health responses for patients experiencing mental health crisis. I met Kelly, a nurse at Moranbah Hospital. She is working at the same hospital she was born at, which I thought was pretty cool. At Caboolture Hospital I met Paul, a wardie, who has been working behind the scenes keeping patients moving and the hospital running smoothly. At the Gold Coast University Hospital I met cardiology specialist Dr Matt, who is using cutting-edge new technology to treat common heart conditions.

These are just some of the amazing frontline staff who keep Queenslanders well and who heal us when we are sick. They deserve our thanks and our support. Again, I give my heartfelt thanks to all of our frontline health workers across Queensland for the long hours, the time away from family and loved ones and their commitment to keep working each and every day.

Ms PEASE: I would like to echo your words and acknowledge the great work of all of our frontline health workers across Queensland. They do an amazing job—as do all of the administrative staff who back them up to be able to deliver the great service that they do. Minister, I would like to reference page 9 of the SDS. Would you be able to update the committee on the progress of the Palaszczuk government's action in relation to protecting Queenslanders from the invasive meningococcal disease?

Ms FENTIMAN: Invasive meningococcal disease is a very serious infection that can cause significant illness, disability and, tragically, death. The meningococcal B strain is emerging in Queensland as the most common cause of illness and death from meningococcal. Already in Queensland just this year we have seen 20 cases of meningococcal B. Sadly, we know how devastating this disease is. Bella Fidler was just 23 years old when she unexpectedly contracted and died from meningococcal B. She had just finished law at university. She had just come home from holiday with friends. Bella had the world at her feet, but it was ripped away from under her.

Around one-third of children and adolescents who are lucky enough to survive meningococcal develop permanent complications. I want to thank the Queensland families who have advocated for meningococcal B to be part of free vaccinations here in Queensland. They have met with me. I have heard their stories. I understand how truly devastating this disease is. It is their courage, their stories and my commitment to protecting the health of Queenslanders that has led to the announcement today that the Palaszczuk government will fund free meningococcal B vaccines for all infants and children under the age of two and adolescents aged 15 to 19 years.

The Queensland government is committed to safe and equitable access to health care right across the state. That is why we will provide free meningococcal B vaccines. Currently the meningococcal B vaccine is not part of the National Immunisation Program and it costs families about

\$100. Queensland is going to act to make this free and have it as part of the regular vaccine programs. It is a \$90 million investment. It is the single biggest investment in a state funded vaccination program in Queensland's history.

Our Queensland meningococcal B immunisation program will begin in early 2024 and will for the first time provide free vaccination to all infants aged six to 12 months, all children under the age of two and all adolescents aged 15 to 19 years—the groups recommended by ATAGI for vaccination. Infants will be offered the meningococcal B vaccine as part of their routine childhood immunisation schedule. The program will be delivered through a network of more than 2,000 Queensland Health registered vaccine service providers in primary care, community vaccination clinics and Aboriginal and Torres Strait Islander health services. I had a message this morning from Dr Maria Boulton from the AMAQ saying this is a game changer for Queenslanders. For our secondary students in year 10, the meningococcal B vaccine will form part of Queensland's School Immunisation Program. Vaccinating these cohorts for meningococcal B is in line with recommendations from the Australian Technical Advisory Group on Immunisation, ATAGI.

Currently Aboriginal and Torres Strait Islander children and children with specific medical risk factors for the disease are eligible under the National Immunisation Program but no-one else. That is why we are stepping up by expanding the access to free meningococcal B vaccine to all of those cohorts that ATAGI recommends receive the vaccine. We are removing the financial burden of vaccination and making it easier to achieve. Doing so will ensure Queenslanders are protected as much as possible from what is a preventable disease.

It is important to note that, while I am proud to take strong action on this issue, in addition to our commitment to provide access to free meningococcal B vaccines, I will continue to advocate for a nationally consistent approach under the National Immunisation Program. Again, I thank Blair and Jodie Fidler and also Katy and Phoebe O'Connell, who joined me this morning in making this announcement. I said when I became health minister that we do these jobs to make a difference. Getting children and young people vaccinated against meningococcal B will absolutely save lives.

Ms PEASE: Thank you very much. I am really delighted to hear that, Minister.

CHAIR: That is commendable work. Congratulations, Minister. We will move to questions from the crossbench.

Mr ANDREW: Can I call Ms Susan Gannon from Mackay HHS please? Good morning and thank you for the work your HHS does for Mackay and district in my electorate of Mirani. With reference to page 15 of the SDS, you have been looking at expanding the car park and buildings at Mackay HHS. There have been a lot of interim boards and everything else. There will be a big displacement of cars. I think the last survey showed there were about 500 cars that park at Mackay HHS. They will be displaced somewhere in that area. I know that it is a very tight spot for people to park. Have you come up with a plan for that? Is there something in the budget? Is there an interim measure that you are looking at to ensure that people around the area are not affected by congestion from the hospital overflow?

Ms Gannon: Firstly, I would agree. It is a big problem and we are expanding in that space as well, with 128 beds coming on board. At the moment we are going through that investigative process, so I cannot really give you a definitive answer at this point in time.

Mr ANDREW: With the expansion of 128 beds, that will overtake the helipad as well, I believe.

Ms Gannon: No. There is a different plan that is being assessed for the helipad.

Mr ANDREW: There will be no obstruction for the helipad. It will continue to be there.

Ms Gannon: As I said, they are investigating the options for the helipad for an interim until the building is finalised.

Mr ANDREW: If the helipad is moved or the existing helipad could not be used, my concern is the time that it would take to transition patients from the hangar, especially patients from my electorate with snakebite et cetera. Have the board or your people taken this into consideration?

Ms Gannon: Yes, it is being taken into consideration but we have not got an outcome or a solution yet.

Mr ANDREW: I appreciate that information. Minister, the Australian South Sea Islanders have a PHN set up at the Mackay Base Hospital. We have had a worker who has been funded. There are two Australian South Sea Islanders—a male and female—funded to go out into all the electorates right throughout Queensland, including mine. We have a large community in Mackay and at Joskeleigh in

Rockhampton. Is there anything in the budget that commits to funding those positions as full-time positions? They are part-time at the moment. I wanted to make sure that there was some funding to continue that.

Ms FENTIMAN: Are they employed through the PHN?

Mr ANDREW: Yes. At the moment they are part-time roles. Unfortunately, there has been a huge pushback over time from Australian South Sea Islanders about going to hospital. As we know, history shows that they stay away from hospital. In the past it was not such a good thing. As the health minister, is there something we can do to support that?

Ms FENTIMAN: Thank you for the question. It sounds like they are doing really great work. As you know, the PHN is funded through the federal government, but I would be really happy to get a briefing from the PHN about the work that they are doing. I agree with you. I think anything we can do to give care in the community as opposed to waiting for people to have to present to hospital is a really good thing. I would be very happy to meet with you, member, and maybe get a briefing from the PHN about the work that they are doing and how we could complement that work with our services.

Mr ANDREW: That would be great. Minister, there has been a big drop in patient off stretcher time in both Mackay and Rockhampton Base Hospital since 2015. According to QAS data, the average POST rate in Mackay went from 95 per cent in 2015 to 73.5 per cent in 2021, while the POST rate at the Rockhampton hospital has dropped from 99 per cent in 2015 to just 52 per cent in 2021. How do you account for these drastic falls, especially given that the decline at Townsville Base Hospital has been much less, going from 98 per cent in 2015 to 93 per cent in 2020 and then to 88 per cent in 2021.

Ms FENTIMAN: That is a really good question. We have talked about the pressures on the ED. Patient off stretcher time is obviously impacted by the whole of hospital. If you get patient flow happening through EDs into wards and people being discharged safely home, you get better flow and you get better patient off stretcher time. A few things have really impacted that. Firstly, we have about 785 long-stay patients in our hospitals right now taking up beds. These are patients who do not need to be in our hospitals. They are waiting for an aged-care bed or an NDIS bed.

Secondly, we have seen, since 2015, an 80 per cent increase in category 1 and 2 presentations. There are five categories. Category 1 is really urgent—need to be seen immediately. Category 2 is also very urgent. An 80 per cent increase in category 1 and 2 patients since 2015 means that these patients need much more care. They may need surgery. They are staying in hospital longer.

The other factor is that we have had a decade of underinvestment under the former LNP federal government into primary care. If you talk to anyone in your community, I bet they tell you how hard it is to get in to see a GP or to find a GP that bulk-bills. What happens? People do not go and see their GP and they get sicker. That is what is creating the pressure and that is what we are working on. That is why we have our \$764 million Putting Patients First plan to get that patient flow happening, to get people seen quicker and, where we can, treat people not in the hospital but in the home.

Something that the staff at Mackay should be really pleased about is that we are seeing 90 per cent of emergency department patients at Mackay in recommended times. Even though the patient off stretcher time is not where it needs to be—and I am committed improving it—that hospital is seeing 90 per cent of patients within the clinically recommended time, so I take my hat off to the staff there.

Mr ANDREW: I can vouch for that personally. Can the minister provide project report updates on the new cardiac hybrid theatre at Rockhampton Hospital and the expansion of the mental health ward at Rockhampton Hospital?

Ms FENTIMAN: I have been up there to meet with the staff about those two projects. Detailed planning is underway. I have met with the team and the Rocky Hospital who are very excited about the new cardiac unit. I think it is something they have been wanting for quite some time. In terms of the detail about where the two projects are up to, I might ask Priscilla, the DDG for capital, to come forward and give you a really up-to-date detailed briefing on those two projects.

Ms Radice: In relation to the Rockhampton cardiac ward, I think everyone would be conscious of COVID-19 and the impacts that that has had on the live environments within hospitals and their need to focus on how they responded to the pandemic and what that meant in terms of the physical layouts in the hospitals. To do a refurbishment of the theatre in a live patient space essentially impacts every other part of the hospital because you need to move and decant and work through shifting from one area to another in order to do the work. To do that during COVID-19 was not possible.

My division, the Health Capital Division, was stood up last year to help all the HHSs and partner with them across Queensland to really focus on service delivery in infrastructure, to allow the HHSs to really focus on operations and patients and their core business. The Health Capital Division has been created to provide that opportunity to bring very strategic and infrastructure advice and look at how we manage infrastructure as a program across the state.

I am very pleased to be working with the HHS in relation to how we take this project forward. We have expressions of interest going to market now. We have worked through the detail of that decanting and design and we can take it forward in a way that does not impact patients.

Dr MacMAHON: My question is for the minister. Thousands of birthing Queenslanders still struggle to receive abortion care or have to travel thousands of kilometres to see a doctor who offers abortion services. What funding has been made available for abortion telehealth, and will this service be free?

Ms FENTIMAN: We are committed to making sure that all women, particularly in rural, regional and remote areas, get access to termination services. As the member knows, we have always recognised the importance of women's access to reproductive services, which is why we took action to legalise termination of pregnancy in 2018. Queensland Health is closely working with key stakeholders to develop action plans to strengthen the delivery of services across Queensland and support timely access as close to home as is clinically appropriate. The action plan has a number of themes: supporting the community to understand options and pathways; developing and supporting the health workforce across Queensland; and developing and embedding sustainable service models, which will include telehealth. Access to reproductive health is also a key priority of the Queensland Women's and Girls' Health Strategy, which I am very pleased is in the final stages. There will be some further consultation on that strategy very soon, and I hope to release it by the end of the year.

I also welcome the recent decision of the TGA to allow midwives and nurses to prescribe MS-2 Step, which will make it more accessible to women who need it, especially in regional and remote areas. I have committed to making sure that Queensland implements legislative changes to make that happen as soon as possible.

Dr MacMAHON: Minister, is there a time frame for that action plan to be implemented?

Ms FENTIMAN: Very soon. I have recently met with key stakeholders who had some final feedback on the action plan. I do want to make sure that we get it right, so it will be released very shortly.

Ms BATES: My question is to the minister. The figures you raised about ambulance response times show how amazing our ambos are. The ambulance ramping figures show how this government has failed to resource our hospitals. When will ambulance ramping return to the 15 per cent your government inherited in 2015, and when will it return to the 30 per cent it was when Anna Bligh said Queensland Health was a basket case?

Ms FENTIMAN: Can we all just agree that perhaps we do not need to use the term 'basket case'? It is 2023.

CHAIR: I do agree.

Mr CRISAFULLI: It was a Labor premier.

Ms FENTIMAN: Sure, but we do not need to use it today, do we? Let's move on from that. What I will say is, as I have talked about, we have a number of challenges across our health system but we are throwing everything at it: \$764 million. There is a wonderful plan, member for Mudgeeraba; I am sure you have seen.

Mr CRISAFULLI: When?

Ms FENTIMAN: It has a number of initiatives.

Ms BATES: Yes, Yvette used to wave that around. How long did she last?

CHAIR: I am going to pull this up for a moment. I am pretty sure, member for Mudgeeraba and member for Broadwater, I set the tone early. Let's keep it respectful. You are going to get extra time here, but you are eating into it. Allow the minister to be responsive without the running commentary.

Ms FENTIMAN: I can tell you what would have made it much harder to get back to targets: if the LNP had been in government during COVID.

Ms BATES: What is worse than a basket case?

Ms FENTIMAN: I think Queenslanders will remember the LNP's position on COVID where they called for the borders to be opened 64 times.

Ms BATES: These are your estimates.

CHAIR: Order! Member for Mudgeeraba, you are testing my patience. I will warn you.

Ms FENTIMAN: It would be much harder to recover and get better POST times had we not taken the strong action we took during COVID. Queenslanders will remember the LNP's position on COVID. Queenslanders will remember the Leader of the Opposition describing the now governor as a punch-drunk bureaucrat. That is appalling.

Mr POWELL: Chair, point of order under 118B, relevance. The minister is straying a long way from the question.

CHAIR: Let's try and keep it respectful. There are provocative responses. Let's try and keep an even keel on this and move on.

Ms FENTIMAN: Our Putting Patients First plan is all about reducing ambulance ramping. It is a whole-of-hospital problem. That is why we are supercharging virtual care. That is why we are rostering on additional allied health staff to get Queenslanders home more quickly and more safely. That is why we are investing in mental health co-responder models. That is why we have almost 500 new beds coming online this year. That is why we have more paramedics on the road. We are throwing everything at this. We are facing global challenges. Getting more staff will absolutely help. That is why I am really pleased to see we have had over 1,000 inquiries from people wanting to come and work here in Queensland. I understand there are a number of staff who have already started as a result of our workforce attraction incentives. I understand there are many more who are going through the recruitment process right now. All of this will help take pressure off our hospitals.

The other thing that will really help is more investment from the federal government in primary care. You will all have seen the numbers released a few weeks ago in the paper about the kinds of conditions that people are presenting to emergency departments with: UTIs. There are 100 people a day in this state going to an emergency department with a UTI. Empowering our pharmacists to do more—which is why we made the UTI service permanent in Queensland—takes pressure off emergency departments.

Mr POWELL: Chair, point of order.

CHAIR: We will conclude on that and move to the next question.

Mr POWELL: Thank you, Mr Chair.

Ms BATES: Minister, to summarise what we have learned already today: ambulance ramping has worsened again and remains the worst in the country; you do not have KPIs to meet ambulance targets; you will not rule out changing how data is reported to ensure consistency—

Ms KING: Chair, point of order: the question is lengthy and argumentative.

Ms BATES:—you have deleted hospital beds from your website. Is it true that this is all about making the Palaszczuk Labor government look good, when in reality the Queensland Health crisis is worsening under Labor?

Ms KING: It contains inferences and imputations.

Ms FENTIMAN: Chair, if I can try and respond to the 10 questions the member for Mudgeeraba threw at me just then. Ambulance ramping has not gotten worse: POST has remained steady, despite, as I said, the thousands more people presenting. I have not heard the LNP acknowledge that ambulance response times are getting better because of the additional resources and work we are doing in our emergency departments to support our paramedics. We do have a target: it is in the SDS. We are working hard to get ambulance ramping back to the target we have set. I again want to say that we do not have the worst in the country.

Ms BATES: What is the target, Minister? It has gone from 43 to 45—

CHAIR: Member for Mudgeeraba, order! I know you want your moment to shine. Allow the minister to continue. I have already said there will be no more running commentary.

Ms FENTIMAN: We have a target in the SDS, which is 90 per cent patient off stretcher time within 30 minutes. We have a long way to go. I have been very up-front about that. I want to see this performance head in the right direction. I want to see us get back to pre-pandemic levels quickly. That has to be the first step. Then we have to work to make sure we are doing everything we can to support our hospitals. Do you know what will also help? Our satellite hospitals—something the LNP does not support.

Ms BATES: That is not the question. The question was not about satellite hospitals.

Ms FENTIMAN: When you have satellite hospitals with minor illness and injury clinics it means that people can access care in their community and will not present to an emergency department. If the LNP would get on board with satellite hospitals maybe we could work together to take the pressure off hospitals.

Ms BATES: Until someone dies waiting for an ambulance to transfer them to a real hospital.

CHAIR: Order, members!

Ms BATES: I was moving on, Mr Chair.

Ms FENTIMAN: As has been pointed out to me, I would add that there are more numbers of patients getting off stretcher within 30 minutes. In terms of numbers we are doing even better, but I acknowledge that we have got a long way to go.

Ms BATES: So there is no target.

Ms FENTIMAN: The target is in the SDS.

Ms BATES: I would like to call Ms Hancock. Last year you advised the committee that there were 12 investigations ongoing at the Caboolture Hospital. How many of those investigations related to fraudulent behaviour or theft?

Ms Hancock: Of the 12 investigations that I spoke about at estimates at this hearing last year, six of those investigations have been completely closed and none of those related to fraud or theft. With five investigations, the recommendations have been accepted and we are just working through those. The final investigation has come to me for review.

Ms BATES: Last year I did ask you to detail what those 12 investigations were and you did not. Are you able to detail them for the committee today?

Ms Hancock: It would not be appropriate, given that those relate to individual matters, individual HR matters. For reasons of confidentiality, I cannot speak about those matters here today.

Ms BATES: Sure. Were any of those matters ever referred to the CCC?

Ms Hancock: All of those matters went through our normal process where they go to a matters assess committee to determine whether they should be referred to the CCC for consideration. All of those 12 investigations were assessed by our matters assess committee. Some of them were sent to the CCC but sent back to us for local management, and no further follow-up was required by the CCC in relation to those matters.

Ms BATES: Did any of those investigations relate to staff inappropriately prescribing or dispensing medication to themselves or each other?

Ms Hancock: No.

Ms BATES: Ms Hancock, did any of those investigations relate to a Dr Brian Kirkby?

CHAIR: I will just take some advice for a second.

Ms Hancock: I refer to my previous response in relation to I cannot speak about individual employees, past or present, and the details related to those matters.

Ms BATES: So you cannot tell us whether he was stood down from his role as director of surgery at Caboolture Hospital, whether he was shifted to the Prince Charles Hospital—

Ms KING: Point of order, Chair: this line of questioning is inappropriate and the witness has provided her guidance.

Ms BATES:—whether he was terminated from his position with Metro North or did he leave of his own accord, and what disciplinary action has been taken and has the investigation been finalised?

CHAIR: Ms Hancock, before you move on, I will take the point of order. Just give me a moment to get some advice. Be mindful about privacy and confidentiality and naming people. I do not know if you can reword that particular question, member for Mudgeeraba.

Ms BATES: I will move on. Acting Director-General, I was expecting to see Adjunct Professor Hanson here today. She was not here last year either. Do you know her whereabouts this year?

Mr Walsh: The chief executive for the Metro North Hospital and Health Service is on leave.

Ms BATES: So she is on recreational leave?

Mr Walsh: Yes.

CHAIR: Member!

Ms BATES: I appreciate everyone is entitled to a break, but this committee sits in this format for a mere few hours just once a year. Will Ms Hanson be counselled on the timing of her absence?

CHAIR: I think the director-general has answered the question and you are just going down a rabbit hole here.

Ms BATES: Thank you. I will move on.

Mr CRISAFULLI: I have a question for the director-general. I do not have medical qualifications like the minister, but Ros has explained to me about a part 9 review being a very serious matter. I just want to unpack how many of those part 9 investigations have taken place across Queensland Health—let us say over the last half a decade.

Mr Walsh: Part 9 investigations are a feature of the Hospital and Health Boards Act and have been a feature since the Hospital and Health Boards Act came into being in 2012. The arrangements for part 9 investigations allow for the chief executive of the department—so the director-general of the department—to undertake a health service investigation or for a health service chief executive to undertake a health service investigation.

The rationale, from the time of the act coming into being, was that statutory bodies are independent legal entities and a health service investigation is intended to provide a means of determining whether or not there are improvements or issues that need to be addressed within a health service. The health service chief executive can initiate those. The director-general can request a copy of the report—and these are all the provisions that are in the act—and the health service chief executive would need to provide that. The health service chief executive runs a health service in their own right under a board that is appointed by the Governor. Therefore, the number of health service investigations under part 9 is something that would be sitting across the organisation, across the portfolio of health.

Mr CRISAFULLI: But this is the most serious of most serious. Over a five-year period, would there be several, would there be dozens, would there be hundreds, for example?

Mr Walsh: The issue is that data is not collected. It is not a performance measure—

Mr CRISAFULLI: But, Director-General, I will give you an example. Mackay was a part 9 and some of the things that happened to women in that hospital are absolutely indescribable. That is the worst of the worst. Are we dealing with a plethora of them, or are we talking about a very specific handful of them?

Ms KING: Point of order, Chair: does this question verge on the hypothetical?

Ms BATES: I do not think Mackay was hypothetical.

Mr CRISAFULLI: People's lives were torn apart.

CHAIR: I will allow the question and allow some latitude in the response.

Mr CRISAFULLI: What are we dealing with? Are we dealing with a handful or is there a hundred, for example?

CHAIR: Member, you have put the question. Allow the director-general to respond.

Mr Walsh: The important thing is that, when a health service investigation is initiated—as we have heard today about health service investigations that are occurring, like the one at Caboolture Hospital—they are a publicly communicated activity. Therefore, there are independent people who are brought in, there are terms of reference that are done, there is a report produced. For instance, there is a health service investigation that is being developed at the moment for the Torres and Cape that the minister has spoken about. Again, there are terms of reference being developed and an independent panel being created, and a report will be produced and it will be made public. These are activities that are undertaken to ensure that we can have a proper analysis of what is going on in a service and to be able to inform the improvement of that service.

Mr CRISAFULLI: Director-General, there would never be a time when a part 9 would occur that you would not be notified of, or the minister. That would never occur. Am I right in saying that?

Mr Walsh: It would be unusual to not be aware, but the numbers are not collected or reported or seen as a performance measure.

Mr CRISAFULLI: Minister, other than the fact that it would not look good for the government, what is the rationale for not making public how many part 9 investigations there have been over the last five years and what is the outcome of them?

Ms FENTIMAN: As the director-general has said, they usually are made public and I have certainly committed to making public the outcomes of these investigations that have happened whilst I am the health minister. As the director-general has said, the governance arrangements for part 9 and part 6 investigations, it was the LNP that introduced the legislation, so they are made public.

Mr CRISAFULLI: So how many are there at the moment, for example? How many part 9s are there at the moment?

Ms FENTIMAN: We have talked about Caboolture and the Torres Strait. I have publicly committed to making sure that we are public about those investigations. I cannot as the minister order a part 9 or a part 6 investigation—

Mr CRISAFULLI: But I am asking you whether there are others at the moment. How many are there at the moment?

Ms FENTIMAN: Again, as the director-general has said, part 9s are something that the local chief executive—

Mr CRISAFULLI: No, Minister, I am asking how many there are at present. It is a very simple question. It is a very direct question as well. How many part 9s are there at present in Queensland?

Ms FENTIMAN: As the Director-General has said, and has previously been answered in question on notice, that is not something that is collected, but there are—

Mr CRISAFULLI: No, but you know the answer.

Ms FENTIMAN: I am trying to answer.

Mr CRISAFULLI: The Director-General said you would be notified of it. I would like a straight answer, and so would Queensland.

Ms FENTIMAN: No, that is actually not what he said, Leader of the Opposition.

Mr CRISAFULLI: No, I am sorry, but that is what—

Ms KING: Point of order, Chair. This question is repetitive.

Mr Walsh: If I can clarify, I believe what I said was that where a health service investigation was initiated that I would be aware of it.

Mr CRISAFULLI: Yes. So I am asking how many are there and where are they?

CHAIR: Member, order. You have put the question about six times. I do believe that the director-general and the minister have been responsive in answering the question. Do you have any other questions?

Mr MOLHOEK: Point of order, Chair. The question was pretty straightforward. How many?

CHAIR: Multiple times and—

Mr MOLHOEK: And we have not had an answer. We have had detailed explanations of how a part 9 investigation operates and who does them and whether the minister is told or not. How many part 9 investigations are currently underway in Queensland? That is the question.

CHAIR: Deputy Chair, I take your point. What I am saying is that it has been put about six times, both to the director-general—

Mr MOLHOEK: Can we have an answer?

CHAIR: The director-general and the minister are being responsive in their answers. Do you have anything else to add?

Mr Walsh: It is not a metric that is collected.

CHAIR: There you go. It has been responded to.

Mr CRISAFULLI: Director-General, I am sorry—

CHAIR: Order! Move to another question. I will rule it out because you are being repetitive and repetitive.

Mr CRISAFULLI: That is an appalling abuse of the process of this committee, minister. Minister, that is an appalling abuse of process—

CHAIR: Member for Broadwater!

Mr CRISAFULLI:—and a lack of transparency on your behalf.

CHAIR: Member for Broadwater!

Mr CRISAFULLI: That is really disappointing.

CHAIR: Member for Broadwater!

Ms FENTIMAN: Again, I would just like to say that it is the same governance and legislative regime that has operated under both sides of parliament. It was legislation introduced by the LNP. I have made public any part 9 investigations that have commenced whilst I am the health minister, and I commit that I will continue to do so.

CHAIR: Thank you, minister.

Ms FENTIMAN: How about that?

CHAIR: Thank you, minister. Order, everyone! That line of questioning is now finished. I am asking you to move onto the next question.

Mr CRISAFULLI: We could have multiple instances, as in Caboolture, in Mackay and the minister will not inform Queenslanders.

CHAIR: Order!

Mr CRISAFULLI: That is the level of transparency the minister will set.

CHAIR: I do not want to get into quarrelling.

Ms BATES: The part 9 did not start at Mackay until we raised it.

CHAIR: For goodness sake!

Mr CRISAFULLI: Exactly.

Ms FENTIMAN: I think it is really important, Chair, that the public understand that any part 9 investigations that have commenced while I have been the minister have been publicly announced.

Mr CRISAFULLI: Oh my goodness!

Ms FENTIMAN: I have committed to publicly releasing terms of reference—

Mr CRISAFULLI: You will not give a straight answer.

Ms FENTIMAN:—and publicly releasing the reports. Any suggestion that we are somehow hiding something I find highly offensive.

Mr CRISAFULLI: So what are they? So answer the question.

CHAIR: Thank you, minister.

Mr CRISAFULLI: It is a straightforward question.

CHAIR: Order, member for Broadwater! You are straying into an area. It is repetitive. It is unhelpful. Member for Mudgeeraba, do you have another question?

Ms BATES: Acting Director-General, did you ever receive any financial payout when you left the position of Director-General of the Department of Health in 2019?

Mr Walsh: In terms of responding to that question, I am answering it about myself and I think I should respect my own privacy. Entitlements were under the industrial policies and legislation—

Ms BATES: So Queenslanders are not allowed to know.

CHAIR: Come on, member!

Mr Walsh:—as was communicated at the time. Having said that, I am happy to explain the arrangements because it was all public. At the time, I resigned from the position and it was a complete resignation. Any remuneration I received during my appointment, including any resignation, was within the entitlements of the contract I had and publicly reported in the annual report.

Ms BATES: Acting Director-General, did Mr Shaun Drummond, your predecessor, receive a financial payout when he left the position of Director-General of the Department of Health last month?

Mr Walsh: I answer that question in the same way. The arrangements for any employee who leaves the organisation is an arrangement that is within the entitlements of their contract or the industrial provisions.

Ms BATES: So you cannot give me a number?

CHAIR: Come on, member. Again—

Ms BATES: Next question—

Mr Walsh: In terms of any payments, they will be reported in the annual report. They are always reported in the annual report and so that is there.

Ms BATES: Did Deloitte receive any financial payout as a result of Mr Drummond leaving the position as Director-General of the Department of Health last month?

Mr Walsh: No.

Ms BATES: Did Dr David Rosengren receive a financial payout upon leaving his position as Chief Operating Officer?

Mr Walsh: I am answering these questions all the same. The arrangements for any person resigning are within the entitlements of the contract provisions and the industrial provisions that prevailed.

Ms BATES: Was he dismissed from his role or pressured into resigning?

CHAIR: Do not answer that, Director-General. I will rule that one completely out.

Ms BATES: That is fine. I will move on.

Mr Walsh: I put on the record that he resigned.

Ms BATES: Acting Director-General, at the time he left his position as Director-General, were you aware if Mr Drummond was still the subject of an investigation by the CCC?

Mr Walsh: I was not an employee of the department when he left. I am not understanding how I could answer the question.

CHAIR: With five minutes left, I am going to—

Mr Walsh: Could you say the question again? I am not sure I understand what you are asking.

Ms BATES: At the time that Mr Drummond left his position as Director-General, were you aware if Mr Drummond was still the subject of an investigation by the CCC? It was a public question asked last year in estimates; in fact, it was the first question I asked.

Mr Walsh: I was a member of the public when Mr Drummond left.

Ms BATES: Were you aware of any investigations open in relation to Mr Drummond?

Mr Walsh: I was a member of the public.

CHAIR: Member for Mudgeeraba—

Ms BATES: So you do not get a briefing when you come in as the director-general? It is a clean slate; no-one knows what happened—

CHAIR: That is an absolutely inappropriate question.

Mr Walsh: At the time he resigned I was a member of the public.

CHAIR: Member for Mudgeeraba—

Ms BATES: Have you now been advised now that you are not a member of the public?

CHAIR: Director-General, I am going to rule that question out. Member for Mudgeeraba, you are badgering the director-general. I have given you more than enough time in this session. I do believe the member for Mirani has a question. I will move to the member for Mirani.

Mr ANDREW: Minister, in reference to SDS page 15, the redevelopment of the Sarina HHS site, back in 2017, seven years ago, we were told that there would be new patients welcomed in April 2023. Could you tell me the updated completion of the HHS in Sarina, please, or give me a date?

Ms FENTIMAN: I can. I will just get that for you. I do want to say that I have been there very recently and it was coming along very well. I went to the old Sarina Hospital, too, and can I say the new hospital was well overdue. Obviously we will get you an update on the time frame for completion.

Mr ANDREW: While I am waiting for that, we have a nursing home in Mount Morgan that is about to shut down. There is no capacity in Rockhampton for any of the GPs to take any of these people on as new patients. This is as a result of the government's new rules of having 24-hour RNs. What have we done in Queensland Health to be able to support these people if they have to close their nursing homes to be able to move these people where there is no capacity for them to fit in to a new arrangement with GPs in towns nearby?

Ms FENTIMAN: I know that the Commonwealth is in discussions with Carinity Summit Cottages to ensure continuity of care for all residents, and I am advised that they will continue to discuss and meet with them should workforce or other supports be required. Queensland Health are in constant contact with the Commonwealth about the matter. It is on our radar. The Commonwealth are talking to us.

Mr ANDREW: Thank you. That is very important.

Ms FENTIMAN: In terms of the Sarina Hospital development, something I am really proud of, the practical completion is now late 2023. As soon as it is ready, we want to get people through those doors, and I know the staff are really excited about the new hospital.

Mr ANDREW: Please invite me.

Ms FENTIMAN: I promise.

Ms BATES: I would like to ask some questions of Queensland Health on capital investment. Perhaps it would be beneficial to call the Deputy Director-General of the Health Capital Division.

Mr Walsh: If you want to call them, they will come up. You are calling them?

Ms BATES: Yes, I am.

Mr Walsh: Sorry, I thought you were asking me if I want to call them.

Ms BATES: I cannot call them; you have to. Deputy Director-General, how many FTEs have you got working under you in your division? I am happy for you to provide me just the number.

Ms Radice: We are growing our division rapidly. We are more than 200 at the moment. I would need to get an exact figure for you. I do not have my operational report here in front of me.

Ms BATES: We hear the Premier talk a lot about the largest hospital building program ever across the country, apparently happening here in Queensland. There is over \$1 billion of capital investment in this budget. If a project were to be running behind schedule, you and your staff in the division would know about that, right?

Ms Radice: Yes, we would, but it depends on how you define 'running behind schedule'. Infrastructure is—

Ms BATES: Date of completion, whatever was projected in the budget, announcements made.

Ms Radice: You do all the infrastructure. You have all of the in-ground conditions that you work through. The expression in infrastructure is 'known unknowns'. Depending on the type of project, you are also dealing with latent conditions and you are also dealing in live patient areas. There are a range of things you deal with across infrastructure. We are also dealing in extraordinary market conditions at this period of time globally that everyone is across.


Ms BATES: So you would know if they were running behind schedule. Why then, in committee question on notice 8—

CHAIR: Sorry, member—

Ms BATES: I will rephrase it.

CHAIR: I will pull it up. It is 10.30. We are going to adjourn. You can come back to that question after. The committee will now adjourn for a break. The hearing will resume at 10.45 with the examination of the estimates for the portfolio area of the Department of Health, Hospital and Health Services, the Queensland Institute of Medical Research, the Queensland Mental Health Commission, Health and Wellbeing Queensland, and women.

Proceedings suspended from 10.30 am to 10.45 am.

 **CHAIR:** The hearing is resumed. I welcome back the minister and officials. The committee will continue its examination of the estimates for the portfolio areas of the Department of Health, the hospital and health services, the Queensland Institute of Medical Research, the Queensland Mental Health Commission, Health and Wellbeing Queensland and women. Minister, do you want to make a three-minute statement? Okay, I will move to a question on something I am very interested in, Kirwan health campus, where you were recently, Minister. Thank you for coming. Can I ask for an update on the Kirwan health campus?

Ms FENTIMAN: Thank you, and I know what an advocate you are for that campus. In fact, I think it was in my first week you said, 'If you're coming to Townsville you have to come to the Kirwan health campus,' and so I did of course. I am really excited that we have a \$40 million commitment to expand the Kirwan health campus. Townsville has one of the fastest growing populations in the state and that is why we have prioritised expanding the facility. I am really pleased to say the project is progressing well.

Just last month the Premier was in Townsville awarding the construction tender for this expansion project to St Hilliers. St Hilliers are getting on with the job of construction with the refurbishment work scheduled to be completed by the second half of next year. This is a really significant project for Townsville and also the surrounding communities which provides residents with timely access to

specialist services. Our government is committed to delivering health care closer to home right across our big state. It is also about supporting local jobs with the project expected to support 116 construction jobs.

The expanded campus will boast a new purpose-built two-storey building which is going to provide a huge boost to capacity. On top of that, the expanded facility will deliver specialist services, including oral health, which I know will be a game changer for the community, as well as prenatal and postnatal care. It will include additional outpatient treatment facilities and new technology will be installed to upgrade the centre's capacity to perform telehealth services. There are features which will help take pressure off Townsville's local emergency department and help locals get timely access to care.

The upgraded campus design, the construction, the build and the fit-out will include measures to also limit the building's environmental impact. The campus expansion will ensure that we can meet the current and future needs of this growing community. We have a proud record of delivering new and expanded healthcare facilities to Queensland. Our health big build this financial year will keep that momentum going and support over 4,000 jobs for Queenslanders.

The expansion to the Kirwan health campus represents what our big build is all about: helping ease pressure on local hospitals and helping locals access world-class health care close to home, and we will always be committed to these priorities as well as to delivering even more hospital beds, more health services and more frontline health workers. The Kirwan health campus is just one of the examples of our commitment to building a stronger public health system, a system that continues to safeguard the health of Queenslanders now and into the future.

CHAIR: I am looking forward to seeing it progress. It is just down the road from my office.

Ms PEASE: This is also something that is very close to my heart. With reference to page 15 of the SDS can the minister please outline the Palaszczuk government's plan to revitalise the site of the former Wynnum hospital on Brisbane's bayside?

Ms FENTIMAN: I thank the member for the question and I know what a passionate advocate you are for this facility. On Sunday, 30 April we marked the start of an important new health project for Queensland's First Nations community. The Palaszczuk government has gifted the old Wynnum hospital to the Winnam Aboriginal and Torres Strait Islander Corporation, which will work with the Commonwealth government to transform the site into a new First Nations health and aged-care facility. This new facility will have more than 30 beds, including palliative care beds. This is, I think, such a wonderful example of how we can repurpose government assets so they continue to offer a benefit to the community. Our colleagues in the Commonwealth government will help fund the redevelopment, and isn't it nice to work collaboratively with the federal Labor government to provide primary and preventive health care?

Winnam already plays a vital role in the Aboriginal and Torres Strait Islander community in the Wynnum and bayside areas. With this new facility there will be a range of services from early childhood to aged care. Improving health outcomes and access to health care services for our First Nations peoples is a priority for our government and this project will help deliver on that. Importantly, it will bring new construction and healthcare jobs to the region.

The project has been around a decade in the making and the closure of the Wynnum hospital by the former LNP government was a big loss for baysiders, which is why the Palaszczuk government promised to ensure the site continued to benefit the community. The Queensland government has now delivered on our election commitment to gift this site to the Winnam corporation. I am so proud that the government could hand over the site so it will become a new integrated First Nations health and aged-care hub to benefit the community.

Ms KING: Continuing the theme, Minister, with reference to pages 15 and 84 of the SDS can you please update the committee on the construction and commissioning of our awesome satellite hospitals, including the one at Bribie Island in my electorate of Pumicestone?

Ms FENTIMAN: I thank the member for the question and acknowledge her advocacy for her community to receive health care that is more accessible, more convenient and sustainable. It was wonderful to join the member along with the Premier, the Deputy Premier, the police minister and the member for Bancroft in opening the Caboolture Satellite Hospital on Monday and for an open day. I am very much looking forward to getting to Bribie Island soon to see the brand new satellite hospital there.

The Palaszczuk government is delivering seven satellite hospitals across South-East Queensland, each with world-class health services for local communities in South-East Queensland that will take pressure off our emergency departments. The Bribie Island Satellite Hospital is on track

to open in the middle of next year. Once this facility is operational, Bribie Island residents will be able to access more hospital services locally rather than having to travel to major hospitals. The Bribie Island Satellite Hospital services are specifically tailored to the local community. Its minor injury and illness clinic, in particular, will save many locals a trip to Caboolture Hospital, the Royal Brisbane and Women's Hospital or the Redcliffe Hospital. These clinics provide unscheduled care to patients with illnesses and injuries that are not likely to be life-threatening in nature. They diagnose and treat conditions including strains, sprains, minor eye issues, minor cuts and burns, broken bones, minor head injuries, infections and rashes, toothaches, earaches and fever—all conditions that I know families on Bribie Island will be really pleased to access care for closer to home.

The clinic will have the facility to provide care to up to 350 patients a week. The Bribie Island Satellite Hospital will also include 12 renal dialysis and day medical chairs, with the capacity to deliver up to 132 treatments per week. It will include consult and treatment rooms to allow for appointments with Queensland Health medical and nursing staff and allied health professionals, with the capacity to see up to 480 patients per week. The facility will feature a rehabilitation gym, oral health services, medical imaging and diagnostic services including ultrasound, X-ray and pathology and a First Nations hub. Construction of the Bribie Island Satellite Hospital is supporting more than 100 jobs. This is a welcome boost to the local economy. Our Satellite Hospitals Program is an Australian-first initiative and one that we are extremely proud of. I look forward to providing more updates on our wonderful satellite hospitals in the coming weeks and months.

CHAIR: Minister, with reference to the four system outcomes on page 1 of the SDS, can you share some of the positive feedback you have received from patients about their experiences with Queensland Health?

Ms FENTIMAN: It was a surprise to me when I became health minister that one of the lovely things I get to do is get all of the feedback that comes in from Queenslanders about the wonderful care that they have had. I am then able to forward that to the chief executives of our health and hospital services to forward that feedback back to staff. Our Queensland hospitals provide some of the best health care in the world. It is a testament to the incredible work of our doctors, nurses, paramedics, midwives and support staff who are committed to providing exceptional health care to fellow Queenslanders.

It is always important to listen to patient experiences from across our system. While I always say that we can do more and improve more, I also think it is incredibly important to share some of the positive work our health workers are doing each and every day, so I would love to share a few stories. Jo had day surgery last month and was incredibly thankful for her experience, despite the pressure on the service that day. She said, 'Every professional, while super busy, took time to listen and pay attention to me as an individual human being, I didn't feel like a cog in the wheel.' Despite the increasing demand and ongoing challenges, our incredible health workforce continue to provide compassionate care. After meeting so many of our wonderful frontline staff I am not surprised to hear these wonderful reviews, but good news is always nice to receive.

When Queenslanders experience a medical emergency, they expect—and have every right to expect—responsive and effective access to the help they need. I am proud that the paramedics in Queensland do just that. Isabelle, a trained nurse, called triple 0 on behalf of her older neighbour after he suffered a fall in his home. Less than five minutes after that call, four paramedics arrived to attend to the patient. In a letter to the Queensland Ambulance Service Commissioner, Isabelle wrote, 'We are indeed a lucky country to have such fine men and women providing such an extraordinary service, especially to us ageing citizens. A comfort indeed to know such help is just a call away ... I offer my thanks and appreciation for the exemplary care and concern provided by all four of these caring paramedics.'

Rhys, an 11-year-old boy from Caloundra, broke his arm playing soccer and was promptly transported to the Sunshine Coast University Hospital by the Queensland Ambulance Service. His parents wrote, 'From the moment of the accident to now, we could not be happier with the treatment Rhys has received from Queensland Health staff, ambulance, surgeons, nurses and fracture clinic staff.' Rhys is now back soccer training and is looking forward to resuming all the activities he loves including cricket, swimming and mountain biking.

It is not just Queenslanders who get to experience the compassionate care provided by our health services. Whilst Suzanna was on holiday in Cooktown all the way from Perth, she unfortunately caught COVID and presented to the Cooktown regional hospital with her son Tony. Tony took the time to write to my office telling of their massive appreciation and gratitude for Suzanna's treatment. He said, 'From

the onset, the treating doctor, nurse and receptionist were very friendly, quick and diligent. Mum was tested and given antivirals leading to a speedy recovery.' Renee also took the time to express appreciation about her mother's experience in the older person's mental health unit at the Gold Coast University Hospital, expressing that she was treated with respect and dignity throughout her entire admission. She said the wonderful medical team included the family in her mum's assessment and treatment decisions which were incredibly reassuring at a very scary time. I have heard it said a few times now that it is not often that people send bouquets, but these stories serve as just that and they make me proud to represent our wonderful Queensland Health staff.

CHAIR: It is wonderful to hear those stories, thank you minister. My next question is with reference to question on notice No. 11. Can the minister explain the actions the Palaszczuk government has taken to implement the recommendations arriving from the health service investigation into obstetrics and gynaecology services at Mackay Hospital and Health Service?

Ms FENTIMAN: I have made it clear that one of my top priorities is ensuring that all women in Queensland have access to high-quality care close to home no matter where they live. That is why on my first full day as health minister I travelled to Gladstone and to Mackay. In Mackay I met with members of the Mackay Obstetrics and Gynaecology Implementation Working Group which includes women who unfortunately did not receive appropriate care at the hospital. During my meeting with Nikea and Jaimie and members of the hospital executive I was really pleased to see how the hospital is working hard not only to implement the 122 recommendations of the report but working hard to regain the community's trust.

Mackay HHS moved quickly to establish an implementation working group to review, validate and certify that recommendations are completed. Members of this group include consumers, doctors, midwives, nurses and executives who are working together to oversee the governance and implementation of the recommendations from the report. The make-up of the group should give the community assurance that these recommendations are being implemented in a thorough and transparent manner. A list of the recommendations and the health service's progress towards implementing these are available for everyone to see on their website. In Mackay I also met with staff who are undertaking stillborn training which was one of the recommendations of the report and I toured the maternity ward and the birth centre to meet with the hardworking staff. Hearing from women the need for ongoing specialist support was abundantly clear and I am working with the department and the HHS to ensure they have access to appropriate care.

Of the 122 recommendations, I am pleased to say that 104 have been implemented and the remainder are underway. The Mackay Hospital and Health Service expects to have all but four of the recommendations implemented by October of this year. The other four relate to infrastructure and are directly linked to the construction of the new women's health unit as part of the \$250 million expansion of the Mackay Base Hospital. I look forward to providing more updates on the implementation of all 122 recommendations and the \$250 million expansion of the Mackay Base Hospital. Planning for this much needed expansion of 128 additional beds is well underway, with staff and community now contributing to the detailed design phase.

Ms PEASE: With reference to page 15 of the SDS, would the minister be able to update the committee on Logan Hospital's new birthing suites and explain how they will benefit new mothers in the community?

Ms FENTIMAN: I thank the member for the question and I would be delighted to, particularly given that Logan Hospital is in the heart of my community. As the Minister for Women and the Minister for Health and the proud member for Waterford, I was so privileged to visit Logan Hospital last month and officially open the new birthing suites. Logan is one of our state's fastest growing regions. We know that another 311,000 people will call the area home by 2046, and that is why we are investing more than a billion dollars in infrastructure at the Logan Hospital. Every year at the Logan Hospital almost 4,000 beautiful babies are born. The community told us that the Logan maternity team provided exceptional care but the facilities did not meet the high standard of service, and that is why I was delighted to be joined by the Treasurer and the member for Macalister to announce the new and modern birthing facilities that local women absolutely deserve. These new facilities include five new birthing suites and eight new birthing pools.

I have been really clear that providing quality maternity care is one of my top priorities and what I have heard when it comes to maternity services is that women want choice, they want continuity of care and they want it close to home. This upgrade means that for the first time women birthing at Logan Hospital can choose water immersion or water birthing. Water immersion is known to assist with pain

relief and improve circulation and blood pressure during labour and we are excited to be able to provide this option for local women for the first time. While making the announcement, it was lovely to meet baby Eleanor, who was one of the first little ones born in the new birthing suite, and it was great to hear from proud parents Danielle and Keegan that they had a really positive birthing experience at Logan Hospital. I wish them well and I hope they are settling in to life with their beautiful baby daughter.

In its first week, 75 babies were born in the new birthing suites. Delivering these new facilities is only part of our maternity upgrade which includes six additional maternity inpatient beds and 10 additional special care nursery cots. With the addition of the five new birthing suites there are now 12 birthing suites. Construction of a new special care nursery is now underway and expected to be completed early next year. This is a significant milestone for Logan Hospital. It is the culmination of years of planning and consumer engagement to provide greater birthing choices for Logan families. I am so proud we have delivered new and modern birthing facilities that local women absolutely deserve and I look forward to returning soon to make even more announcements at the hospital.

CHAIR: I am going to move to questions from the opposition. Member for Broadwater.

Mr CRISAFULLI: Director-General, my question before was related more to the process around declaring part 9s. How many part 9 investigations are you personally aware of that are underway at the moment?

Mr Walsh: That is not a number that I collect. It is a matter of understanding the part 9s that are underway, so it is not a number that I keep or calculate in my head.

Mr CRISAFULLI: I would suggest to you that you would be aware of them though. It is a pretty big deal. This is the worst of the worst, so I am just asking how many are there that you are aware of? What are the hospitals? What are the institutions that are currently subject to a part 9 in Queensland?

Mr Walsh: As I indicated, the part 9s can be commissioned by the director-general and I am clearly aware of the part 9s that I indicated.

Mr CRISAFULLI: I am just talking about in general, the ones that you are aware of personally?

Mr Walsh: So there are 16 hospital and health services. I am happy for each of the hospital and health services—

Mr CRISAFULLI: Just the ones that you are aware of; that is all. Just the ones that you are aware of.

CHAIR: Member for Broadwater, I believe that the director-general answered that earlier with the Torres Strait and—

Mr CRISAFULLI: Mr Chair, this is—

Mr Walsh: I would be relying on my memory and the issue is it is not something that is documented or reported or recorded.

Mr CRISAFULLI: Is it more than the two that you have named? Is it greater than the two you have named?

Mr Walsh: Yes, it is greater than the two that I have named, but they are known.

Mr CRISAFULLI: So surely Queenslanders deserve to know that. Could you list the ones that you remember then?

Mr Walsh: I would rather not rely on my memory to give a figure—

Mr CRISAFULLI: Well, just the ones that you are certain of?

Mr Walsh:—or a number. I do not—

Ms BATES: Two or three?

Mr CRISAFULLI: Just the ones that you are certain of then, the ones that are in your mind—

Ms BATES: Four?

Mr CRISAFULLI:—because it is something I would remember, I am sure.

Ms BATES: Is it three? Is it four?

CHAIR: Okay. Order!

Ms BATES: Is it five? Is it six?

CHAIR: Order, member for Mudgeeraba. Let us start this session well. I think this is really going into the hypothetical—

Mr CRISAFULLI: Minister, what about you? What are the ones that you are aware of?

CHAIR:—and repetitive. Have you got another question?

Mr CRISAFULLI: Minister, what are the ones that you are aware of over and above those two? You have named two. What are the others?

Ms FENTIMAN: Yes. As I said, I have made public that there is a review underway at Caboolture and shortly there will be a review underway into the Torres Strait. I am aware of one other at Metro South which relates to Redland Hospital which, again, I have also made public. As I have said, if there are any others we are happy to make them public—and of course Townsville audiology, which is underway as well.

Mr CRISAFULLI: We would like the full list of them—the full list that you are aware of—and it should not take the opposition peppering questions for the minister to reveal what hospitals are subject to a big investigation of this nature.

Ms FENTIMAN: I thank the member for the question. All of the ones I have just mentioned have been public. I have said any that have come to my attention as the minister I have made public and any others that come to my attention I will make public. I have given a commitment to do that.

Mr CRISAFULLI: So you are not aware of any others other than those at the moment?

CHAIR: I think the minister has absolutely answered this.

Ms FENTIMAN: As I have said, member for Broadwater—

Mr CRISAFULLI: Are you aware of any others currently?

CHAIR: Member for—

Ms KING: This line of questioning is badgering, it is repetitive, it is frivolous.

CHAIR: Member for Broadwater, you have put the question. The minister is being responsive in her answer. I do not want to see this continued line of questioning. Minister, have you got anything else to add?

Ms FENTIMAN: I am not responsible for part 9 investigations. The chief executives of the health and hospital services or the director-general are. Any that have come to my attention as minister I have made public. I have given a commitment to release the terms of reference and the reports. I have also said I am happy to make any others public. I think that should satisfy the Leader of the Opposition.

Ms BATES: You have to ask the HHS first to know whether one is happening though—

CHAIR: Member for Mudgeeraba—

Ms BATES:—don't you?

CHAIR: Order!

Ms FENTIMAN: I have said I will make any others public in accordance with the—

Ms BATES: So will you go and ask now?

Ms FENTIMAN: I am really trying to answer the question, Chair.

CHAIR: Order!

Ms BATES: I know what you are saying, Minister, and I am agreeing with you. I am asking you: now that you have been made aware of these part 9s, are you actively going to go into the HHSs and ask them if there is any that you do not know about? How can Queenslanders have confidence in their hospital if they are under a part 9 that they are not aware of because you have not told them?

Mr CRISAFULLI: This is a big deal.

Ms BATES: It is huge.

Ms FENTIMAN: Thank you, members, for your questions. I want to be very clear that I have said I have released any that have come to my attention and if there are any others I will publicly release them.

Ms BATES: Is the DG going to tell her?

Ms FENTIMAN: I am not sure why we are going around in circles when I have been very clear I am very happy to be transparent about these matters. They are big deals. The legislation has been the same since it was introduced by the LNP.

Mr CRISAFULLI: Mr Chairman, just one question, if that is okay.

Ms FENTIMAN: Let me finish, Leader of the Opposition. If there are any others we will make them public, but as I have said, the ones that have come to my attention as minister I have been upfront, I have said we will release terms of reference, we will release the reports. Queenslanders do have a right to know about these matters and we have always been upfront and honest about them. Given you already know about most of them—the Townsville audiology, the Redlands Hospital, the Torres and Cape—I think we can all agree we all want to be open and transparent about it and we will make sure that that happens. But it is not a report that we can just look at right now and tell you. So we have been upfront and honest about these reviews and if there are any others we are happy to release them.

CHAIR: Before you move on, member for Broadwater and member for Mudgeeraba, the minister has just answered the same question that you have put twice. I am trying to give you as much time as possible. She has been responsive. She has answered the question. I do not want to see it repeated again and again. Do you want to move to another question?

Mr CRISAFULLI: Thank you for your guidance. I will just ask a different question and it is the final question for you, Minister. Can the minister rule out she has knowledge of any others today other than the four she has listed?

Ms PEASE: Point of order, Chair.

Ms FENTIMAN: I have listed the ones that I can remember that I have made public whilst I have been the health minister.

Mr CRISAFULLI: That was not the question, Minister.

Ms FENTIMAN: If there are others I will release them.

CHAIR: Everyone, order!

Mr CRISAFULLI: I am just asking your knowledge as of today, not about whether it predates your time.

CHAIR: Member for Broadwater, order! I am taking a point of order.

Ms KING: Chair, these questions are a reflection on your rulings previously. They are grossly disorderly and repetitive and I question whether the members are verging on the point of needing to be warned under the grossly disruptive and disorderly measures in the standing orders.

Ms PEASE: Chair, that was also my point of order.

CHAIR: Thank you, members. I do want to again set the tone. Let us keep it balanced. Member for Mudgeeraba?

Ms BATES: Could I recall the deputy director-general of health capital division. I want to continue on from my line of questioning earlier about the fact that your division knows if projects are running behind schedule. Can the deputy director-general tell me why in committee question on notice No. 8, which asks for capital projects which were running late and a revised date, that the minister said she could not provide it. Does Queensland Health and the minister know if projects are running late or not?

Ms Radice: Firstly, can I just respond to the question you asked around staff. I have 152 full-time equivalent that are public servant staff and I was referencing the larger number that comes and goes around contractors as we have project life cycles that move and respond at any one time. So that combined figure at the moment is around that 200 figure, but the actual staff in public service is 152. The other figure fluctuates as per project life cycles.

In terms of the question on notice No. 8, we have more than 700 live capital programs across Queensland. To go into that level of detail at any one time would require a lot of work with every HHS, a lot of different projects, small and large. It is accurate that from an infrastructure construction point of view that we do obviously monitor the performance of both cost and time, but we also have mitigations against cost and time. So trying to report something up at this point in time would not be accurate of where it might be in a week's time.

Ms BATES: But you would know if it was six months overdue, 12 months overdue, \$200 million over budget, \$400 million—you would know that surely?

CHAIR: Member for Mudgeeraba, we do not need the running commentary.

Ms BATES: I was clarifying, thank you.

CHAIR: I am asking you to allow the witness to respond to your question without the running commentary. It is unhelpful.

Ms BATES: Sure. I can keep going. We have uncovered this morning that seven projects under the accelerated delivery program, once valued at 229 million, have blown out by 40 million. My question is are all of those seven projects scheduled to open when they were promised to under the Health and Hospitals Plan?

Ms Radice: We are working through the AIDP project. It is a number of different projects in different HHSs. We have already delivered the renal chairs at the Prince Alexandra Hospital. Just a moment while I bring up my AIDP list. We have all of the projects out to tender except for Ripley, and we are quite comfortable with how that program is tracking. I think it is important, as I said before, that we are operating in extraordinary market conditions. Cost escalation globally is extreme and volatile. We are working through materials shortages, labour supply issues and also working through with our contractors around the capacity of labour.

Ms BATES: Those seven projects that we are talking about have all been tendered. The question was are they still scheduled to open when they were promised?

Ms Radice: As I said before, as you work through scheduling, and we are working through with those contractors, some of those projects are connecting into existing infrastructure, so you work through latent conditions and you work through things that you find as the project progresses. We are also working through the tender responses around what contractors believe is possible in these current market conditions that you cannot predict until you are in that tender phase. As the Health Capital Division we have put in place an extraordinary amount of risk mitigations where we work through with our contractors, and we are bringing contractors together to work across the program. That enables synergies for labour supply, for trade supply and for timing. We have brought in the governance, risk and assurance framework that has been approved by the infrastructure cabinet committee.

Ms BATES: The short answer is you cannot tell me whether they are actually going to open on schedule, which was in the Health and Hospitals Plan. In that glossy brochure where it says they are going to be open on this particular day, can you or can you not confirm that they will all be open on the dates that are in that glossy brochure?

Ms Radice: I will run through the status that they are at at this point in time. I think it is naive of anyone in infrastructure to try to provide a guarantee.

Ms BATES: I was about to ask you if there were any incurred budget overruns.

Ms Radice: The Ripley satellite hospital modular subacute expansion is on track. The Gold Coast University Hospital modular subacute expansion is due in mid-2024. The QEII Hospital modular ward is on track. The Redland Hospital modular ward is on track. The Robina Hospital transit lounge is on track. The PA renal refurbishment is on track. We have already delivered a number of chairs in that space. And we have the Cairns subacute lease arrangement which has already been delivered. We are also working through on the Ripley campus around other campus works considering that is in the same location as the satellite hospital. It is a program that is tracking well and favourably.

Ms FENTIMAN: If I could just—

Ms BATES: My next question is to the minister.

CHAIR: Member for Mudgeeraba, order! I am going to give some latitude and allow the minister to add commentary and then I will go back to your question.

Mr POWELL: Point of order. The question was directed at the DDG. If it is going to the minister now that should come out of government time.

CHAIR: I am going to give you as much time as possible here. Let us go to the minister and then back to your questions.

Ms FENTIMAN: I want to say a big thank you to the team because not only are the overwhelming majority on track but also the Cairns subacute expansion was delivered early. In these times with construction that is extraordinary. I want to mention that the Gold Coast University Hospital has been extended now to mid-2024, as Priscilla has said, because of market feedback during the procurement phase to resolve technical design challenges on that site. It meant we could not deliver a modular solution; it had to be traditional construction. That is why that has been delayed. Otherwise, oh my God, they are doing an incredible job.

Ms BATES: Minister, the Y-STR testing was described by Sofronoff as revolutionary for sexual assault investigations and is used by almost all Australian forensic laboratories. Recommendation 40 refers to the necessary steps to achieve the validation and implementation of this testing as a matter of

urgency, with the aim of validating and implementing the technology within six months. As I understand it, despite us being seven months on, it is yet to be done. How much longer will rape victims have to wait before this can be sorted out?

Ms FENTIMAN: Firstly, I want to say that all of the recommendations from the commission of inquiry the government has accepted and has already committed an additional \$95 million to invest and drive those significant reforms. The establishment of Forensic Science Queensland, led by Professor Linzi Wilson-Wilde, was obviously the first step and an enormous amount of work is underway to implement those recommendations. I would like to ask Professor Linzi Wilson-Wilde to come forward and talk about some of the specifics as to where we are up to with those recommendations.

I also want to say particularly around rape testing kits that new kits have been ordered and delivered. An enormous amount of training is underway. I am really proud that, as a recommendation coming from the Women's Safety and Justice Taskforce, that work is also underway.

Prof. Wilson-Wilde: I started on 16 January this year. The dedication and commitment that has been expressed and shown by the scientists at FSQ is truly remarkable. I also thank, for all of the support I have received, other government departments, DPP and Queensland police.

The Y-STR validation process has commenced. We have sought the services of a researcher from Griffith University to aid us in that process. Unfortunately, the time line provided by the commission of inquiry was probably not a time line in which most laboratories would be able to implement a Y-STR kit according to international validation standards. We have engaged in that process.

Initial work was required to be conducted around the DNA extraction process. That work has commenced and is nearing completion. However, we have also started the Y-STR process for the components that we could do without the initial extraction process. I anticipate that project, with our introduction of a new manager of innovation, will be completed in the coming months.

We have also had to seek legal advice in order to conduct that validation process. Crown law has provided that advice to us so that we can progress other aspects of the Y-STR project. I anticipate that will be implemented either before the end of the year or just into the new year.

In the meantime, we have engaged ESR in New Zealand, Environmental Science and Research, to conduct the Y-STR testing on our behalf. That program has been implemented. ESR is currently providing that testing for us and the community of Queensland so that where that testing is required it is being done.

Ms BATES: Professor, thank you for showing Tim Nicholls and I around the laboratory a few months ago. I now call forward the chief executive of Metro South HHS.

Ms FENTIMAN: Chair, while we are waiting for the chief executive to come forward, I am informed that the beds are up on the website. There was an uploading glitch but they are absolutely there, which is a relief for us all. The 63 hospitals that were previously reported on the old website are there and—just wait for it, member for Mudgeeraba—

Ms BATES: There is more?

Ms FENTIMAN: There is more—work is underway to expand to a further 43 hospitals and their beds in the coming weeks so more beds on the website than ever before.

Ms BATES: Funded or unfunded?

Ms FENTIMAN: Funded.

Ms BATES: There is no such thing as unfunded, according to the minister.

Ms FENTIMAN: That is right.

Ms BATES: Ms Cridland, given the revelations around part 9 with the LNP's questioning, for the first time we are now alive to the fact that there is a part 9 investigation at the Redland Hospital. Would you be able to let the committee know exactly what that part 9 investigation entails, how long it has been going on and whether any patients have been harmed in the course of that part 9?

Ms FENTIMAN: If I could make a comment—

Ms BATES: No, the question is not to you.

CHAIR: Order! I am allowing the minister some latitude.

Ms FENTIMAN: The question is incorrect. This has previously been made public, going back to 2018. The chief executive will expand on it, but to say that this has somehow been revealed today—this is a longstanding part 9 that has been made public before. The member for Mudgeeraba knows that and should not try to make light of that in her question.

Ms BATES: I am not making light of any part 9, Minister.

CHAIR: Thank you for the clarification, Minister. Do you have a question, member for Mudgeeraba?

Ms BATES: I would like to know what the part 9 involved and what policies and procedures have been put in place by the Redland Hospital to make sure that a part 9 of this level never occurs again.

Ms Cridland: The part 9 investigation into the Redland endoscopy service was initiated by the previous director-general. Because that is still in process, I am not able to comment on any of the matters with respect to that.

Mr CRISAFULLI: CEO, could you furnish to the committee what it actually entails and whether or not the public have a right to know what steps have been put in place to keep them safe?

Mr Walsh: This investigation is a part 9 commissioned by the department and not by the health service so the health service CEO is not really the most appropriate person to ask.

Ms BATES: They do not know what is going on with the part 9?

Ms FENTIMAN: It is appropriate to ask the acting director-general, was the comment.

Mr CRISAFULLI: Acting Director-General?

Mr Walsh: In responding, I want to extend my thoughts to the patients and their loved ones who have been impacted by the care provided by two surgeons between 2008 and 2018 at Redland Hospital, which people know. As people also know, an investigation is underway to review the care provided to those patients who underwent upper gastrointestinal endoscopies and colonoscopies performed by those two surgeons. The investigation is looking at the systemic issues relating to patient safety, governance and quality assurance.

The Metro South Hospital and Health Service systematically undertook a recall process for patients who received a colonoscopy and who may not have met the expected standard of care. They were contacted individually and rescheduled and provided a review. The process for the health service investigation has been impacted by legal proceedings brought by one of the surgeons. We need to be respectful of those proceedings and, therefore, it has taken longer than we would like because of that.

Ms BATES: Minister, I understand at last year's estimates the member for Whitsunday raised the issue of access to sanitary items in the safety unit at Townsville Women's Correctional Centre. At the time you could not confirm what specific response would be taken to this issue. Could you confirm if it is still the practice for women to have to hold their pad in place with their bare hands throughout their period?

Ms FENTIMAN: If I remember rightly, I did say that that was appropriate to be put to the minister for corrections. It is not any information that the Office for Women would hold. Of course, we want all women to have appropriate access. I am really pleased to be part of a government that has put sanitary items in all of our schools. How wonderful that young girls can get access to that. In terms of what is happening in our correctional facilities, that is most appropriately directed to the minister for corrections.

Ms BATES: This unit is for women with serious mental health concerns. They are not being given the dignity of appropriate sanitary items. Does the minister really feel comfortable with this happening in a modern Queensland for which her government is responsible?

Ms FENTIMAN: Again, I am not sure what is happening in that facility. As the Minister for Women of course I want all women to have appropriate access to sanitary items and to be treated with dignity no matter where they are in Queensland. As to what is happening in that particular facility, that is best directed to the minister for corrections. As the Minister for Women—

Ms BATES: Would it not be quicker for you as a woman to just go to the minister?

CHAIR: Member, we will move on.

Ms BATES: I just thought it would be pretty easy.

CHAIR: Member! We will take a break from the opposition and come back to you. I will first go to the cross-benchers.

Dr MacMAHON: My question is for the Acting Director-General. Treasury figures for inflation in Budget Paper 2 show inflation at 7.25 per cent for last year and a projection of 3.7 per cent for this financial year. From my calculations, inflation has exceeded the headline wage percentage for health workers. Do you concede that public health care workers' real wages are going backwards even with the additional cost-of-living supplement?

Mr Walsh: The wages that are paid for all Queensland Health staff are in line with the enterprise bargaining agreements that are negotiated between the department and employee representative organisations and in line with government wages policy. Asking whether I have an opinion about that is not what I am here to do; I am here to present facts around the portfolio.

Dr MacMAHON: Based on these inflation figures, do you think the health care workers are keeping pace—

CHAIR: Seeking an opinion, member.

Dr MacMAHON: It is not an opinion; it is just a calculation of maths.

CHAIR: Member, I am asking you either to rephrase your question or move to another question. I do not want to rule it out of order. I want you to be able to ask the question, but can you do it without seeking an opinion?

Dr MacMAHON: What is the percentage gap between workers' real wages and inflation?

Mr Walsh: The wages increase for health staff in Queensland has been the largest in Australia and in line with government wages policy and the enterprise bargaining agreements that are negotiated with employee representative organisations.

Dr MacMAHON: Minister, the cost-of-living supplements concede that inflation has exceeded the headline percentage figure for health workers. What representations are you making to make sure that health care workers are being appropriately paid?

Ms FENTIMAN: As the acting director-general has said, we have some of the most generous pay and conditions in this country. I absolutely appreciate that our health workforce is working incredibly hard and, like all Queenslanders are facing cost-of-living pressures, but that is why they have a cost-of-living allowance. Not just that—it is why we are providing cost-of-living relief to every household through our electricity rebates. It is why we have made kindergarten free. We know that a huge amount of women enter the health profession as workers and that getting free kindergarten for children is an absolute game changer. We are a government that is about hiring thousands more staff. We are paying them the best in the country and we are providing cost-of-living relief across almost every government portfolio, which I know our health workers appreciate.

The other thing in this budget that I am really proud that I delivered with the Treasurer is a cost-of-living payment for our nursing and midwifery students in their final-year placement. We want them to do their placements in regional Queensland. That is where the huge demand is. We know that, if nursing and midwifery students get to do a placement in regional Queensland, they often love the community—they love regional Queensland—and will stay there to start their career, which is what we want them to do. But travelling away from home as a student when they cannot earn money in their regular part-time job because they are doing their placement means it is really tough, which is why we are providing that cost-of-living relief for our nursing and midwifery students, which was something the QNMU called for on behalf of its members and I am so proud we are delivering it.

Mr ANDREW: I understand that the Patient Transport Subsidy Scheme rebate has not been increased since 2013—is that correct—despite the Health Ombudsman recommending a review be carried out six years ago. Will the minister commit to reviewing the scheme with a view to increasing the rebate before the end of the next financial year?

Ms FENTIMAN: I thank the member for the question. After lots of lobbying from regional MPs, including the chair of the committee, I was really proud to increase the Patient Travel Subsidy Scheme. It is a \$70 million investment to increase the scheme. Not only does it increase the nightly allowance, it also increases the per kilometre allowance when regional Queenslanders have to travel. We would love to be able to make sure that all Queenslanders can access specialist services in their community and not have to travel, but we do know that for very specialist health care regional Queenslanders will have to travel. That is why after a lot of campaigning from regional MPs we have delivered that huge increase to the Patient Travel Subsidy Scheme.

The other thing I have heard from patients when I have travelled the state, is that they do sometimes find the paperwork a little confusing. I totally agree and I have asked the department about this. There was a review several years ago to try and simplify it. I think we can do more in that space. I have committed to looking at that to make it even easier for Queenslanders to get that support. The other thing I am really proud of when it comes to the Patient Travel Subsidy Scheme is that we will pay for repatriation for First Nations families when unfortunately a loved one passes away away from home. This is something that has been raised with me over a number of years in that it is a huge financial burden and pressure on First Nations families. When one of their loved ones has to go away to get that

specialist treatment and unfortunately passes away, it is a huge burden on families to have to come up with the money to repatriate the body to come home for funeral and burial. I am really pleased that we now have that in that budget as part of the Patient Travel Subsidy Scheme increases.

Mr ANDREW: Thank you, minister. Chair, can I call Ms Amelia Callaghan, the Acting Commissioner for the Mental Health Commission?

Ms FENTIMAN: While the acting commissioner comes to the table, I can confirm for the member for Mudgeeraba that we have had some very helpful people from the Office of Prisoner Health and Wellbeing let us know that sanitary items in prisons are provided for free from Queensland Corrective Services. This is great news.

Mr ANDREW: With reference to many programs listed on page 2 of the SDS aimed at boosting women's health care, I note that, according to a Griffith University 2022 report on suicide in Queensland, 75 per cent of the people who committed suicide last year were actually male. What mental health programs and other forms of assistance are offered in Queensland that specifically address the problems confronting males today in Queensland?

Ms Callaghan: Part of the Queensland Mental Health Commission's role is to establish the whole-of-government plan, and we have Every life: The Queensland Suicide Prevention Plan. It is a whole-of-government, whole-of-community 10-year plan. We have just finished phase 1 of that plan in 2022 and we are underway for phase 2 from 2023 to 2026. We are happy that within the last period of this plan we did undertake a review of male suicide to see the opportunities to intervene early and, as part of that review, made the commitment under phase 2 to enact a range of interventions to look at opportunities for service provision to provide greater support to men.

We heard within that review of male suicide that, despite myths, there actually were opportunities. Men were seeking help but were not being provided the appropriate supports that they were seeking. For example, while they may have had access to medication, they were not being given access to things like financial support and assistance or relationship counselling. We know that it is actually beyond clinical mental health services and more social supports that people were looking for.

Under phase 2 of Every life, we have seen a commitment of \$11.5 million from the Queensland government to support the implementation of phase 2 of that plan, and that includes a commitment to providing greater services and supports to men as part of phase 2 moving forward.

Mr ANDREW: Page 6 of the SDS states that one of the main roles of the QHMC is to address drugs and substance misuse in Queensland. Given that many experts say that drug use has a known mental health and suicide risk factor, what is your view of QIMR Berghofer's recent announcement that it will be running landmark trials where psilocybin—magic mushrooms—will be used to treat people suffering from grief?

Ms Callaghan: From 1 July 2023, authorised psychiatrists can prescribe products containing MDMA and psilocybin for specific mental health conditions. It is recommended for treatment for those with whom established psychiatric treatments have been attempted but without success. Authorisation to prescribe these substances for these conditions is restricted to those registered psychiatrists who have obtained approval from the Human Research Ethics Committee and have also been authorised by the Therapeutic Goods Administration under the Authorised Prescriber Scheme. Specific and comprehensive training for those practitioners delivering the treatment is required. Evidence for psilocybin and MDMA to treat conditions is drawn from research trials that also feature psychotherapy as a core component of that treatment model. The integration of psychotherapy with the clinical use of psilocybin should therefore be fundamental to the treatment, and evidence for the use of psychedelic assisted treatment continues to emerge.

Mr ANDREW: Is it a message we should be sending to young people in our community with drug addiction and those sorts of things? What are your thoughts on that? Are we managing that correctly?

CHAIR: Sorry, member for Mirani. That question is seeking an opinion and I do not think we need to progress that. I will move to government questions. I welcome the students who are in the gallery.

Ms PEASE: Minister, with reference to page 1 of the SDS, can you please outline how the Queensland government is creating new, diverse and more services to support people with an eating disorder?

Ms FENTIMAN: Eating disorders can be devastating for affected individuals but also the families who love and care for them. Full recovery is absolutely possible with the right care and treatment. I encourage everyone to listen to the stories of Tia, 17, and Bella, 15, who have shared their experiences of an eating disorder and their journey to recovery on the Full Bloom Podcast. Tia talks about how as

a preteen she was comparing herself to models in their mid-20s through filtered and curated social media, and Bella talks about how having people around you who understand what eating disorders are and how to support someone with an eating disorder is really critical to seeking help and recovering. Tia's and Bella's stories provide a message of hope that there are people who can help you recover from an eating disorder. I am so pleased that Children's Health Queensland has partnered with QUT to produce this excellent resource.

An eating disorder steering committee was established in July 2021 to help Children's Health Queensland improve the service accessibility and experience of young people with an eating disorder as well as their families. I am really pleased to have recently announced \$3.67 million in investment in Wandu Nerida, the residential treatment facility for eating disorders on the Sunshine Coast. Wandu Nerida is Australia's only residential treatment centre for eating disorders, with around a third of participants from Queensland. Admission is dependent on someone being medically stable. While the length of stay varies according to patient need, the average length of stay is approximately 80 days, with patients having an average duration of illness of about 10 years.

The prevalence of eating disorders has gradually increased over the past two decades. Unfortunately, the COVID-19 pandemic has seen significant increases in the number and severity of new and relapsing presentations of eating disorders. Our Better Care Together plan for Queensland's state funded mental health, alcohol and other drug services will provide treatment and care tailored to the specific needs of children, young people and adults who have an eating disorder and their families and carers.

We are boosting services to meet growing demand at existing eating disorder specialist services located in the Metro North, Sunshine Coast, Gold Coast, Cairns and Hinterland, and Townsville hospital and health services; establishing new eating disorder specialist services in the Metro South Hospital and Health Service and the service catchment of the Darling Downs and West Moreton hospital and health services; enhancing provision of specialist responses to children, adolescents and young people; increasing service development and workforce training to strengthen specialist eating disorder workforce capacity and developing, testing and evaluating new interventions; and increasing community-based peer and career peer supports for individuals with eating disorders, their families and their carers. This is important additional access for Queenslanders.

I look forward to following the progress of these initiatives as part of the government's commitment to responding to eating disorders in the Queensland community by expanding the reach of eating disorder treatment, care and support across all ages.

Ms KING: Minister, in relation to page 9 of the SDS, can you please advise the committee what progress has been made in relation to the government's commitment to commence pill testing in Queensland?

Ms FENTIMAN: I am always proud to be part of a Labor government, but I was particularly proud earlier this year when we announced that pill testing would be allowed in Queensland for the first time. Pill testing—or drug checking—is voluntary, free and confidential. It can be delivered at fixed sites such as a health service or at temporary sites like festivals and other events. Drug checking is not just for pills; it is for all types of drugs. This is important, because it allows people to check any drug or substance which we know can potentially cause them immense harm or even death.

I am committed to ensuring that this evidence-based approach to harm reduction is up and running by the end of the year. We are working hard to ensure Queensland Health has a permanent, fixed-site service and to also ensure the correct protocols exist to allow other organisations to operate their own pill-testing and drug-checking services safely and effectively. This will ensure that over time the services will be available across Queensland and at events where it is deemed necessary.

The implementation of this program supports our government's commitment to *Achieving balance: the Queensland alcohol and other drugs plan 2022-2027*, which identifies a priority action to increase harm reduction efforts through interventions such as drug checking. It is also an initiative which embraces *Better care together: a plan for Queensland's state-funded mental health, alcohol and other drug services to 2027*. These frameworks are committed to supporting new and innovative models of harm reduction focusing on emerging trends and people who are engaged in illicit and high-risk use. Our approach builds on international evidence-based service models as well as evaluations of successful trials in Canberra.

Queensland Health, with the Queensland Ambulance Service and the Queensland Police Service, has developed protocols and requirements for the introduction of drug-checking services in Queensland. They provide information on how the program will work and, crucially, what is required

from prospective providers to gain Queensland Health approval to operate. I look forward to releasing these guidelines publicly very soon. An independent and rigorous evaluation of the state funded service implementation will be undertaken and a statewide monitoring framework for any drug-checking service delivered in Queensland will be developed.

It would be naive to act like people in Queensland are not using drugs. It is right and fair that we do what we can to make sure it is done safely, at the very least. I am proud to advise Queenslanders that we are the first jurisdiction to commit to ongoing services of this kind. I look forward to providing updates to the community in the coming months.

Ms KING: With reference to the health equity goals throughout the SDS, Minister, can you please outline the progress made on closing the health gap for First Nations people in Queensland?

Ms FENTIMAN: Our government is committed to doing what we can to close the health gap with First Nations Queenslanders. Of course there is always more work to do, but it is important to celebrate wins where we have made progress. Since 2005-07, the life expectancy gap reduced by a third for First Nations Queenslanders. Queensland is very close to reaching the healthy birth weight target of 91 per cent, achieving 89.2 per cent in 2021-22. The mortality rate for Aboriginal and Torres Strait Islander infants is 27.5 per cent lower than in 2010-12.

In 2020, the Palaszczuk government created the strongest health equity legislation ever enacted not only in Queensland Health's history but in the history of any public health system in the nation. We are not just relying on policy and programs to get this right. We have made health equity the law. I am pleased to say that all 16 hospital and health services have publicly released their inaugural First Nations health equity strategies.

Making Tracks towards achieving First Nations health equity investment strategy has delivered more than \$100 million in targeted evidence-based health services and programs to improve health and wellbeing outcomes for First Nations Queenslanders. We are investing a further \$114 million to continue and expand the First Nations-led maternity services Growing Deadly Families to grow and improve First Nations workforce participation in the health system and continue delivery of the Institute for Urban Indigenous Health's Connect Plus program.

We have invested more than \$62 million improving social and emotional wellbeing in mental health, prioritising First Nations cultural safety and capability. This includes an additional 49 Aboriginal and Torres Strait Islander mental health workers across the state, as well as the delivery of a new culturally appropriate model of care to be delivered by the community controlled health sector. We are strengthening the First Nations health workforce by allocating \$1.9 million for 19 Aboriginal and Torres Strait Islander health practitioner positions and \$1.6 million to expand the Deadly Start school-based traineeship program. This year's 139 Aboriginal and Torres Strait Islander students have commenced in the program, and I have had the privilege to meet with many of them. It also includes legislative amendments and models of care for First Nations health practitioners and workers to work their full scope of practice using their clinical expertise, as well as their cultural advocacy skills, to deliver culturally and clinically safe care.

We know there is more to do to close the gap and truly achieve health equity. As we walk on the path to treaty, we are entering a time of truth-telling. The truth is, despite our bold statements and courageous leadership, there are still policies and programs that exist within our health system that exclude First Nations people or exacerbate the health gap by creating unnecessary barriers. What I have heard in the short time that I have been health minister is that institutional racism continues to permeate through every layer from decision-making to service delivery—but we are determined to change that.

We have less than 10 years to ensure our system is radically different, to uphold our commitment to closing the health gap for First Nations people. Now is the time for bravery, for putting a stop to things that just do not work and saying yes to things that need greater support from us together. Aboriginal and Torres Strait Islander peoples are the oldest surviving cultures in the world and we are responsible for ensuring that they can continue to thrive right here in their traditional homelands.

CHAIR: Thank you, Minister. That is timely for this question. I have been working with Yumba-Meta, an Indigenous organisation in Townsville, for some time, so I have been keen to ask this question. With reference to page 124 of the SDS, can the minister please outline the benefits of the new Karingal Patient Transition Accommodation facility, located on Riverway Drive, to locals in North Queensland?

Mr MOLHOEK: Did I hear Riverway Drive?

CHAIR: You did.

Ms BATES: Everything is on Riverway Drive!

Ms FENTIMAN: I thank the member for the question. It was great to be on Riverway Drive to tour the facility with the member.

Mr MOLHOEK: Please don't encourage him.

Ms FENTIMAN: Making world-class health care accessible to all Queenslanders is an absolute priority for us. We know that there are times when patients will need to travel to access specialist care, particularly those in rural and remote Queensland. That is why the Queensland government is proud to support the Karingal Patient Transition Accommodation facility. This is a new service which will open later this year and help Aboriginal and Torres Strait Islander peoples living in remote areas who need to travel to Townsville for medical care.

Karingal will be managed by Yumba-Meta, which operates a range of accommodation facilities in Townsville for First Nations Queenslanders. The facility will support immediate accommodation needs and additional support required for First Nations patients travelling for essential medical care who may otherwise be at risk of falling into homelessness or, worse, putting off travelling for medical assistance at all.

It includes 24 beds and four self-contained family units for patients. There are also four clinical rooms for visiting health specialists and other agencies, as well as a fully equipped administration facility. I was so impressed when I toured the facility back in June. The facility will be staffed 24 hours a day 365 days a year, ensuring that continuous care and assistance is there for its occupants including helping them navigate the health system, continue their treatment and return to stable housing.

We know the value of facilities like this. That is why we stepped in to commit \$6.9 million in funding over three years to get it up and running. Without this support, the service would not be able to be sustainable. In some more good news, people travelling from rural and remote areas to access healthcare services in Townsville will also have access to the Patient Travel Subsidy Scheme, which, as I said, received a \$70 million boost as part of our record health budget.

CHAIR: Thank you very much, Minister. I will move to opposition questions.

Ms BATES: My question is to the minister. I note that bed numbers have now been added to the website after we raised their omission.

Ms FENTIMAN: They were always there.

Ms BATES: Can you please explain then why the number of beds at Cairns Hospital is now listed as 480 beds given that the old website had it at 676 beds?

Ms FENTIMAN: I am happy to take that question on notice and get an answer from the Cairns Hospital. Can I say that there is huge construction work underway at the Cairns Hospital to expand the hospital and deliver even more beds.

Ms BATES: Minister, can you please explain why the number of beds at Townsville Hospital is now listed as 624 given that the old website had it at 785—which is a reduction of 161 beds?

Ms FENTIMAN: Again, I am happy to take that on notice. Again, we have huge expansion happening at the Townsville Hospital—143 beds will be delivered. Again, we have the biggest build in hospital infrastructure in the state's history. We are delivering almost 500 new beds this year alone. Again, I am happy to get back to the member about if there have been any problems uploading the data around beds.

Ms BATES: Thank you, Minister. While you are checking the numbers, can you have a look at Caboolture Hospital because the number of beds there has reduced from 295 to 223?

Ms FENTIMAN: Yes.

Mr POWELL: What's going on here?

Ms FENTIMAN: I am happy to see what has happened with the data upload.

Ms BATES: Who is in control? What is going on?

Mr POWELL: Is the glitch a bit bigger than what the minister originally said?

Ms FENTIMAN: Isn't it great to hear from the member for Glass House during this committee session! Where have you been, member for Glass House? We are delivering the biggest investment in beds—

Ms BATES: You tell everybody about your fake satellite hospitals.

Ms FENTIMAN: By the end of our big build, there will be 3½ thousand more beds. We are delivering the beds that we need for our growing community—almost 500 this year.

Mr POWELL: You've gone backwards by 500 beds.

Ms FENTIMAN: Thousands more are to be delivered over the new few years. I am happy to get you an answer about what has happened with the upload on bed data.

Mr POWELL: Toowoomba Hospital is down 168.

Ms BATES: You better check Toowoomba as well—168.

Ms FENTIMAN: There has clearly been some sort of issue. We will get to the bottom of it and get you an answer.

CHAIR: Maybe we can send the member for Mudgeeraba around to count all the beds in Queensland and come back.

Ms BATES: Actually I would be happy to do that, Chair, because then I would know what was a real bed and what wasn't.

Ms FENTIMAN: We are delivering so many more beds over the next few years. I talked about Logan Hospital just before. A billion dollars is going in there to expand hundreds more beds. We will get you an answer on what has happened with the data upload. I can reassure the community that there are more beds than ever before—500 more beds this year and 3½ thousand by the time our big build is finished.

Ms BATES: Funded or unfunded? For my next question, could I please call the chief executive of the Central Queensland Hospital and Health Service? In January this year the Deputy Premier said that full maternity services would return to Gladstone when there was 'a full complement of 10 obstetricians' across Rockhampton and Gladstone. How many obstetricians were employed across Rockhampton and Gladstone when the Gladstone service was restored and how many are there today?

Dr McCahon: Firstly, I would like to thank the hard work of all our maternity services across Central Queensland who have worked really hard over the last 12 months to provide safe care as close to home as possible for women of Central Queensland. It has been a particularly challenging time at Gladstone, where we have had decreased planned birthing at Gladstone due to unexpected emergent leave from senior medical staff. We have worked extraordinarily hard across Central Queensland to support our staff and to employ senior medical staff to support that service. We have had senior medical staff moving across the HHS to ensure that safe care is delivered.

As of June this year, we were able to have a full complement of senior medical staff at Gladstone Hospital, which is both permanent staff and long-term locum staff who have worked very hard to be able to bring back full birthing services to Gladstone which I am pleased to say has meant for a very busy birthing service there. I think we had about 12 births last week and a very busy week before of 16 births.

Ms BATES: My question was: were there 10 obstetricians across Rockhampton and Gladstone when you opened the service, as the Deputy Premier said there would be? How many obstetricians were employed across Rockhampton and Gladstone when the service was restored after 300-odd days of not having a service, and how many obstetricians are there today across Gladstone and Rockhampton?

Dr McCahon: We worked very hard with our clinicians, particularly midwives and senior medical staff, to ensure we could deliver a safe service. When we had the equivalent of four senior medical staff at Gladstone Hospital and enough senior medical staff at Rockhampton to support them, we were able to reinstitute safe services. We are aiming for a full complement of 10 obstetricians; however, we are currently delivering a safe service with the number of senior medical staff, senior midwifery staff and trainees that we have.

Ms BATES: Were you ever pressured by the minister, her staff or the department's leadership team in any way to open the maternity service in Gladstone with fewer than 10 obstetricians?

Dr McCahon: The decision to reinstate full birthing services at Gladstone, acknowledging that we recommenced elective caesarean sections towards the end of last year, low-risk emergent birthing earlier this year and then full birthing services in June, was a clinical decision. At each step of the way we paused with a safety huddle with our senior midwives and senior obstetricians, and we ensured that all of our processes that were in place were safe. We took their advice on making those steps towards opening further services and delivering a safe service.

Ms BATES: Obviously it was less than 10, so why was the Gladstone service on bypass with fewer than 10 staff but suddenly it opened below the threshold set by the Deputy Premier? How many doctors are employed there today? Is it 10? Is it nine? Is it eight? Is it seven? What is it?

Dr McCahon: To run a safe service, currently at Gladstone we have the equivalent of four full-time equivalent senior medical staff, which is what we have always been aiming for. We are aiming for 10 full-time equivalent staff across the HHS to ensure we can cover leave and plan for emergent leave. It does happen when obstetricians and senior staff get sick. That is made up of both permanent staff and long-term locum staff, who work together as a team to support the community to deliver safe birthing services.

Ms BATES: Can you tell me how many obstetricians resigned recently since the service was restored in either Rockhampton or Gladstone?

Dr McCahon: We have had one resignation from Gladstone Hospital by one of our senior obstetricians who is moving to further develop their surgical skills and is taking up a role elsewhere in Queensland.

Ms BATES: I would like to call the acting chief executive of the Torres and Cape Hospital and Health Service. Mr Davidson, do you have a time line for when maternity services will be restored at the Cooktown Hospital?

Mr Davidson: Midwives, obstetricians, gynaecologists and anaesthetists are necessary to deliver maternity and birthing services, and operating birthing services without ready access to all of these clinicians is not a safe or sustainable option. We continue to provide antenatal and postnatal services. I think it is important to understand the context of Cooktown. The next available facility for Cooktown is 330 kilometres away. With the patient as the focus, we need to ensure that we can provide safe and sustainable services. We can operate with a minimum three FTE of three general practitioner obstetricians and three general practitioner anaesthetists; however, a minimum of four for each discipline would be more acceptable. We continue to focus on recruitment statewide and nationwide, and we will open the service as soon as we can provide a safe and sustainable service to the patients.

Ms BATES: Are you aware if any of the \$42 million earmarked by the minister for maternity services in this year's budget is directly targeted at restoring services specifically in Cooktown?

Mr Davidson: There is an opportunity in the money that has been provided for the attraction and retention of doctors and clinicians. We are working through that attraction and retention program, focusing on statewide advertising and nationwide advertising.

Ms BATES: Mr Davidson, looking further afield to Weipa—

Ms FENTIMAN: Sorry, if I could just add to that.

Ms BATES: It is my question time, not yours.

Ms FENTIMAN: One of the outcomes we announced from the maternity round table was the training of GPs to do specialist obstetric training in collaboration with RANZCOG, and GP obstetricians are the people we need to get Cooktown back up and running. Dean is exactly right in terms of the workforce attraction incentives, but also training GPs. There are a number of GPs that I got to meet in Cooktown. That will help.

Ms BATES: Minister, we are happy that you have. My question is to Mr Davidson. Looking further afield to Weipa, the completion of a new maternity suite at the hospital was supposed to occur late last year. Could you please provide the total cost for that project?

Mr Davidson: It was around the \$2 million mark, but I will have to get the actual figure for the total completion of it. The exciting opportunity is that we can provide birthing in Weipa, and again we are working with the same process that we are working with at Cooktown. Following on from what the minister indicated, it is really important that we are looking at opportunities where we can work with other HHSs to provide upskilling for our medical staff in those facilities.

Ms BATES: I note published ministerial media releases promising that maternity services would be restored in Weipa in late 2021 and then again in late 2022. I also note the former chief executive made some public statements in February this year saying the HHS had decided to formally postpone the return of birthing services. Is there a new opening date in mind for Weipa?

Mr Davidson: As I have indicated, with Weipa and Cooktown we will be opening birthing services when we can provide a safe and sustainable service, and for that we need a minimum of three general practitioner obstetricians and general practitioner anaesthetists.

Ms BATES: So it is indefinitely postponed.

Ms FENTIMAN: I think the answer was—

Ms BATES: Under the standing orders you do not get to jump in. It is my question time.

CHAIR: Let me pull this up right now. Member for Mudgeeraba—

Ms BATES: If I wanted to ask the minister, I would go to the minister.

CHAIR: Member for Mudgeeraba, I am talking. Order! I will run the table. I will ask you to be respectful and put your questions.

Mr POWELL: Mr Chair, point of order.

CHAIR: It is your time.

Mr POWELL: Understood. Just to be very clear so we do not see a repeat of this, the Clerk has made it very clear that, under the standing orders, when a question is put to the CEO, director-general or one of their staff the minister cannot intervene. The minister keeps doing it. It is not acceptable.

CHAIR: I take your point. I am allowing some latitude, as I have allowed a fair degree of latitude to your members. I will ask the member for Mudgeeraba to continue.

Ms BATES: Director-General, the Rural Maternity Taskforce Report was handed down in June 2019, more than four years ago. There were only four ministerial commitments made from that task force. One of them was that 'Torres and Cape HHS will re-open birthing services at Weipa Hospital'. Will that promise ever be delivered by the Palaszczuk government?

Mr Walsh: If I can just respond to an indication the acting chief executive of the Torres and Cape Hospital and Health Service made. The budget for the Weipa capital build for the maternity unit was \$2.3 million.

In terms of the responses that have been provided by the chief executive from Central Queensland HHS and the chief executive from Torres and Cape HHS, the focus is on ensuring that services are safe. In locations like Weipa or Cooktown where there are full maternity services all of the support for women is provided by a midwife. Then they coordinate birthing with the location where the expectant mother needs to go, and that depends on the risk profile.

Ms BATES: If you cannot deliver and you cannot have a caesarean section and there is no obstetrician and paediatrician, that is not a correct statement.

Mr Walsh: There are maternity services there that are midwifery-led. I thought that is what I said, but I apologise if that is not what I said. Those services mean that women can receive the large majority of their support during pregnancy and post-pregnancy with continuity of care, so continuity of the midwife. When there are sufficient rural generalist specialists in obstetrics or rural generalist specialists in anaesthetics combined, that is when birthing can occur in those locations. That is a workforce challenge issue, and it is a workforce challenge issue that Queensland is facing. Every other state and territory in Australia is facing it; in fact it is an international challenge in relation to the workforce.

Ms BATES: Thank you.

Mr Walsh: I am not going through all of the initiatives that have already been listed—

Ms BATES: That is fine. I am well aware of those.

Mr Walsh:—but there are a large number of initiatives.

Ms BATES: Do you believe it was a legitimate plan to restore the services at Weipa, given that millions and millions of dollars were spent on a birthing suite that seems destined to sit there empty?

CHAIR: Before you answer that, Director-General: can you rephrase that question without seeking the opinion of 'do you believe'? Just rephrase the question for me.

Ms BATES: That is fine. Director-General, do you have a date for when Weipa, Chinchilla, Biloela and Cooktown maternity services will be back on line?

Mr Walsh: I think all of the responses to all of those related type questions are when there is sufficient workforce of the right skills to ensure that the service that is provided is safe. That is when they will open and be operating. I think everyone who has responded to those questions has said that.

Ms BATES: I understand that but it could be the never-never because there is no time line. Director-General, I would like to ask a few questions about hospital beds across the hospital system more broadly. On 15 June this year, the minister on the floor of parliament said the following: 'There is no such thing as an unfunded bed'. Director-General, is that statement by the minister factual, or is what we are now seeing on the website the funded beds with the unfunded beds removed?

Mr Walsh: In answering that question, there is a short answer and then there is a more explanatory answer. I think it is important to understand the context of the explanatory answer and then I will give you the very short answer.

Funding for hospital and health services occurs in partnership with the federal government through the National Health Reform Agreement. That funding is based on weighted activity units. Weighted activity units are derived from the diagnostic related groups that are a clinically led tool to identify when a person is being treated what is the severity of that person and what is their care need. It may or may not require a bed, it may or may not require a procedure, it may or may not require medicines, but what is the acuity? That then allocates a level of funding for that acuity, which is through the mechanism known as activity-based funding. All funding that is provided through the service agreements from the department to hospital and health services funds activity.

The number of beds that that hospital and health service has or does not have is not a part of that service agreement. The service agreement looks at how their hardworking staff deliver the level of activity safely and in a timely way. When we talk about beds, there is no such thing as a funded or unfunded bed. It is funded activity, and however the hospital and health service or hospital can manage that activity using the resources that they have, including beds, they can do that.

Ms BATES: So there are unfunded beds.

Mr Walsh: No, it is funded activity. There is no such thing as a funded bed or an unfunded bed.

Ms BATES: I understand how the model works, Director-General. Why is it then that Queensland Health's own internal documents, like the 'bed availability form', describe and define what an unfunded bed is?

Mr Walsh: The notion of using the terminology—it is a bit like using 'ramping'. Ramping is not a performance measure that is talked about.

Ms BATES: I think the public think it is a performance measure.

Mr Walsh: There is no performance measure that has that in its title that I know of in any health service in Australia.

Ms BATES: The flow chart here says: 'Does the bed/bed alternative physically exist?' If the answer is no: 'Do NOT report this bed/bed alternative on BED form'. You have a flow chart that actually says that. If there is no such thing as an unfunded bed, why would you need a flow chart to go, 'Well, a bed doesn't exist so don't go there'?

Mr Walsh: I am happy to table the document and talk to the document, if that is what—

Ms BATES: We do not need to waste time doing that.

CHAIR: What we have got is one minute left.

Mr Walsh: Just to clarify, there is no such thing as an funded bed. We fund activity.

Ms BATES: So every bed is funded with a nurse and a patient in it right now in Queensland?

Mr Walsh: Every bed is there to be managed by the hospital and health service within the funding that they receive—the doctors, nurses, midwives—

Ms BATES: So if they are not given the resources to fund the bed and put a patient in it and staff it, then it is unfunded. It is an empty bed.

CHAIR: What we have to do now is take a break. There is no more time for a question. The hearing will resume at 12.30 when we will be looking at the estimates for the Queensland Ambulance Service.

Proceedings suspended from 12.15 pm to 12.30 pm.



CHAIR: We will resume the estimates hearing. Just before we go into this session with the Queensland Ambulance Service, I understand the director-general just wanted to clarify something from the previous session.

Mr Walsh: Thank you, Chair. I wanted to thank the committee members who brought to our attention the errors in the bed numbers and acknowledge that that was a departmental uploading error. I thank you for bringing it to our attention. It was a human error in bringing the numbers back to be visible into the website. They are being corrected now. I want to make a personal commitment that as soon as this estimates hearing finishes, I will be sitting down with the staff to go through every single one of the 63 hospitals that have the bed numbers so that they will be corrected, if not now, I will personally assure myself that they are corrected by the end of today.

CHAIR: Thank you very much. Minister, did you want to—

Ms BATES: Can I ask a question to the minister on that?

CHAIR: I think he has just clarified it. I want to get into the ambulance—

Ms BATES: All I want to say is that in the space of a few hours, this morning the minister's new website has been updated multiple times. If you cannot run your own website, how can we trust you to run Queensland Health?

Ms FENTIMAN: Oh, that is a great question!

CHAIR: Why did I know that you were going to go there? Order! I do not want to start this session on the wrong foot. I do want to commence the hearing with the Queensland Ambulance Service until 1.30 pm. Minister, do you wish to make an opening statement?

Ms FENTIMAN: No, I am fine, Chair, thank you. I would like to welcome the Commissioner of the Queensland Ambulance Service to the session, though. Welcome, Commissioner.

CHAIR: Welcome. I always like this particular session and just acknowledge—

Ms FENTIMAN: Why is that, Chair?

CHAIR: As a former paramedic—

Ms FENTIMAN: Were you?

CHAIR: Get it all over with.

Mr MOLHOEK: Don't you live in Riverway Drive?

CHAIR: A shout-out to all the staff in my home town of Townsville and the northern region. Of course, I thank the Ambulance Service for their dedication and work that they do. I have had the pleasure over the last few days of attending the CAA conference, the Council of Ambulance Authorities, to see the benefits of things like the co-responder model and advances. Can the minister update the committee on how the Queensland Ambulance Service is delivering high-quality care where and when people need it?

Ms FENTIMAN: I thank the member for the question. I am delighted to hear that the member is a former paramedic. Thank you once again for updating us on that very important piece of information. As the member would well know, our Queensland Ambulance Service is the busiest in the country and it is the only mainland service that is free. As I have said proudly, that will never change under our government. Every year the Queensland Ambulance Service helps more than 1.2 million patients. To put this into perspective, across Australia the total number of patients is 3.9 million. That means almost a third of all ambulance incidents are in Queensland. This does not mean that Queenslanders are particularly accident-prone or more unwell. I think it is a testament to the impact that having a free service has. People have the confidence to call an ambulance when they need one because they know they will not have to pay. Despite this huge demand, our hardworking paramedics are continuing to deliver high-quality care for Queenslanders.

Data released today shows that our response times have improved, giving us some of the best response times in the country. The median response time for the most critical cases is less than nine minutes, with more than 90 per cent of most critical cases seen in just over 17 minutes. This is despite a seven per cent increase in the number of critical incidents that our paramedics have responded to.

We have also seen a massive improvement in the number of triple 0 calls answered within 10 seconds. Today's data shows that 93.35 per cent of all calls were picked up in 10 seconds or less. That is more than one million people who have heard a reassuring voice on the other end of the line very quickly, and importantly, it is almost a nearly nine per cent improvement on last year, or more than 86,000 additional calls.

I am incredibly proud of the results our Queensland Ambulance Service has been able to achieve, but we all know there is always more to do which is why as part of this year's budget we are delivering our \$764 million Putting Patients First plan, which includes \$148.9 million to expand the capacity of the Queensland Ambulance Service. As part of this investment, we will build six new ambulance stations, 144 new vehicles will hit the road, and there will be 200 more paramedics. The Palaszczuk Labor government will always support our frontline workers because we know they support Queenslanders.

CHAIR: With reference to page 31 of the SDS, can the minister update the committee on how the QAS is diverting people away from emergency departments to relieve pressure whilst ensuring patients receive high-quality care?

Ms FENTIMAN: We know that our paramedics provide lifesaving care to Queenslanders when and where they need it most. Not everyone who calls triple 0 requires an ambulance. That is why the Queensland Ambulance Service is responding to the needs of patients through innovative and adaptive service delivery models.

In the early stages of COVID-19, the Queensland Ambulance Service implemented the Clinical Hub to provide additional support for patients in non-life-threatening emergencies. I was really pleased to be able to tour the Clinical Hub in just my second week as health minister. I spoke with John, an on-road paramedic for 16 years, who told me that working in the Clinical Hub was the best career choice he had ever made because it meant he got to help even more Queenslanders. The Clinical Hub's specialised multidisciplinary team supports people who can be diverted away from emergency departments and to other more appropriate services.

One example of how the Clinical Hub has helped divert people from emergency is that of a woman in her 50s who had been experiencing pain in her lower leg for four to five days. Her pain was worsening and it was starting to impact her sleep. The staff in the Clinical Hub were able to help coordinate direct medical care within her home, tailored to her needs. A rapid response clinical nurse attended the patient's house within two hours of her calling the Queensland Ambulance Service, and she was provided with expert care and support over the next four days. Once she no longer needed that level of care, she was provided with other wraparound services to continue support as she recovered. This patient is one of more than 25,000 patients who have been diverted from emergency departments via our Clinical Hub.

Since it was implemented, more than 25 per cent of patients who have been contacted by the Clinical Hub have been able to be navigated into alternative healthcare pathways. In addition, the QAS has implemented the Mental Health Co-Responder service which pairs paramedics with mental health specialists to help people who are experiencing mental health crisis, with the aim of providing treatment in the community or in someone's home rather than in the emergency department. The Mental Health Co-Responder service sees around 1,400 people who are experiencing a mental health crisis and has diverted around 70 per cent of people from needing emergency department care. These initiatives have been incredibly successful. That is why, through our Putting Patients First plan, we are investing \$27.8 million to bolster and expand both of these programs. We will hire six new mental health clinicians in our Clinical Hub to boost capacity and support even more Queenslanders. We are expanding the Mental Health Co-Responder program with a \$13.3 million investment, with locations to be expanded across the Gold Coast, Metro South, Metro North, West Moreton, Darling Downs, Sunshine Coast, Wide Bay, Central Queensland and Mackay. These additional investments will help keep more Queenslanders out of emergency departments but, most importantly, safe and comfortable at home.

Ms KING: Minister, could you please update the committee on how the QAS is delivering on the QAS's vision of excellence in ambulance services and the recognition they are receiving for that work?

Ms FENTIMAN: I thank the member for the question. We already know that our Queensland Ambulance Service is one of the best in the country and I am pleased to advise the committee that earlier this week the Queensland Ambulance Service was recognised with the Excellence in Leadership Award by the Council of Ambulance Authorities at the annual Awards for Excellence gala hosted in our great state. I say congratulations to the commissioner and the entire team. The CAA is the peak body for the Australian, New Zealand and Papua New Guinea ambulance sectors and works to collaborate on significant ambulance and prehospital issues. From more than 50 submissions across six categories the QAS has won the award and praise from judges for the development of the *Queensland Ambulance Service Strategy 2022-2027*.

The Queensland Ambulance Service has undergone significant change in recent years. They have embarked on a process to redefine their five-year strategy to ensure the delivery of contemporary health care to Queensland. Our hardworking QAS staff are driven by the need to find new ways to meet future challenges whilst making sure the healthcare needs of Queenslanders continue to be met. This recognition is well-deserved as the Queensland Ambulance Service continues to take positive, proactive steps to plan for the future whilst continuing to put patient care at the centre of everything they do.

I am so proud of the work of our Queensland Ambulance Service staff. They continually strive for excellence, particularly in that prehospital health care. I want to acknowledge our paramedics who are finalists in another category for their volunteer work around palliative care with Ambulance Wish. Anyone who knows this program knows how special it is. These paramedics give up their own time to help our most vulnerable Queenslanders fulfil a dying wish. Without their efforts, these palliative care

patients and their families would not get these final precious moments together outside of a hospital room. This is the care that Queenslanders need and the care they deserve. These awards are proof yet again that investing in our Queensland Ambulance Service is investing in Queenslanders. I could not be prouder of the direction that the QAS is headed.

CHAIR: My next question is in regards to page 3 of the SDS and the commitment to hire 200 additional ambulance staff. Can the minister update the committee on where these frontline workers will be based?

Ms FENTIMAN: I thank the member for the question. We are committed to ensuring our frontline workers have the best resources available to make sure they can deliver the care that people need. Patients are being put first because we have bolstered the Queensland Ambulance Service staffing numbers, putting more people on the ground to help Queenslanders in need. We know the vital work that our paramedics do can be tough, so we are providing additional resources to back them up so they can come to work as their best selves and deliver timely, quality and appropriate care for patients. We saw the demand ambulance personnel faced during the height of the COVID-19 health pandemic, and we are ensuring the needs of Queenslanders will be met and ensuring that the health and wellbeing of our ambulance workforce is promoted and protected.

The addition of 200 new ambulance personnel will be spread across multiple key initiatives to help our Ambulance Service deliver expert care to the community by ensuring a highly professional, healthy and safe work environment. We have allocated extra staffing to put patients first and ensure demand will be met whilst also supporting fatigue management strategies and addressing psychological and social hazards. The hospital located paramedics will enhance operational supervision, facilitating access to meal breaks and on-time finishes as well as bolstering social and psychological support for employees and improving ambulance availability to the community. Our triple 0 call takers and dispatchers will also be supported through greater capacity, ensuring Queenslanders are quickly and effectively connected with the help they need.

We know the cultural capability of our health service is critical for best addressing the needs of Aboriginal and Torres Strait Islander peoples, so we are supporting additional places for Indigenous Paramedic Program cadets. The Mental Health Liaison Service has also been expanded so vulnerable people are connected to the best community care initiatives. The 200 additional full-time staff will be allocated across Queensland with 36.8 FTEs in Metro North, 56 in Metro South, 13.7 in Far North Queensland, 14 in North Queensland, 13.6 in Central Queensland, 29 FTEs across the Sunshine Coast and Wide Bay, 17 in the Darling Downs and south-west, 15.9 on the Gold Coast, and four statewide FTEs to support the increased coordination of mental health services to the community. This staffing boost for the Queensland Ambulance Service clearly displays the Palaszczuk government's commitment to supporting the best health care for Queenslanders.

The needs of frontline paramedics continue to be of paramount importance and there is increased resourcing across these key initiatives. We will continue to ensure the strength and sustainability of our workforce into the future and allow them to keep putting patients first while delivering expert emergency care.

Ms PEASE: I would like to acknowledge the great work of our paramedics. I had cause to make use of your services with my daughter recently and I commend the two paramedics who attended. They did a magnificent job. Thank you. With reference to page 32 of the SDS, can the minister please update the committee on how the QAS is utilising technology to ensure Queenslanders get the care they need when they need it?

Ms FENTIMAN: I thank the member for the question. Despite our Ambulance Service being the busiest in the country, we do have amongst the best response times in the nation, as I have said. We will always support our frontline workers, which is why we have hired more than 1,200 additional paramedics since we were elected and we are committed to bringing on 735 more by the end of this term of government. Supporting our frontline workers and ensuring Queenslanders have access to world-class emergency care is not just about hiring more staff. We are ensuring the Queensland Ambulance Service can use cutting-edge technology to automatically redirect our paramedics where they are predicted to be needed. LiveMUM is a dynamic deployment tool used to strategically move ambulances to locations to maximise community coverage.

As a modern ambulance service committed to using innovative technology to deliver new models of care, the Queensland Ambulance Service was keen to see this technology rolled out across Queensland. As they became aware of similar technology being used overseas, the QAS saw the value in utilising the power of historical data and analytics to improve the service they provide. Attending more

than one million incidents means the historical data is vast and is able to be used to improve response times and patient outcomes. Using this historical data means that LiveMUM can recommend a location where an ambulance should be deployed before anyone even calls triple 0.

QAS started piloting this program in 2020 and rolled it out to Southport as a trial location in March 2021. Since then, it has been rolled out to all seven operations centres across the state. The introduction of the LiveMUM has resulted in 624 ambulances moving to locations where calls to incidents were expected to be received, allowing for ambulances to be in the right place at the right time.

Some examples of how LiveMUM has helped deliver better care for Queenslanders include: an ambulance was deployed from Yarrabilba to the Beenleigh area just minutes before an 89-year-old woman suffered a suspected stroke; a QAS resource was relocated from Coolangatta to Burleigh, which resulted in a three-minute response time to a 47-year-old who had fallen and was going into cardiac arrest. The patient was resuscitated and transported to hospital. LiveMUM also predicted an incident in a suburb of Townsville. The resource was deployed and the crew were there within three minutes of cardiac arrest. These are just three examples of the huge impact this technology is having in getting people the care they need when they need it and where they need it.

The Palaszczuk government is committed to supporting our frontline workers and backing in the amazing work they do and we want to make sure they have the resources needed to do their jobs even better. I am looking forward to continuing to work with QAS on how we can further boost their technological capabilities.

Ms PEASE: That is just amazing.

Ms FENTIMAN: It is amazing.

Ms PEASE: It is fascinating.

Ms KING: With reference to page 31 of the SDS, can you please update the committee on the Palaszczuk government's delivery of new infrastructure for the Queensland Ambulance Service?

Ms FENTIMAN: I thank the member for the question. The Queensland Ambulance Service looks after Queenslanders when they need it most, so we are committed to looking after them. Since we were elected we have added 21 new response locations taking us to 311. We are building on this record by investing \$105 million for capital infrastructure for the Queensland Ambulance Service to support essential frontline services and the delivery of quality ambulance services to the community.

We are well underway in the planning and construction phases for new and refurbished ambulance stations and operations centres across Queensland. On the Gold Coast the Ormeau Ambulance Station became operational with the first crews responding from the station in June. I am looking forward to getting there soon to see it for myself. Staff have moved back into the Rockhampton Ambulance Station and Operations Centre after a significant refurbishment was completed earlier this year. Construction is underway for the new Ripley Ambulance Station with practical completion due at the end of this year. The new Burdell and Morayfield ambulance stations are due for practical completion in February next year and works are progressing at the new Lawnton ambulance station with practical completion expected in May next year.

We know that these important projects make all the difference to local communities. That is why it was very disappointing to see a number of ambulance stations on the LNP's \$10 billion infrastructure hit list. We know that we need more ambulance stations and the only plan for the Queensland ambulance that the LNP has seems to be cutting ambulance stations. Not only are we investing in critical infrastructure to support our frontline paramedics, but we are investing in state-of-the-art equipment so that they can continue to provide free world-class health care to Queenslanders. This includes \$28.3 million for 144 new and replacement ambulance vehicles and the continued rollout of power-assisted stretchers to provide an enhanced work platform for paramedics and patient transport officers to improve patient and officer safety. The continued investment and rollout of the Queensland Ambulance Service's capital investment program is a testament to our commitment to supporting our frontline paramedics now and into the future. With modern function ambulance stations and facilities, operational response vehicles and equipment, our frontline ambulance personnel can continue to provide world-class pre-hospital care to the Queensland community.

Mr ANDREW: I would like to thank QAS Commissioner Emery for the service that you provide to the bush and to the state. I have two questions. My first question is: do you receive an induction on wind farms and renewable projects so that you understand where you are going because most of those

roads are not on GPS maps? For the safety of your people and considering the quick response that you provide, do you have any interaction? They might have their own people, but you guys have the facilities.

Commissioner Emery: Yes, we do. The Queensland Ambulance Service is a community ambulance service, as you just pointed out. Our ability to have those local interactions in rural and regional Queensland is important to us. That is why we do not try to run the ambulance service from the headquarters in Kedron. We invest heavily in local regional managers. They work closely, particularly with industrial sites, around safety. They are inducted on arrival at the station and there are well established plans in place for things such as mine sites, wind farms and other industrial areas. Every local station within a region has a local disaster management plan which incorporates any high-risk elements to that community. People are inducted into those regions and people who come through those stations, even on a temporary or relief arrangement, are provided with an induction on arrival.

Mr ANDREW: Given the fact that there is a huge increase in itinerant workers, do you consider that you have enough staff? There are over 1,000 people in Marlborough.

Commissioner Emery: Yes. Again, we meet with the local providers about expectations. We do our own risk assessments. As the minister has pointed out already, we have the ability to interrogate historical and live-time data. We have some very clever decision-making software available to us. The minister has mentioned the LiveMUM product. It has a product that sits behind it that has rolling two million case incidents broken down in 15-minute intervals, geoverified or geolocated within metres of where an incident has occurred. It does predictive analysis that can be as recent as yesterday's. So if we see any incident growth in a particular area, we can respond. That is how we consider where we put enhancements into regional Queensland. That is how the 200 paramedics, for example, will determine their location. We are responsive at a community level if those things change, but we have some very high-tech decision support software to help us do that more strategically and pragmatically across the state of Queensland.

Mr ANDREW: There has been an increased use of the ambulance service within Mackay and Rockhampton; could you speak to what is driving that?

Commissioner Emery: We have seen an increase in workload across the entire state of Queensland, to be honest. The minister has mentioned a seven per cent growth in code 1 incidents last year. That is on the back of a 19 per cent growth the year before. What is quite interesting is that, as long as I have been involved in the ambulance—which is quite a while now—there has been a predictable 4½ per cent growth year-on-year across all of our response codes. What we are now seeing is that the overall growth is remaining around four to five per cent, but the higher acuity work has been driven up since COVID. I am not saying it is related to COVID. I am not in the best place to say that, of course, but we are seeing growth in high-acuity areas.

The growth that we are seeing in Mackay, Rockhampton and regional sites is no different to what we are seeing in the south-east corner or the larger centres. It is mental health and cardiac chest pain. About 22 per cent of everything we do is joining up the health system, moving people between smaller facilities to larger regional centres or tertiary hospitals. We have seen a growth. About 300 patients a day call the ambulance service for a fall. Most of those are older Australians who have fallen at single height in their home. There is some work that we are doing in that space to support that. In general terms, it is older Australians who use the ambulance service. People who are aged 85 tend to use the ambulance service on average nine or 10 times a year. So as the population ages, the illness that goes with age is what is driving up the growth for ambulance services in Queensland.

Mr ANDREW: Thank you for what you do, Commissioner; I appreciate it.

CHAIR: We will move to opposition questions.

Ms BATES: Commissioner, thank you for your attendance here today, along with your staff. I would appreciate it if you could pass on a big thanks to all of your QAS staff for the work that they do for us here in Queensland. Would you be able to provide the committee with the total number of QAS ambulance lost hours for the first six months of this year?

Commissioner Emery: As you know, we collect the lost-hours data, but we provide the data to Queensland Health for them to report. They report patient-off-stretcher times on their website and I think that was updated as late as today. We provide that information to the department; we do not publish it. We only collect it because we own the two data points. We own the arrival at hospital data point and we collect the patient off-stretcher time. In terms of the overall data, that would be best provided by someone else.

Ms BATES: Last year, there were discussions between yourself, your staff and staff in the Department of Health in relation to changing the way patient off-stretcher time was calculated. The changes being discussed were changing the POST start time to the time of triage, instead of the time of arrival. Is the POST still calculated by the time of arrival?

Commissioner Emery: Yes, it is. You will recall that I met with you at that time to discuss that. Those discussions were not ever designed to change the POST collection time, but rather to allow health and hospital services to focus that time from triage and to recognise that there is some element of time that exists between us arriving at hospital and triage occurring. It has never changed. The POST measure is the same today as it has been since 2007-08. I cannot be sure of the time, but it was ratified in the 2012 MEDI agreement.

Ms BATES: In the RTI documents which uncovered that, you raised concerns around how lost time calculations might be changed or reported; you are not aware that anything has changed?

Commissioner Emery: No. The formal reporting still remains the percentage of patients off stretcher in 30 minutes. I know that the health and hospital services do—I think the term I used at the time—“slice and dice that information’ to make good operational decisions around areas of patient flow they could improve. So rather than just focusing on that one interval, there are several other segmented intervals from arrival at hospital to the end of clinical handover that the health services have given consideration to, so that they can review that data. I know that they report it, or consider it, by hour of the day and by day of the week so that they can make assessments about how they best do patient flow through the ED but there has not been any change to the measurements, no.

Ms BATES: In those same RTI documents it was mentioned that Clinical Excellence Queensland were leading a project around performance data calculations. Are you aware if that project is still ongoing?

Commissioner Emery: No, I am not aware.

Ms BATES: Commissioner, would you advise the committee of the benefit to Queenslanders in releasing ambulance ramping quarterly and not monthly?

Commissioner Emery: As I said in terms of releasing the data, we provide the data to the health service to coincide with the quarterly release of all of their performance data. Whenever we consider particularly emergency response data and everything that goes with it, the smaller the segment of time, I guess, the less reliable it becomes. It is very much a trend analysis that people are interested in. On any given day—I can only speak from my perspective—our triple 0 calls, for example, can fluctuate between 2,200 on one day and 3,900 the next. Obviously performance on that day will not be as good as the previous day, so having people focus on the narrower the dataset, particularly in that emergency setting, can be misleading and not useful.

Ms BATES: So, Commissioner, is it more or less transparent, do you think, to release data monthly instead of quarterly?

Ms KING: Point of order, Chair: I put it to you that the question is an opinion.

Ms BATES: Sure, I will move on. I just want to confirm, Commissioner: it is possible though for you to release information like ambulance ramping monthly, isn't it?

Commissioner Emery: Again, not for me. We provide the baseline data to the health department monthly—

Ms BATES: No, but you provide the data that could be released but it is health that releases it; is that what you are saying?

Commissioner Emery: Yes.

Mr POWELL: Sorry—apologies, Mr Chair—but did you just say you provide that already to health monthly?

Commissioner Emery: Yes.

Mr POWELL: Thank you.

Ms BATES: Commissioner, RTI documents last year uncovered the off-load paramedic pilot. I believe it was being piloted at Logan, Ipswich and GCUH. At the heart of it, am I right in saying an off-load paramedic is essentially a paramedic who waits with patients while they are ramped?

Commissioner Emery: The decision around the off-load paramedic was to provide, I guess, a pressure release valve during periods of high demand. It has proven very successful, particularly in the Gold Coast area which is the first one that you mentioned, with having a liaison function that exists between the Ambulance Service, the emergency department and then—where they exist in all of those locations they do—patient access coordination hubs.

We now provide real-time information into the patient access coordination hubs which are held at those facilities. It provides an opportunity for the paramedic and the staff within the health and hospital service to have full visibility from the time that the patient calls triple 0 to the time that, from our perspective, they are off-loaded into hospital and in that full patient continuum until the point of time that they are discharged. Having the off-load paramedic physically on the ramp working hand in glove with, in the Gold Coast example, the medical commander with that full visibility means they are able to surge through peaks and troughs of workload, and, yes, the paramedics from time to time will take a patient in a transitional capacity while the ambulance is released until they can be moved into a triage bed.

Ms BATES: Has that pilot been expanded from the three facilities I mentioned earlier?

Commissioner Emery: We have moved on from it a little bit I suppose in terms of the nature of it. We learnt a lot of lessons. The pilot has not been extended. We still have paramedics working at each of those facilities in a role and function similar to that. We intend to extend that across many of the metropolitan locations. The minister called a few of them out during her announcement around where the 200 paramedics are going.

We see it as a broader function with the supervisory and support arrangements that exist by having a senior paramedic and supervisor at an ambulance ramp because that is where every paramedic is all day, every day. It is a very mobile service, particularly in the south-east corner. It is difficult to interact with your staff if you are sitting back at the station itself. They do not spend their time there. They are dynamically deployed. They are mobile, so having supervisors at the emergency department is a great place for them to interact with their staff, but it does provide a liaison point into the emergency department and it does provide potentially other options to transition during periods of peak demand.

Ms BATES: Are off-load paramedics staffed on a normal roster or are they typically staffed by QAS staff on overtime?

Commissioner Emery: No. They are an FTE position. Admittedly through the trial we carried that over as an establishment, but the investment of the 200 paramedics now ratifies them and embeds them in our service model.

Ms BATES: Would you be able to provide the cost of staffing off-load paramedics in the last financial year?

Commissioner Emery: The cost of—

Ms BATES: Of staffing off-load paramedics in the last financial year.

Commissioner Emery: It is approximately \$900,000.

Ms BATES: Commissioner, could you provide the rationale for why—you have gone into it in a bit of detail—off-load paramedics is a value-for-money initiative, because having a highly trained paramedic capable of driving a vehicle providing emergency care stationed on a ramp seems a bit counterintuitive?

Commissioner Emery: It is for all of those reasons that I have just called out and it does recognise that there is a transition between the clinical care of the Ambulance Service and the clinical care of the health and hospital service. Definitely since paramedicine became a registered profession in 2018 the clinical cares that are provided by paramedics in the field are complex and sometimes detailed, and you have seen that firsthand in your ride-alongs et cetera.

That safe transition of clinical care is absolutely important. We often talk about POST as a timely measure, but it is a quality and patient safety initiative as well. POST is used to mark the end of that clinical handover, which on average in Queensland is 37 minutes—and for the most part is less than 30 minutes—but ensuring that that is safe and ensuring that that is fulsome and thorough to ensure that clinical staff at the emergency department are fully apprised of the work that has happened in the field already is really important. I think it is a good investment to have senior paramedics at emergency departments.

Ms BATES: Commissioner, you would be aware that the opposition has asked for the longest pending cases for triple 0 calls in a question on notice before. Those figures used to be provided and now they are not, and I refer to question on notice 730 asked on 13 June. The data was not provided because of 'inherent imprecision in the way the cases are indexed based on the momentary nature of the case identification', which sounds like legalese as I read it. Are these same figures not used to inform QAS's own performance reports?

Commissioner Emery: With regard to the longest triple 0 call which we interpreted to be how long people were waiting for an ambulance, if I remember the question properly, what that is referring to is not a measure that we do collect. In fact, it comes into our operational systems in 15-minute intervals and what can happen and what does happen each and every day as we reprioritise and prioritise patients is that someone can be waiting for a few minutes for an ambulance and we can dispatch an ambulance and because there is a higher priority we will remove the ambulance from that patient and reallocate it somewhere else. So the patient will enter the waiting queue and disappear from the waiting queue often several times during periods of peak demand, so for us to interrogate that in detail would be almost impossible.

Ms BATES: I get that, Commissioner, but my question was around the fact that they used to be provided and now apparently they are too imprecise to be provided but they were provided previously.

Commissioner Emery: Yes, and that is why, I think. Sometimes at an operational level, with all respect, we have to interpret the questions that come and—

Ms BATES: Sure, so how would the opposition then request the longest pending cases without it being imprecise?

Commissioner Emery: I would have to think about how we would provide that.

Ms BATES: But it is possible?

Commissioner Emery: Again, when we have looked before, almost all of the longest waiting cases are inter-facility transfers. I think if I am recalling one of the questions on notice our response was that there were many patients that waited some number of hours and when we interrogated it they were all people that were waiting to go from a low-care facility to a higher care facility, so in the care of a clinician in an emergency department potentially moving from Nambour Hospital to SCUH, for example. So for us to go through all of those and discount those to find potentially what you are looking for as a community case would require some work.

Ms BATES: So there have not been any changes to any processes which meant that data is collected differently to when the question was previously answered to what it is now when the question apparently cannot be answered?

Commissioner Emery: No, that is correct. My recollection of that is that it was our interpretation the first time it was asked and we realised that we were providing data around in-facility transfers, which I think we did identify at the time, and we were providing data around patients that did not qualify because we were doing our very best to pull information from a system that was not designed to do that. I am always cautious when we start to report data that is not part of our standard reporting measure or our SDS because we are starting to derive information and more often than not there are as many caveats as there is reliability in the dataset when it is used for something it is not designed to do.

Ms BATES: Commissioner, would you be able to tell me how many pending cases there are by code across South-East Queensland at the moment?

Commissioner Emery: No, I cannot, sitting right here.

Ms BATES: Is it not on your laptop?

Commissioner Emery: No, I do not have access to that right now.

Ms BATES: It is on your desktop in your office though?

Commissioner Emery: Yes, that is right. But again if I was to find that information right now that would include every inter-facility transfer that was waiting to be moved. We take a triple 0 call every 22 seconds. Nobody gets their ambulance in 22 seconds so that means at least three people a minute are waiting for an ambulance. Given we do not actually respond often in less than eight minutes, there are 25 straight up. It is cyclic. When you do, as I said, 3,700 responses a day there are always people—

Ms BATES: What level of escalation is the QAS at this afternoon in South-East Queensland?

Commissioner Emery: I could find that out, but I do not know off the top of my head.

Ms BATES: Get back to me. I have another question for you. Commissioner, the integrity of the information on the new hospital performance website today has come into question after going live this morning. Are you confident that all information provided by the QAS for that website is correct?

Commissioner Emery: The only information we provide to that website is, as I said, pre provided as the POST data, but we do not input directly into that website. We provide that data to health's reporting team on the 10th working day of each month and then it is uploaded then subsequently for the quarterly reporting. That data that was provided would have been quality assured before it comes over to the department. Anything that they put up today would have already been quality assured on 10 July.

Ms BATES: You would commit, like the acting director-general did earlier, to review and make sure all the QAS information on that website is accurate and reflects—

Commissioner Emery: As I said, we do not have any information on that website.

Ms BATES: But you do provide it for them to put it up, is that right?

Mr Walsh: I am happy to add to the review of the bed numbers the QAS data, to verify that.

Commissioner Emery: Can I confirm it is a new website today. I just recalled that we do have the code 1A response time that is reported, but that is the only data set that we report and that is correct.

Ms BATES: No code yellows or anything like that? No. Okay. What procedures does the QAS have in place to transfer very ill patients who present at a satellite hospital given it says on every sign out the front of every one of those facilities that is under construction or behind time that you need to dial triple 0 for an emergency at the front of each of those satellite hospitals. What processes have you got in place for transfers from those facilities?

Commissioner Emery: If somebody dialled triple 0 from the front of the facility, that triple 0 call would be geoverified—located to the street address. We would treat that as we would treat anyone else dialling triple 0: take a range of questions from them, determine their response priority and dispatch the closest, most appropriate ambulance. If it is a patient that has been an inpatient within the satellite hospital—as I said earlier, about 22 per cent of everything that we do is transferring patients around the health system—that would be what we refer to as a medically authorised transfer. The clinician within the satellite hospital would advise us of the acuity and the timeliness of that transfer and we would undertake that as we would transferring someone from Robina to Gold Coast University.

Ms BATES: Commissioner, what patients should not go to a satellite hospital?

Commissioner Emery: From a QAS perspective, we have been very involved in the development of the satellite hospitals from day dot when it was determined. Even by location we were consulted on what we thought the best locations for them are. I think by way of context, of all the people who dial triple 0 and access their care through the triple 0 line, only 60 per cent of them end up in an emergency department. The other 40 per cent we are looking for an opportunity for an alternate pathway for them. Of the 60 per cent who arrive at an emergency department, more than 80 per cent of those are categories 1, 2 and 3 which, as you know, are the sickest of the triage categories. The remaining patients whom we take to the emergency department, being categories 4 and 5, are nine times more likely to be admitted to the facility, indicating that from the triple 0 call, through the clinical hub oversight, through the paramedic's assessment, we are getting the right patients to the ED.

My understanding of the cohort of the satellite hospitals is that of all the patients that end up at an ED now, we only take about a third. The rest of them walk in and they are 90 per cent categorised as categories 3, 4 and 5. They are the patients that I understand should be encouraged to go to a satellite hospital. We have been provided the clinical matrix of each of the satellite hospitals and what they can provide. That information is available to every paramedic in the area, it is available to the clinical hub so that paramedics can make a decision about the capability of that facility in terms of what we think we should take there. My sense is there will not be lines of ambulances parked at satellite hospitals, but there will be an opportunity for us to use the clinical hub to recommend to people—give them the choice to make the best options for their care.

Ms BATES: I am probably more concerned about sicker patients turning up at a satellite hospital thinking it is an ED and then you guys having to be called to transfer them.

Commissioner Emery: I think the public generally make good decisions about their care. As I said, pretty much people who come in through the triple 0 pipe, for want of a better word, are appropriate. I think people who come in through the 13HEALTH option are given good decision-making around where they should take their care, but from time to time we are responding to general practitioners, medical centres and of course we should do that.

Ms BATES: Queensland Health advised the government not to call them hospitals because they do not have overnight beds. Do you agree with the department?

CHAIR: You are seeking an opinion there so I might pull that one up. Member, do you have another question?

Ms BATES: Yes, I do. Commissioner, it was reported earlier this year that six new ambulance stations were \$22 million over budget and running late. Could you provide the committee with an update on any revised costs of these projects as well as any revised dates on when these stations will be operational?

Commissioner Emery: All of those stations will be operational over most of the early part of next calendar year—and the final one to be completed by June next year. In terms of timing, the timing is as derived by us. They are new sites, as you point out. Ordinarily we have about a three-year time for delivering those sites. Twelve months in the planning stage, delivery stage and then making them operational. During that COVID period it is true that we essentially put them in abeyance almost. We redirected resources to the frontline. We are proud in Queensland ambulance that only 11 per cent of our workforce is back of house, for want of a better word. We always direct our resources to the frontline. When we were confronted with something like a global pandemic we did ask our public servant staff to do things other than what they were normally doing. We did make some decisions around that. What the new facilities do is bring staff, so we did deploy the staff. We brought the staff forward. In Caloundra South, for example, the staff were working from Caloundra and responding. When the facility is finalised next year they will be ready and able to be moved in straight away. I think it was an important decision, and it was my decision at the time, that during that pandemic period we should focus our attention to those.

The Cairns operations centre is a classic example of that. We were at design period and ready to go to detailed design in the May of 2020. We were using Cairns operations centre as an operational hub for North Queensland. We had a PPE cache, we had pop-up hospitals, we had fever clinics deployed to the site. We have a massive hardstand at that Cairns operations centre because that is where we deploy our assets during cyclones et cetera. For us to make a decision at that point to do two things, redirect our resources to capital works and, secondly, lose that site and its capacity as a coordination hub, I think was a good decision.

Ms BATES: Is ambulance ramping seen as a performance measure by your frontline staff?

Commissioner Emery: No.

Ms BATES: Have you ever received correspondence or feedback from your staff about their frustrations with ambulance ramping?

Commissioner Emery: Yes, from time to time we do. As I said earlier, for the most part I think that clinical care piece is what we should not be diverted away from. Of course the paramedics want to ensure the safe transition of care between what they have done in the field and before the patient is off-loaded from the paramedic. For the most part that happens in a timely way. From time to time, during periods of surge, paramedic skills are best utilised and they are requested to stay with the patient at the emergency department. There are very good mechanisms, as I mentioned already, with the patient access and coordination hubs and now these operational supervisors working at the ramps to make good decisions about when a paramedic should be released or when it might be more beneficial for them to stay. For the most part, as I said, that happens relatively quickly.

From time to time we do hear about those long waits. Of course, that is frustrating for a paramedic but nor do they want to leave their patient whom they have just spent time with. Most of those longer waits that have been called out already are the off-load paramedic holding those patients during periods of surge.

Ms BATES: Commissioner, how many significant incident reviews were there in the 2022-23 financial year and how does that compare to the financial years before?

Commissioner Emery: There were 12 significant incident reviews in the last financial year. We have had a significant incident review process in place for as long as I remember. I would say probably about 2008 or 2009 would be the first. In every year, other than the two COVID years, there have been about one or two significant incident reviews a month undertaken. During the COVID period that climbed astronomically to 370 odd and in the second year it was 93. There are a few reasons for that.

The main reason for that is understanding that a significant incident review is attempting to identify system level issues. During that COVID period we had a concept of operations that was challenging our system level and we asked and purposefully dropped the threshold for an incident

review to make sure that changes in PPE, the management of hotel quarantine and response to the community generally in that pandemic environment were identified. When we got to the back end of the COVID pandemic, as such, we reviewed all of those. We found that 1.4 per cent of them had a systems level recommendation so we were confident to suggest that we could move back to our normal processes.

Simultaneously, we introduced and totally revamped our clinical governance framework to ensure that we were reviewing the individual cases that were getting picked up in the systems level review. We review about 1,100 clinical incidents each and every year. The clinical governance framework sets out the roles and responsibilities for everyone in the organisation, from myself to individual clinicians and clinical educators in the system. It sets out what the roles and responsibilities are. It sets out the principles for transparency integrity, accountability of reporting. We drive a reporting culture. It then further drives the activities around clinical credentialing, clinical review, clinical audit, education. It is a systemic approach that picks up those 1,100 patients.

For the most part, paramedics do an excellent job and the patients get excellent care. From time to time there may be a requirement to do a detailed clinical review. At that stage, the professional standards unit led by an emergency physician, the Medical Director of the Queensland Ambulance Service, will take carriage of that. He will assess it and determine whether there needs to be involvement from medical officers within our organisation or whether that can be done at a local level. Again for the most part that is done at a local level and for the most part it results in potentially some professional development or reflective practice. Very rarely do we find sentinel clinical events.

Ms BATES: Commissioner, can you explain to the committee the processes and the QAS involvement in organising proactive media ahead in relation to a right to information request being released?

Commissioner Emery: I am sorry?

Ms BATES: What is the QAS's involvement in proactive media ahead of an RTI becoming public?

Commissioner Emery: We would not do media until the information was public.

Ms BATES: Commissioner, before the opposition began assessing significant incident reviews through right to information, did the QAS ever proactively release information from those reviews?

Commissioner Emery: No. As I say, they were system level reviews. From time to time we made system responses in response to what the review identified—changes to practise, changes to how we go about our business, changes to how organise ourselves—but they are internal mechanisms. They are things for us to understand how we can deliver care better. I doubt the public would have much interest in terms of how we organise ourselves to provide the service. It is the service itself that they are interested in. No, we do not ordinarily do media around our internal review processes.

Ms BATES: I want to thank you and your staff again for the ride along that I had. The senior operation supervisors were terrific on the night. I very much look forward to my next dates from you. I want to quickly mention the triple 0 operators. I spent nearly 2 ½ hours with a headset on. I listened to a baby being born. I listened to a triple 0 operator coaching a 14-year-old boy on how to do CPR on his father whom he had found at the bottom of the stairs and he was blue. I listened intently to that call. I take my hat off to the staff who do that. That operator just hung up that call and picked up the next one. I think they are unsung heroes and I would like to put that on the record. **CHAIR:** Well said. Deputy Chair, can you be very brief because I want to give the minister a couple of minutes.

Mr MOLHOEK: I have a very quick question. We heard that there are 144 new vehicles. Are they replacement vehicles or additional vehicles?

Commissioner Emery: That would be a mix, replacement and additional.

Mr MOLHOEK: How many of them would be in addition to the current stock?

Commissioner Emery: Essentially we have a matrix of the resources that are required for additional staffing. For every 100 paramedics we put on, they require five ambulances, five defibrillators, five power stretchers and some other minor equipment and capital. The exact figure I imagine would be about 20 given that we are resourcing 200 ambulance officers.

CHAIR: Thank you, Commissioner. Minister, would you like to make a statement?

Ms FENTIMAN: In the conversations that we had about part 9 reviews, the Caboolture Hospital did come up. I want to be very clear that the broader review into emergency clinical pathways for paediatrics care at Caboolture Hospital is being undertaken as an independent clinical review so it is not a part 9 investigation. I confirm my commitment that both the terms of reference and the report will be released in due course and made public.

I will take the last couple of minutes to thank you, Chair, and all of the committee members for the conduct of today's estimates hearing. As you have clearly seen in the budget, the health portfolio is responsible for a very wide range of issues that impact Queenslanders every day. The scale of our reforms are ambitious but achievable. I have seen firsthand the amazing healthcare workers on our front line, those working in the Department of Health as well as the statutory agencies within my portfolio who are all working to ensure Queenslanders receive world-class care. I want to thank each and every one of them.

I thank the staff within the department and those agencies for their dedicated efforts to their communities no matter what challenges they face. A special thank you goes to the Acting Director-General, Michael Walsh, and his deputies and assistants: Haylene, Helen, Mel, David, Damian, Tanya, Colleen, Priscilla and Nick. I acknowledge and thank the QAS Commissioner, Craig Emery, and his hardworking team. I thank the health and hospital chief executives and the heads of the statutory agencies for their valuable assistance in my role as minister and in overseeing the efforts of their respective teams to continue to help Queenslanders wherever they are across the state. I thank all of the support staff from the department including Matt, Amy, Emma, Lily, Kyle, Sally and Katie.

Finally, thank you to my ministerial staff: my Acting Chief of Staff, Luke Richmond, and my team: Olivia, Luella, Michaela, Steph, Phoenix, Madeline, Finn, Hamish, James, Brett, Natarjsha, Emilia, Mitch, Monica, Amanda, Alice, Rachel, Courtney and James. I express my appreciation to the Hansard team and the parliamentary staff of behalf of my team. I thank everyone who made today possible.

CHAIR: I thank you very much, Minister, and everyone who attended this morning's session for their contributions. We found them very helpful. The committee will now adjourn. The hearing will resume at 2.30 for the examination of the estimates for the portfolio of the Minister for the Environment and the Great Barrier Reef, Minister for Science and Minister for Multicultural Affairs.

Proceedings suspended from 1.29 pm to 2.30 pm.

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

In Attendance

Hon LM Linard MP, Minister for the Environment and the Great Barrier Reef, Minister for Science and Minister for Multicultural Affairs

Ms S Litz, Chief of Staff

Ms K Faulkner, Senior Policy Advisor and Governance Officer

Mr M Frawley, Policy Advisor

Ms S Joseph, Assistant Policy Advisor

Department of Environment and Science

Mr J Merrick, Director-General

Mr R Lawrence, Deputy Director-General, Environmental Services & Regulation

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

Mr A Connor, Executive Director, Office of Circular Economy

Dr M Jacobs, Deputy Director-General, Science

Dr K Hussey, Deputy Director-General, Environment and Heritage Policy & Programs

Multicultural Affairs Queensland

Mr W Briscoe, Executive Director



CHAIR: Good afternoon. The committee will now examine the proposed expenditure contained in the Appropriation Bill 2023 for the portfolio of the Minister for the Environment and the Great Barrier Reef, Minister for Science and Minister for Multicultural Affairs until 5.30 pm. As set by the House, the committee will examine areas within the minister's portfolio starting with the environment and Great Barrier Reef from 2.30 to 4.15 and science and multicultural affairs from 4.30 to 5.30. I remind honourable members that matters relating to these portfolio areas may only be raised during the time specified for the area as agreed by the House. The committee will suspend proceedings for a break from 4.15 to 4.30. A number of non-committee members have sought and been granted leave to participate in the hearing in accordance with standing orders. They are the members for the following electorates: Broadwater, Bonney, Buderim, Kawana, Maiwar, Maroochydore, Mudgeeraba, Scenic Rim, South Brisbane and Surfers Paradise.

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 rule 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, relate to one issue and should not contain lengthy or subjective preambles, arguments or opinion. I intend to guide proceedings today so that relevant issues can be explored fully and to ensure there is adequate opportunity to address questions from government and non-government members of the committee.

I remind everyone present that any person may be excluded from the proceedings at my discretion as chair or by order of the committee. While the use of mobile phones is not ordinarily 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 ask everyone present to ensure that phones and electronic devices are switched to silent mode or turned off. I remind everyone that food and drink are not permitted in this chamber.

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. The question before the committee is—

That the proposed expenditure be agreed to.

Minister, we have had a good morning and I hope that we have a good afternoon. If you wish, would you like to make an opening statement of no more than five minutes before the examination of your portfolio areas?

Ms LINARD: Yes, thank you, Chair. I would like to start by acknowledging the traditional owners of the land on which we gather today—the first Australians—whose lands, winds and waters we all now share and pay my respects to elders past, present and emerging. I also pay my respects to any Aboriginal or Torres Strait Islanders present in the room here today and acknowledge any elders from all cultures. I also respectfully acknowledge the member for Mirani's Australian South Sea Islander heritage and the contribution the ASSI community have made to the social, cultural and economic development of Queensland.

Chair, I welcome the committee's scrutiny of the Palaszczuk government's significant investments in environment, science and multiculturalism. I have been the minister responsible for the environment, Great Barrier Reef and science for just over two months. I would like to take this opportunity to acknowledge my predecessor, Meaghan Scanlon, as well as my colleagues Leeanne Enoch and Steven Miles, as I now build on their work in this important portfolio. I would also like to acknowledge from the outset my department, and all within it, from Environment and Heritage, Parks and Wildlife and Partnerships, Environmental Services and Regulation, Science, Corporate and QMRC who have been so welcoming and patient as I immerse myself in the wide breadth of issues this agency manages. It has been a pleasure to also continue my work with the passionate team in Multicultural Affairs.

It was always my intention to hit the ground running in this new portfolio, and that is what I have done. Since being appointed in May, I have made a number of significant environmental announcements that I will outline for the committee. Firstly, alongside the resources minister, I announced the start of public consultation on options to protect the Queensland section of the Lake Eyre Basin. The basin boasts some of the last remaining free-flowing desert rivers on earth and our government is committed to protecting it while supporting sustainable economic development in the region. With the fisheries minister and in partnership with the Albanese government, I announced important fisheries reforms within the Great Barrier Reef, including banning gillnets from the reef by mid-2027. I would like to take a moment here to acknowledge the draft decision this week of UNESCO not to list the reef as being in danger. This decision reflects the significant work the Palaszczuk and Albanese governments are doing in tandem to protect the reef.

Last month I also announced changes to the Great Sandy Marine Park zoning which will enhance the protection of the unique marine environment while maintaining the Fraser Coast region's fishing-based lifestyle. I highlight these significant initiatives because they demonstrate the Palaszczuk government's commitment to preserving and conserving our unique natural environment.

Another way the government demonstrates its commitment is, of course, through the budget. The 2023-24 budget includes a substantial uplift of \$450 million for the department for the financial year. Chief among these funding commitments is our government's commitment to growing our protected area estate, including our national parks. I am proud to announce today that the Palaszczuk government has recently finalised the purchase of 8,100 hectares of land near Hughenden which will form part of Queensland's newest national park. We have also recently purchased around 250 hectares of land to expand Lockyer National Park near Gatton. Even without these latest purchases, the size of Queensland's national park estate has increased by some 12½ thousand hectares in recent months. That is the equivalent of 50 times Brisbane's central business district—a significant expansion.

The 2023-24 state budget includes \$30.6 million for land acquisitions to expand our network of protected areas. The majority of this allocation is part of our historic commitment of \$262.5 million in last year's budget with \$2.1 million from existing acquisition funding. The budget also includes: \$51.9 million over four years to improve visitor experiences in our national parks; \$38.6 million over five years to continue the delivery of world-class protected area management; and funding for a further 30 full-time equivalent ranger positions.

The 2023-24 budget includes an investment of \$49.9 million over four years and \$16.4 million ongoing to continue and grow the Indigenous Land and Sea Ranger program. In fact, the number of Indigenous land and sea rangers will reach 200 by the end of this year. In respect of our important partnership with the Quandamooka people and their deep love of the lands and waters of Minjerribah and Mulgumpin, the budget includes an investment of \$31.9 million over four years and \$1.8 million annually to deliver world-leading management, including new fire management programs.

The budget continues to invest in the government's \$2.1 billion waste plan, which will transform Queensland's waste and resource recovery industry. The budget includes an additional \$234 million as part of our waste and recovery package, increasing our commitment to support councils in implementing regional waste and resource recovery management plans. Chair, will you give me a one-minute warning before I run out of time?

CHAIR: We have a fair bit of latitude.

Ms LINARD: Great, thank you. A further \$94.4 million will be invested in waste recovery projects, like circular economy initiatives and statewide behaviour change programs, which will help move us forward on our goal to a zero waste Queensland. These investments, alongside \$5.2 million over four years and \$1.5 million per year ongoing to continue our investment in science engagement and strategic international partnerships and increased funding of \$4.7 million over four years and \$1.2 million per year ongoing for multicultural projects and events is about investing in our great state and its people.

I am delighted to today also announce the appointment of Professor Kerrie Wilson as Queensland's new Chief Scientist. Professor Wilson is a leading environmental scientist and researcher into conservation science, strategy and policy. She is currently QUT's Pro Vice-Chancellor (Sustainability and Research Integrity) and will take up her appointment in November. I know she will make a valuable contribution to Queensland. I look forward to the committee's questions and I thank you for your time this afternoon.

CHAIR: The committee will commence with the examination of the estimates for the portfolio areas of environment and the Great Barrier Reef. Government members will start.

Ms PEASE: Minister, I am wondering if you could provide an update on the development of the organic waste action plan.

Ms LINARD: As you may have seen recently, highlighted by the recent *War on Waste* series, food waste has many different impacts. Food waste impacts our environment and our economy. However, I am pleased to share the progress that has already been made in Queensland to reduce the impact of food loss and waste on our communities, the economy and the environment.

In February 2022 the Queensland government released the 10-year Queensland Organics Strategy and supporting action plan. These set the strategic framework for how we will reduce the generation of organic waste and improve the management of this valuable resource where it has been generated. Queensland's targets are to halve the amount of food waste generated by 2030, divert 80 per cent of organic material from landfill and achieve a minimum organics recycling rate of 70 per cent. The Queensland government is progressing implementation in a planned and sequential way, starting with waste avoidance before progressing to diversion and recycling actions. We received extensive feedback which identified the need for a strong focus on avoidance to reduce waste while carefully planning for collection services to ensure solutions are fit for purpose and deliver sustainable outcomes across our regions.

Since its release the Queensland government has progressed 27 of the 29 actions in the Organics Strategy. One of our key partnerships is with Tangalooma EcoMarines, which is working to expand its delivery of sustainable education programs through schools across the state. This year it has worked with schools in Cairns and Townsville. Kids choose the initiative they want to implement in their school and community, and this year nearly 80 per cent of the 88 schools attending the training days chose a waste focused program. The Organic Waste Smart Schools Program provided \$232,247 to 216 schools to help Queensland state schools to avoid and better manage organic material.

With food insecurity increasing, the Queensland government invested \$906,000 in the first round and a further \$2.9 million in the second round of the Food Rescue Grant Program. This program provides resources to food rescue organisations to increase their services to Queenslanders in need. We have also partnered with Grow It Local, whose program supports people to grow their own food, whether in their backyard, on a verandah or even on a windowsill. Research has found that people who grow their own food have a greater appreciation of the efforts to produce it and waste less food. Other partnerships include working with Stop Food Waste Australia and Central Queensland University to develop a horticulture sector action plan. This investigates food waste holistically across the supply and consumption chains, focusing on bananas and melons.

The Queensland government is pleased to partner with Thankful4Farmers, who are working on circular economy solutions connecting supermarkets directly with farmers to recover the value of food that is not fit for human consumption. They are also working on tools to support households to reduce

their own food waste. Before wide-scale diversion and collection services commence, trials to inform how best to offer these services are critical. The Queensland government partnered with Townsville City Council, Rockhampton Regional Council and Lockyer Valley Regional Council, providing \$860,000 for food organics/garden organics kerbside collection trials in these council areas. Trial results are being assessed and will inform guidance materials to support councils in considering fit-for-purpose solutions.

To tackle food waste from quick-service restaurants and shopping centre food courts the department has engaged the National Retail Association to develop an organics waste diversion trial and is also working with Gold Coast city council to trial organics collections in multiunit dwellings. The Queensland government, in partnership with the Australian government, is mobilising almost \$10 million of funding for the Queensland Food Waste for Healthy Soils Program, awarded to four successful applicants to upgrade or establish high-quality organics processing facilities to recover valuable organic material and improve soil health. The plan also identifies the development of regional waste management plans as an opportunity for the state and local governments to share the investment needed to establish FOGO collection services including the supply of kerbside bins and kitchen caddies. I know that this has been of significant interest to residents in my own electorate and to many council areas. To reach our landfill diversion targets, it is estimated that 1.5 million households will need access to kerbside organics collection services. With local government regional waste planning now well progressed, we look forward to seeing those plans come to fruition and further announcements.

Ms KING: Minister, noting current cost-of-living pressures, will you please advise how the Palaszczuk government maintains access to national parks at such an affordable price?

Ms LINARD: We are acutely aware as a government of the cost-of-living pressures being felt by all Queenslanders and indeed all Australians. During these difficult economic times, we recognise the importance of the community being able to get outdoors and enjoy the natural wonders that Queensland has to offer, including our beautiful national parks. Of course, we also saw during COVID how people increasingly connected with nature and enjoyed these opportunities.

Visiting national parks is free and our camping charges are very affordable, especially in comparison with other jurisdictions. While other uses of these areas, such as commercial tours and scientific and educational uses, do attract permit fees, in recognition of the current cost-of-living pressures the government has not raised fees associated with these activities other than to adjust for GST and apply annual CPI increases. The permit fees collected by the Queensland Parks and Wildlife Service go back into managing Queensland's protected area estate, which has broad benefits not just for direct users of our protected areas but all Queenslanders.

As well as offering spectacular natural scenery, our national parks and other protected areas are host to nationally and internationally significant biodiversity and unique wildlife and provide a wide range of benefits to the state. Our protected areas are critical to the conservation of threatened species, with around 150 of these species being found only within Queensland's protected areas. These areas also provide a range of ecosystem services such as clean water, carbon storage, climate change mitigation, pollination, soil creation and retention and genetic resources.

As well as environmental benefits, protected areas provide significant economic, cultural, social and health benefits. In Queensland, many local economies and regional areas rely on business associated with tourism. Research undertaken by the University of Queensland identified that visits to Queensland's national parks generate \$2.6 billion in spending annually, directly contributing \$1.98 billion to the Queensland economy and helping support over 17,000 full-time-equivalent jobs. In addition, national parks and their use generate employment across sectors outside tourism. Some of the other sectors to benefit include building and construction, education, leisure, fitness, outdoor recreation, biodiscovery and research.

Queensland's protected areas provide opportunities for recognising and respecting First Nations people's rights and aspirations, connection to country and learning from the traditional knowledge of land management. Protected areas also deliver health and wellbeing benefits for the community, including opportunities for all people—Queenslanders and visitors alike—to spend time outdoors and enjoy nature-based recreational and social activities. Studies have indicated that spending time in nature and experiencing nature-based activities can have significant positive impacts, as I referred to earlier, on people's health and wellbeing, including psychological health, with reductions in anxiety and stress.

We remain acutely aware of cost-of-living pressures and we want to ensure that our national parks can be accessed at an affordable cost, that we preserve people's weekend freedom and that we protect the Queensland lifestyle we all know and love.

CHAIR: How will the \$6 million investment in the Great Barrier Reef island arks project benefit Queensland's environmental outcomes?

Ms LINARD: I welcome the opportunity to provide an update on this project. We announced the investment of \$6 million to the Great Barrier Reef island arks project as part of the Healthy Reef, Healthy Environment, Healthy Economy election commitment. This funding was on top of the record \$262.5 million investment to expand and create new national parks.

The Great Barrier Reef island arks project will expand Queensland's protected area estate and preserve the precious island ecosystems and wildlife within the Great Barrier Reef area. The restoration and rehabilitation of these islands will be achieved through working with traditional owners to co-manage key ecological and cultural sites and promote new ecotourism offerings. Under the initiative the Department of Environment and Science has acquired more than 5,000 hectares of reef islands, benefiting threatened species and endangered ecosystems which will now be included in the protected area estate. The acquisitions notably include 118 hectares in the centre of Wild Duck Island, the largest flatback turtle nesting site in eastern Australia. This is now dedicated as part of Broad Sound islands conservation park, and we are pleased to announce that the entire island is now protected to ensure flatback turtles can nest safely and undisturbed.

Our government has also issued a \$1.7 million tender to remove the abandoned and collapsing buildings on the island. We look forward to commencing this work in August alongside the Koinmerburra people who will work with the department to rehabilitate the site in the coming years.

I am also pleased to note the acquisition of over 100 hectares of land on Saint Bees Island, which is home to a unique population of koalas and endangered ecosystems. Excitingly, this new acquisition will bring the entirety of Saint Bees Island into the protected area estate.

Finally, the beautiful Long Island supports flatback turtles, saltmarshes, mangrove forests and a range of restricted coastal ecosystems. The entirety of Long Island and Broad Sound has now also been brought into protected area estate under the island Arks project.

We look forward to making these island Arks acquisitions publicly accessible once we have completed, restoring or removing derelict infrastructure, rehabilitated the areas as needed and made the necessary operations transitions and visitor management arrangements.

We are proud to be making real steps to protect the jewel of Queensland—our Great Barrier Reef—and the unique flora and fauna that depend on it. I would like to acknowledge the continued contribution and support of the Queensland Parks and Wildlife Service and partnerships, rangers and traditional owners in our efforts to protect and restore the irreplaceable islands of the Great Barrier Reef.

CHAIR: Hear, hear!

Ms KING: Minister, will you please advise the committee what is being done to protect our vulnerable and iconic Australian wildlife—in particular, the hairy-nosed wombat and the bilby?

Ms LINARD: The Palaszczuk government is committed to protecting and recovering key threatened species such as the northern hairy-nosed wombat and the bilby. Northern hairy-nosed wombats are one of the rarest land mammals in the world. These mammals are critically endangered and found only in Queensland at Epping Forest National Park and Richard Underwood Nature Refuge.

Our government's recovery program is a key success story, demonstrating the effectiveness of the Threatened Species Program and the efforts of departmental officers and partners that have brought the species back from the brink of extinction. The population has increased from an estimated 35 individuals in the 1980s to over 300 wombats thanks to key management initiatives delivered on Epping Forest National Park, including securing habitat and exclusion of predators.

Although this is a great success story, the species remains at risk of extinction due to the majority of animals being at only one location. The solution is to establish an additional population—a third population. Queensland Parks and Wildlife Service has recently secured a suitable site as well as an over \$2 million investment to progress the project. Located north-west of St George, Powrunna State Forest is approximately 2,800 hectares and was chosen following a meticulous analysis of potentially suitable sites across the wombat's former range in Queensland.

Preparatory works are now underway including establishing predator exclusion fencing, removing predators, introducing fire regimes, improving habitat management, installing water stations and building research infrastructure. When the site is ready, Queensland Parks and Wildlife Service

scientists and conservation officers will conduct the translocation of wombats to this new refuge, whilst ensuring the sustainability of the populations at Epping Forest National Park and Richard Underwood Nature Refuge.

Over 50 wombats are expected to move to the new site over the next three to five years. This is an exciting project that is being delivered in partnership with the Gunggari traditional owners. The Northern Hairy-Nosed Wombat Recovery Action Plan guides the recovery program and the work has had long-term support of the Wombat Foundation and Glencore.

Similarly, another iconic and successful recovery program, being led by the department, is to save the greater bilby. The bilby is listed as endangered, and wild populations are small and fragmented across Queensland, the Northern Territory and Western Australia.

In Queensland the core population of bilbies is found on and around Astrebla Downs National Park. There is also a thriving population that has been established within a predator exclusion fence at Currawinya National Park in partnership with Save the Bilby Fund. Threats include habitat loss, degradation and fragmentation, changed fire regimes, predation and loss of traditional owner knowledge, and land management practices.

The department signed a collaborative deed in December 2022, with Save the Bilby Fund securing this important partnership for the next 10 years. Under the agreement, we work collaboratively to undertake captive breeding of bilbies at Charleville, manage the bilby population at Currawinya National Park and monitor bilby populations. However, the stronghold of the wild bilby population in Queensland will, of course, be Astrebla Downs, and the department carefully monitors this population and predators which remain the key threat to the population.

The Queensland Parks and Wildlife Service strategically applies predator management on the park to reduce pressure from predators on the bilby population. The result has seen a marked increase in the size of the population and, though subject to variability like all desert species, the population is secure and the future is bright.

The department and Save the Bilby Fund are now embarking on an ambitious project to establish a further population in the wild in Queensland. I would like to thank the department and our partners for the crucial work. I look forward to providing further updates in relation to these projects and, if and when appropriate, going to see for myself some of the great efforts. Thank you for the question.

CHAIR: I thought you might have brought a bilby in for us to look at. We have one final question from the government.

Ms PEASE: Minister, will you please advise how the Palaszczuk government is protecting the unique ecological and cultural values of the Lake Eyre Basin?

Ms LINARD: The Queensland Lake Eyre Basin region is ecologically and culturally significant of course not just locally or nationally but globally. Its rivers, flood plains and wetlands support an abundance of plants and wildlife, and the regional communities and economies include grazing and tourism. They depend on a healthy environment. First Nations people have protected Lake Eyre Basin country and culture for millennia. Traditional custodians continue to work to ensure the rivers and flood plains of the region are protected for the future.

The Palaszczuk government is committed to protecting the long-term health, ecology and cultural values of these rivers and flood plains within Queensland, while supporting future sustainable economic development and ensuring that all voices and particularly those of traditional owners are heard.

In November 2021, we established the Lake Eyre Basin Stakeholder Advisory Group, which met five times between December 2021 and July 2022. The advisory group was chaired by former Queensland natural resources minister Stephen Robertson and included representatives of the Traditional Owners Alliance, the resources sector, agriculture and conservation peak bodies, local government, regional development and scientific interests.

The information and advice provided by the advisory group informed the consultation regulatory impact statement, which has been designed to canvass spatial options, regulatory options and environmental attributes for river systems. The consultation RIS was publically released on 2 June 2023 for a 12-week period and concludes on 25 August.

As well as focusing on the region's ecology, the CRIS discusses a range of issues pertinent to the Queensland Lake Eyre Basin region. These issues include economic sectors, First Nations cultural history and custodianship, regional demographics, a detailed analysis of the petroleum resources in the

region and how the North West Minerals Province relates to the area. The CRIS identifies current activities, their known and potential opportunities and risks and some of the core concerns including those related to unconventional gas and oil extraction of flood plains and rivers.

The range of options being considered in the CRIS include the future mapping of rivers, flood plains and watercourses of greatest ecological importance and whether to retain or amend regulatory frameworks. Proposed approaches to enhancing First Nations cultural heritage recognition; support for cultural, ecological, economic and social priorities and aspirations; and improved engagement and involvement in decision-making are all canvassed.

A series of briefings have been provided to the region's councils, both mayors and chief executive officers, traditional owners and conservation groups. Further technical information has been provided where requested.

My department has engaged with several townships in the region and held community meetings. To date, the towns visited include Winton, Boulia, Bedourie, Birdsville, Windorah, Longreach and Barcaldine. Further community engagement will be occurring later this month.

The Department of Environment and Science is providing funding to the Traditional Owners Alliance to maintain its work and to ensure the alliance is in a position to formulate a consulted submission response to the CRIS. The Queensland government looks forward to hearing from First Nations people of the region about how to enhance recognition of their cultural heritage, deliver support for cultural, ecological, economic and social priorities, and aspirations, and improved engagement involvement in decision-making.

CHAIR: We will move to opposition questions.

Mr O'CONNOR: Director-General, I will start with you. What involvement has the department had to date with the Pioneer-Burdekin Pumped Hydro Project? Even if it is just preliminary and high-level, can you run us through the advice and support your department has provided towards this key part of the government's energy transition plan?

Mr Merrick: In relation to departmental involvement in the Pioneer-Burdekin pumped hydro scheme and project development, the Queensland Energy and Jobs Plan includes the key principle to preserve Queensland's environment. The department has been intimately involved working alongside other agencies in terms of providing advice. The deputy director-general of Queensland Parks and Wildlife Service is part of a group working with those other agencies in terms of the development of the proposals. The projects themselves will form part of a consideration by the Coordinator-General. Within that framework we provide technical advice to the Coordinator-General for those schemes and those EIS processes.

Mr O'CONNOR: Deputy Director-General, can you provide some more information on the advice and support you have provided so far in relation to this project?

Mr Klaassen: There is a whole-of-government steering committee that has been set up to provide input into the projects. They are still at the early stages of development. The advice that we have been providing is with regard to the Nature Conservation Act and any approvals and matters that need to be considered under that, also providing general advice around the federal government Environment Protection and Biodiversity Conservation Act if they need to go there to get approvals, talking to the Coordinator-General in terms of the whole-of-government process to manage all of the approvals that are necessary, and working with the Queensland Hydro team around general inquiries they may have around the environment in general.

Mr O'CONNOR: Deputy Director-General, what I am particularly interested in—I asked a question on notice late last year and got the response early this year—is the early involvement of the department. You say the project is in the early stages. I was told that in the selection of the site there was a high-level desktop review conducted into the site's environmental values and the department was consulted during that process. Were you involved in that process, and can you tell us when that occurred?

CHAIR: Member, procedurally, you do have to put the question to either the minister or the director-general.

Mr O'CONNOR: To the deputy DG, hopefully, through the DG.

Mr Klaassen: No, I did not have any involvement in the site selection.

Mr O'CONNOR: Director-General, can you provide us with some more information on the department's involvement in the high-level desktop review that was referenced in a question on notice that I got back at the start of the year?

Mr Merrick: With the minister's agreement, we might invite the deputy director-general of environmental policy and programs, who may have more information to bear on this matter. Maybe not.

Mr O'CONNOR: Do we know who was involved? It was the selection of the biggest project in Queensland's history. Does someone know who was there?

Ms LINARD: Can we see that?

Mr O'CONNOR: Yes, I have a copy. It states, 'The selection of the site included a high-level desktop review of the site's environmental values. The Department of Environment and Science was consulted during the process.'

Mr Klaassen: I can answer that.

Ms LINARD: Through the DG.

Mr Klaassen: Yes. The Department of Energy and Public Works coordinated a process to identify potential sites and consulted with relevant agencies around that process, so we had high-level input at that time. That is what is referred to in that question on notice, but that was not me specifically.

Mr O'CONNOR: Director-General, when was that process? When did that occur?

Mr Merrick: That process would have been as referred to in the question on notice at the back end of last year.

Mr O'CONNOR: The Energy and Jobs Plan came out 28 September. When did it occur? The site was selected before then. When was this high-level desktop review to choose the largest pumped hydro project in the world?

Mr Merrick: In terms of the actual desktop review, that is really a question for the Department of Energy and Public Works.

Mr O'CONNOR: Director-General, you know when your department was involved in that. That is why I am asking when your department was involved in that process.

Mr Merrick: With the minister's permission, we will have to come back with a specific date on which we were consulted.

Mr O'CONNOR: I am happy to take that on notice if the minister is. If we can also figure out who contributed to that, and if we can get some more information on what was provided on the high-level environmental values of the site. Are you able to take that on notice as well, DG?

Ms LINARD: We will take it on notice.

Mr O'CONNOR: Director-General, have any further environmental assessments been carried out since this time, and if so what work has the department undertaken?

Mr Merrick: I will refer the member to the answer I gave earlier. There is a full assessment process that is underway led by the Coordinator-General, and our input would be as technical adviser to that process.

Mr O'CONNOR: Director-General, do you have any figure on the number of staff hours that have gone into it so far just for this background work, even just the number of staff who have been involved from the department?

Mr Merrick: It would be a regular order of business that we provide technical advice into EIS processes, so we do not ordinarily calculate those figures. It would be dependent on the particular circumstances of an EIS and the matters in scope and their potential impacts, both on matters of state and national environmental significance, which would drive our resourcing into those processes. We will provide all of the resourcing necessary to support the Coordinator-General in that process.

Mr O'CONNOR: Director-General, is the only involvement your department has had so far the input you provided to that high-level desktop review to select the site?

Mr Merrick: As the question on notice says, it is part of the consultation on that high-level review which, as I said, really needs to be addressed to the Department of Energy and Public Works.

Mr O'CONNOR: I am asking about the department of environment's involvement in that, which the question on notice has confirmed. That is the only involvement of the department of environment so far into the largest pumped hydro project in the world next to a national park?

Mr Merrick: Member, I have said we are providing advice into the detailed EIS process that is being led by the Coordinator-General.

Mr O'CONNOR: DG, this question is to you and the deputy DG if you allow it. What threatened species are located within Eungella National Park and what assessments, if any, have been made about the impact this project could have on those threatened species?

Mr Merrick: I think behind the question is an assumption about impacts on the national park and the species within it, but I might ask the deputy director-general if he wants to respond further.

Mr Klaassen: The most well-known threatened species in Eungella is the platypus, and there will be a detailed process to consider any impacts. We are still at the early stages. There needs to be a whole lot of work done before we can critically assess any impact on threatened species because we need to know project locations specifically around what is going to be impacted. Drilling needs to be undertaken to identify where the preferred locations are. It is an iterative process that we need to work through, but we are well aware of the threatened species. Under the Nature Conservation Act, our role is to ensure that we uphold the requirements of that act in terms of the project.

Mr O'CONNOR: Nothing has been undertaken so far; it is early days on this project?

Mr Klaassen: I cannot answer that directly because you have to go through the director-general.

Mr O'CONNOR: From the department's perspective, nothing has been undertaken so far to assess the potential impacts on the national parks that you manage potentially next to the project and it is early days with the project. So that is it for the largest pumped hydro project in the world that is essential to our energy transition?

Mr Merrick: With respect, member, I do not think that is quite what we are saying. What we are saying is that the process is moving forward. There is detailed work going on about the design of the project. That will bring forth information that allows a thorough assessment of any environmental impacts that we would consider as material to our portfolio, so it is an iterative process.

Mr O'CONNOR: Minister, we have seen major subsidence issues with the Snowy hydro 2.0 project, which involves a 70-metre hole occurring with one of the tunnels being dug there. Are you concerned about the impact of this project on Eungella National Park given the Pioneer-Burdekin project will apparently involve three multikilometre tunnels being dug under the national park? What assessment was done of the danger of tunnelling under this national park prior to the announcement of the location?

Ms LINARD: As the DG and DDG have outlined, there will be a very detailed and involved process for a project of this scope and size. My agency will provide input and technical advice to the EIS process. In respect of the national park, of course we will make sure that the national park is protected. For delivery of the project itself, external to the park, these sorts of technical questions should be directed to the minister who is responsible for the project and that is Minister de Brenni—when it gets to a point in the EIS process, which will likely be Coordinator-General led. I appreciate that you may have further questions about the technical advice they will provide, but that is future focused and hypothetical and these technical questions should be answered by Minister de Brenni.

Mr O'CONNOR: Minister, have you sought any briefings on the risk that this project could have to the national park as the minister responsible for the national park?

Ms LINARD: I have of course sought advice from my agency in regard to the project and what implications it may have for a national park. We will take a watching brief and provide expertise and advice as the project proceeds to the EIS process, as is normal business for this agency. National parks are protected, and under the legislation this agency will fulsomely ensure that all requirements under that legislation are met. Of course it is a precious space. The platypus is precious. We are alive to that and we are also in regular conversation, as I am with my colleague, about both the importance of the delivery of our plan in regard to the benefits it will bring around emissions reduction and also the importance of protecting Eungella.

Mr O'CONNOR: Minister, what did the briefings that you say you have sought indicate about the potential risks to the national park?

Ms LINARD: What you have heard here today, which is that there is no question of any inundation in the park. I know that is not what you are implying; you are actually referring to subsidence and tunnels going under the national park. In terms of any sorts of risks that may come, I understand they are doing very early technical testing at the moment external to the park. As this EIS process proceeds and there is a lot more technical information known, of course the agency will be party and privy to those conversations. As the responsible minister, I will be proactively seeking, and I know the agency will proactively brief me as the project progresses. Detailed technical information and questions should be directed to the responsible minister. I know he would be more than happy to answer them because he is well across where the project is up to which sits firmly in his agency currently.

Mr O'CONNOR: Minister, have you visited the hydro site at Eungella or even the neighbouring national park?

Ms LINARD: I have been to Eungella, absolutely. I have taken my family there. I am well versed in the national park. Are you talking about since the announcement?

Mr O'CONNOR: As minister, have you been there to meet with the local stakeholders and to see the environment in that area?

Ms LINARD: As it pertains to the actual site, I have not walked on the site with the department of energy because it is their project, external to the national park, therefore external to my area of portfolio responsibility. I have met with a number of concerned locals there in Mackay, absolutely.

Mr O'CONNOR: Will you be visiting the national park or the site of the hydro project to see for yourself? Can you commit to that before estimates next year?

Ms LINARD: I will certainly be visiting Eungella and I am sure in many capacities as Minister for the Environment. I know this is an important project and I know that my colleague, Minister de Brenni, who I work closely with, will likely travel there with me as the project proceeds and more detailed information comes to fruition. I am very happy to give that commitment, and it is probably one the member for Mirani will be seeking from me too.

Mr O'CONNOR: I think he might even show you around, Minister.

Ms LINARD: I would be very happy to but he will have to get in line because I know there will be lots of others who will want to as well, but thank you.

Mr O'CONNOR: The two-page environment fact sheet No. 2 on Pioneer-Burdekin states that 'no project will proceed if impacts to the local environment cannot be adequately mitigated or offset'. Minister, what advice have you sought on the risk of this outcome—that is, the project not proceeding?

Ms LINARD: I do not know that I have seen this fact sheet. Is it from my agency?

Mr O'CONNOR: It is from Queensland Hydro. If people are thinking a two-page fact sheet is not much for the biggest project in Queensland's history, it is No. 2. There are 2 two-page fact sheets and this is the second of those.

Ms LINARD: That is Queensland Hydro, an agency outside my portfolio—

Mr O'CONNOR: Talking about environmental concerns of the project.

Ms LINARD: I am glad they are because they are important considerations. You can see how seriously they are taking them.

Mr O'CONNOR: And they are saying there is a chance it might not go ahead. I am asking if you have had any advice on that possibility.

CHAIR: The member for Bonney will table that for the benefit of members. The committee has to seek leave for that. Leave is granted.

The second thing is that the minister is being responsive in her earlier answers. This is not the responsible portfolio area. You are straying into a different area. It should be Minister de Brenni who is answering some of your questions. Can you try to align your questions to the minister's portfolio?

Mr O'CONNOR: Minister, without any of the underlying environmental assessments completed on this project, how can you as the environment minister or anyone in the government continue to say that this project is a certainty and that it will be built?

Ms LINARD: I would like to absolutely assure you that my agency will act in accordance with the required assessments and the standards that we have. They are the highest environmental standards in respect of the regulatory environment we operate in and the responsibilities we have under the relevant acts and our national parks. I have great confidence in the professionalism of this agency to do so. This project, which is very important in many respects, is a project that the government is very focused on delivering. We have been clear—and by your own assertion in the information from the agency which is responsible—that all appropriate approvals will be undertaken. I think it is quite clear in their language and in ours that this is a large program and that it will only proceed if appropriate approvals are given for the project. I am sure Minister de Brenni would welcome and look forward to your questions in regard to the detailed information around the project.

Mr O'CONNOR: But, Minister, that contradicts the confidence of government ministers like yourself. Just after the budget the Treasurer was asked if it was possible that studies being undertaken could mean that a different site needs to be chosen, and he said, 'No, we are absolutely confident that this will go ahead.' How can you be so confident if none of this work has been completed? This is the biggest project in Queensland's history. It is essential to our energy transition.

Ms LINARD: So you are asking me a hypothetical: if the approvals are not given, will it or won't it go ahead?

Mr O'CONNOR: It is not hypothetical with the government members saying they are confident it is going to happen. How can you be confident?

Ms LINARD: So you are asking me to comment on the Treasurer's comment. What I would say again and assert, Chair, is that this agency has responsibilities under legislation and that they will fulfil those responsibilities as they always have. I absolutely know as we progress in the project that, should there be any impacts relevant to my agency or just the involvement of the agency in regard to the regulatory advice and insight they will give to the process, they will do so in accordance with their responsibilities and they will do it professionally. It is something they do on a vast array of projects across the state and have done for a very long time. I understand where the member is trying to go with this and I understand the point he is trying to make, but I think he should, I hope, respect the professionalism of this agency to contribute to the process, which will be a significantly detailed process.

Mr O'CONNOR: So you cannot rule out that there is a possibility this will not proceed—

CHAIR: Order! Member for Bonney, I am going to pull you up on this line of questioning—

Ms LINARD: I do not have a crystal ball.

Mr O'CONNOR: Does the Treasurer? Why is he so confident?

CHAIR: Member, I am speaking. I am going to ask you to stop this line of questioning because you are seeking opinions and they are hypothetical. Please move on to another subject matter.

Mr O'CONNOR: I will go to the director-general. Director-General, has the department undertaken any assessments to project Queensland's emissions reduction if the project does not proceed as planned?

Mr Merrick: Again, I think that is a hypothetical, with due respect to the member.

Mr O'CONNOR: It is asking for assessments of what happens if Pioneer-Burdekin does not go ahead.

CHAIR: Member, can I counsel you? If you want me to, I will start warning because you are not listening to what I am saying. I am asking you to cease this line of hypothetical questions which are seeking opinions and move on to your next question.

Mr POWELL: Point of order, Chair.

Ms PEASE: Point of order, Chair.

CHAIR: I have two points of order. I will take the one on my right.

Ms PEASE: Chair, you have directed the member for Bonney a number of times. He has been disrespectful to your direction on many occasions and continues to be disrespectful. I would suggest that you should be warning him.

CHAIR: I will take that under consideration.

Mr POWELL: Chair, the member for Bonney has ascertained very clearly—and I reflect the words of the minister and the director-general—that there are assessments underway. That suggests that no final decision has been made on whether this project will proceed or not. That is not a hypothetical.

CHAIR: I will take your point.

Mr POWELL: That is not a hypothetical. Me asking a question as to whether assessments have been done if the project does not proceed is a legitimate question.

CHAIR: I am making a ruling on this particular question because they are, again, repetitive and, in my view, hypothetical. I am asking that the member moves on to a further question. Member for Bonney, do you have another question?

Mr O'CONNOR: Thank you, Chair. Are we going to a government block or do I have time to—

CHAIR: I am trying to give you latitude, member. I am trying to give the non-government members as much time as possible. Do you have another question?

Mr O'CONNOR: I appreciate that, Chair, thank you. Director-General, from the department's own tracking, how many waste targets do you expect to reach by 2025? We recently saw it was, I think, two of the nine, or two of the seven. What is your current assessment of where we will be at by 2025?

Mr Merrick: You are right in terms of the latest data that shows that two out of seven targets are on track. That has been a slight moderation downward. What I would say in this space is that the data for Queensland is the most progressed in terms of timeliness of any state in the country. There are clearly some complex factors playing out in terms of some of those targets, and particularly the impacts of COVID, on distribution of waste and particularly the very extensive increase in home delivery, for example, that shows up in terms of increased rates of MSW.

There has also been a moderation in terms of commercial and industrial waste in the data that we have seen to date. Unfortunately, other states have not released the data in the same time frame as we have, but I think you start to see indications in the early signs from the likes of New South Wales that they are seeing similar impacts from the last two years in terms of patterns of waste behaviour and waste disposal. Indeed, in New South Wales I think they pointed to an increase in waste per capita in New South Wales. There are clearly dynamics we need to understand, but in terms of projections through to 2025, the government is obviously investing very significantly to increase diversions from landfill to achieve the waste targets, and government will do all it can to try to get those targets back on track to meet the targets that we set out in the waste strategy.

Mr O'CONNOR: So there is no current projection on how many we will meet by the time stated in the waste strategy?

Mr Merrick: Yes, there will be a further report published next September. I think the other issue is there is a complex set of inter-relationships between behaviours that are happening here. It is not a precise ability to model well. We will be at a point in time in the future, given the information we have to hand. Sorry, to correct, December 2023 is when the next data will come out.

Mr O'CONNOR: DG, the former minister confirmed that almost all of the nearly 130 million liquid paperboard containers, returned through the Containers for Change program, had been exported to India. We were told audits had been conducted to ensure they were actually being recycled over there. Can you explain what ability the Queensland Department of Environment and Science has to assess the environmental credentials of a company in India?

Mr Merrick: The responsibility for the scheme actually resides with Coex. That is really a question for Coex in terms of auditing the commercial arrangements they have with recyclers on their recycling panel. They have a thorough and comprehensive approach to testing and ensuring that the recyclers are fulfilling the obligations of their contracts in terms of that material being recycled.

Mr O'CONNOR: Minister, you are responsible for Coex ultimately. Will you enable the audit to be released? Have you requested this audit of the poppers being sent overseas?

Ms LINARD: I understand, member, that that is a question you had put to the previous minister—maybe?

Mr O'CONNOR: And the audit was not released.

Ms LINARD: Just checking because I do know it is a question that I have seen. My understanding is that Coex sought permission of those who were involved in the audit to release it, and they did not give that permission to release it. What I would say—and I have sought these assurances from Coex when I have met with the chair—is that, as you already know, under legislation, containers exchanged through that scheme must be recycled. We have said this publicly that they conducted an audit and found no indication that the items were not being recycled. There is a process, and I sought assurances from them about that detailed process, and I do want to outline that—

Material collected by Containers for Change Scheme is processed and sold either through Container Exchange, secure auction portal, or through direct sale. Members are subject to strict governance processes, including random audits, to assess that the panel members' business operations and compliance controls are meeting requirements of their recycling panel agreement. They also must provide statutory declarations to Coex confirming the recycling destination of the scheme material and that the material has been recycled or re-used and not sent to landfill.

The other thing I would say, through you, Chair, is that we have announced that saveBOARD is opening a new facility that will be built on the Gold Coast to turn poppers into building materials. Of course we want this material to be recycled and here in Australia, and this facility alone will have capacity to recycle more poppers each year than has been collected by Containers for Change to date. We are investing to ensure that we are truly going to achieve a circular economy, and I would appreciate if the member would not undermine confidence in the system because it is a system that is making a significant difference, unless you have evidence. If you do have evidence, like my predecessor, I would say please bring forward that evidence. I did ask the question of Coex—I sought assurances—that in regards to this material, they are complying with the legislation and that they have found no indication that the items are not being recycled.

Mr O'CONNOR: So absence of evidence is evidence of it being recycled; is that what the minister responsible for waste is saying?

Ms LINARD: No, I am saying I sought assurances from Coex that they have done—

Mr O'CONNOR: Have you seen the audit yourself?

Ms LINARD:—everything they can to ensure that this material is being recycled. That is what we expect as a government, and that is why we are also investing in infrastructure here on the Gold Coast—in your own region. Some of this material, too, to be fair, goes to a saveBOARD site, my recollection is, in Sydney. The capacity here in this country is not significant enough—that is why we are investing in it—to have all of this material to stay in-country. I understand that every jurisdiction has had to send some of their product overseas to recycle. I am very glad that we are investing in a facility right here that, as I said, will have the capacity to recycle more poppers this year than has been collected by Containers for Change to date.

CHAIR: We might pull up there. You can see I am trying to give you more time.

Mr O'CONNOR: I appreciate that, Chair, thank you.

CHAIR: I want to keep it so we do not get into repetitive cycle of questioning again. I will go to the crossbenchers. Member for Mirani?

Mr ANDREW: Minister, page 2 of the SDS, documentation associated with the federal government's natural repair bill mentions a recent review of Queensland's offset program which apparently found that 97 per cent of the environmental offsets in Queensland are delivered as a conservation payment. Will the minister please advise the total amount of dollars value offsets received as conservation payment in 2022-23, and how are we spending this as a department?

Ms LINARD: I know that this was the subject of a question on notice, member, and I am very happy to give you those details again. We will just find that relevant question on notice.

Mr ANDREW: I am happy to take it on notice.

Ms LINARD: We did answer a question that covered what you are asking in one of the questions on notice for this hearing, so we will get that now so I can read it into evidence for you.

Mr ANDREW: It was probably mine.

Ms LINARD: It may well have been yours. I do not know; I am not told whose it is. So, member, the question was:

Over the past three financial years, financial settlement payments totalling \$22,263,267 have been received by the Department of Environment and Science for impacts on various prescribed environmental matters. A total of \$10,041,064 was received in 2021.

So it was about three consecutive years. Does this sound like yours?

Mr ANDREW: Yes.

Ms LINARD: \$7,686,263 in 2021-22, and \$4,535,940 in 2022-23. The second part was, including contracted commitments—and I am abbreviating; there is more detail in here for you—more than \$56 million of the funds received by the department since the offset account was established in 2014 has been allocated to 26 projects that will deliver or support the delivery of offsets in Queensland. The 26 projects are in various stages of delivery from planning, procurement through to offset, delivery and legal protection. Did you want particular projects?

Mr ANDREW: I will wait till the notice comes through. I refer to page 2 of the SDS and the department's plan for implementing the Waste Management and Resource Recovery Strategy 2023-24. Could the minister please advise what investments are being made into the recycling of the state's solar panels, turbines and blades once they have reached their use-by date?

Ms LINARD: I will refer to the DG but bring forward one of our executive directors. For the committee, I am calling forward Mr Andrew Connor, Executive Director of the Circular Economy.

Mr Connor: The question asked what investment we are making into the solar panels and wind turbines. There is a related piece of work that we have done around the release of a draft e-products action plan. We released that earlier this year, in March, for consultation. Coinciding with that release, we also announced that we were funding the first stage of a solar recovery pilot. Working with a partner in the Smart Energy Council, we are funding the set-up of a pilot scheme to trial the collection of solar panels from around Queensland for provision to recycling so we can obtain information around the logistics, challenges and costs that are associated with doing this to help inform consideration of a

product stewardship scheme. There is work happening nationally around consideration of a product stewardship scheme. We are also working across jurisdictions with federal government partners and others to collect the information and share. The pilot is currently at a point where phase 1 is nearing completion, so right now we are considering a proposal around stage 2, which will involve the rollout of the pilot itself in conjunction with local government partners and other industry partners.

Mr ANDREW: It will consist of no burial in soil of any of the components of either the wind farms or the solar panels?

Mr Connor: That is certainly the intention. It was also announced that as part of the draft E-Products Action Plan we will be undertaking consultation around potential disposal bans. I do not think we are in a position necessarily to enforce a disposal ban right now but we will consult. We will use the information that we gather through the pilot. We will test our capacity to do that. I guess we are flagging that that is the future intent. We do not want to see solar panels put into landfills. They contain a lot of really valuable materials. There are recycling processes available now and being developed in Queensland where up to 90 per cent of the materials that are used in a panel can be recovered and circulated back into valuable products.

Mr ANDREW: I appreciate the answer. I have one more question concerning the upper Fitzroy River and the crocodiles. As we know, recently one was removed and it was over 4.5 metres. I believe that has been earmarked as a training ground for some of the Olympics; I was told that.

Mr POWELL: It helps with the speed of the swimming!

Mr ANDREW: I have heard there is a situation where some of that area could be used for training by people in North Queensland because it is a great body of water to use. Will you be considering rezoning that area up to Belmont Creek as a zone B? It is so imperative because the locals will not go back and use that area; they are finding that very difficult. There is a high exposure to large reptiles in that system due to its size. Has the department given any consideration to rezoning that area or even having exclusion zones on the fish ladders to stop the ingress of saltwater crocodiles coming up the river in a flood situation or having them wash down from Belmont Creek?

Ms LINARD: Thank you for the question. I can confirm that there was a 3.8-metre crocodile removed. I know they tend to grow in size and reputation over time.

Mr ANDREW: I did not get close enough to measure him, Minister.

Ms LINARD: That is okay. I have seen him grow to 4.1 metres and now 4.5 metres. I just want to nip that in the bud, but still it is a very impressive specimen at 3.8 metres. I do want to acknowledge that this is something you raised with me very early on and also on behalf of the locals. It was something that the local members Barry and Brittany also raised with me. I appreciate the anxiety that people have when they see a crocodile in the waters.

Of course, I do acknowledge that it is croc country. It is important that we do have a shared responsibility amongst community and within our agency to be safe and to listen to messages around how we ensure that safety. I do know that there was a number of stakeholder groups—and I know you have been pursuing me on this every time I am in the region as well as on radio and TV with this question. Stakeholders met with the agency as well to talk about their concerns, and they are always welcome to do so. I will pass over to the DG in just a moment.

Certainly the plan itself has been reviewed and we do have additional funding that was announced by the former minister—and important funding—to look at a number of technologies about proactive detection. I am sure the DG will touch on this and the science around it—and rightly should because I understand it came from our own agency—to provide additional safety measures because public safety has to come first. Yes, of course it should be balanced with conservation of this important species but public safety must come first. Also it is about communication and keeping community safe, as you would also know. I grew up in croc country in the Northern Territory, and my family comes from Cairns so I am well versed in it. People come and do not even know that it is an issue. For locals, zones are being reviewed. I will pass to the DG to speak about the plan review.

Mr Merrick: Thank you for the question. In terms of the Queensland Crocodile Management Plan and in response to the expert panel chaired by the former chief scientist, the department has commissioned and undertaken a range of work. That included a major genetic analysis of crocodile populations across the east coast—actually across Queensland—and also a major population-modelling exercise that we are finalising at the moment. That is to inform what the likely responses of crocodile populations as a whole but particularly in local areas may be to different sorts of management interventions.

It is worth saying in this context that in relation to the east coast population, there are some quite genetically distinct subpopulations at a local level. Therefore, we have to be cautious and understand what the likely response of any localised population might be to different sorts of interventions. Secondly, we have committed to undertaking a major review of the Queensland Crocodile Management Plan. We will be consulting through the back half of this year. I am very happy to meet with people locally. That will inform potential changes to zones within the plan. We are committed to listening.

Mr ANDREW: While you are talking about the genetic properties of the crocodiles, going back to the Eungella pumped hydro project, we have ornithorhynchus—the platypus—up the top and ones down the bottom. I am very familiar with the area. While we are talking about the national parks, what have you done in the way of genetic sequencing or finding out the difference between the ones on top of the range and the ones in the water table below it? Has there been any work done on that?

Mr Merrick: I thank the member for the question. I can certainly say I do not think we have done any genetic sequencing of those populations, but it may well be that research into those populations has been done by universities, but I am not aware of that.

Mr ANDREW: I think it is an important factor going forward with the project.

Mr BERKMAN: I want to return to the consultation RIS for the Lake Eyre Basin and specifically an indication on page 40 of that document that there have been no onsite compliance visits within the basin since 2019. My question to the DG is: can you confirm whether that is still the case and, if so, can you inform the committee why no compliance visits have occurred for four years or potentially more?

Mr Merrick: I thank the member for the question. In terms of the specifics of that question, I invite the Deputy Director-General of Environmental Services and Regulation to come to the table with the minister's agreement.

Mr Lawrence: I thank the member for the question. We have a compliance program that focuses on where the highest risks are. Generally speaking, we licence in the order of 9,000 different activities across the state. We do not aim to get to all those activities in a particular time frame; we aim to look at where the risks are. Where there are issues, we respond to those actively. That might mean that activities do not have a regular annual inspection. With 9,000 approvals it is not possible to go to all of them, so we use those resources that we have. We use intelligence to look through where the risks are and that is where we direct each of our compliance activities.

Mr BERKMAN: A quick follow-up to the DG: the consultation RIS contemplates potential expansion of conventional and unconventional extraction of gas in the Lake Eyre Basin. How does the department intend to ensure effective compliance and enforcement of any gas industry expansion when it is not able to conduct compliance visits for existing activities in the basin?

Mr Merrick: To add to what the deputy director-general said, in the last year we undertook over 1,700 inspections in 2022-23. We would have to check to give you a definitive answer as to whether we have conducted inspections in terms of those locations. We are happy to come back to the member, if the minister is okay with that. That may take some time beyond this session given the volume of inspections that we do. I am confident we have a robust and prioritisation approach, as the deputy director-general said, to ensure compliance with the conditions of the environmental authorities.

Mr BERKMAN: Recent analysis from the International Energy Agency and the Institute for Energy Economics and Financial Analysis shows that fugitive emissions—fugitive methane emissions specifically—have likely been underreported on the national emissions inventory by over 80 per cent for coal and more like 90 per cent for oil and gas. I understand that accounts for about 28 megatons of CO₂ equivalent of underreported emissions and roughly six per cent of the current national emissions. My question again to the DG is: does the department accept this analysis, and how is the department accounting for this in its tracking of fugitive methane emissions in Queensland?

Mr Merrick: We take into account a full range of credible sources such as those. In terms of the issue around emissions, I might first go to the deputy director-general of environmental services and regulation, but I think you are speaking to a bigger issue around emissions in Queensland. Depending on the response, we might also bring forward the deputy director-general of environmental policy and programs if we want to speak to the broader issue of emissions modelling and figures.

Mr Lawrence: Obviously in our assessment process, we take into account all of the information that we have at hand and the information that is provided to us. That area is changing rapidly and obviously, we have changed our terms of reference for the EIS to include scope 1, 2 and 3. There is a technology which is able to obviously detect methane, such as satellite imagery and those sorts of things, but not really accurately at the moment. So there is a fair bit of work going on about how to do that with accurate methodology but it is still in its infancy, if that makes sense.

Mr BERKMAN: Thank you, Mr Lawrence. Is work ongoing at the moment to establish some kind of comparative figure of how much our fugitive methane emissions may have been underreported or underestimated in Queensland?

Mr Merrick: We have an active partnership with a number of players, including NASA, looking at technologies around managing fugitive emissions. There is work going on to improve our capabilities to monitor and enforce conditions around methane, but that work is ongoing.

Mr BERKMAN: I am interested in whether that 80 per cent underestimation for coal and 90 per cent underestimation for oil and gas fugitive emissions are reflected in your understanding of fugitive emissions and their previous and current reporting in Queensland?

Mr Merrick: I do not have the report in front of me, but as I said, we take all well-founded peer-reviewed reports into consideration in terms of informing the approach we take both from a policy and a regulatory perspective. I think it is important to say, though, that this really is a space that is emerging quite quickly in terms of the monitoring of methane emissions particularly using remote sensing technologies, which is why we are working with leaders in this field such as NASA to understand this approach better. I am not sure without that report in front of me in terms of the particular methodologies and techniques that were used. I do not doubt its veracity, but it is important that we look at the evidence brought to bear in terms of quantifying methane emissions and the appropriate methodologies to do that.

Ms LINARD: To clarify, I was talking to the DG and I do not think we will be able to get that information within the time frame that you were talking about compliance, if that is something you want. I know we have a long-term habit of every estimates of me offering you a briefing should you wish, post the hearing. I appreciate that time is limited, so I will leave the ball in your court.

Mr BERKMAN: If the data around compliance inspections, specifically in Lake Eyre Basin could be taken on notice, that would be fantastic.

Ms LINARD: That is what I was referring to. We would not be able to come back in the timeframe that we are required to post-estimates with that information, but should you wish to have a briefing, we can come back when we have more time to do so.

Mr BERKMAN: I am sure we will do that, thank you.

Ms LINARD: You know where to email me, member.

CHAIR: We will move to government questions.

Ms PEASE: Minister, would you advise how the government is promoting positive recycling behaviour by expanding the Coex Containers for Change program?

Ms LINARD: I thank the member for the question and the opportunity to update the committee on the implementation of the government's decision to expand Queensland's container refund scheme to ensure glass, wine and pure spirit containers are eligible for a 10 cent refund. Public consultation undertaken by the Department of Environment and Science between December 2022 and February 2023 found that over 98 per cent of survey respondents supported the expansion of the scheme. In response the government, and my predecessor, announced on 20 April 2023 that glass, wine and pure spirit bottles would be eligible for a refund under the scheme to commence from 1 November this year. The Department of Environment and Science is working with spirit and wine manufacturers and peak bodies to enable the implementation of the expansion by that date and on an appropriate period of transition to support manufacturers and the industry to comply. This will make Queensland the first Australian jurisdiction to include these containers in a container refund scheme.

The government is committed to ensuring small wineries and distilleries are provided with streamlined reporting and payment arrangements in order to minimise administration effort. Container Exchange, the not-for-profit company appointed to run the scheme, advises that since the container refund scheme started we have seen billions of containers. I have in my notes '6.7 billion' but I think it is actually higher than that. Over 8 billion containers now have been returned for a refund through 363 container refund points operating across Queensland. An additional 1.4 billion containers have been sent to material recovery facilities as a result of kerbside collection services. In total, in just over 4½ years of operation, 8.1 billion containers have been returned through both container refund points and kerbside recycling delivered to material recovery facilities.

To 21 June this year, \$663.9 million in refunds have been made to individuals and \$10.1 million to community groups and charities under the scheme. I know what an incredible difference it has made to many of those charities. You are all nodding, because you know charities in your own electorate that

benefit. We were with one charity the week before last that has seen a change in them being able to provide domestic and family violence services to women. In the same time period, \$140 million has been paid to material recovery facility operators across Queensland shared with local councils.

I take considerable pride in saying that people in my electorate of Nudgee have embraced the scheme, with Nudgee ranking third of all Queensland electorates for container returns to refund points. To date, 202 million containers have been returned through three active container refund points in my own electorate. Coex reports that the scheme has created more than 815 full-time equivalent jobs, which is another incredible outcome from this program since its commencement. Many of these jobs are in regional areas and a number involve the long-term unemployed and people living with disability through our social enterprises.

Expansion of the scheme to include glass, wine and spirit bottles will see more than 2,000 new beverage manufacturers and importers join the scheme, expanding the opportunities for Queenslanders to participate and receive refunds. For the first time anywhere in Australia, Queenslanders will be able to receive a refund for glass, wine and pure spirit bottles returned to a container refund point. This will increase opportunities for more Queenslanders to recycle and support the development of our circular economy. For many rural and regional Queenslanders who do not have access to a kerbside recycling bin, expansion of the scheme will provide the opportunity to recycle these containers for the first time. Queensland's not-for-profit sector will benefit from expanded opportunities to raise more funds through the scheme either through donated containers or refunds helping build on the over \$10 million I just referred to. Some 23 social enterprise organisations also participate in the scheme through the operation of container refund points and as contracted processors preparing the containers for sale. Queenslanders love the container refund scheme because they can be part of protecting the environment as well as their local communities.

CHAIR: I might have one or two used wine bottles waiting for that to pass on.

Ms LINARD: That is very generous of you, Chair.

Ms KING: Minister, could you please advise the committee how the expanded land and sea ranger program will benefit the land management and resource sectors?

Ms LINARD: The Queensland Indigenous Land and Sea Ranger program continues to support the leadership of First Nations people in protecting cultural heritage and the environment. The program currently provides grant funding to 30 organisations supporting the employment of 154 Aboriginal and Torres Strait Islander rangers in 37 rural and regional communities across Queensland. Our government has committed to increase this number to 200 by 2024 and the application process for the remaining 46 positions is currently underway and there has been significant interest. It has been raised with me by many communities.

Indigenous Land and Sea Rangers bring a unique mix of First Nations knowledge and specialised training to caring for land and sea country. Rangers work across land tenures in places of significance to First Nations peoples. These include places recognised by the international community for their exceptional values such as the World Heritage Listed Great Barrier Reef, the Wet Tropics area and K'gari. Rangers help protect Queensland's threatened species, including marine turtle, dugong, migratory shore birds and the golden-shouldered parrot. Ranger activities include fire management, weed and feral animal control, cultural site protection, beach clean-up and youth engagement events.

In 2022 rangers conducted fire management across 665,000 hectares of land and removed more than 9,000 kilograms of marine debris from Queensland's coastline. Rangers play a key role in supporting the transfer of cultural knowledge and land management expertise whilst delivering a variety of youth engagement services as well. Ranger teams collaborate with Queensland schools to deliver in-class talks, on country camps and on-the-job traineeships with the support of a specialised youth engagement officer. In 2022 ranger groups engaged more than 3,600 young people.

The program also generates significant cultural outcomes, with increased access to country and protection of cultural values. In 2022 rangers recorded and monitored more than 570 culturally significant sites. There are more than 90 land and sea rangers working in Great Barrier Reef catchments. Their work includes seagrass monitoring, marine turtle and dugong protection, water quality monitoring and erosion control. The program is invested in leadership development. Over the past two years 39 rangers have been progressing through a specialised leadership program which focuses on First Nations values.

Since 2018 the program has supported the Queensland Indigenous Womens Ranger Network, encouraging and supporting women in land and sea management. The network has grown from just 24 members in 2018 to more than 165 today. In December 2022 the work of the Queensland Indigenous

Womens Ranger Network received international recognition, winning an Earthshot prize in the Revive Our Oceans category. It was selected from more than a thousand nominations from around the world. Evaluations of Indigenous ranger programs have consistently found that they are successful in delivering positive environmental, cultural, social and economic outcomes for First Nations communities.

A recent report titled *Strong on country* from the Country Needs People organisation has applauded the Queensland Indigenous Land and Sea Ranger program, stating that this program currently represents leading practice in Australia, working hand in hand with local Indigenous community organisations to support the delivery of ranger work. Chair and members, I look forward to the finalisation of the additional 46 positions in the near future and to having these rangers on the ground caring for land and sea country. Should you have any in your own electorates or the opportunity to speak to them, it is always a very special opportunity when you do hear their deep sense of connection and knowledge when they share that about caring for land and sea country.

CHAIR: It is a commendable program—brilliant. Minister, could you provide an update on the government's five-year road map to phasing out single-use plastics?

Ms LINARD: As recently highlighted by the recent *War on Waste* series, single-use plastic items are significantly impacting our environment. I am pleased to share the progress that the government has already been making in Queensland in this respect. Queensland's five-year road map for actions on single-use plastic items was released last year as part of Plastic Free July. This provides business and industry with time to achieve the required changes. The five-year time frame is an acknowledgement that businesses will need time to source suitable alternative products, particularly in the current global post-pandemic environment.

On 1 September 2021 the ban on single-use plastic straws, stirrers, cutlery, plates and unenclosed bowls and expanded polystyrene takeaway food containers and cups commenced. The Queensland government has worked closely with the National Retail Association to support industry understanding and awareness, evidenced by the high compliance with the ban. Engagement is continuing on the next tranche of items to be prescribed as banned from 1 September this year. This includes cotton buds with plastic stems—

Mr POWELL: Oh no!

Ms LINARD:—expanded polystyrene loose packaging, packing peanuts and plastic microbeads in rinseable cleaning and personal care products such as some facial and body washes.

Mr Powell interjected.

Mr O'CONNOR: You will be fine!

Mr POWELL: I am going to start smelling.

Ms LINARD: That is a very strong response to cotton buds, member, but—

Mr O'CONNOR: I think it was the body washes.

Ms LINARD: The body washes, okay. I am not going to delve any further, Chair, into that conversation. From 1 September this year the release of lighter-than-air balloons is also banned, along with additional requirements for heavyweight plastic retail shopping bags. These bags will need to be made—

Mr POWELL: Oh no!

Ms LINARD: I will give you one of my 'Leanne Linard for Nudgee' recycled bags, member.

Mr O'CONNOR: You will be fine. You can have a Sam O'Connor one, don't worry.

Ms LINARD: You can carry that around with you when you do your shopping.

Mr O'CONNOR: It will be red, won't it?

Ms LINARD: It is very red. These bags will need to be made from 80 per cent recycled content and certified as meeting reusability standards. Following legislative amendment, a previous exemption from the ban for prepacked shelf-ready products—for example, a straw attached to a juice box—will expire on 31 December 2025. Prior to items being prescribed as banned, Queensland's legislation requires consideration of whether voluntary or other measures have not been effective, whether suitable appropriate alternative products are available and public consultation results. To meet these requirements and seek innovative solutions, trials have been undertaken to tackle problematic items such as coffee and drinking cups. The Queensland government working with Stadiums Queensland undertook trials of alternative drinking cups at the Gabba and Cbus Stadium in Townsville earlier this year.

CHAIR: That is right.

Ms LINARD: The trials provided the opportunity to assess patron experience, service logistics, catering and cleaning staff feedback, recovery and collection options, product performance and waste auditing. The results are being collated, with a report anticipated to be available later this year. However, anecdotal feedback from patrons and service staff was favourable.

Seeking solutions for single-use coffee cups, the Queensland government has been working with an innovation company and the Chief Entrepreneur and is midway through the Beyond Cups Innovation Challenge. Beyond Cups seeks solutions across three categories: to increase re-use behaviours, identify innovative and game changing materials, and to address recovery and recyclability of coffee cups, lids and similarly constructed containers such as slurpee cups. Beyond Cups received applications from innovative startup companies across each of these categories, with some great innovation recently showcased at the project's boot camp event in July. Assessment of applications continues, with successful applicants progressing to a proof-of-concept event scheduled for November this year.

Developing our cohesive national approach to single-use plastics that recognises the importance of jurisdictional specific contexts will be advantageous for consumers, retailers, manufacturers and import and export markets. Our government is working with the Commonwealth and other jurisdictions on national harmonisation of problematic single-use plastics phase-outs. The interjurisdictional working group is set to develop a draft road map by the end of this year for consideration by environment ministers. As you have heard, member, there has been a lot of progress made in tackling plastic waste in Queensland and I look forward to providing further updates in the future.

CHAIR: Thank you very much. Before we go to the member for Bonney, I understand there is one more question from the member for Mirani and then you can have your time.

Mr ANDREW: I just have one question to the minister or the director-general. In your opening statement you made a claim that UNESCO had stopped giving the reef a report card of being in danger. If they did give a report card of being in danger would that have any effect on tourism?

Ms LINARD: That is a two-part question and, DG, I am happy for you to add to this. What we have had is a draft decision—it is an indicator, it is not the final decision—that the reef will not be listed as in danger. It is a hypothetical question about if they did list it what would be the impact on tourism, but I do not think it should be lost on any of us that there are over 60,000 jobs that depend—and I am not saying you are critical of this, but I think it is understandable, the anxiety around it.

Mr ANDREW: No, I am not. I am wondering about the implications of an in-danger reference to the reef. What does that mean?

Ms LINARD: I think people will have varying views of this, but these are mine: the tourism impact of the reef being listed as in danger would be significant. I think it is \$6 billion in regard to tourism benefits from the reef and, is it, 67,000 jobs along the coastline incredibly dependent on the reef and the quality of the reef. But also that in-danger listing, that draft decision not to list it, it should not be lost on us that that was achieved because we took strong action as a state government in conjunction with the Commonwealth government in respect of the work we are doing around water quality, in regard to some significant fisheries reform and climate change and these are the three biggest risks for the reef. We do not underestimate that as a government. I certainly do not underestimate that as an environment minister.

CHAIR: Member for Bonney?

Mr O'CONNOR: Firstly, have we got an update on the high-level desktop review on Pioneer-Burdekin and when the department provided advice on that?

Ms LINARD: We took it on notice to get back to the committee by the end of the session if that is okay. When I say end of the session, I am assuming the end of the whole session, if that is okay.

Mr O'CONNOR: Okay. Sure. Director-General, could you inform us when the last sampling was undertaken at the Linc Energy site and surrounding bores? I believe there are 15 bores in the area which were installed by the department.

Mr Merrick: There are a range of monitoring bores still in place around the site and, indeed, on the site. Groundwater monitoring on relevant landholders' properties was carried out in 2015 until the end of 2021. All landholders were provided with their monitoring results for their bores. Responsibility for the remaining and ongoing bores and their monitoring has now passed to the Department of Resources and results continue to be posted as those results come through to us.

Mr O'CONNOR: The results are still on your website. The question was about when the most recent data was.

Mr Merrick: We can come back by the end of the session. The data is put up very quickly after we receive the data from the Department of Resources.

Mr O'CONNOR: I checked the department's website yesterday and at the time the most recent data on the website was October 2022. I took a few screenshots of that website.

CHAIR: We do not need props.

Mr O'CONNOR: Then I checked it again this morning and more recent data from February 2023 was added, coincidentally just in time for today's hearing. I was just wondering when the website was last updated? Clearly overnight. But also why there is no more recent data than February 2023. Has no monitoring been undertaken in the last six months?

Mr Merrick: I think, as I said, there is an ongoing monitoring program and those bores are managed by the Department of Resources. Through the minister, we might invite the deputy director-general environmental services and regulation to see if there is anything he wants to add to this.

Mr O'CONNOR: Sure. Yesterday we had data from up to October 2022 and then this morning we have data from February 2023 on the DES website. My question is just what data are you receiving, when have you received it and why was it so quickly updated overnight?

Mr Lawrence: As the director-general has indicated, the Department of Resources has now taken control of that site as an abandoned mine and so they have taken over the responsibility of sampling the bores that we installed some years ago. The information that is up there at the moment is quarter 1 for 2023. And, yes, it was put up yesterday. We have been working with the Department of Resources. We get the information from them. Obviously there is quite an extensive monitoring program in place. We then do some work around QA-ing it and making sure that it is correct, making sure that the words that are on the website that describe the circumstances are correct, and then we put it up. So it is coincidental that it came up now, but we are trying to make sure that those updates are timely. Quarter 2 information has recently come into us and we are currently reviewing that now so we are expecting quarter 2 to go up shortly as well. We work very closely with the Department of Resources and at the moment we will continue to update our webpage with that information.

Mr O'CONNOR: Through you, DG: Deputy DG, are you saying it was Resources that were delayed in giving you that data, that is why there was nothing from October until yesterday?

Mr Lawrence: No, I am saying that the program that they are running, and obviously you could ask the Department of Resources, but the program they are running would be taking samples and then it will be analysed. There will be work done by consultants looking at it, making sure that it is okay, what does it look like, what is it telling us and then there will be a round that will be given to us which is quarter 1 which has rolled up all of the sampling for that quarter, right. Then we will put that up on the webpage and then you will have quarter 2. It is not a continuous week-to-week update, if that makes sense. There are sampling rounds that are done. They do the samples, then we get the data.

Mr O'CONNOR: And it was a complete coincidence that it went online yesterday, the day before today's hearing?

Mr Lawrence: Effectively we were hoping to get it up earlier, but it has just taken a bit more time than we expected to get it up there.

Mr O'CONNOR: DG, is that data being uploaded as quickly as possible? Do you think that is acceptable: that six-month delay?

CHAIR: You are seeking opinion there, member. Rephrase it.

Mr O'CONNOR: DG, six months; can the department do better than that?

Mr Merrick: I think, as the deputy director-general indicated, there is a thorough sampling process. There will be the laboratory analysis of the samples that are taken. It is really important, actually, that there is a robust quality assurance of any scientific data we provide to the community. We will try to provide data in as timely a way as possible, but we need to ensure that that data is robust.

Mr O'CONNOR: I will go to the minister. Minister, section 7 of the Waste Reduction and Recycling Regulation 2011 is one of the most commonly raised issues with me from our waste and recycling industry. Recently—I believe in the last couple of weeks—a consultation paper was released with a very short time frame for feedback. I was just wondering what feedback you have had from stakeholders on the issue and whether you think it is acceptable to have such a limited period of consultation for such an important sector?

Ms LINARD: I would like to invite the executive director, Office of Circular Economy, to come and speak to that.

Mr O'CONNOR: Have you got awareness of section 7 yourself?

Ms LINARD: I do, but I appreciate that there is history and context which may be helpful to your answer so I invite Andrew to provide that.

Mr O'CONNOR: Specifically it is on the short consultation period and the fact that this has been ongoing for many, many years and this very quick period has been lumped on the industry with one of their biggest issues.

Mr Connor: I think it is important to note, as you just said, that this is an issue that has been consulted on for a number of years, dating back to 2014. Yes, it is true that we released a discussion paper recently that had a reasonably short time frame to it. That discussion paper was released, though, after some preliminary targeted consultation sessions with the key peak organisations that have had significant interest in the issue over the years of consultation that we have undertaken.

The act of releasing the discussion paper has resulted in some interesting outcomes with respect to some—what is the word for it—very strong positions and probably opposite positions around the issue from both industry and local government. The consultation process has stimulated some engagement between those peak organisations. We have had representation from them around the potential to put an alternative position to us than what we have discussed with them as a proposal. We have agreed to hear that from them. We have had an open line of dialogue. My understanding on my most recent communication directly with those key peak organisations is that they are satisfied with the time that we have given them to provide information to us about a possible alternative.

Mr O'CONNOR: Director-General, has there been a cost-benefit analysis undertaken on the expansion of the container refund scheme to include wine and spirit bottles?

Mr Merrick: I refer the member to the former question on notice, I think, No. 577 which referred to a range of economic analysis that has been undertaken around the expansion of the scheme. Primarily, that response gives you the answer around the range of work that has been undertaken. I would say that, in terms of the work that is ongoing, the advice from the Institute for Sustainable Futures at UTS, which has conducted some of that work for us, indicates that there is a net benefit in expanding the scheme.

Mr O'CONNOR: Director-General, does that involve an increase in glass recycling percentages from this expansion?

Mr Merrick: That economic analysis considers clearly the volumes of additional materials that would come through the scheme and the costs involved in expanding, noting they are marginal given that there are already 363 container refund points in place. A number of MRFs play a role in the scheme. It also considers the full range of benefits that come from including wine and spirit bottles. As the member is aware, there is very strong support from the community for this. I think 98 per cent of the community, in response, are eager for this expansion to happen.

Mr O'CONNOR: Director-General, did that analysis show that it will increase recycling rates of glass?

Mr Merrick: I would have to check precisely, but in terms of volumes, yes, it would substantially increase recycling volumes.

Mr O'CONNOR: But of glass specifically, it would increase the rate of it; that is what that analysis showed?

Mr Merrick: The analysis was a cost-benefit analysis of expanding the scheme. The work is still ongoing. I would have to—

Mr O'CONNOR: If you want to get some more advice on that that would be good. Director-General, it is my understanding that the regulations for this expansion have not been released yet; is that correct?

Mr Merrick: I might invite the Executive Director of the Office of Circular Economy to come forward to speak to the regulations.

Mr O'CONNOR: I am just wondering whether they have been released yet.

Mr Merrick: I think part of that is because there are ongoing discussions with the wine industry. There is a very clear desire for the agency to involve, as the minister said, proper consultation, but also to look at some of the administrative processes for the scheme so that we can make it as efficient as possible, particularly for smaller beverage manufacturers and smaller wine producers and so forth so that we minimise any additional cost to them of coming into the scheme.

Mr O'CONNOR: That is the gist of my question: even if it is released today is three months enough notice for thousands of beverage manufacturers from across the country and the world?

CHAIR: Members, be mindful we have only two minutes.

Mr Connor: I will give a very short answer then, Chair. We have recently consulted peak organisations around a consultation exposure draft of the regulation. There has been particular interest in ensuring that we provide for appropriate transition time frames for labelling changes and the like. We have focused on streamlining reporting requirements for small manufacturers because within the wine industry there are quite a lot of small producers. The regulatory amendment process is now well progressed so we should be completed shortly.

Mr O'CONNOR: Director-General, on another issue—given that my time is short I would like to raise as much as I can—has the department undertaken any research or had any discussions around a reclassification or a redefinition of protected areas to increase the estate through the use of other affected area-based conservation measures?

Mr Merrick: Yes.

Mr O'CONNOR: Can you detail a little of that, in whatever time you have? Do you have a time frame of when you think something will be announced or released on that?

Mr Merrick: I think in part this is also related to work that is going on at the federal level through the environment ministers and with the federal minister. It was a very substantial piece of work by very eminent academic Marc Hockings from UQ. That really does show that Queensland has huge potential about OECMs, to use the shorthand, being conscious of time. We will work with the Commonwealth and look at the opportunities to support the work around OECMs as a mechanism of increasing protections and safeguarding Queensland's remarkable biodiversity.

Mr O'CONNOR: That will be a piece of work that all the environment ministers and the federal minister—

CHAIR: I am sorry, member, but we are out of time. The committee will now adjourn for a break. The hearing will resume at 4.30 with our examination of the estimates for the portfolio areas of science and multicultural affairs.

Proceedings suspended from 4.15 pm to 4.30 pm.



CHAIR: The hearing is resumed. Welcome back, minister and officials. The committee will now examine the estimates of the portfolio areas of science and multicultural affairs. However, I understand the minister has an update from that previous session which she would like to address before we move to questions.

Ms LINARD: I will pass over to the director-general because there were two matters that we took on notice, one of which I said we would not be able to come back with an answer to. I offered the member who is not present a briefing. The director-general has an answer to that.

Mr Merrick: In response to Mr Berkman's question about how many inspections, we conducted seven major inspections of petroleum and gas facilities in the Lake Eyre Basin in the last year.

Ms LINARD: The other matter that the member for Bonney asked about we are taking on notice.

CHAIR: Thank you. We will start with opposition questions.

Mr LANGBROEK: I thank the committee for having me here today. I thank the minister as well for being here and the executive staff and public servants. My first question is in reference to page 15 of the annual report and the media release of 9 June about celebrating Multicultural Queensland grants. Can the minister advise the committee of the quantum of grants returned to the department for events not held over the past three years?

Ms LINARD: I will check with my executive director. Member, that is something we will seek to have for you by the end of the session.

Mr LANGBROEK: Thank you. My next question is along the same line and I want to give some perspective about this: I was at an event where the proponent said they had been told by the department that they 'really had to get this event going' as it had been delayed because of COVID. That made me think about how much information we have. The question is: could we have a Queensland electorate breakdown of delayed events over the past three years and the departmental process for monitoring that events are held?

Ms LINARD: We will definitely seek to bring information back to you. Anecdotally, when we have been talking about this, post COVID we definitely saw that. I think the department was quite flexible—and Mr Briscoe will tell me if am wrong—to allow it. Of course, understanding that COVID changed everything, they may seek to defer to the next year but, really, we have not seen a continuation of that now and in more recent times.

Mr Briscoe: We really went out of our way to accommodate any request to defer funding for events over the next year and the following year on occasion. For some organisations it took some time because of COVID to reorganise their events. It may not have happened the following year but the year after that. I cannot recall one event where we did not agree to fund that event in an out year, but we can definitely provide that information.

Mr LANGBROEK: Thank you. It is not so much that I am concerned that that happened; I am really asking about the departmental process for acquittal and monitoring. That is really why I am asking just along that theme, because we have had a significant situation that we did not ever have before. It made me think when I went to an event that had been delayed, 'Oh, I wonder what the process has been for actually monitoring that events have been held and what the departmental process is for recording it'. Can the minister advise the committee about the departmental process for how successful applicants and event organisers report on the actual events?

Ms LINARD: Being an operational matter I will refer through the director-general to the executive director and of course he will advise what he can provide now and what he may need more information for. It is a very reasonable and fair question about the process that is adhered to.

Mr Briscoe: We require an acquittal report at a reasonable time after the event. If we do not get an acquittal or report after a reasonable time, we let people know that they need to provide that acquittal report. If the acquittal report is not provided, that is put on the record to take into account next time that organisation might apply for funding.

Mr LANGBROEK: Minister, in finalising that little section about celebrating Multicultural Queensland, how many applications had been received by 13 July for the 2024 program?

Ms LINARD: I do not have that information in front of me. Executive director, do you have the numbers of how many applications we have received? I do have the 2023 events round, but the member asked specifically about 2024.

Mr LANGBROEK: It is just that it only closed a month ago and I thought it would be interesting to find out how many applicants there were, because I am sure there are more and more organisations looking to get funded. It is something I am happy to have taken on notice, minister.

Ms LINARD: I know we had a record number last year. It was about 194 applications.

Mr Briscoe: For 2022-23 grant funding, we have that information; but in relation to funding for events next year which is what you are asking—

Mr LANGBROEK: Yes. It is something that closed only a month ago. I would hope that would be something we can get at some stage.

Mr Briscoe: We definitely can get that information.

Mr LANGBROEK: The reference for my next question is page 9 of the annual report and it is about the Asylum Seeker and Refugee Assistance program. Would the minister provide for the committee a breakdown of the \$2.075 million, noting that the supports are given at page 15 as financial, employment, housing and mental health assistance? I am just looking for a breakdown of those particular amounts.

Ms LINARD: We have totals here, but if the member wants the breakdown we will need to come back to you. I am just making a note of that.

Mr Briscoe: The head contract is with Community. Community then partner with those other organisations in providing housing, legal and other types of assistance.

Mr LANGBROEK: The reference of my next question is the Women's Budget Statement at page 20. In the budget papers, it is under the heading: 'Diverse backgrounds and experiences'.

Ms LINARD: Is that under Minister Fentiman's portfolio statement?

Mr LANGBROEK: No, it is—

Ms LINARD: We do not print a women's statement.

Mr LANGBROEK: The reference is to the \$2.8 million for the community action for a multicultural society program. I was really asking about the interaction or the contribution of your department to this particular program. On page 20 of the Women's Budget Statement it states—

... the Community Action for a Multicultural Society Program to address local barriers to economic and social inclusion by supporting people from culturally diverse backgrounds, including women, to have opportunities for inclusion in local employment, services, networks, and industries.

Ms LINARD: Were you asking generally about CAMS?

Mr LANGBROEK: Yes, and your department's interaction with the department in Minister Fentiman's area about the delivery of this program?

Ms LINARD: May I please have that statement?

Mr LANGBROEK: Happy to table it.

Ms LINARD: Of course, CAMS is a long-term program that has been delivered since about 1999. They do incredible work. There are 21 program areas across 17 local government areas.

CHAIR: The member will need to seek leave to table that. Is leave granted?

Mr LANGBROEK: I seek leave.

CHAIR: Granted.

Ms LINARD: Thank you for this. It is not relevant directly to CAMS, on my reading of it. It is talking about the Safe and Diverse Communities grant program. That is not the CAMS program in respect of my portfolio. I am happy to give it back; you may disagree with my reading of it. I think you are just asking about CAMS. Did you want specific information about women or are you just happy to talk about the purpose of the program?

Mr LANGBROEK: I was presuming that, even though it is within the women's department, within Minister Fentiman's portfolio area, there would be interaction with your department—Multicultural Affairs—to deliver some of these programs. I was interested in what the programs are.

Ms LINARD: I will not get stuck in the detail, because that is not CAMS and it is a different program. Absolutely there is engagement more generally. I will answer this and then pass to Wayne and you can let us know if we have not hit the point of your question. Multicultural Affairs absolutely talks to the department of women and many other agencies with respect to providing information and feedback but also facilitating connection with those respective portfolios and demographics—in this case, CALD women in the community. Minister Fentiman, of course, who is responsible for that policy area, and I talk often about this. She has deep understanding of many of the issues that CALD women experience, like domestic and family violence. She is formerly the minister in that portfolio. They do face very particular issues, culturally and in respect of language, sometimes accessing services—things that I think are exacerbated by culture. Both agencies talk and work together and share information. CAMS does focus on particular segments of the community when that is an issue in that discrete community.

Mr Briscoe: As the minister said, there are issues relevant to the area that the CAMS organisations work in. We fund 19 CAMS organisations across the state in 21 different localities—17 local government areas. Women feature strongly in the work program of most of the CAMS organisations. For example, we heard in Mount Isa three or four weeks ago, when the minister's multicultural advisory council visited Mount Isa, that the local CAMS organisation there does a lot of work with women in isolated regional areas from a culturally and linguistically diverse background. For their future wellbeing, they need to make connections across the broader community. It is a focus in many areas, not just in relation to our CAMS program but also in relation to the projects that we fund under the Celebrating Multicultural Queensland projects funding. There are a number of those projects that are more closely aligned with the needs of women from certain backgrounds. For example, one program we fund is to Queensland tuckshops. Tuckshops are a very important place for women associated with schools to make social connections, particularly those from some culturally and linguistically diverse backgrounds.

Ms LINARD: I raised domestic and family violence as one matter, but very particular issues also include education, employment and access to reproductive health. There are so many things that women raise with the agency and with me that are very particular to CALD women, who face further barriers. I am really glad that the CAMS program focuses on that. Also what we heard in Mount Isa was about social isolation and how significant that can be. When they do not have language and they do not have somebody who speaks their language, they may never leave their home. One of the conversations we had was about how we make sure that we know. It is very hard to know who is sitting in a home if they are not engaging externally. I was very glad to see Good Shepherd church, the wonderful Father Mick and the people within CAMS there really reaching into the community to know who is in Mount Isa, where that isolation may be, and connect through multiple means. CAMS does a wonderful job.

Mr O'CONNOR: Director-General, the answer to a question on notice I asked last year showed that the annual attrition rate for the science section of the department was quite high, particularly compared to previous years. It was at 14.54 per cent. Could you provide some information on why you think this is and what strategies you have to address this?

Mr Merrick: One thing I would say is that we have some remarkable, highly qualified scientists in the agency. If I just take one example, in the area of remote sensing we are market leaders in the nation. Those roles are becoming increasingly important in terms of the private sector. Having built a reputation, we have had people leave our agency to go into major organisations like Google and other players. They are highly skilled and very attractive. We cannot compete with major multinational companies in terms of salary. That is actually a positive thing. The key is what we do about replacing the pipeline of scientists coming through. We have very active partnerships with the universities and so forth and active recruitment programs in terms of increasing the diversity of our workforce in the science area. I might ask if the deputy director-general of Science would like to add anything.

Dr Jacobs: We have active programs working with the university to collaborate across the science sector. We aim to upskill our staff through those collaborations as well. It is sometimes hard to keep those good scientists.

Mr O'CONNOR: It was more than twice the previous years and triple some of the earlier years. Are you saying it was just a big recruitment year for Google or something? Was there anything about that year that had it so high?

Mr Merrick: I think we have been at the forefront of some technology areas, actually. I know that it is unusual for government to be in those spaces, but we genuinely are in terms of remote sensing. The work we have done in an area like SLATS is internationally renowned. I think as we build reputations in certain areas it means demand for certain of the skill sets that we have. The other area we are incredibly skilled in is around aspects of downscaled climate modelling. You can imagine, given the growth of ESG, there is increasing private sector demand for those sorts of skills. That is the marketplace we are dealing with. It is a fact that the markets are changing. There is increasing growth in the need for scientists working in these sorts of areas. It is a product of those features.

Mr O'CONNOR: Minister, the scientific consensus statement on the state of the Great Barrier Reef is the most important document to guide policies to protect our state's most significant natural asset. The last statement was released in 2017 and it is meant to be produced every five years, which means the latest version appears to be a year overdue. When will the new scientific consensus statement be released?

Ms LINARD: I will seek advice.

Mr Merrick: I will invite the Deputy Director-General of Environment and Heritage Policy and Programs to come to the table.

Dr Hussey: The scientific consensus statement is underway as we speak. It is a massive piece of work. There are 76 experts involved—domestic and international experts. It is overseen by the Chief Scientist. We received a brief about three weeks ago from the lead consultant, who provided a really extensive presentation to the reef advisory committee two weeks ago in Cairns. My understanding is that we are in the final throes of that consensus statement. It was surprising to me just how thorough it is. It is almost like a mini IPCC. I think it has been delayed slightly as a consequence of experts being available and experts being able to deliver what they need to deliver in order to maintain the rigour of the program. It is on its way is what I can say.

Mr O'CONNOR: Is there a date when you think it will be released? Is there a rough time frame? It is a pretty important document.

Dr Hussey: Yes, so we committed to UNESCO, although I suspect this would have been brought forward for UNESCO's purpose, that by 30 June 2025 we would finalise the independent water quality science review and the Scientific Consensus Statement as the foundational scientific understanding to underpin the revision of the Reef Water Quality Program et cetera.

Mr O'CONNOR: That will mean that there will be no statement between 2017 and 2025, which is an eight-year gap. We previously had them in 2008, 2013 and 2017. Is that not a concern? This is the key document for policy-making and for community awareness.

Dr Hussey: Agreed. I do not have a specific date for when we expect it to be delivered. I am happy to take that on notice and come back before the end of the session.

Mr O'CONNOR: That would be helpful.

CHAIR: Does the minister agree?

Ms LINARD: Of course.

Mr O'CONNOR: To the DG again, in the department's annual report it is stated that the department 'provided hydrological assessments to support the new water infrastructure proposals for the state of Queensland'. Did these assessments include the Pioneer-Burdekin hydro project?

Mr Merrick: I invite the deputy director-general to speak to the work we do.

Dr Jacobs: In terms of that hydrological work, we do provide that support through to the agency for regional development, manufacturing and water. I understand that the early hydrological modelling and support was given through for the pumped hydro. I believe that they support the entire state, as in not just the water agency. It also provides support for the modelling to the industry.

Mr O'CONNOR: When was that provided on that particular project? Would you be able to get that information?

Dr Jacobs: Through the DG and through the minister, we could get that by the end of the session. I think we can.

Mr O'CONNOR: Thank you. Again, in the water space to the DDG, do you have final numbers on the sediment loss from the Brisbane River to Moreton Bay in the most recent floods?

Mr Merrick: It is a deeply technical question. Through the minister, we would be more than happy to give a detailed separate report to the member on our work around the Brisbane River catchment.

Mr O'CONNOR: We will do that at another time.

Mr MOLHOEK: I know in the past there were also issues with sediment flows and algae blooms in Moreton Bay affecting the southern end of Moreton Bay. It would be interesting to see some more detail around those water studies as well as to how they are being addressed.

Ms LINARD: Is that a question you want the DG to respond to? We do have information.

Mr MOLHOEK: I was just saying that if we are going to get information on the other I would like to get the full picture.

Ms LINARD: I think you are getting into trouble from the member for Bonney for taking his time. We have information here and we could respond to that question.

Mr O'CONNOR: I will bring the member for Southport along to the briefing when we get it, if I get the approval. DG, the Queensland Audit Office recently found in their report *Protecting our threatened animals and plants* that only two of the previous seven recommendations from 2018 had been fully implemented. Can you update us on how many have now been completed?

Mr Merrick: If you bear with me, I will find some information for you. It was the threatened species report you were referring to, wasn't it?

Mr O'CONNOR: Yes, *Protecting our threatened animals and plants*, which the committee will all be well aware of.

Mr Merrick: The QAO highlighted that recommendation 1 in relation to the listing process was partially implemented. The agency has made very substantial progress in terms of listing the species under the common assessment methodology. We took an approach around prioritising those species that were of higher conservation status, so all of those species have been worked through. I will wait for the deputy director-general to find me the exact details in terms of those.

Mr O'CONNOR: Could we have an update on the backlog? I think there was a backlog of about 10 million records to be uploaded.

Mr Merrick: That is not the figure that I recollect. In terms of the number of species to go through the classification process, it was a much lower—

Mr O'CONNOR: There was a backlog of data on this from the department. That was one of the findings as well. If you could just go through the recommendations, that is fine. I know that time is limited.

Mr Merrick: The second recommendation in relation to the review the Nature Conservation Act 1992 to ensure timely listing of threatened species is fully implemented. I know we have enhanced processes around the listing process.

The third recommendation was to increase the transparency of the threatened species assessment process by publishing it online. Those processes are now detailed online. Members of the community can now make representations for species to be considered under that process.

The fourth recommendation was to further develop and implement our draft project governance framework and project plan for the common assessment method project to ensure the department meets all its obligations under the memorandum of understanding. That is now fully implemented.

The fifth recommendation was to review the classification status of Queensland's native species. That is partially implemented.

Recommendation 6 was to develop an integrated and comprehensive conservation strategy for Queensland to meet the requirement of the Nature Conservation Act 1992. QAO and DES both view that as fully implemented.

The final recommendation related to monitor and report on the population and trends of threatened species. There is extensive work going on in that space both through the department itself but also working with the academic community.

Mr O'CONNOR: Can I get one more question in, Chair?

CHAIR: Yes, certainly.

Mr O'CONNOR: You have been very generous this afternoon, Chair.

Mr LANGBROEK: Because I am here.

Mr O'CONNOR: It is because of John-Paul, sure. DG, we are heading into the last year of the Chief Scientist's *Engaging Queenslanders in science strategy 2021-24*, which was a very easy reading document for a government document. I will commend that. It was fairly straightforward in its goals as well. The first one was to increase student participation in STEM subjects and promote STEM careers. Does the department have any baseline figures for this and can you give any update on where we are currently at as we reach the end of that strategy?

Mr Merrick: There was some information in relation to this matter in the most recently published *The state of science in Queensland 2022* report. The report highlighted that since 2016 the Queensland government has invested more than \$2 million in Engaging Science Grants across 189 projects, with more than half delivered in regional Queensland, together with a further \$1.2 million invested in longer term citizen science projects.

In contrast to other Australian jurisdictions, that report demonstrated that participation by Queensland year 12 students in five of the eight STEM subjects increased in the period that was highlighted in the report—which is the period 2012 to 2019—and female participation in STEM units at tertiary level has also been increasing since 2011. I think that responds to the member's questions about those trends.

CHAIR: We will go the member for Mirani for his questions.

Mr ANDREW: My question is to the director-general or maybe to Dr Jacobs. A new federal bill has introduced a legal framework for marine geoengineering and climate modification projects to be carried out under a new permit system, although I have been told that such projects have run in Queensland for a number of years. Could you provide the details of solar radiation management and cloud brightening work being carried out by a team of geoengineers on the Great Barrier Reef?

Mr Merrick: I do not think we are involved in the licensing of that activity, so I would not be able to give you a response on that. I think the approval processes, the assessment processes, are ones for the Commonwealth.

Mr ANDREW: So we will not be running those projects ourselves? Your department will not have anything to do with that?

Mr Merrick: We are not involved in those projects to my understanding.

Mr ANDREW: I have a question to Mr Briscoe. This concerns South Sea Islander remains in different areas overseas and their return for burial here in Queensland, or back to the islands, and reparations for the people involved. Moving forward, what position is the department in now in relation to completing this for the Australian South Sea Islander people?

Mr Briscoe: I know this is a very sensitive issue for all Australian South Sea Islanders and it is very similar to the situation for our First Nations people and their ancestral remains. This matter has been raised with the Commonwealth government by the Queensland United Australian South Sea Islander Council and myself through the Department of Home Affairs. It has also been referred on to the Minister for the Arts by our minister's office. It is a matter that we are very concerned about.

We have also had discussions with the Queensland Museum. Obviously, they have some very good and thorough systems in place in relation to the repatriation of the remains of our First Nations people, so they have processes in place that could be looked at. At this stage, from a departmental point of view all we can do is continue our engagement with the relevant authorities. Within our department we would not have the funding to ensure that the remains are returned.

Mr ANDREW: Will we be able to make some representation through the department given that you could deal with the federal government as well so we could get this put to bed, so to speak?

Ms LINARD: I appreciate that was not directed to me, but we are making those contacts. Can I say that, at not only the ministerial level, but also departmentally we know how important and sensitive this issue is.

Mr ANDREW: It is a sad state of affairs.

Ms LINARD: It is. Please know that when we say we do not have that funding or we are an agency, that often facilitates conversations and connections, as you know, because we talk about a lot of these issues regularly. I can say absolutely, hand on heart faithfully, that that has been done. Those conversations will continue and I thank Wayne. Wayne knows how important it is to me that we stay on top of these issues in respect of you and the community and our relationship with QUASSIC, also how important the issue is to the agency and, respectfully, to a better process moving forward. Can I also say that Minister Enoch understands this issue deeply, because it is an issue that is similarly felt and faced by the Aboriginal and Torres Strait Islander community.

Mr ANDREW: We are related and in many ways intertwined.

Ms LINARD: Indeed.

Mr ANDREW: Thank you for the information.

CHAIR: We will move to government questions.

Ms PEASE: Will the minister please provide an update on the Palaszczuk government's election commitment to establish a Queensland Holocaust Museum and Education Centre?

Ms LINARD: It does indeed give me pleasure to update the committee on this very important commitment that was made to establish a Queensland Holocaust Museum and Education Centre. In 2020 our government made an election commitment to provide \$3½ million towards the establishment of such a centre. This commitment was further strengthened through Commonwealth government funding of \$3½ million and the Brisbane City Council pledging half a million dollars towards the establishment of a centre.

On 30 June this year I was pleased to join the Premier, the Treasurer and our education minister, Minister Grace, Holocaust survivors and their families, and members of the Jewish community to officially open the Queensland Holocaust museum in Brisbane. Queensland is, and has been, home to many survivors and descendants of the Holocaust. Being able to support the Queensland Jewish Board of Deputies to honour Holocaust survivors and their descendants in this way was deeply moving and important. Holocaust museums and education centres across the world play an important role in educating and reminding us how we can individually contribute to stopping racial hatred and genocides as well as honour the legacy of those who faced human rights abuses and genocide. Teaching the history of the Holocaust will empower individuals to recognise the dangerous seeds of prejudice and intolerance, thereby fostering a society that values diversity, inclusivity and human rights.

The Queensland Holocaust museum uses photographs, artefacts and video interviews to convey the stories of Queenslanders who survived the Holocaust. The museum also raises awareness about other groups targeted by the Nazi regime as well as other genocides that have occurred around the world. Tributes are also paid to the Righteous Among Nations, honouring people who risked their lives

to save Jews. An innovative mobile display and online museum are expected to be completed soon. The mobile display will bring the museum to regional Queensland and be available to schools and the public. This museum would not have been possible without the tireless effort of Queensland Holocaust Museum and Education Centre Chair Jason Steinberg and his team, whose vision is now a reality that is accessible to all Queenslanders.

Queensland is a place for everybody, and this museum will be a constant reminder to stand up against racism and prejudice in all its forms. I encourage all Queenslanders to experience the Holocaust museum, whether in person or online. It is a truly moving experience to go and spend time in this new facility, to hear the stories and see what they have around, whether it is static displays or people telling their stories. It cannot but be incredibly impactful, as it was when I went there.

CHAIR: Minister, this is a bit of context for my question. I was with the Townsville Multicultural Support Group last week and they were getting their Skilling Queenslanders for Work certificates. My question is: can you advise of any work the department has undertaken to assist migrants in Queensland who are unemployed or underemployed?

Ms LINARD: Thank you for the opportunity to update the committee on the work we are doing to address workforce shortages, including in the engineering industry in Queensland. Throughout my time as Minister for Multicultural Affairs I have met many refugees and migrants who all have something in common: while qualified in their profession in their country of origin, they face barriers to having those qualifications recognised in Australia. Many of the people I have met happen to be engineers. Engineering, like many professions, continues to face significant nationwide labour and skills shortages. That is why Multicultural Affairs Queensland partnered with Engineers Australia, Consult Australia and the Department of Youth Justice, Employment, Small Business and Training to support employment opportunities for under-utilised migrants and refugees who can help address workforce shortages in the engineering industry in Queensland.

An important outcome of this partnership has been the development of the *Attracting and Retaining Engineers from Migrant Backgrounds: A Guide for Employers*, which provides information to assist employers to consider alternative approaches to recruit and retain engineers from skilled migrant and refugee backgrounds, supporting businesses to access the workforce they need. This is available online, but I also seek leave to table a copy of the guide, if I may.

CHAIR: Leave is granted.

Ms LINARD: Partners have engaged closely with engineering employers and migrant employment and support specialists, holding round tables to ensure the information provided was on task and met the needs of employers. I was delighted to launch the guide for employers at Parliament House earlier this year and to hear some wonderful examples of the benefits employers are already experiencing from having a culturally diverse workshop. The guide for employers has been extremely well-received by industry and has over 1,000 views on the Department of Environment and Science's website.

At that launch—and I must get an update from my executive director—there was a delightful gentleman who was the perfect example of how this guide was meant to connect employers and skilled migrants and refugees. Employers were talking to me about the fact they have massive skills shortages, and this delightful young man—who is an overseas trained engineer—said he cannot get employment. What a great opportunity it was, Wayne, to have a conversation. You can meet right in the room here. I hope that he has connected successfully, Wayne. I will be looking forward to his example and experience, and I hope it is positively representative of many. Building on the success of that guide, Engineers Australia and Consult Australia have held networking events to bring overseas trained engineers, employers and specialised service providers together. I am aware that these events have resulted in great outcomes, including job interviews and offers of employment for some attendees.

We know that jobs change lives, and this partnership is not only supporting the state's workforce and economy; it is supporting our migrant communities to find meaningful work. My agency, along with Minister Farmer's agency, is now looking for additional areas where we can partner with industry to have these guides, which hopefully will also build the confidence of employers to understand that, with some cultural awareness, flexibility and understanding—but also dealing with qualification requirements and scope of practice—we can connect people who have the skills needed with those who have the jobs.

Ms KING: Minister, will you please advise the committee how the Palaszczuk government is working with international partners and Queensland universities on research cooperation?

Ms LINARD: The first round of the Queensland-Germany Bioeconomy Collaborative Science Program—Queensland’s first joint initiative with Germany on bioeconomy research and development—closed on 20 June 2023. I am pleased to say that this program, which is a wonderful example of such cooperation, received applications from across the state’s universities, including those in regional Queensland. In this initial round, the program targeted three areas of the bioeconomy for joint research: developing new materials from sustainable sourced biomass, enhancing levels of sustainable agriculture, and reducing and reusing food waste. After an assessment period, including consultation with our partners in Germany, the department will provide funding to Queensland applicants who will each be awarded grants of up to \$250,000. The Queensland contribution will be matched by the German government through its support of relevant German research partners working with industry.

The program is a key action under the Joint Declaration of Intent for Cooperation in Bioeconomy with the German Federal Ministry of Education and Research which was signed in 2022 by the Treasurer and Minister for Trade and Investment. The Queensland government has provided \$3 million over three years to support the program under Trade and Investment Strategy. Our government is committed to developing a prosperous and resilient economy that manages the risks of climate change and harnesses the opportunities associated with transitioning to a net zero emissions global economy.

The Queensland Climate Action Plan 2030 maps a pathway for the next decade to address climate change and to help reach Queensland’s targets of at least 50 per cent renewable energy by 2030, 30 per cent emissions reduction below 2005 levels by 2030 and net zero emissions by 2050. These targets provide the opportunity for a thriving bioeconomy in the state over the next decade.

Bioeconomy is also one of the six key areas for development under the Queensland government’s newly launched Queensland new-industry development strategy. Germany is one of the global leaders in bioeconomy development and this new program provides Queensland direct access to that knowledge and expertise. The program also builds on Queensland’s longstanding trade and cultural links with Germany and Germany’s status as Queensland’s fourth highest international science collaborator—after the United States of America, the United Kingdom and China.

In fact in my first week as the new Minister for the Environment and Minister for Science, I was pleased to virtually sign the first declaration of intent between Queensland and the Bavarian state government in a ceremony where I was joined by representatives from the Queensland University of Technology, the University of the Sunshine Coast, Griffith University, the University of Queensland and the University of Southern Queensland. I think actually it was so early in my first week that it was also the first time I met my DDG for science and it was a lovely event to meet him.

CHAIR: Did you celebrate that over a Bavarian cake?

Ms LINARD: We did not celebrate over Bavarian cake because it was over the internet so that would have been challenging. I do acknowledge my DDG, Dr Mark Jacobs. This is just one example of research collaboration. I am amazed by the number of innovative collaborations in this agency and the work being done and the contribution these collaborations and partnerships make not only to my department and departments across the Queensland government but to the country. I do acknowledge my DDG and all within the science division for the work they are doing to build partnerships and ensure that Queensland continues to be known and renowned for the quality of research partnerships and science that is coming out of this state.

Ms PEASE: Minister, would you be able to provide us with an update on how the Queensland government is protecting the rights of migrant workers, asylum seekers and refugees?

Ms LINARD: Member, this is close to your heart, to my heart and to our government’s priorities. In 2020 the Palaszczuk government made an election commitment to the Queensland Community Alliance to provide support for workers’ rights education for migrant and refugee communities in Queensland. I want to acknowledge the Queensland Community Alliance for the work they did but also for the significant voracious conversations they had with the Queensland government about this. They are so passionate about this, so to be able to partner with them to make that election commitment and now deliver it has been special.

Each year thousands of migrants and refugees make Queensland their home. The range of skills, qualifications and professional experience they bring to Queensland adds considerable value to our economy and our society. We know that Queensland is one of the most culturally diverse places, and our goal is to ensure all community members are supported to connect, contribute and belong. Our government supports a fair and equitable industrial system for all workers. Many workers from migrant

and refugee backgrounds experience exploitation. It is something that I heard as the chair of the employment and education committee when we did the wage theft inquiry. It was something that broke my heart then. Many of their accounts were in private committee hearings so they were not made public. We know that these are not isolated; they are things that are experienced each and every day.

Many workers from migrant refugee backgrounds are unaware of their employment rights, including the right to seek compensation for work related injuries. They may lack the resources to seek redress and are at high risk of being disadvantaged and taken advantage of in the labour market. There are certainly longstanding concerns of workers in precarious forms of employment. Migrants, refugees and temporary visa holders are particularly vulnerable as exploitative, insecure or under employment may be the only opportunity they have to access employment or income outside of the welfare system.

Factors increasing vulnerability not only relate to language; they can also relate to gender, to age and to visa type. In August last year, I announced that Multicultural Australia in collaboration with QPASTT would receive \$1 million over four years to deliver the workers' rights program for migrant and refugee communities in Queensland. Over the past year, Multicultural Australia has worked with delivery partners and recruited 32 community champions representing 12 cultural groups to deliver community workshops. Community champion training was delivered in collaboration with the Fair Work Ombudsman, the Human Rights Commission, United Workers Union, the Queensland Community Alliance and QPASTT.

The project is being based on the lived experience of individuals who have been impacted by exploitation—and we know that there is nothing more powerful—and is focused on ways to help refugee and migrant communities engage with and build knowledge of information and, importantly, support services. To date, community champions have conducted 19 listening and information sessions in collaboration with the Community Alliance, engaging 325 community members across Brisbane, Logan, Ipswich, Inala, Gatton and Rockhampton. Multicultural Affairs has convened a working group of government agencies to ensure the workers' rights program complements existing government services and resources. This group includes the Office of Industrial Relations, the Department of Justice and Attorney-General, the Queensland Human Rights Commission, the Department of Youth Justice, Employment, Small Business and Training and Study Queensland.

We know that moving to a new country can be incredibly daunting. Learning a new language and being unfamiliar with workplace laws and regulations can place someone at risk of not fully understanding their workplace rights as an employee and being taken advantage of. This program will go a long way to achieving equitable employment, making it much easier for workers who have arrived from overseas. It is an example of a powerful and meaningful collaboration with NGOs, with community. I look forward to continuing to receive updates from my agency who are working closely with Minister Farmer's agency.

CHAIR: Minister, could you please advise how the department receives its fair share of federal funding for science?

Ms LINARD: It has been really insightful to also learn that one of the key responsibilities for my department of science is leveraging funds from the Australian government to advance science outcomes in Queensland. The first key investment initiative is the Research Infrastructure Co-investment Fund which provides critical co-investment in National Collaborative Research Infrastructure Strategy facilities in Queensland, ensuring that our scientists have the best facilities and equipment available in which to do their work.

The initiative continues to provide support to eight Queensland facilities awarded \$25 million in 2019 and two facilities awarded \$1.7 million in 2021, which have collectively leveraged more than \$88 million in co-investment from the Australian government, universities and industry. These facilities are supporting world-class science that is: accelerating drug discovery; decoding the DNA of deadly viruses, such as COVID-19; helping our understanding of the impact of climate change on the Great Barrier Reef; supporting companies to create new food and fibre products; and advancing device fabrication for vaccine patches. For example, the funds investment in the Australian National Fabrication Facility Queensland has helped Queensland biotechnology company Vaxxas to develop needle-free vaccine technology which is positioned to inject hundreds of millions of dollars into Queensland's economy and boost the health of our communities. Other outcomes delivered through these facilities from the fund in 2022-23 include the provision of training to boost the research capabilities of 2,314 facility users, dedicated assistance to 392 unique industry-based facility users and the creation of 55 highly skilled full-time equivalent jobs. Technically qualified personnel required to run these facilities are typically in high demand globally and in limited supply locally.

The second key investment initiative is the \$10 million science into industry co-investment fund which is providing a coordinated mechanism for Queensland-based universities and research institutes to partner with the Queensland government on proposed applications to Australian government research industry funding programs. The fund aims to increase Queensland's application success rate and share of Australian government grant funding. Under this industry fund, just over \$2 million has been committed and this will leverage up to \$80 million in Australian government funding. Through this fund, the department is providing support to a range of programs that will benefit our state, including \$900,000 over three years to support the Australian Research Council Centre of Excellence in Quantum Biotechnology, headquartered at UQ, and leveraging \$35 million of Australian government funding.

There is \$350,000 over seven years to support the Australian Research Council Centre of Excellence for Indigenous and Environmental Histories and Futures, led by James Cook University, leveraging \$35 million of Australian government funding. There is \$900,000 over two years for the Research and Development Linkages Opportunities program which is currently open for the department to partner with Queensland-based universities and research institutes on Australian Research Council linkage projects in departmental research priority areas, including decarbonising the Queensland economy, managing Queensland's biodiversity and threatened species, advancing the circular economy and growing First Nations data and sovereignty. This program is expected to leverage further funding from the Australian government and support the development of long-term strategic research industry alliances to advance Queensland's environmental and scientific knowledge and capability.

A further \$500,000 to support two projects under the Medical Research Future Fund National Critical Research Infrastructure initiative, led by the University of Queensland, in partnership with industry, relating to building the next RNA vaccines and therapies and national infrastructure for federated learning in digital health is leveraging a further \$10 million of Australian government funding across both projects. There is \$500,000 to support the Queensland Defence Science Alliance, leveraging a minimum \$250,000-plus additional in kind support from the Australian government.

The Queensland government's investment in these key science funding programs and partnerships are leveraging significant Australian government funding to support the growth of Queensland's science sector and the translation of the state's research into outcomes that benefit Queensland's environment, economy and communities. We all know, being very parochial Queenslanders, that we are happy to get more and more federal government funding into the state of Queensland for the benefit of Queensland. It is very clear, in my first two months already, why the director-general and DDG in charge of science is so very proud of the outcomes that are being achieved in the agency and our state. I thank them for their work.

CHAIR: I was going to go to a final question. There are about eight minutes left. It depends on how much time you need because you have some questions on notice.

Ms LINARD: May I check? If it is okay, I will go to these answers. I have a closing statement of a few minutes, but then I am happy to go on if there is a last question from whomever.

CHAIR: Yes.

Ms LINARD: Firstly in regard to the question from my opposition spokesperson for multicultural affairs that as at 13 July, how many applications had been received for the 2024 CMQ round, 212 have been received. Director-General?

Mr Merrick: In relation to the question from the member for Bonney about the date for delivery of the next Scientific Consensus Statement, the next Scientific Consensus Statement is due for delivery in June 2024. It is jointly funded by the Queensland and Australian governments. I would stress the Australian government is the head contractor. In late January 2022, the Australian government requested additional levels of process be incorporated into delivering the statement to provide greater assurance of integrity, including oversight by Dr Cathy Foley, the Australian Chief Scientist.

The member for Bonney also asked about our prior involvement in the work around Pioneer-Burdekin Pumped Hydro, both from a hydrological and biodiversity perspective. In fact, the scientists within the agency were involved in a broader pumped hydro study that was undertaken between 2017 and 2020. This was looking at a broad range of sites and options. That study was led by the Department of Energy and Public Works, but obviously we may have provided hydrological analysis in behind examining a range of sites. We provided further input from a scientific perspective into biodiversity values in October 2020 for two of the selected sites that had higher potential. We have had ongoing discussions from a scientific perspective.

The department also supported the selection of Pioneer-Burdekin Pumped Hydro Project, and that selection process was undertaken using a multicriteria analysis, again led by the Department of Energy and Public Works, but with input from the Department of Environment and Science, scientific and regulatory divisions. The environmental regulator continues to work with the Department of Energy and Public Works and other agencies to provide input into detailed analysis around pumped hydro projects to ensure a strong focus on environmental matters. We have done that at Borumba and we will continue to do for Pioneer. I meet monthly with the Coordinator-General as well, with my deputy, to look at major projects.

Mr O'CONNOR: The question, sorry, DG, was specifically the date of that high-level desktop review of the selection process. You are getting to that?

Mr Merrick: I am saying that we have been involved in work prior to that specific piece that you were talking about.

Mr O'CONNOR: I was talking about the specific piece and the date, and you said you would get me the date for that.

Mr Merrick: Yes. I will have to take that on notice, through the minister, but I think this addresses that matter. It is about prior work. I am saying we have engaged with the Department of Energy and Public Works on work around selecting or assessing potential sites for pumped hydro projects since October 2020.

Mr O'CONNOR: You had previously referred to a specific instance, though—this high-level desktop review on the site selection. When was that?

Mr Merrick: Member, I am saying we have had input on biodiversity values since October 2020 and then further engagement onwards.

Mr O'CONNOR: So that was the date that it was chosen?

Mr Merrick: I cannot speak to the dates. We are not involved in the actual final selection process.

Mr O'CONNOR: But that was the date you provided—

Mr Merrick: We have provided advice into that process since that date.

Ms LINARD: Member for Surfers Paradise, your question about grants by electorate for three years is not something we will be able to provide by the end of this hearing, so we will have to take that one on notice.

Mr LANGBROEK: I appreciate that.

Ms LINARD: On my understanding and reading of that, that would be the only thing now outstanding because we answered the question from the member for Maiwar already. Chair, I wanted to make some closing thankyou's and statements if may, if that suits your time.

CHAIR: Yes, please.

Ms LINARD: I want to finally mention, because I did not get to work this into any of the other questions, that I would like to obviously give a shout-out to the fact that this is Multicultural Month, being August, a really important month. Please, everyone jump online to our website and look at the events across Queensland because it is an incredible celebration of our diversity. As I always say, we do not have a multicultural community, we are multicultural as a Queensland community, and our diversity enriches us as a community. Please do partake in those events. If you cannot go to an event, then please watch the webinars that are available. Also, it will be National Science Week in August, so this is a big week for our portfolio.

Chair, I thank you for the opportunity to provide a brief closing statement. I thank the committee for the opportunity to discuss the Palaszczuk government's efforts to protect our environment and the Great Barrier Reef, strengthen scientific excellence, and empower Queenslanders from culturally and linguistically diverse backgrounds to fully contribute to the community. I would like to thank you, Chair, and all members of the committee, committee staff and parliamentary staff who have supported this hearing.

My sincere thanks go to my director-general, Jamie Merrick; deputy directors-general Karen Hussey, Rob Lawrence, Ben Klaassen, Mark Jacobs and Susan Chrisp; senior executives Wayne Briscoe, James Purtill, Andrew Connor, Geoff Robson, Brad Lang, Alena Tracey and Mike Kirton. I thank each of them for the frank and fearless advice they provide and for their professionalism.

A warm thankyou also goes to the departmental staff involved in the estimates process including Trinity Lowe, Kerrie-Ann Clarke and all of the staff who have helped prepare information for the hearing.

I again acknowledge the service of all who work within the department and the stakeholders we work alongside to deliver in the best interests of Queensland, its environment and its people. Finally, special thanks go to my ministerial team: Sonja, Scott, Kirra, Michael, Shellie, Kes, Emma, Grace, Sean and Ross for their support and, when needed, good humour, which I hope is not needed too often. Thank you, Chair.

CHAIR: Thank you very much, Minister, and thank you for your contributions today. In regards to that remaining question on notice, can we have that back to the secretariat by 5.30 on Tuesday, 8 August? You can confirm the exact wording of any questions from the proof transcript available on the parliament's website within approximately two hours of the broadcast footage.

Thank you, Minister, director-general and officials, for your attendance today. I would like to thank all my fellow committee members as well as all visiting members. I say that because I think today and this afternoon particularly was very respectful and conduct was exemplary. Let's keep that up for next year. On behalf of the committee I want to thank the Hansard staff, the secretariat, parliamentary broadcast staff and all other parliamentary staff who have assisted today. I declare this hearing closed.

The committee adjourned at 5.31 pm.