

2015 – 16 Budget Estimates

Report No. 3, 55th Parliament
Health and Ambulance Services Committee
September 2015

Health and Ambulance Services Committee

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Chair's Foreword

This report presents a summary of the Committee's examination of the Budget Estimates for the 2015-16 financial year.

Consideration of the Budget Estimates allows for the public examination of both the responsible Minister and Chief Executive Officers of agencies within the Committee's portfolio area. The public examination was undertaken through questions on notice and a public hearing.

The Committee has made one recommendation – that the proposed expenditure detailed in the Appropriation Bill 2015 for the Committee's areas of responsibility be agreed to by the Legislative Assembly.

The proposed expenditure for the Department of Health and Ambulance Services, and relevant statutory bodies, represents a record investment in health of \$14.2 billion in the current fiscal year, and an additional \$2.3 billion over four years to make sure health and ambulance services keep pace with the ongoing growth in demand for services across Queensland.

It was pleasing to see the significant investments in restoring front-line services, preventive health and patient safety contained in the Bill which will benefit all who rely on our public health system.

I would like to thank the Minister for Health and Minister for Ambulance Services, his departmental officers and the officers of statutory bodies for their cooperation in providing information to the Committee and evidence at the Committee's public hearing. The Minister provided frank and detailed responses to the Committee, which was appreciated.

Finally, I would like to thank the other Members of the Committee for their contributions and active participation in the estimates process and the Committee Secretariat for their ongoing support.



Leanne Linnard MP

Chair

September 2015

1. Introduction

1.1 Role of the Committee

The Health and Ambulance Services Committee (the Committee) is a portfolio committee of the Queensland Parliament established under section 88 of the *Parliament of Queensland Act 2001* and the Standing Rules and Orders of the Legislative Assembly.

The Committee's areas of responsibility are health and ambulance services. For the annual estimates process the estimates considered by the Committee include the Office of the Health Ombudsman, the Queensland Institute of Medical Research, the Queensland Mental Health Commission and sixteen Hospital and Health Services throughout the State.¹

On 4 June 2015, the Appropriation Bill 2015 and the estimates for the Committee's area of responsibility were referred to the Committee for investigation and report.²

On 26 August 2015, the Committee conducted a public hearing and took evidence about the proposed expenditure from the Minister for Health and Minister for Ambulance Services. A copy of the transcript of the Committee's hearing can be accessed on the Committee's [website](#).

1.2 Aim of this report

The Committee considered the estimates referred to it by using information contained in budget papers, answers to pre-hearing questions on notice, evidence taken at the hearing and additional information given in relation to answers.

This report summarises the estimates referred to the Committee and highlights some of the issues the Committee examined.

Prior to the public hearing, the Committee provided the Minister for Health and Minister for Ambulance Services with questions on notice in relation to the estimates. Responses to all the questions were received.

Answers to the Committee's pre-hearing questions on notice; documents tabled during the hearing; answers and additional information provided by the Minister for Health and Minister for Ambulance Services after the hearing; and minutes of the Committee's meetings are included in a volume of additional information tabled with this report.

1.3 Other Members participation

The Committee granted leave for the following Members to participate in the hearing:

- Mr Lawrence Springborg MP, Leader of the Oppositions and Member for Southern Downs;
- Mr John-Paul Langbroek MP, Deputy Leader of the Opposition and Member for Sufers Paradise;
- Mr Jeff Seeney MP, Member for Callide; and
- Mr Mark McArdle MP, Member for Coloundra.

Copies of correspondence received seeking leave to participate is contained in the volume of additional information tabled with this Report. Mr McArdle was the only Member to attend and participate.

¹ Standing Rules and Orders, Schedule 6. The schedule provides that departments, statutory authorities, government owned corporations or other administrative units related to the relevant Minister's responsibilities regarding these areas are included.

² Standing Order 177 provides for the automatic referral of the Annual Appropriation Bills to portfolio committees once the Bills have been read a second time.

2. Recommendation

Pursuant to Standing Order 187(1), the Committee must state whether the proposed expenditures referred to it are agreed to.

Recommendation 1

The Committee recommends the proposed expenditure, as detailed in the Appropriation Bill 2015 for the Committee's areas of responsibility, be agreed to by the Legislative Assembly without amendment.

3. Queensland Health

The Minister for Health and Minister for Ambulance Services has responsibility for the Queensland public healthcare system (collectively known as Queensland Health) and three statutory bodies - the Office of the Health Ombudsman, the Queensland Institute of Medical Research, and the Queensland Mental Health Commission. Chapters 3 and 4 of this report examine Queensland Health, while chapters 5 to 7 examine the three statutory bodies.

3.1 2015-16 Appropriation

Queensland Health comprises the Department of Health, the Queensland Ambulance Service (QAS) and 16 independent Hospital and Health Services (HHSs).

- The Department is responsible for managing the public health system. This includes purchasing and monitoring the delivery of health services through service agreements with the HHSs and other organisations; developing policy, legislation and regulatory frameworks; managing state-wide planning; advocating at whole of Government levels to promote the health needs of Queenslanders and managing and monitoring the financial performance of the health system.³
- The QAS delivers pre-hospital ambulance response services, emergency and non-emergency pre-hospital patient care and transport services, inter-facility ambulance transport, casualty room services, and planning and coordination of multi-casualty incidents and disasters.
- HHSs' are independent statutory bodies which provide health services in their local areas. Service delivery is monitored by the Department through individual service agreements which identify the health services to be provided, funding arrangements for those services, and defined performance indicators and targets to ensure outputs and outcomes are achieved.

The following table compares the appropriations for Queensland Health for 2014-15 and 2015-16.

Table 1: Queensland Health Appropriation for 2014-15 and 2015-16

Appropriations	2014-15 \$'000	2015-16 \$'000
<i>Controlled Items</i>		
departmental services	8,971,194	9,406,668
equity adjustment	924,342	506,709
<i>Administered Items</i>	33,910	33,544
Vote	9,929,446	9,946,921

Source: Appropriation Bill 2015, Schedule 2, p. 13.

3.2 2015-16 Total estimated operating budget

Queensland Health has an estimated operating budget of \$14.183 billion for 2015-16, an increase of \$560.6 million on its 2014-15 operating budget.⁴

The estimated operating budget of \$14.183 billion for 2015-16 comprises:

- \$9.293 billion in Queensland Government funding;
- \$3.525 billion in Australian Government funding;

³ SDS Queensland Health 2015-16, pages 32-33.

⁴ SDS Queensland Health 2015-16, page 4.

- \$1.229 billion in in user charges and fees; and
- \$136 million in other revenue.⁵

3.3 HHS allocation

A total of \$11.580 billion (81.6% of the 2015-16 operating budget) will be allocated, through services agreements, to purchase public healthcare services from HHSs', Mater Health Services and St Vincent's Health Australia.⁶

The operating budget for each HHS in 2015-16, compared to 2014-15, is as follows:

Table 2: Hospital and Health Service operating budgets 2014-15 and 2015-16

Hospital and Health Service	2014-15 Budget	2015-16 Budget	Percentage change between 2014-14 Budget and 2015-16 Budget
	(\$ million)	(\$ million)	(%)
Cairns and Hinterland (page 61)	667.3	712.8	6.8
Central Queensland (page 72)	466.0	488.0	4.7
Central West (page 85)	57.5	62.0	7.8
Children's Health Queensland (page 94)	460.8	612.3	32.9
Darling Downs (page 106)	616.5	637.8	3.5
Gold Coast (page 117)	1,064.0	1,193.0	12.1
Mackay (page 129)	320.8	327.7	2.1
Metro North (page 142)	2,088.0	2,173.0	4.1
Metro South (page 155)	1,890.0	2,018.0	6.8
North West (page 168)	140.5	148.8	5.9
South West (page 179)	118.9	126.9	6.7
Sunshine Coast (page 190)	695.5	752.7	8.2
Torres and Cape (page 202)	171.7	179.5	4.5
Townsville (page 213)	758.1	804.6	6.1
West Moreton (page 225)	457.1	469.8	2.8
Wide Bay (page 236)	458.3	488.9	6.7

3.4 QAS allocation

A total of \$633.3 million will be allocated to the QAS to provide ambulance and transport services, and planning and coordination of multi-casualty incidents and disasters.⁷ More detailed information on QAS funding, key activities and issues raised in the public hearing on 26 August 2015 is provided at Part 4.

⁵ SDS Queensland Health 2015-16, page 4.

⁶ SDS Queensland Health 2015-16, page 4.

⁷ SDS Queensland Health 2015-16, page 4.

3.5 Capital expenditure

Budgeted capital expenditure for Queensland Health and the Council of the Queensland Institute of Medical Research) for 2015-16 includes capital purchases of \$1.303 billion and \$1.5 million for capital grants.⁸

3.6 Concessions

The total cost of concessions provided via schemes administered by Queensland Health is estimated at \$261.5 million for 2015-16.⁹ This is a decrease of \$27.1 million on its 2014-15 estimated actual budget.¹⁰

The following table provides a breakdown of concessions by scheme for 2015-16.

Table 3: Queensland Health administered concession schemes for 2015-16

Concession Scheme	2015-16 Estimate \$ million
Oral Health Scheme	157.8
Patient Travel Subsidy	79.0
Medical Aids Subsidy	40.5
Spectacle Supply	9.2
Community Aids Equipment and Assistive Technologies Initiative and Vehicle Options Subsidy Schemes	5.0

Source: Budget Strategy and Outlook 2015-16, p. 170

3.7 New measures and key funding initiatives

New measures for Queensland Health in 2015-16 include:

- \$2.302 billion, over four years, to meet the ongoing growth in demand for health and ambulance services.
- \$320.3 million for frontline services and to address priority areas of need.
- \$361.2 million to address people waiting longer than clinically recommended for an outpatient appointment with a specialist.
- \$193.5 million to support the reconfiguration of services across the Sunshine Coast HHS and enable the start-up of the new Sunshine Coast Public University Hospital (SCPUH).¹¹

Other key funding initiatives and activities for Queensland Health include:

Nursing workforce

- \$110.7 million to provide up to 4,000 new graduate nursing and midwifery places in Queensland public hospitals.
- 101.6 million to recruit 400 additional Nurse Navigator positions in HHSs across Queensland

⁸ State Budget 2015-16, Capital Statement - Budget Paper No. 3, page 60.

⁹ Budget Paper No. 2, Budget Strategy and Outlook 2015-16, page 170.

¹⁰ SDS Queensland Health 2015-16, page 4.

¹¹ SDS Queensland Health 2015-16, page 4.

- \$11.4 million to re-establish a primary school aged nurse service to vulnerable communities in Logan and surrounding suburbs and extend this service to other communities across the State, to undertake earlier screening and other school readiness support services.¹²

Patient Safety and Quality Improvement

- Legislating nurse-to-patient ratios.
- 20 new positions for patient safety and quality improvement services.
- \$2.5 million (over three years) to establish a service agreement with Health Consumers Queensland to advocate independently for patients and their families and to empower health consumers in the planning, design, delivery, monitoring and evaluation of HHSs.¹³

Mental Health

- \$20 million in grants to nongovernment organisations to provide long day respite for elderly people with dementia and other degenerative neurological disorders living in the community.
- Internally reallocating up to \$5 million (in 2015-16) to progress a new adolescent service to replace the Barrett Centre and to support the Commission of Inquiry into the closure of the Barrett Centre.
- \$11.8 million for intensive mental healthcare for young people through expanded youth residential mental health services in Townsville.
- \$1.5 million (in 2015-16) to continue the delivery of Mental Health Support Workshops and interventions as part of the existing Drought Assistance Package.
- \$380,000 from existing resources on a new package of suicide prevention training for emergency department staff.
- A sentinel events review to help reduce preventable deaths among Queenslanders with a mental illness.
- Completion of consultation for a new mental health Bill.
- \$8.3 million to fund the Queensland Mental Health Commission's to drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health, drug and alcohol system in Queensland.
- Enhancement of the existing 1800 Alcohol and Drug Information Service and Drug and Alcohol Advice and Referral Service, to provide additional support, advice and referrals to individuals and families affected by methyl amphetamine (more commonly referred to as ice).¹⁴

Preventative Health

- \$27.2 million to implement the Health for Life! Taking action on Diabetes community based prevention program.
- \$7.5 million to establish a statewide Health Promotion Commission to provide strategic leadership for whole-of-government initiatives aimed at maintaining and improving the health and wellbeing of Queenslanders by preventing and slowing the increase of chronic illnesses.
- \$1.4 million to support the 10,000 steps program to increase incidental exercise and encourage participation in the Heart Foundation Walking Program.

¹² SDS Queensland Health 2015-16, page 5.

¹³ SDS Queensland Health 2015-16, page 6.

¹⁴ SDS Queensland Health 2015-16, page 6.

- \$5.1 million to update the multimedia health promotion program 'Go for 2&5' to increase fruit and vegetable consumption.
- \$525,000 (over two years) to implement kilojoule menu labelling for fast-food in Queensland.
- \$1.3 million to improve cardiac rehabilitation and prevention through the development of an electronic version of 'My Heart, My Life'.
- internally reallocating \$2.7 million (over three years) to provide a comprehensive communication strategy to support amendments to vaccination legislation that would give the person in charge of an early childhood education and care service the option to refuse to allow children who are not fully immunised to enrol or attend the service.
- \$13.2 million to restore services at the Biala Sexual Health Clinic in Brisbane.
- \$5.3 million to develop and implement a statewide sexual health strategy.
- \$420,000 (in 2015-16) to provide incentives for local governments to create local smoke-free laws, enforce statewide smoke-free laws and initiate community consultation to assess further strategies to prevent passive smoking.¹⁵

Unless otherwise stated, all funding identified in this section is allocated over four years.

ICT and Infrastructure Capital

- \$180 million for the Enhancing Regional Hospitals Program to upgrade the Caloundra Hospital Service, Roma Hospital, Hervey Bay Emergency Department and Gladstone Emergency Department.
- Internally reallocating \$9 million toward the commencement of ICT at the SCPUH, and \$1.2 million (over two years) to finalise planning the refurbishment of Nambour General Hospital.
- \$488.7 million to continue the delivery of the SCPUH and its Skills, Academic and Research Centre as a public private partnership.
- \$40 million to complete construction of the Cairns Hospital Redevelopment.
- \$20.6 million to commence the four year Enhancing Regional Hospitals Program.
- \$18.4 million to complete the Townsville Hospital Expansion.
- \$5.1 million to complete the Rockhampton Hospital Expansion.
- \$45 million to deliver asset renewal and enhancement under the Priority Capital Program.
- \$113.6 million to finalise a number of major projects where construction is largely complete, including: Logan Hospital, Lady Cilento Children's Hospital, and Centre for Children's Health Research, Mackay Base Hospital, Mount Isa Health Campus Redevelopment and the Gold Coast University Hospital.
- \$179 million to continue the roll out of clinical and administrative support systems and technology equipment replacement.¹⁶

3.8 Future federal funding

Queensland Health states changes in the 2014-15 Federal Budget indicate that federal funding for public hospitals will be reduced by \$57 billion from 2017-18 to 2024-25, and estimates that Queensland's share of these cuts, on a population basis, is 11.8 billion.¹⁷

¹⁵ SDS Queensland Health 2015-16, pages 6-7.

¹⁶ SDS Queensland Health 2015-16, pages 8-9.

¹⁷ SDS Queensland Health 2015-16, page 5.

3.9 Issues raised at the public hearing

Issues raised in relation to the Department of Health and HHSs' at the public hearing, on 26 August 2015, included:

- ICT and road access for the Sunshine Coast Public University Hospital.
- The report on the review of the opening of the Lady Cilento Children's Hospital.
- The role and responsibilities of the Department of Health and the HHSs' in the public health system.
- Code Blacks at the Gold Coast University Hospital, and other hospitals and HHSs'.
- Nurse to patient ratios for acute patients at Cairns Base Hospital, RNWH and other hospitals and HHSs'.
- Proposed mandatory nurse-to-patient ratios in acute wards, including consultations with the Queensland Nurses Union.
- \$361.2 million over four years to address specialist outpatient waiting list.
- Waiting lists for people waiting longer than clinically recommended for elective surgery and people waiting longer than clinically recommended for specialist outpatient services.
- Targets for the percentage of elective surgery patients treated within clinically recommended times.
- \$212.3 million over four years for nursing workforce initiatives, including the Nurse Navigator initiative, the school-age nursing initiative and the Refresh Nursing initiative
- Capital grants of \$1.3 billion for a range of health infrastructure priorities including hospitals, health technology, research and scientific services, mental health services and information technologies.
- An overview of funding and services, by HHS.
- Outsourced services for the Sunshine Coast HHS.
- The Hunter review.
- Emergency department access guidelines and directives.
- Consultation processes between the department and HHSs on the development of a directive.
- The Metropolitan Emergency Department Access Initiative.
- Funding spent on contractors and consultants.
- National Partnership Agreements on Improving Public Hospital Services, Treating More Public Dental Patients, Adult Public Dental Services, National Mental Health Reform.
- The impact of federal funding cuts on Queensland public hospitals.
- The Elective Surgery Wait Time Guarantee.
- Medical Cannabis trials.
- New Enterprise Bargaining Agreements with Visiting Medical Officers, doctors, health practitioners and dental officers.
- Alcohol and drug services and the growing incidence and impact of ICE.
- Readmission rates for Intensive Care Unit patients.
- Prescribed employers in the Queensland public health system.

- The Biala sexual health service.
- The Sexual Health Strategy.
- Promoting childhood vaccination, through legislation, a media campaign and the Drive to 95 program.
- National Indigenous Reform Agreement targets relating to child mortality rates.
- Programs and campaigns to encourage women and girls to live active and healthy lifestyles.
- Re-established birthing services at Beaudesert, Cooktown, Yarrabah, Mossman, Cloncurry and Charters Towers.¹⁸

¹⁸ Minister and Director-General, Public Hearing Transcript, 26 August 2015, pages 1-55.

4. Queensland Ambulance Services

The Queensland Ambulance Service (QAS) is accountable for the delivery of pre-hospital ambulance response services, emergency and non-emergency pre-hospital patient care and transport services, inter-facility ambulance transport, casualty room services, and planning and coordination of multi-casualty incidents and disasters.

The QAS delivers ambulance services through 15 Local Ambulance Service Networks (LASNs) which are aligned to the HHSs. A 16th statewide LASN comprises the Operations Centres (OpCens). There are seven QAS OpCens throughout Queensland responsible for emergency call taking, operational deployment and dispatch, and coordination of non-urgent patient transport services.¹⁹

4.1 Funding overview

In 2015-16, the QAS will have an operating budget of \$633.3 million - an increase of \$44 million (7.5%) from the 2014-15 operating budget of \$589.3 million.²⁰

4.2 Key Activities

Key activities for the QAS in 2015-16 include:

- Recruiting 75 additional ambulance officers to manage increasing demand for services.
- Commissioning 155 new and replacement ambulance vehicles and commencing the rollout of new power assisted stretchers.
- Completing the statewide rollout of replacement state of the art defibrillators
- \$8.4 million to plan and deliver new, replacement, refurbished or redeveloped ambulance stations at Bundaberg, Collinsville, Coral Gardens, Kenilworth, Yandina, Miriam Vale, Russell Island, Rainbow Beach, Thursday Island and Birtinya.
- Using a decision support model to enable all advanced care paramedics to provide extended acute therapy for patients suffering the most serious form of heart attack.
- Reviewing extended paramedic practice options to ensure the service compliments the evolving needs of the community. This will involve working with the community and HHSs' to identify alternative pathways of care better suited to the patient's needs rather than mandatory referral to an emergency department.
- Expanding the geographical and clinical coverage of the Higher Acuity Response Unit (HARU) service to include the Gold Coast and major trauma resuscitation.
- Finalising the rollout of iPads to paramedics as part of the QAS operational mobility strategy. The strategy will provide real time in-field communications and training, including access to a new digital Clinical Practice Manual and Field Reference Guide, stream line administrative functions and facilitate transition to a new electronic patient care record.

4.3 Issues raised at the public hearing

Issues raised in relation to the QAS at the public hearing, on 26 August 2015, included:

- The QAS employee support system (Priority One), data relating to staff suicide and post-traumatic stress disorder (PTSD) and pre-employment psychometric testing, for prevalence of suicidality, PTSD and a range of other behaviours.

¹⁹ SDS Queensland Health 2015-16, page 49.

²⁰ SDS Queensland Health 2015-16, page 49.

- Lost time injury frequency rate (the number of injuries per million hours worked of your workforce) and accepted claims for psychological injuries.
- The number of physical and verbal assaults on QAS staff.
- The Metropolitan Emergency Department Access Initiative and Emergency Department and Intensive Care Unit capacity issues.
- The QAS patient safety distribution room and iRoam car tracking system.
- Arrangements to reimburse mandatory vaccinations for QAS operational employees to minimise the risk of contracting infectious and preventable diseases.
- Funding to recruit an additional 75 paramedics throughout the state.
- Completing the statewide rollout of replacement defibrillators - LIFEPAK.
- Expanding extended acute therapy for patients suffering the most serious form of heart attack to all advanced care paramedics.
- Reviewing extended paramedic practice options to ensure lower acuity and chronic illness management are aligned to the patient's circumstances and are flexible enough to change as the patient's condition changes.
- Expanding the higher acuity response unit service at the Gold Coast.
- Finalising the rollout of operational iPads for paramedics as part of the QAS operational mobility strategy.
- \$45.4 million capital budget for the completion of new and replacement ambulance stations.
- Rolling out new power assisted patient stretchers, to reduce the rate of manual handling injuries for paramedics.
- \$13.9 million for capital and minor building works and strategic land acquisitions.
- The degree to which the QAS has been consulted on the development of an agreement with Health Consumers Queensland to assist those advocating on behalf of patients.
- Whether data is available on the number of assaults on QAS staff which may be linked to substance abuse.
- What is considered when determining whether to establish a new ambulance station.
- The impact of an increasingly overweight and obese population on QAS staff, response methods and the general health system.
- The development of an IT tool to manage meal breaks for QAS operational staff.
- The Classified Officer Development Program.
- The Government Wireless Network (digital voice radio and narrowband data technology) for all public safety agencies in South-East Queensland, including the QAS.²¹

²¹ Commissioner Bowles and Minister, Public Hearing Transcript, 26 August 2015, pages 56-72.

5. Queensland Institute of Medical Research

The Queensland Institute of Medical Research, known as the QIMR Berghofer Medical Research Institute (the Institute), is a statutory body under the *Queensland Institute of Medical Research Act 1945*. The Institute's research strategy focuses on three major areas - cancer, infectious diseases and mental health and complex disorders.²²

5.1 Funding overview

The Institute receives funding from government and non-government sources. In 2015–16, it will receive \$18.9 million from the Queensland Government, representing 17.5% of total revenue.²³ The Institute received the same level of Queensland Government funding (\$18.9 million) in both 2013-14 and 2014-15.²⁴

5.2 Key activities

Key activities for the Institute in 2015-16 include:

- Testing an experimental brain cancer treatment for patients with initial glioblastoma multiforme.
- Commencing new trials using immunotherapy in early stages of metastatic nasopharyngeal carcinoma.
- Conducting further clinical trials to test anti-malarial drugs on humans infected with malaria parasites.
- Developing a powerful predictor for aggressive breast cancers for more accurate prognosis and treatment.
- Beginning analyses of data from the Ovarian Cancer Prognosis and Lifestyle study.
- Carrying out a major study into malignant mesothelioma.
- Continuing to lead a five-year study investigating the role of Vitamin D in preventing disease.
- Continuing to develop brain-imaging technology for use in creating a diagnostic test for depression.
- Moving cytomegalovirus vaccine development to an advanced stage, which could help prevent potential birth defects in babies.
- Exploring the ability of snake, cone snail, and hookworm and jellyfish venom to control the body's immune system and potentially play a role in cancer treatments.
- Advancing work on new molecules and targets for immunotherapy use to treat cancers.²⁵

5.3 Issues raised at the public hearing

Issues raised in relation to the QIMR at the public hearing, on 26 August 2015, included:

- Ensuring the work of the Institute gets 'translated.' For example, receiving certification from the Therapeutic Goods Administration for the cellular therapy unit at the Institute has opened the way for greater clinical trials in areas of direct relevance to the public.
- Ongoing clinical trials in leukaemias, glioblastomas and malaria. The Institute is the '... go-to location for the Bill and Melinda Gates Foundation through MMV in Switzerland to carry out

²² SDS Queensland Health 2015-16, page 248.

²³ SDS Queensland Health 2015-16, page 248.

²⁴ SDS Queensland Health 2014-15, page 231.

²⁵ SDS Queensland Health 2015-16, pages 249-250.

clinical trials with newest drugs that will alleviate disease, which is not our disease here but which is our responsibility and our responsibility to our neighbours.²⁶

- Increasing our understanding of immunotherapy (how to stimulate the immune system).
- \$6.4 million from the National Health and Medical Research Council (NHMRC) for dementia research.
- The time limited and insecure nature of funding for scientists. Trials are often carried out on a five year contract, with a need to reapply at the end of the funding period.²⁷

²⁶ Professor Gannon, Public Hearing Transcript, 26 August 2015, pages 55-56.

²⁷ Professor Gannon, Public Hearing Transcript, 26 August 2015, pages 55-56.

6. Office of the Health Ombudsman

The Health Ombudsman, supported by the Office of the Health Ombudsman (OHO), commenced dealing with health complaints on 1 July 2014. The primary functions of the Health Ombudsman are to:

- receive and investigate complaints about health services and health service providers, including registered and unregistered health practitioners,
- decide what action should be taken in relation to those complaints,
- monitor the health, conduct and performance functions of the Australian Health Practitioner Regulation Agency (AHPRA) and national health practitioner boards,
- provide information about minimising and resolving health service complaints, and
- report publicly on the performance of its functions.²⁸

6.1 Funding overview

In 2015-16, the OHO has an operating budget of \$14.6 million - an increase of \$4.4 million (42.7%) from the published 2014-15 operating budget of \$10.2 million.²⁹

6.2 Key activities

Key activities for the OHO in 2015-16 include:

- Improvements to service delivery, including bedding down governance frameworks and operational processes.
- Continuing to identify and investigate serious matters and systemic issues.
- Oversight and reporting on AHPRA and the Boards.

6.3 Issues raised at the public hearing

No matters were raised at the public hearing, on 26 August 2015, in relation to the role of the Health Ombudsman.

²⁸ SDS Queensland Health 2015-16, page 263.

²⁹ SDS Queensland Health 2015-16, page 263.

7. Queensland Mental Health Commission

The Queensland Mental Health Commission (the Commission) was established on 1 July 2013 as an independent statutory body under the *Queensland Mental Health Commission Act 2013*. The Commission's purpose is to drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health, drug and alcohol system in Queensland.

The focus for the Commission's work is:

- Developing, and facilitating the implementation of the whole-of-government Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019.
- Researching and reporting on issues impacting people experiencing mental health difficulties and issues relating to substance use.
- Mental health promotion, awareness and early intervention.
- Supporting systemic governance, including support for the Mental Health and Drug Advisory Council.³⁰

7.1 Funding overview

In 2015-16, the Commission has an operating budget of \$8.3 million - reflecting minimal variation with the published 2014-15 operating budget of \$8.5 million.³¹

7.2 Key activities

Key activities for the Commission in 2015-16 include:

- Preparing the first report on the implementation of the Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019.
- Consolidating the Stronger Community Mental Health and Wellbeing grants program.
- Finalising agreed cross Government action plans and commence work on action plans focused on mental health and the criminal justice system, human rights and disability.
- Continuing to advocate for the rights of consumers, families and carers in mental health legislation, and in its implementation.
- Promoting the implementation of the options for reform and recommendations of reports prepared in 2014-15.
- Increasing the use of a variety of communication strategies to support better engagement of the Commission and the Advisory Council with the community.
- Contributing to the independent review of the performance of the Commission and of the *Queensland Mental Health Commission Act 2013*.³²

7.3 Issues raised at the public hearing

No matters were raised at the public hearing, on 26 August 2015, in relation to the role of the Queensland Mental Health Commission.

³⁰ SDS Queensland Health 2015-16, page 257.

³¹ SDS Queensland Health 2015-16, page 257.

³² SDS Queensland Health 2015-16, pages 257-258.

Statement of Reservation

Statement of reservations – Health and Ambulance Services

The LNP Opposition has always wanted to take a bi-partisan approach to ensuring the best possible outcomes for Queenslanders suffering mental illness. However, the Opposition was disappointed in the way in which the Minister used the estimates hearings as a political get-square on his predecessor.

In His opening statements, the Minister used estimates to make the following claims.

“We have also reworked the Mental Health Act after the flawed process of consultation from the previous government. The system I want to lead is one where openness and accountability are the hallmarks, people feel that their contribution is valued, and people feel and know they are listened to. That was not the case with the previous government’s review of the Mental Health Act”

The LNP Opposition believes these comments were made for political purposes, rather than a true desire to produce a better Mental Act review

The LNP Opposition was disappointed with the defensive way in which the Minister answered non-government questions. The LNP Opposition had legitimate questions about the implications of Nurse Patient ratios costings and the development of the policy that went unanswered.

The Minister took time to interject on Question to the Director General on steps taken to develop this policy as we believe The Auditor-General would want to know how public money was being spent and would be keen to understand how a policy was formulated.

The Minister interjection highlight this;

“Is this a question about the number of taxi vouchers used in the budget or the cost of petrol or the cost of vehicles?”

The Minister refused to release any modelling on the Nurse patient ratio current figures and the confirmed that they have no idea of the requirements to meet the published targets.

Upon question the Townsville HHS CEO Ms Squire confirmed this;

“I cannot give you the precise numbers at the moment, Mr McArdle, but what I can tell you is that we work on a business planning framework which provides four hours per patient day across our hospital and health service in all of our facilities. Again I would refer to the minister, but if you require further information I can provide that if agreed.”

This flies in the face of the open and accountable government the Premier pledged to lead.

The LNP Opposition also believes significant questions remain regarding the government’s plans to potentially stop outsourcing of Critical health services to Queenslanders.

The LNP Opposition’s major concern is that what’s been presented in the budget papers in no way reflects what the Labor Party promised during the 2015 election and immediately after. In a letter table by the Member for Caloundra quoting the Premier

“Previously in government, Labor had a policy of employment security and no-contracting-out provisions. Labor will restore this policy.”

However the committee heard the CEO of the Sunshine Coast HHS say that there are two clear instances where outsourcing under the Labor government did occur—one is public patients to

Ramsay and oncology as well. Now we hear that vital Oncology services in other regions of the state are at risk due to the selective outsourcing approach this government adopts.

We believe the Government was not upfront with the people of Queensland then, and their actions during this estimates process show they are not being upfront with the people of Queensland now.

In relation to a recent report published into the Lady Cilento Children's Hospital the LNP Opposition believe there to be discrepancies in the development of the report and the response received by the committee. The CEO of Children's Health Qld confirmed they had the opportunity to review the draft report and provide feedback and comment. Ms Dougan confirmed she was able to table a copy of the draft report and a copy of the signed submissions by both the board and the executive team. Initially the Director General Mr Walsh was also happy to table the feedback from the board, from the executive and from the Mater. He later confirmed that,

"None of the working documents that the review panel used to undertake its review and prepare its final report went to cabinet. The final report went to cabinet."

Upon further questioning by Mr McARDLE:

"Director-General, my actual question was: when the department got the documents, where were they sent to? Let me clarify that. They went to the review. Did they go to the minister's office or was a briefing note prepared—"

Mr DICK: Can I just say that it was an independent review and none of those documents came to me. I did not ask for them and the member should be careful about impugning—

Mr Walsh confirmed that's documents on the review were not forwarded to the Ministers office

"No, the documents were not forwarded to the minister's office and, no, a briefing note was not prepared.

MrMcARDLE: So the minister had no knowledge of the submissions—is that what you are telling me—based on what you have just said?

Mr Walsh: I do not know—

Mr DICK: I have not seen any submission. I have not seen any document.

Mr McARDLE: Again, Madam Chair, I am going to make the point that I am asking the director-general to answer the question.

Mr DICK: I have not seen any document or any submission.

In relation to Medical Cannabis trials the LNP opposition questions the financial commitment Queensland has made to contribute to the cost involved if Queensland citizens are going to be part of any supervised trial. The Minister could not initially disclose to me how much money Queensland was spending on a Medical Cannabis Trial. In fact at best, his final answer of \$3 million could only be called a vague. He could not tell who is going to run the trials, additionally he could not tell whether we are on the oversight body in New South Wales in regard to the trials. We believe Queenslanders deserve better than this because the Minister and the Premier made very public announcements without any planning or groundwork.

Res Bader