



2022-2023 Budget Estimates Volume of Additional Information

**Report No. 22, 57th Parliament
Health and Environment Committee
August 2022**

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List of Members granted leave to attend and ask questions at the public hearing

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1.	Michael Berkman MP, Member for Maiwar
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4.	David Crisafulli MP, Member for Broadwater
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Pre-hearing questions on notice and responses – Minister for Health and Ambulance Services

**HEALTH AND ENVIRONMENT COMMITTEE
2022 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 1

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

With reference to page 6 of the SDS, can the Minister outline the drivers of increased emergency department demand and how that is impacting emergency department performance?

ANSWER:

Our hospitals are facing unprecedented demand. Across the state, more people than ever before are visiting our emergency departments.

The demand growth we are seeing is due to a number of complex factors including:

- The ongoing impact of the COVID-19 pandemic – this is creating additional inpatient demand, with over 900 patients currently admitted to Queensland Public Hospitals with COVID-19. This is a similar number to the number of beds in the Royal Brisbane and Women's Hospital. As well as inpatient demand, the COVID-19 pandemic has created an ongoing burden in relation to staff furloughing, with more than 2,700 staff currently unavailable due to COVID-19;
- A growing population – Queensland's emergency demand has grown above the trend of population growth. With Queensland's population projected to grow by 20 per cent by 2036, this will place additional demand on emergency departments.
- An ageing population - Queenslanders aged over 65 account for 15 per cent of the population, but constitute 36.7 per cent of Queensland Ambulance Service demand. The number of Queenslanders aged 65 and over is projected to increase by 50 per cent by 2036. As this demographic grows, so too will demand for health services;
- Declining private health cover – rates of private health coverage are the lowest they have been in two decades. More than three million Queenslanders are without private health cover, and of those that do, less than 40 per cent have a policy which covers all hospital admissions. Less than one in 4 Queenslanders have private cover for all hospital admissions. This creates additional pressure on the public health system, particularly in relation to elective surgery demand; and

- Gaps in aged and disability care – Queensland currently has 553 long stay inpatients who are awaiting placement in aged or disability care. This is similar to the combined number of beds in the Caboolture Hospital and Mackay Hospital. This means these inpatient beds cannot be used by other patients requiring admission, creating bed pressures for hospitals across the State.
- Gaps in primary care – General practitioners are critical in providing expert care to the community, in the community. Where GP services is not accessible, the deferral of care can lead to more acute conditions and additional hospital demand. Accessibility to GP services has been impacted by years of Medicare rebates being frozen, and a decrease in the number of medical graduates seeking general practice out as a career path. With GP supply projected to fall by 15 per cent in cities by 2032, it is likely that emergency demand will increase as a result.

Queensland's emergency departments are providing more care, to more patients than ever before.

Since 2015, there has been a 36% increase in emergency department demand at our major reporting hospitals.

Not only have we seen more patients in general, there has also been an increase in more complex and acute patients, with almost 22,600 more presentations this year requiring either resuscitation or critical care (Australasian Triage Scale Categories 1 and 2). This represents a 6.3 per cent increase compared to last year.

In addition to the increase in presentations, there has also been an increase in the rate of patient admission, that is, a patient who requires an inpatient bed and additional treatment beyond the emergency department.

Despite these significant demand pressures, even during high demand periods, anyone who presents to a Queensland hospital will be seen - no one will ever be turned away. However, the sickest most critically ill people will be seen and treated first. Our hospitals work in a coordinated manner to support periods of high demand.

Over the past year Queensland Health has made a range of investments to support the sustainable management of unplanned care demand with an ongoing commitment into 2022-23.

Record investments have been made within the 2022-23 Queensland Budget to continue additional beds made under the Care4Qld and winter strategies, and focus on building new hospitals, hiring additional workforce, and redesigning models of care to continue to deliver world class health care to Queenslanders.

Some key investments targeted at reducing pressure to public hospital beds include:

- More than \$9 billion for the largest expansion of hospital beds in Queensland's history.
- \$1.645 billion over five years for improved mental health services, which will assist in keeping vulnerable Queenslanders out of hospital.

- \$26 million to review and improve patient flow throughout the hospital
- \$11.7 million investment to establish rapid access clinics, aimed at diverting patients from emergency departments to an outpatient clinic for known conditions.
- \$20 million investment to strengthen virtual models of care for inpatient and outpatient services – supporting healthcare delivery outside of a hospital setting and closer to home.
- \$67.5 million investment to improve community care pathways, supporting hospital avoidance models of care and care within the community setting.
- Funding the Queensland Health Long Stay Rapid Response team to assist with the timely discharge of long stay patients.
- Expanding the Queensland Ambulance Service co-responder model to operate in the Darling Downs, Mackay, Wide Bay and Sunshine Coast HHSs to give people the mental health support they need, without requiring transportation to an emergency department.

**HEALTH AND ENVIRONMENT COMMITTEE
2022 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 2

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

With reference to page 5 of the SDS, can the Minister advise what efforts are being undertaken to reduce specialist outpatient wait times?

ANSWER:

Specialist outpatient services across Queensland have been significantly impacted by the COVID-19 pandemic which has consumed a significant proportion of bed capacity in our public health system, as well as contributing to high rates of staff furloughing. This has resulted in occasions of temporary suspension of routine planned care services to manage priority demand.

The pressures presented by the COVID-19 pandemic are unlikely to abate in the near future. Despite that, Queensland Health has a plan to address specialist outpatient wait times.

Queensland Health has responded to this increasing demand in specialist outpatient services through a range of strategies, including:

- Continuation of the \$49 million Surgery Connect program.
- Trialling allied health-led models of care to reduce waiting times and provide comprehensive care to patients.
- \$37.7 million investment (over two years from 2021-22) in the Connecting Your Care program will build on previous investments and improvements on non-admitted pathways to improve equity of access to care for all Queenslanders. The program is focussing on initiatives to maintain care in the community (where appropriate), facilitate better access to specialist care and transition patient care safely back to the community.
- Scaling up the delivery of virtual models of care and building on the significant uptake of telehealth to deliver specialist outpatient services. From 1 July 2021 to 31 May 2022, there have been 277,958 telehealth service events delivered under the Specialist Outpatient Strategy, over 58,400 or 26.6 per cent more than the same period last year.

Beyond these immediate investments, the Palaszczuk Government is undertaking further work to provide extra capacity to our specialist outpatient services. This includes:

- Investing \$9.785 billion of investment in an unprecedented hospital capacity expansion program that will deliver an additional 2,509 hospital beds over six years. Specialist outpatient service capacity will be enhanced through these new beds, which will provide additional inpatient capacity across the State. In particular, new facilities at the QEII Hospital and at Townsville Hospital will have a specific focus on delivering elective surgery and outpatient services, modelled on the approach of the STARS facility.
- Meeting our election commitment to hire an additional 9,475 frontline health workers in this term of Government.
- Delivering seven Satellite Hospitals that will assist in provide outpatient services.

**HEALTH AND ENVIRONMENT COMMITTEE
2022 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 3

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

With reference to page 13 of the SDS can the Minister please outline how the Palaszczuk Government is continuing to invest in Queensland's workforce?

ANSWER:

The Service Delivery Statement indicates that the number of full-time equivalent (FTE) staff employed in Queensland Health is expected to grow in 2022-23 by 6,206 FTE or 6.2 per cent.

This growth builds on the significant increase in frontline workers since March 2015.

In the seven years from March 2015 to March 2022, the Queensland Health workforce has grown by an additional:

- 3,106 FTE doctors – an increase of 39.2 per cent
- 9,931 FTE nurses – an increase of 37.5 per cent
- 706 FTE midwives – an increase of 50.2 per cent
- 1,103 FTE ambulance officers – an increase of 29.7 per cent
- 2,418 FTE allied health professionals – an increase of 24.5 per cent.

In October 2020, the Palaszczuk Government committed to hire 9,475 more frontline health staff including 1,500 more doctors, 5,800 more nurses and midwives, 475 more ambulance officers and 1,700 more allied health professionals. On 15 June 2021, a further commitment of an additional 60 ambulance officers was made.

The Palaszczuk Government is well on track to achieve these commitments, with an additional 4,628 Minimum Obligatory Human Resource Information (MOHRI) FTE being employed by March 2022, compared to September 2020. These include an additional:

- 697 FTE doctors
- 2,792 FTE nurses and midwives
- 244 FTE ambulance officers
- 895 FTE allied health professionals.

The Palaszczuk Government is investing in initiatives to produce and support more homegrown clinicians across the entire state, including in rural and remote communities.

The rural medical workforce is important in a decentralised state such as Queensland. The 'Rural and Remote Health and Wellbeing Strategy 2022-2027' recognises that investing in training and development that delivers more care locally is critical to a sustainable person-centred workforce.

Queensland has led the way with significant investment in rural generalist training.

Queensland Health is partnering with key stakeholders to progress initiatives to produce and support homegrown clinicians in rural and remote communities, including:

- A new First Nations Health Workforce Strategy for Action which is being co-designed in partnership with the Aboriginal and Torres Strait Islander community-controlled health sector.
- Significant investment in postgraduate allied health Rural Generalist training pathways, with funding totalling \$1,020,000 in 2022-23 supporting 37 designated rural generalist training positions across 10 Hospital and Health Services for early career allied health professionals entering rural practice.
- The Queensland Government is providing \$918,978 this year for the Central Queensland and Wide Bay Regional Medical Pathway. The Pathway facilitated by the University of Queensland and the Central Queensland University will see 60 students enter the pathway each year. The first students entered the pathway this year. It is expected the first students will enter the graduate medical degree component in 2025.
- This year, \$580,000 will be provided to support and progress the implementation of the Darling Downs and South-West Medical Pathway.
- Development of a statewide Rural and Remote Generalist Nurse post graduate career pathway for Registered Nurses. Funding totalling \$2,128,754 will enable the project management of the pathway and the employment from 1 July 2022 of 20 FTE registered nurse positions from five participating health services will participate in a trial program over 12 months to gain the skills and knowledge to practice competently in rural and remote settings. This program is aimed at extending the application of theory to practice for rural and remote nurses. Funding will be provided to the five participating Hospital and Health Services to employ the registered nurses, including Central West (\$278,092), Darling Downs (\$279,376), North West (\$320,767), South West (\$279,376) and Torres and Cape (\$320,767).

**HEALTH AND ENVIRONMENT COMMITTEE
2022 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 4

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

With reference to page 13 of the SDS, can the Minister please outline the record investment in new and expanded hospitals and new beds announced in the 2022-23 Budget?

ANSWER:

The Palaszczuk Government delivered the biggest investment in new and expanded hospitals and new beds in Queensland's history in our *Queensland Health and Hospitals Plan*, with the 2022-23 Budget providing \$9.78 billion additional funding over six years.

This significant investment includes three new hospitals, a new Queensland Cancer Centre, and 11 major hospital expansions across Queensland.

The new projects announced in our *Queensland Health and Hospitals Plan* will deliver around 2,509 additional hospital beds over the next six years – including 199 extra beds next year and 239 extra beds in 2024.

This is in addition to the 869 extra beds already being delivered through our current expansion projects, and builds on the 1,350 additional beds we've opened across the state since 2015.

Across regional Queensland, our *Queensland Health and Hospitals Plan* includes the following new hospitals and major expansion projects:

- New Toowoomba Hospital – \$1.3 billion investment that will deliver around 118 additional beds by 2027
- New Bundaberg Hospital – \$1.2 billion investment that will deliver around 121 additional beds by 2027
- Townsville University Hospital – \$530 million expansion that will deliver around 143 additional beds by 2026
- Cairns – \$250 million hospital refurbishment and new surgical centre that will deliver around 96 additional beds by 2026, and a lease arrangement that will deliver a sub-acute expansion with around 45 additional beds next year

- Mackay Hospital – \$250 million expansion that will deliver around 128 additional beds by 2026
- Hervey Bay Hospital – \$40 million expansion that will deliver around 35 additional beds by 2024.

Across South East Queensland, our plan includes the following new hospital and expansion projects:

- New Coomera Hospital – \$1.3 billion investment that will deliver around 404 new beds by 2027
- Redcliffe Hospital – \$1.06 billion expansion that will include around 204 additional beds and will deliver a new ambulatory care building by 2026, a new clinical services building by 2027, and refurbishment of the existing hospital by 2028
- New Queensland Cancer Centre – \$750 million investment that will deliver a brand new world-class cancer centre by 2028 with around 150 beds, within the Herston Health Precinct at the Royal Brisbane and Women’s Hospital
- Ipswich – \$710 million Stage 2 expansion of Ipswich Hospital that will deliver around 200 additional beds by 2027, and \$85.4 million modular sub-acute expansion of the new Ipswich Satellite Hospital at Ripley that will deliver around 90 additional beds by 2024
- Logan Hospital – \$530 million Stage 2 expansion that will deliver around 112 additional beds by 2026
- QEII Hospital – \$465 million expansion that will deliver around 112 additional beds by 2027, and \$25 million modular ward expansion that will deliver around 28 additional beds next year
- Princess Alexandra Hospital – \$350 million expansion that will deliver around 249 additional beds by 2026, and \$5.8 million renal refurbishment that will deliver around 8 additional beds next year
- The Prince Charles Hospital – \$300 million expansion that will deliver around 93 additional beds by 2027
- Robina Hospital – lease arrangement that will deliver around 114 additional beds by 2024, and \$16.5 million transit lounge expansion that will deliver around 20 additional beds next year
- Gold Coast University Hospital – \$72 million modular expansion that will deliver around 70 additional beds next year
- Redland Hospital – \$25 million modular ward expansion that will deliver around 28 additional beds next year.

**HEALTH AND ENVIRONMENT COMMITTEE
2022 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 5

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

With reference to page 1 of the SDS can the Minister outline what steps are being taken to address Rheumatic Heart Disease in Queensland?

ANSWER:

Rheumatic Heart Disease (RHD) is a potentially fatal condition caused by repeated cases of Acute Rheumatic Fever (ARF) when a person's heart valves become stretched or scarred, an illness caused by the body's autoimmune response to strep bacteria.

RHD is entirely preventable, but the greatest cause of cardiovascular inequality for First Nations people. Unfortunately, Australia has some of the highest documented rates of RHD in the world.

The Palaszczuk Government is committed to eliminating Rheumatic Heart Disease among First Nations peoples in Queensland.

On 4 March 2022, the Palaszczuk Government the *Ending Rheumatic Heart Disease – Queensland's First Nations Strategy 2021-2024* (the Strategy). Queensland is the only state jurisdiction to have a targeted strategy to eliminate Rheumatic Heart Disease among First Nations peoples.

Over the next three years, the Palaszczuk Government will invest \$4.5 million to implement the Strategy.

Co-designed with the Aboriginal and Torres Strait Islander Community-Controlled Health Sector and supported by widespread consultation and engagement with key stakeholders, the Strategy builds on the achievements of the *Queensland Aboriginal and Torres Strait Islander Rheumatic Heart Disease Action Plan 2018-2021*.

The Strategy outlines the vision for a coordinated and integrated whole-of-system response, and identifies five key priority areas:

- Aboriginal and Torres Strait Islander leadership;
- community-based programs;
- healthy environments and primordial prevention;
- early prevention and effective care; and

- support for all those living with Acute Rheumatic Fever and Rheumatic Heart Disease.

The Rheumatic Heart Disease Alliance Committee will provide expert advice to inform the implementation of the Strategy, and a whole of system response to address the health conditions contributing to the onset and development of Acute Rheumatic Fever and Rheumatic Heart Disease.

Some of the key initiatives as part of the Strategy include:

- The 'Healthy Skin, Healthy Heart' campaign, a joint initiative between Cairns HHS and Gurriny Yealamucka Health Service. The campaign was launched in Yarrabah on 9 June 2022. It seeks to highlight the relationship between skin sores and Acute Rheumatic Fever and Rheumatic Heart Disease and ultimately reduce the incidence of skin sores in the community.
- Working with Deadly Heart Trek to deliver school screenings proposed in August and September 2022 across Thursday Island, Bamaga, Doomadgee and Mornington Island.

As part of the 2022-23 Budget, the Palaszczuk Government will invest a further \$2.88 million to strengthen primary and secondary prevention responses in communities where First Nations people are severely affected by Acute Rheumatic Fever and Rheumatic Heart Disease.

A further \$1.9 million has been invested in additional Acute Paediatric Cardiac Care at Townsville Hospital and Health Service. It is expected that this additional investment will a reduction in transfer of children to the Queensland Children's Hospital for cardiac investigation/opinion (currently an average of 20 per year), and a reduction of adults with severe RHD as a longer-term outcome over the next ten years.

Queensland Health and the Department of Communities, Housing and Digital Economy are also working together to deliver a Healthy Housing pilot program, in collaboration with Energy and Public Works. The program aims to reduce the prevalence of communicable diseases in participating households and communities. Consultation is underway to identify two potential communities.

**HEALTH AND ENVIRONMENT COMMITTEE
2022 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 6

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

With reference to pages 13-14 of the SDS, can the Minister please outline how the Palaszczuk Government is investing in regional and remote hospitals and health facilities around Queensland?

ANSWER:

The Palaszczuk Government is investing in new health infrastructure in regional and remote communities across the state to ensure that all Queenslanders receive world-class health care no matter where they live.

The Palaszczuk Government delivered the biggest investment in new and expanded hospitals and new beds in Queensland's history in our *Queensland Health and Hospitals Plan*, with the 2022-23 Budget providing \$9.78 billion additional funding over six years.

This significant investment includes \$3.57 billion for the following new hospitals and major expansion projects in regional Queensland:

- New Toowoomba Hospital (\$1.3 billion), which will deliver around 118 extra beds by 2027
- New Bundaberg Hospital (\$1.2 billion), which will deliver around 121 extra beds by 2027
- Townsville University Hospital Expansion (\$530 million), which will deliver around 143 extra beds by 2026
- Mackay Hospital Expansion (\$250 million), which will deliver around 128 extra beds by 2026
- Cairns Hospital Expansion (\$250 million), which will deliver around 96 extra beds by 2026
- Cairns Sub-acute Expansion (lease arrangement), which will deliver around 45 extra beds next year
- Hervey Bay Hospital Expansion (\$40 million), which will deliver around 35 extra beds by 2024.

Since coming to office, the Palaszczuk Government has delivered new and expanded regional health facilities across Queensland, including:

- Hervey Bay Hospital Emergency Department (\$44.7 million)
- Gladstone Hospital Emergency Department (\$42 million)
- Rockhampton Residential Drug Rehabilitation and Treatment Centre (\$16.3 million)
- Maryborough Hospital Emergency Department and Specialist Outpatient Department Upgrade (\$12.2 million).

Projects currently being delivered in regional Queensland include:

- Cairns Hospital Mental Health Unit (\$70 million)
- Baillie Henderson Hospital Two Theatre Day Surgery (\$42 million)
- Kirwan Health Campus Expansion (\$40 million)
- Fraser Coast Mental Health Service Enhancement (\$39.6 million)
- Sarina Hospital Redevelopment (\$31.5 million)
- Cairns Hospital Emergency Department Expansion (\$30 million)
- Rockhampton Hospital Cardiac Hybrid Theatre (\$18.2 million)
- Toowoomba Hospital Emergency Department Expansion (\$17.7 million)
- Townsville University Hospital Hybrid Theatre (\$17 million)
- Bundaberg Residential Drug Rehabilitation and Treatment Centre (\$15 million)
- Townsville University Hospital South Block (\$13 million)
- Rockhampton Hospital Mental Health Ward Expansion and Refurbishment (\$12.8 million)
- Cairns Youth Residential Drug Rehabilitation and Treatment Centre (\$11.5 million).

The 2022-23 Budget provides \$943.5 million funding over seven years to replace rural and remote hospitals and health facilities across Queensland with new modern facilities, as part of the next phase of the Building Rural and Remote Health Program. The first tranche of Phase 2 will replace:

- Moranbah Hospital
- Bamaga Hospital
- Normanton Hospital
- Tara Hospital
- Pormpuraaw Primary Health Care Centre
- Cow Bay Primary Health Centre.

The new modern health facilities will provide enhanced models of care and quality health services closer to home, and will also help to attract and retain healthcare workers. This \$943.5 million investment in Phase 2 of the program will also provide a boost for jobs across the state, creating around 2,606 construction jobs.

The new investments in the 2022-23 Budget continue the Palaszczuk Government's strong record of investing in rural and remote health facilities across Queensland. Since coming to office, our government has delivered redevelopments of the following hospitals and health facilities:

- Roma Hospital (\$116.6 million)

- Kingaroy Hospital (\$92.5 million)
- Blackall Hospital (\$20.1 million)
- Palm Island Primary Health Care Centre (\$16.5 million)
- Boulia Primary Health Centre (\$7.2 million)
- Aramac Primary Health Centre (\$4.1 million).

We are currently delivering redevelopments of the following health facilities across rural and remote communities:

- Atherton Hospital (\$74.8 million)
- Thursday Island Hospital and Primary Health Care Centre (\$46 million)
- Phase 1 of the Building Rural and Remote Health Program (\$94.7 million) comprising:
 - Blackwater Multi-Purpose Health Service
 - Camooweal Primary Health Care Centre
 - Charleville Healthwise Building
 - Morven Primary Health Care Centre
 - St George Community and Allied Health Building
- Woorabinda Multi-Purpose Health Service (\$12.5 million)
- Windorah Primary Health Centre (\$12.4 million)
- Moura Multi-Purpose Health Service (\$7.2 million)
- Mer (Murray Island) Primary Health Care Centre (\$7 million).

The 2022-23 Budget also invested \$115 million over five years for the delivery of new staff accommodation across Queensland. Providing staff accommodation for workers choosing to move to rural and remote Queensland is critical, as it improves attraction, recruitment and retention of our healthcare workers.

These investments in rural and remote health facilities and staff accommodation complement the significant investments being made by the Palaszczuk Government in rural and remote service delivery, graduate programs and workforce recruitment.

**HEALTH AND ENVIRONMENT COMMITTEE
2022 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 7

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

With reference to page 6 of the SDS can the Minister please outline the impact increases in aged care emergency department transfers are having on the public health system?

ANSWER:

The Queensland Ambulance Service (QAS) and broader health system continues to experience increasing demand for transports from Residential Aged Care Facilities (RACF) to Queensland Health Hospital Emergency Departments (EDs).

In 2021-22, the QAS transported 39,792 patients from RACFs to Queensland Health Hospital EDs. This reflects an increase of 48.67 per cent since 2018-19.

In a submission to the *Inquiry into the provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland public health system*, the Queensland Nurses and Midwifery Union (QNMU) submitted that the reason for the significant rate of transfers from RACFs to Queensland Health EDs was due to the lack of registered nurses (RNs) present at the facilities at certain times.

The QNMU further submitted that, “if there was the right skill mix and number of RNs employed at residential aged care facilities” a proportion of these ED transfers would not need to occur.

It is noted that the newly elected Federal Government have made addressing aged care workforce challenges a priority and the Palaszczuk Government welcomes the actions being taken which will create a better quality of life for aged care residents, as well as easing pressures on Queensland Health EDs.

The *Inquiry* also noted the Australian Medical Association report *Putting health care back into aged care*, which stated that residential aged care residents were being transferred to emergency departments “for problems that could potentially be managed in general practice”. The AMA’s report recommended “[e]nabling greater access to GPs and RNs in the community and nursing homes” to prevent hospital transfers and longstay admissions.

In the absence of access to a properly trained clinical workforce within RACFs, or adequate funding being allocated to incentivise greater in-reach services from primary care into the RACFs, it is a natural consequence that the response to the ill health of RACF residents is attended to by Queensland Health EDs.

The requirement to transfer these aged care residents to emergency departments places additional pressures on both the Queensland Ambulance Service and Queensland Health EDs.

The QAS works closely with Hospital and Health Services (HHSs) to ensure that all patients are provided with the most appropriate model of care. This includes the utilisation of alternative referral pathways.

With specific regard to RACFs, the QAS and individual HHSs have co-designed a number of service delivery models, including RADAR and CAREPACT in the Metro North and Metro South Districts respectively.

These models allow for the early intervention and clinical assessment of RACF patients to assist in determining the most appropriate clinical care pathway. The models are focused on improving the health of older persons residing in RACFs by providing comprehensive acute care, consultative nursing, medical and pharmacy outreach and telehealth services.

These models of service are integrated across the QAS and the broader health system inclusive of general practitioner networks, hospital specialists and community resources. They ensure the provision of the most appropriate clinical care in the face of ever-increasing demand for some of the most vulnerable members of the community.

The QAS Clinical Hub is a multi-disciplinary unit initially established during the COVID-19 pandemic to address demand and mitigate patient safety risks. The Clinical Hub operating model aligns with those integrated models of care developed specifically for RACF patients, identifying patients suitable for alternative response options including the provision of clinical advice, health navigation and referral pathways, or a non-requirement for ambulance attendance.

During the 2021-22 financial year, the Clinical Hub reviewed 61,372 incidents. Of the total incidents reviewed, alternative health care pathways or transport options were identified for 1 in 6 patients; that is 10,046 patients that were treated outside of the Emergency Department.

In 2022-23, the QAS Clinical Hub will be expanded, including coverage of Senior Doctors to 22 hrs a day, this will increase opportunities for early intervention, clinical assessment and alternative referral pathways to a larger cohort of patients.

The expanded QAS Clinical Hub will improve patient outcomes by providing nuanced, appropriate and proportional clinical care, as well as increasing QAS service delivery capacity.

**HEALTH AND ENVIRONMENT COMMITTEE
2022 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 8

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

With reference to page 19 of the SDS, can the Minister advise on the impact Queensland's vaccination programs has had on public health in this State?

ANSWER:

Throughout 2021-22 financial year, Queensland Health led the state's response to the COVID-19 pandemic, with a focus on preventing widespread transmission of the virus through decisive public health measures and vaccination.

This approach has been very successful at preventing thousands of deaths and serious illness, supporting our hospitals in dealing with unprecedented demand, and protecting the most vulnerable.

Queensland's COVID-19 vaccination program has seen more than 11.5 million doses administered across all providers to date. More than 92 per cent of Queenslanders aged 16 years and older have had two doses of COVID-19 vaccine.

Vaccination is our best protection against severe illness from COVID-19 infection. In Queensland we have observed more hospitalisations and deaths among unvaccinated people aged 65 years and older, compared with those who are fully up to date with their vaccination during the 2021-22 financial year.

Recent data from Queensland also show that the fourth vaccine dose protects against the latest Omicron variants. People aged 65 years and older who have not received their fourth booster are two times more likely to be infected with the latest Omicron variants and three times more likely to lose their lives from COVID-19.

The success of this vaccination program overall ensured that the Palaszczuk Government was able to execute *Queensland's COVID-19 Vaccine Plan to Unite Families*.

This Plan ensured that Queensland was one of the very few jurisdictions in the world that was able to prevent widespread community transmission until the vast majority of its population had been vaccinated.

By ensuring that the vast majority of Queenslanders were vaccinated prior to our borders opening, the Palaszczuk Government was able to reduce the loss of life

associated with the COVID-19 virus that would have occurred if there had been community transmission prior to widespread vaccination.

**HEALTH AND ENVIRONMENT COMMITTEE
2022 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 9

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

With reference to pages 9-11 of the SDS, can the Minister please outline the benefits of Queensland's newborn screening program?

ANSWER:

Queensland's Newborn Bloodspot Screening Program can pick up rare but serious medical conditions. When these conditions are diagnosed early, it can help prevent serious health and developmental problems for babies.

Babies with these rare conditions may not show any signs and may not seem sick. There may also be no family history of the condition. This is why these tests are so important, helping identify babies with one of these conditions in order to provide timely treatment and ensuring a better quality of life and increased life expectancy.

Queensland's Newborn Bloodspot Screening Program has been in place in Queensland for more than 50 years. The Program screens approximately 60,000 Queensland babies each year at a current cost of approximately \$3.5 million, annually. Since the Program began in 1968 it has screened over two and a half million Queensland babies.

Queensland's Newborn Bloodspot Screening Program screens for over 30 conditions including galactosaemia, phenylketonuria, congenital hypothyroidism, cystic fibrosis, congenital adrenal hyperplasia and a range of rare metabolic disorders.

A variety of technologies are used to perform these screening tests, including identifying the proteins, enzymes and genes by methods such as mass spectrometry, immuno- and enzymatic assays, and molecular techniques (DNA testing). Queensland Health is investing in molecular testing technology based on next generation sequencing, which will enable screening for conditions previously not possible.

Queensland Health is also investigating the extension of genomic testing and Targeted Gene Sequencing. This potential screening method is based on whole genome technology, and it would be possible to screen for many more diseases. The health and economic benefits of detecting these conditions would be significant. With this potential innovation, Queensland Health would be leading the world in the field of newborn screening.

I recently announced that the Queensland Newborn Bloodspot Screening Program is being expanded in line with national Program recommendations to include testing Queensland babies from May 2023 for Spinal Muscular Atrophy (SMA) and Severe Combined Immunodeficiency (SCID).

The necessary planning and recruitment of personnel, fit out of premises and purchasing of new equipment for the inclusion of these specialised tests is underway. Screening for SMA and SCID will allow for timely treatment of these conditions and for life expectancy to be increased.

In 2021-22, the Queensland Government committed \$1.60 million to expand the Newborn Bloodspot Screening program, and an additional \$1.25 million each year to maintain it. This funding will purchase new genetic testing equipment, upskill pathology staff and support testing of tens of thousands of babies born each year.

I welcome the incoming Commonwealth Government's commitment of \$38 million to support this expansion across Australia's Newborn Screening Programs and I will continue to work with the Federal Department of Health and Ageing to take advantage of that funding. I look forward to working with the Commonwealth to determine the conditions that will be included in the expanded program.

Queensland Health will continue to expand the Newborn Bloodspot Screening Program across Queensland, in partnership with the Commonwealth given its recent announcement of additional investment in this important area.

**HEALTH AND ENVIRONMENT COMMITTEE
2022 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 10

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

With reference to page 12 of the SDS can the Minister please outline what steps the Palaszczuk Government are taking to ensure Queensland women have access to termination of pregnancy services?

ANSWER:

The Palaszczuk government is committed to ensuring women can access safe termination of pregnancy services, no matter where they live. Our government decriminalised abortion in 2018 through the *Termination of Pregnancy Act 2018*. The Act enshrines the right to reproductive healthcare, and ensures access to this healthcare can occur without threats, intimidation or harassment.

In Queensland, termination of pregnancy services are primarily provided in the primary health care sector, as well as via private and public hospital systems.

Queensland Health provides access to termination of pregnancy services for women and pregnant people, noting that most terminations of pregnancy are performed through primary health care providers or the private sector.

All of our hospital and health services provide access to early medical termination of pregnancy through face-to-face or telehealth models, depending on where a woman resides. Some hospital and health services have contractual arrangements with private or non-government organisation reproductive and sexual health services. These arrangements differ from region to region.

Following the closures in 2021 of the Marie Stopes sites in Southport, Rockhampton and Townsville, the affected hospital and health services have been working to implement safe and sustainable local service options. The impact on access to early medical termination of pregnancy has been limited, with services continuing to be provided in primary healthcare or via telehealth. However, access to local surgical termination of pregnancy has been impacted.

Surgical termination services in Rockhampton recommenced on Monday, 11 July 2022. To support the provision of local termination of pregnancy services in the Central Queensland Hospital and Health Service, additional funding of \$196,899 (pro-rata) was provided to CQHHS in 2021-22, with total funding of \$230,000 being provided from 2022-23 onwards. CQHHS continues to provide a small number of surgical terminations locally with a focus on women and pregnant people who have complex health and social needs. Due to Obstetric and Gynaecology consultant

shortages, the anticipated commencement date for Gladstone to provide surgical terminations of pregnancy is yet to be determined.

In June I was pleased to announce that Townsville HHS's operating budget would include \$1 million to support termination of pregnancy programs. Some women and pregnant people are currently receiving termination of pregnancy services locally in Townsville, with a focus on providing local services to those with complex health and social needs. However, most women and pregnant people are continuing to access surgical services in Brisbane. Communications between the Townsville Hospital and Health Service and Marie Stopes Australia (MSA) have been ongoing regarding a proposed Fly In Fly Out (FIFO) service for MSA obstetrics and anaesthetic staff. MSA FIFO staff will perform stops at Townsville University Hospital under a partnership model of care. Commencement of local services under the MSA FIFO model is dependent on confirmation of MSA FIFO specialist staff, allocation of operating theatre sessions, additional funding, staff education and support and development of a clinical governance framework, policies and procedures.

While a very small number of surgical termination of pregnancy services continue to be provided locally in these centres, the majority of women and pregnant people are required to travel to Brisbane to access these services. Financial assistance for travel and accommodation is available through the Patient Transport Subsidy Scheme to eligible women and pregnant people who need to travel to access termination healthcare.

In order to bolster the accessibility of termination services, our government is strengthening the clinical workforce associated with these services, with the introduction of the Health and Other Legislation Amendment Act 2022.

This legislative change enables prescribed healthcare students to assist in the performance of a Termination of Pregnancy and builds a strong and capable health workforce now and into the future.

Queensland Health is continuing to work with stakeholders to understand issues in relation to consumer access and strengthening the delivery of services across Queensland including our regional areas.

The Department of Health is currently reviewing access to termination of pregnancy services with a focus on ensuring sustainable access for Queenslanders, now and into the future. This includes consultation with clinical staff, key stakeholders and consumer groups to identify barriers and opportunities for improvement.

**HEALTH AND ENVIRONMENT COMMITTEE
2022 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 11

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

Will the Minister advise the dollar amount of Productivity Dividends applied to each hospital and health service (HHS) in the 2022/23 budget, broken down by HHS?

ANSWER:

A productivity dividend is the amount of additional activity – measured in terms of Queensland Weighted Activity Units (QWAUs) – that a Hospital and Health Service (HHS) is expected to perform as a result of productivity improvements.

These improvements in productivity are the result of factors such as the introduction of new technology and medical equipment and advancing models of care.

In 2022-23, it is expected that HHSs will deliver a total of 19,015 additional QWAUs as a result of productivity improvements.

The LNP has stated that a productivity dividend is a cut to funding for HHSs and the health system. This is untrue.

The following table shows the increase in operational funding delivered by the Palaszczuk Government for each HHS in 2022-23 compared to 2021-22 and 2014-15.

Hospital and Health Service (HHS)	Increase in operational funding from 2021-22 to 2022-23		Increase in operational funding from 2014-15 to 2022-23	
	\$	%	\$	%
Cairns and Hinterland HHS	\$97.8 million	9.0%	\$511.8 million	76.7%
Central Queensland HHS	\$62.4 million	9.0%	\$287.8 million	61.8%
Central West HHS	\$3.6 million	4.0%	\$36.1 million	62.8%

Children's Health Queensland HHS	\$26.3 million	2.9%	\$463.6 million	100.6%
Darling Downs HHS	\$72.7 million	7.8%	\$393.4 million	63.8%
Gold Coast HHS	\$170.6 million	9.6%	\$880.1 million	82.7%
Mackay HHS	\$47.6 million	9.2%	\$241.3 million	75.2%
Metro North HHS	\$252.4 million	7.5%	\$1.528 billion	73.2%
Metro South HHS	\$246.3 million	8.9%	\$1.132 billion	59.9%
North West HHS	\$12.5 million	6.0%	\$79.7 million	56.7%
South West HHS	\$11.6 million	6.9%	\$62.4 million	52.5%
Sunshine Coast HHS	\$104.7 million	7.8%	\$758.7 million	109.1%
Torres and Cape HHS	\$26.9 million	10.7%	\$105.2 million	61.3%
Townsville HHS	\$73.8 million	6.5%	\$444.9 million	58.7%
West Moreton HHS	\$66.5 million	8.9%	\$369.8 million	82.7%
Wide Bay HHS	\$47.0 million	6.5%	\$313.6 million	68.4%

**HEALTH AND ENVIRONMENT COMMITTEE
2022 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 12

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

Will the Minister advise the dollar amount of Efficiency Dividends applied to each Hospital and Health Service (HHS) in the 2022-23 budget, broken down by HHS?

ANSWER:

An efficiency dividend may be applied as part of the broader operational funding parameters for Hospital and Health Services (HHSs). An efficiency dividend does not result in a reduction of operational funding, but rather is a re-alignment and re-investment of funding to better reflect service need and efficiency improvements.

These improvements in efficiency are the result of factors such as the introduction of new technology and medical equipment and advancing models of care.

In 2022-23, the total efficiency dividend across HHSs totalled \$6.1 million.

The LNP has stated that an efficiency dividend is a cut to funding for HHSs and the health system. This is untrue.

The following table shows the increase in operational funding delivered by the Palaszczuk Government for each HHS in 2022-23 compared to 2021-22 and 2014-15.

Hospital and Health Service (HHS)	Increase in operational funding from 2021-22 to 2022-23		Increase in operational funding from 2014-15 to 2022-23	
	\$	%	\$	%
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Central Queensland HHS	\$62.4 million	9.0%	\$287.8 million	61.8%
Central West HHS	\$3.6 million	4.0%	\$36.1 million	62.8%
Children's Health Queensland HHS	\$26.3 million	2.9%	\$463.6 million	100.6%

Darling Downs HHS	\$72.7 million	7.8%	\$393.4 million	63.8%
Gold Coast HHS	\$170.6 million	9.6%	\$880.1 million	82.7%
Mackay HHS	\$47.6 million	9.2%	\$241.3 million	75.2%
Metro North HHS	\$252.4 million	7.5%	\$1.528 billion	73.2%
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North West HHS	\$12.5 million	6.0%	\$79.7 million	56.7%
South West HHS	\$11.6 million	6.9%	\$62.4 million	52.5%
Sunshine Coast HHS	\$104.7 million	7.8%	\$758.7 million	109.1%
Torres and Cape HHS	\$26.9 million	10.7%	\$105.2 million	61.3%
Townsville HHS	\$73.8 million	6.5%	\$444.9 million	58.7%
West Moreton HHS	\$66.5 million	8.9%	\$369.8 million	82.7%
Wide Bay HHS	\$47.0 million	6.5%	\$313.6 million	68.4%

**HEALTH AND ENVIRONMENT COMMITTEE
2022 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 13

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

With reference to the 27 per cent of patients not seen within clinically recommended times at Queensland's Public Emergency Departments in the March Quarter 2022 - will the Minister provide the five longest wait times a patient faced who was not seen within clinically recommended time at each of Queensland's 26 reporting hospitals for the following calendar months (a) January 2022, (b) February 2022 and (c) March 2022?

ANSWER:

I am advised that when a person arrives at an emergency department for treatment, a qualified triage nurse clinically assesses how urgent their condition is and assigns a category according to the Australasian Triage Scale. There are five triage categories where one is the most urgent and five is the least urgent. If a patient is identified to be triaged to a less urgent category, they continue to be monitored by a Clinical Initiative Nurse (CIN) or equivalent while awaiting formal review by a medical officer or specialist nurse or allied health professional. This may include monitoring of vital signs, provision of analgesia and initiation of diagnostic tests.

The following table provides the five longest wait times (in minutes) a patient faced who was not seen within clinically recommended time at each of Queensland's 26 reporting hospitals for the calendar months of:

a) January 2022

Facility	Minutes				
	1st Longest wait	2nd Longest wait	3rd Longest wait	4th Longest wait	5th Longest wait
Bundaberg	478	438	393	375	356
Caboolture	541	532	451	398	336
Cairns	292	276	274	263	250
Gladstone	230	217	216	209	206
Gold Coast University	509	507	441	438	428
Gympie	465	309	267	264	258
Hervey Bay	518	494	471	394	390
Ipswich	566	541	524	499	497
Logan	483	399	366	344	340

Mackay	324	174	174	170	170
Maryborough	381	277	272	264	263
Mater Adult	494	467	455	439	438
Mount Isa	445	347	327	297	282
Nambour	185	172	169	167	166
Prince Charles	433	419	407	386	373
Princess Alexandra	510	508	422	408	401
Queen Elizabeth II	320	318	302	297	295
Queensland Children's	301	182	182	180	178
Redcliffe	474	434	416	393	393
Redland	406	359	323	315	278
Robina	410	399	294	267	266
Rockhampton	940	462	367	334	323
Royal Brisbane & Women's	470	307	251	249	235
Sunshine Coast University	485	466	424	414	378
Toowoomba	601	555	548	523	498
Townsville	536	340	320	287	277

b) February 2022

Facility	Minutes				
	1st Longest wait	2nd Longest wait	3rd Longest wait	4th Longest wait	5th Longest wait
Bundaberg	487	443	415	393	376
Caboolture	341	335	307	301	298
Cairns	245	222	210	209	202
Gladstone	267	240	216	214	197
Gold Coast University	439	406	403	386	370
Gympie	279	271	233	195	171
Hervey Bay	429	398	388	386	367
Ipswich	679	533	399	379	373
Logan	380	374	347	328	326
Mackay	294	273	194	160	156
Maryborough	462	383	375	327	300
Mater Adult	477	403	397	389	370
Mount Isa	271	260	260	238	223
Nambour	352	225	189	180	171
Prince Charles	447	416	403	390	368
Princess Alexandra	340	334	310	301	296
Queen Elizabeth II	274	257	255	232	228
Queensland Children's	183	166	163	151	147
Redcliffe	404	386	370	347	339
Redland	344	333	323	318	285
Robina	805	601	292	291	280
Rockhampton	603	476	404	398	381
Royal Brisbane & Women's	597	473	410	331	315

Sunshine Coast University	306	270	245	238	236
Toowoomba	602	555	515	474	471
Townsville	371	305	288	280	280

c) March 2022

Facility	Minutes				
	1st Longest wait	2nd Longest wait	3rd Longest wait	4th Longest wait	5th Longest wait
Bundaberg	589	555	531	496	460
Caboolture	482	445	434	430	394
Cairns	341	323	311	307	296
Gladstone	288	269	255	254	226
Gold Coast University	518	449	442	343	340
Gympie	423	305	272	267	258
Hervey Bay	741	483	433	417	412
Ipswich	781	495	463	425	404
Logan	426	417	414	412	393
Mackay	318	276	245	242	231
Maryborough	582	491	383	365	345
Mater Adult	488	474	447	435	431
Mount Isa	260	211	201	199	188
Nambour	215	197	177	173	164
Prince Charles	525	525	469	461	456
Princess Alexandra	375	346	338	324	321
Queen Elizabeth II	340	318	311	296	286
Queensland Children's	306	287	287	275	259
Redcliffe	489	473	460	434	431
Redland	266	254	234	231	224
Robina	449	404	337	330	327
Rockhampton	687	493	393	384	350
Royal Brisbane & Women's	433	389	386	339	333
Sunshine Coast University	247	237	217	214	211
Toowoomba	541	535	525	522	485
Townsville	390	356	353	351	319

The target for patients being seen upon their arrival to an emergency department is based on the patient's presenting condition, where the most urgent patients are seen as a priority:

- Category 1 patients, those requiring resuscitation, have a target of 100 per cent to be seen within two minutes. 2021-22 financial year performance was 99.7 per cent;
- Category 2 patients, those requiring critical care, have a target of 80 per cent seen within 10 minutes. 2021-22 financial year performance was 63.9 per cent;

- Category 3 patients, those requiring urgent care, have a target of 75 per cent seen within 30 minutes. 2021-22 financial year performance was 63.0 per cent;
- Category 4 patients, those requiring semi-urgent care, have a target of 70 per cent being seen within 60 minutes. 2021-22 financial year performance was 78.3 per cent; and
- Category 5 patients, those requiring non-urgent care, have a target of 70 per cent seen within 120 minutes. 2021-22 financial year performance was 96.0 per cent.

**HEALTH AND ENVIRONMENT COMMITTEE
2022 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 14

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

In relation to managing bed capacity within Queensland's Public Hospital system, will the Minister provide the following information, broken down by each Hospital and Health Service facility, and calendar month:

- a. The number of 'Tier 3' declarations since 1 January 2022
- b. The number of 'Code Yellow' declarations since 1 January 2022
- c. The date at which each Hospital and Health Service began using the 'Tier System'

ANSWER:

a) The number of 'Tier 3' declarations since 1 January 2022

Please see Attachment 1.

b) The number of 'Code Yellow' declarations since 1 January 2022

Please see Attachment 1.

c) The date at which each Hospital and Health Service began using the 'Tier System'

The Protocol for Managing Capacity of Queensland Public Hospitals (QH-HSDPTL-025-3:2021) associated with Patient Access to Care Health Service Directive (QH-HSD-025:2015) referring to escalations regarding bed capacity issues were last reviewed and endorsed in October 2021. Health service chief executives endorsed the revised Directive and associated Protocol, inclusive of the use of the Tier level language for reporting of bed capacity.

Since 11 April 2022, all hospitals transitioned to the tiered system in line with the protocol.

		January			February			March			April			May			June			July (up to 12/07/2022)		
		Code Yellow (non-bed capacity)	Code Yellow (bed capacity)	Tier 3 bed capacity escalation	Code Yellow (non-bed capacity)	Code Yellow (bed capacity)	Tier 3 bed capacity escalation	Code Yellow (non-bed capacity)	Code Yellow (bed capacity)	Tier 3 bed capacity escalation	Code Yellow (non-bed capacity)	Code Yellow (bed capacity)	Tier 3 bed capacity escalation	Code Yellow (non-bed capacity)	Code Yellow (bed capacity)	Tier 3 bed capacity escalation	Code Yellow (non-bed capacity)	Code Yellow (bed capacity)	Tier 3 bed capacity escalation	Code Yellow (non-bed capacity)	Code Yellow (bed capacity)	Tier 3 bed capacity escalation
Metro North HHS	Royal Brisbane Women's Hospital								2							2			4			1
	The Prince Charles Hospital																		2			1
	Caboolture Hospital		1						5			1	2			7	1		7			3
	Redcliffe Hospital							1	4			1	2			3			4			2
Metro South HHS	Princess Alexandra Hospital									1			2			4			1			2
	Logan Hospital							1		1			2			3			3			1
	Redlands Hospital									1			2			4			1			1
	QEII Hospital									1			2			4			2			2
	Beaudesert Hospital									1			2			4			1			2
Mater Health Service	Mater Mothers												2			4						
West Moreton HHS	Ipswich Hospital		1			1			2			1	2			5			3			2
	Esk Hospital															1						
	Laidley Hospital															1						
Darling Downs HHS	Toowoomba Hospital				1	2												1	2			
	Goondiwindi Hospital							1														
	Kingaroy Hospital				1																	
	Warwick Hospital										1											
Cairns & Hinterland HHS	Cairns Hospital		1			2			7			3	4			5	2		9	1		3
Townsville	Townsville University Hospital		1			1			4			1	2			5			5			1
Mackay	Mackay Base Hospital				2	3			2							2			5			2
	Sarina Hospital																			1		
	Bowen Hospital	1																				
North West HHS	Mornington Island Hospital							1	1													
	Doomadgee		2						1													
	Dajarra Primary Health Centre	2						1			1						1					
	Cloncurry Hospital							1														
	Julia Creek Hospital							1														
	Mount Isa Hospital				2	3		2	6			1	1	2		8						
Central Queensland HHS	Rockhampton Hospital							1	1				1				1		3			
	Gladstone Hospital					1		1	3										4			
	Bundaberg Base Hospital		1		1	1			1			1							2			3
Wide Bay HHS	Maryborough Hospital		1		1																	
	Biggenden Multi-Purpose Health Service				1																	
	Hervy Bay Hospital		6			2													2			1
Children's Health Queensland HHS	Queensland Children's Hospital				1			1					1			4			8	1		3
Gold Coast HHS	Gold Coast University Hospital				1														1			
South West HHS	Charleville Hospital				3			1						1								
	Dirranbandi Medical Centre				1																	
	Roma Hospital										1						1					
	Thargomindah Community Clinic																1					
	Surat Medical Practice																1					
	Quilpie Multipurpose Health Service				2																	
Sunshine Coast HHS	Sunshine Coast University Hospital	1															1					
	Gympie Hospital				1			1														
Central West HHS	Alpha Hospital										1											
	Longreach Hospital																1*					
	Bedourie Primary Health Centre				1			1			1											
	Birdsville Primary Health Centre				1			1			2											
Torres and Cape HHS	Bamaga Hospital													1								
	St Pauls Public Health Centre							1														
Total		4	14	0	20	16	0	17	39	5	7	9	27	4	0	66	10	1	68	4	0	30

Disclaimer
Due to some reporting inconsistencies the above data has been manually collected from HHSs.

This data represents the closest approximation that we can achieve due the manual reporting practices undertaken by Hospital and Health Services.

*Code Yellow notification for whole of HHS

**HEALTH AND ENVIRONMENT COMMITTEE
2022 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 15

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

With reference to Queensland Health staff, will the Minister please advise the following:

- a. The number of staff with open investigations stemming from misconduct
- b. The number of Queensland Health staff suspended with pay
- c. The dollar value of payments made to staff since being stood down with full pay
- d. The number of staff suspended without pay

ANSWER:

Allegations of wrongdoing, including misconduct, are taken very seriously.

As of the end of December 2021, Queensland Health including the Queensland Ambulance Service, employed 117,836 staff (MOHRI occupied headcount).

In Queensland Health, as of 31 December 2021:

- there were 23 current open and ongoing investigations related to misconduct of Queensland Health employees, which represents 0.01 per cent of the total workforce.
- a total of 162 employees were on suspension with pay, which represents 0.14 per cent of the total workforce.
- a total of 76 employees were on suspension without pay, which represents 0.06 per cent of the total workforce.

The approximate cost for paid suspensions from 1 July 2021 to 31 December 2021 is \$3.9 million.

**HEALTH AND ENVIRONMENT COMMITTEE
2022 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 16

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

With reference to Queensland Health's budgeted total capital investment in 2021-22 which was budgeted for \$1,351,814,000, and of which only \$1,035,526,000 was spent, will the Minister provide the following:

- a. A list of each capital project where an underspend was recorded
- b. The dollar value of each capital project underspend

ANSWER:

Queensland Health is delivering one of the largest infrastructure programs in the state. The Palaszczuk Government's highest priority is to provide the right facility to meet the local community's needs, as these assets will support the delivery of healthcare services for generations to come.

Queensland Health makes significant investments building new health facilities, upgrading and maintaining existing health facilities, and supporting ICT infrastructure.

The difference between the estimated expenditure figures for 2021-22 published in 2021-22 Budget Paper No. 3 and the 2022-23 SDS can be attributed to several factors, including:

- Project savings, where the full scope of works is delivered at a lower cost than was budgeted. These surpluses are repurposed for future high priority projects.
- Contingency funds held in case of unforeseen circumstances until a project reaches financial close. Unspent contingency funds are returned to the capital program for reprioritisation.
- The increased number of projects being undertaken in live hospital environments adds to the already complex nature of building work. Works undertaken on existing facilities (to refurbish or extend) are more likely to encounter contaminated materials during design and construction, depending on the nature and age of the facilities. These complexities may increase the time taken to deliver projects. It also increases the probability of changes

during the design and construction phases of project delivery to address service needs and latent conditions.

- Expenditure deferrals, due to variances between the planned and actual timing of expenditure. Capital expenditure was impacted by a number of significant factors in 2021-22, including:
 - inclement and unforeseen weather events including flooding which has resulted in delays to some major projects currently under construction
 - the ongoing impact of the COVID-19 pandemic
 - supply chain issues
 - broader challenges from rising input costs associated with impacted supply chains through production and transportation
 - emerging labour shortages.

The ten projects with the largest underspends in 2021-22 are shown in the table below.

Project Name	Variance (\$ million)
Information Communication and Technology	73.3
Gold Coast Secure Mental Health Unit	40.2
Cairns Hospital Mental Health Unit	25.9
Sunshine Coast University Hospital	19.4
Ipswich Hospital Expansion Stage 1A – Mental Health Unit, Link Bridge	18.6
Queensland Health Emission Reduction Program	16.8
Redland Hospital Expansion Stage 1	16.3
Satellite Hospitals Program	14.9
Caboolture Hospital Expansion	11.9
Sarina Hospital Redevelopment	11.7

**HEALTH AND ENVIRONMENT COMMITTEE
2022 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 17

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

With reference to patients waiting for public dental procedures / treatment, will the minister advise the following:

- a. The number of 'long wait' dental patients as at 1 June 2022
- b. The number of 'ultra long wait' dental patients as at 1 June 2022
- c. The ten longest waiting times for those currently on the waiting list

ANSWER:

As the waiting lists are reported on the last day of the month, the following information relates to 31 May 2022.

- (a) There were 2,667 patients waiting longer than the maximum recommended time of two years for a check-up and general dental care as at 31 May 2022. This is 2.0 per cent of patients on the waiting list.
- (b) There were 56 patients waiting longer than three years for a check-up and general dental care as at 31 May 2022. This is 0.04 per cent of patients on the waiting list.
- (c) The 10 longest waiting times for those currently on the general care dental waiting list are 3.3 to 3.5 years, having been placed on the waiting list between January and March 2019.

**HEALTH AND ENVIRONMENT COMMITTEE
2022 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 18

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

With reference to patients on the elective surgery waiting list, will the minister advise the following broken down by elective surgery category:

- a. The number of 'long wait' elective surgery patients as at 1 June 2022
- b. The number of 'ultra long wait' elective surgery patients as at 1 June 2022
- c. The ten longest waiting times for those currently on the waiting list.

ANSWER:

A number of significant pressures are impacting the Queensland health system and access to elective surgery, like all health systems across Australia:

- Hospital beds occupied by people awaiting aged care and disability supports totalled 553 beds across Queensland as at 25 May 2022, which is similar to the combined number of beds in the Caboolture Hospital and Mackay Hospital.
- Hospital beds occupied by COVID-19 patients totalled 977 beds across Queensland as at 25 July 2022, which is similar to the number of beds in the Royal Brisbane and Women's Hospital.
- In addition, the number of Queensland Health staff furloughed due to COVID-19 totalled 2,773 as at 25 July 2022.

The dedicated staff at our Hospital and Health Services have worked tirelessly in the face of these significant challenges. As a result of their efforts, together with additional resources from the Palaszczuk Government, the average number of days to treatment has remained within the clinically recommended timeframes during the 2021-22 financial year, even in the face of these significant challenges:

- Category 1 patients waited an average of 17 days (against a recommended timeframe of less than 30 days).
- Category 2 patients waited an average of 72 days (against a recommended timeframe of less than 90 days).

- Category 3 patients waited an average of 247 days (against a recommended timeframe of less than 365 days).
- (a) As at 1 June 2022, there were 7,968 patients waiting longer than clinically recommended for elective surgery. This comprised 281 Category 1 patients, 3,354 Category 2 patients and 4,333 Category 3 patients.
- (b) As at 1 June 2022, there were 17 patients waiting longer than two years for elective surgery. This comprised zero Category 1 patients, zero Category 2 patients and 17 Category 3 patients.
- (c) The 10 longest waiting times observed as at 1 June 2022 ranged from 840 days to 1,117 days.

**HEALTH AND ENVIRONMENT COMMITTEE
2022 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 19

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

What is the ongoing cost of the COVID-19 quarantine facility at Wellcamp in Queensland?

ANSWER:

The contract with Aspen Medical was originally forecast to cost \$16.2 million for the 2022 Financial Year. To date, Queensland Health have paid \$7.67 million.

**HEALTH AND ENVIRONMENT COMMITTEE
2022 ESTIMATES**

PRE-HEARING QUESTION ON NOTICE

No. 20

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

Can the Minister advise when an ambulance station will be built to service the Marian/Eton area, including the highway to Nebo?

ANSWER:

The Queensland Ambulance Service (QAS) is committed to the provision of timely, quality and appropriate patient focused ambulance service provision to the people of Queensland and as such the QAS continuously monitors workload to ensure the most appropriate level of service is provided to all communities.

Service provision to the areas of Eton, Marian and the surrounding communities are supported by ambulance stations at Calen and Finch Hatton, North Mackay and South Mackay. Calen and Finch Hatton stations operate day shifts with on-call arrangements after hours, which provides 24-hour coverage seven days a week. Additionally, the North Mackay and South Mackay Ambulance Stations provide additional coverage and operate day, afternoon and night shifts with two officer responses. There is also a 24 hour, seven days a week response from the Nebo Ambulance Station which responds primarily to incidents along the Peak Downs Highway Southwest of Eton.

A 24 hour, seven days a week aeromedical response located within Mackay that further supports these communities.

Decisions regarding new or additional ambulance stations are based on regular reviews that look at several factors impacting service delivery including, the type of community (urban, rural, and isolated), the number of incidents per day (demand), age demographic of the community, ingress to and egress from road and air networks, response time profiling, ambulance utilisation rates, risk profiling of the community and available health infrastructure and access to services are undertaken. Since 2019-20, the demand profile for Eton, Marian and Nebo area has remained stable.

As ambulances are often dispatched from the location of the vehicle, services are not dependent on, or determined by, the location of the ambulance station. Dynamic deployment is the term used to describe the management and movement of resources to provide coverage to areas experiencing greatest demand, by utilising resources from other areas or stations experiencing a lower demand for service at any particular time. This deployment of resources across the state is coordinated by highly trained emergency medical dispatchers and clinical deployment supervisors using a computer aided dispatch system.

The QAS will continue to monitor service delivery considerations for all Queensland communities as part of its ongoing review and will prioritise its resources as appropriate.

**Pre-hearing questions on notice and responses –
Minister for the Environment and the Great Barrier Reef
and Minister for Science and Youth Affairs**

HEALTH AND ENVIRONMENT COMMITTEE

Estimates Pre-Hearing Question on Notice

No. 1

Asked on Wednesday, 13 July 2022

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR THE ENVIRONMENT AND THE GREAT BARRIER REEF AND MINISTER FOR SCIENCE AND YOUTH AFFAIRS (HON M SCANLON)—

QUESTION:

With reference to page 2 of the SDS, can the Minister advise the committee how the Palaszczuk Government's investments in Queensland's environment are supporting good jobs, better services, and the great Queensland lifestyle?

ANSWER:

I thank the Committee for the question.

As stewards of our State's environment, the Department of Environment and Science plays a leading role in protecting and managing the diverse natural and cultural assets that make Queensland unique. As well as delivering better environmental outcomes, the Department of Environment and Science portfolio also has a broader economic and social impact. Our investments contribute to: direct employment opportunities; support for new industries and markets; advice for existing businesses to become more sustainable and profitable; the development of specific skills sets and trade through project-based local employment; and greater economic and community uplift and resilience.

The Palaszczuk Government is investing in a range of important initiatives that will deliver a better, more sustainable future for current and future generations of Queenslanders. The \$2.1 billion Waste Package is driving the State's transition to a zero-waste society by 2050 and will position Queensland as a leader in the fast-emerging circular economy. The Government is supporting the waste industry, businesses and local councils to rollout new recycling infrastructure. This is projected to result in three times as many ongoing jobs created as compared to traditional landfill industries. The department is also supporting new industries and growing small businesses through the Containers for Change program. Diverting waste from landfill reduces impact on our communities and protects our lifestyle. The kerbside collection trials for 'Food Organics, Garden Organics' provide better services to households and supports local businesses and the economy through additional resource streams. Education programs and grants funding are also being provided to support schools with organic waste avoidance and resource recovery projects.

The Palaszczuk Government is taking action on climate change to accelerate emissions reduction and create more jobs, in more industries. In addition to investing in renewable energy, the Government is also providing \$32.6 million to help Queensland communities deliver local emissions reduction projects. This funding will also help drive better climate science and modelling so we can further accelerate our actions and meet the 2050 zero net emissions target. We have already achieved 20 per cent of our renewable energy target and are almost two-thirds of the way to

achieving our 2030 emissions reduction target. Investment in the Land Restoration and Natural Capital Funds are just two examples of how the Palaszczuk Government is supporting the development of innovative market-based solutions. In addition to reducing carbon emissions, they are supporting the creation of new jobs and diversified income streams for landholders – providing economic, environmental and social benefits.

This Palaszczuk Government is continuing to build the resilience of the iconic Great Barrier Reef. Since 2015, close to \$1 billion has been invested on Reef protections including water quality improvements. This financial year, an additional \$10 million will expand the Reef Assist program. This will deliver more environmental projects and jobs across all Reef catchment areas from Cape York to Bundaberg.

This Government is also embarking on the largest ever expansion of public protected areas in the State's history with an investment of \$262.5 million. It secures the long-term future of valuable ecosystems, vital wildlife and threatened species habitats and our cultural heritage. This investment will support the 17,000 jobs that rely on our protected areas while also creating new economic and employment opportunities, including for traditional owner groups. Protected areas also play a key role in supporting the State's tourism sector. Through continued investment in capital works infrastructure in the State's parks and forests, the visitor experience which is vital to growing our domestic and international nature-based ecotourism market is also being enhanced. This infrastructure investment also supports regional economies, businesses and tradespeople.

Our environmental activities are supporting direct employment through Indigenous Ranger programs, commercial arrangements with small and medium businesses and project-based activities with natural resource management groups.

This is just a snapshot of how the Palaszczuk Government is investing in our environment and delivering real benefits for Queenslanders.

HEALTH AND ENVIRONMENT COMMITTEE

Estimates Pre-Hearing Question on Notice

No. 2

Asked on Wednesday, 13 July 2022

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR THE ENVIRONMENT AND THE GREAT BARRIER REEF AND MINISTER FOR SCIENCE AND YOUTH AFFAIRS (HON M SCANLON)—

QUESTION:

With reference to page 2 of the SDS, can the Minister advise the committee on the Palaszczuk Government's land-sector carbon projects and the Land Restoration Fund, and how it's benefitting farmers, communities and good jobs across Queensland?

ANSWER:

I thank the Committee for the question.

Queensland's leading position in the Carbon Market Institute's inaugural Carbon Farming Scorecard speaks to the Palaszczuk Government's ground-breaking \$500 million Land Restoration Fund, strong policy initiatives and ongoing partnerships with key stakeholders. These initiatives are protecting the State's environment while also creating jobs and driving economic recovery from COVID-19 through the growth of carbon farming.

The Carbon Market Institute ranked each State based on how they are developing their land-based emissions offset markets, with Queensland earning a high score of 80 per cent. This excellent result reflects Queensland's leading role in delivering carbon projects that generate environmental and economic co-benefits like jobs and local business for Queenslanders, especially First Nations peoples and regional communities.

The Land Restoration Fund was the first scheme in Australia to value and pay for the strong co-benefits associated with carbon farming projects. This means Queensland landholders aren't just paid for the carbon they store but will also benefit from longer-term outcomes like healthier waterways, increased habitat for threatened species, and more resilient landscapes.

The Palaszczuk Government has invested in programs that provide a practical resource to help farmers, First Nations peoples and other landholders in Queensland take the first step towards developing a carbon project. For example, through the Land Restoration Fund's Carbon Farming Advice Rebate scheme which offered landholders up to \$10,000 to receive carbon farming advice from approved professionals.

From the first two investment rounds, the Land Restoration Fund currently has \$102.6 million of projects contracted or with an offer for contract. The investments are supporting projects in 16 local government areas across regional Queensland, boosting the economic sustainability of communities, enabling more sustainable land management practices, supporting First Nations peoples to remain on country, and restoring and protecting our unique biodiversity.

Projects contracted through the Land Restoration Fund's first investment round are already supporting local training and employment opportunities such as plant operators, project managers and scientists, as well as roles on Country for Indigenous Rangers.

HEALTH AND ENVIRONMENT COMMITTEE

Estimates Pre-Hearing Question on Notice

No. 3

Asked on Wednesday, 13 July 2022

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR THE ENVIRONMENT AND THE GREAT BARRIER REEF AND MINISTER FOR SCIENCE AND YOUTH AFFAIRS (HON M SCANLON)—

QUESTION:

With reference to page 2 of the SDS, can the Minister advise the committee on crocodile management in Queensland, and any recent scientific research?

ANSWER:

I thank the Committee for the question.

In 2021, the Palaszczuk Government was the first Government to commit to ongoing crocodile management funding of \$3 million per annum. This allows the Department of Environment and Science to employ 18 frontline wildlife management staff to respond to crocodile sightings, remove problem crocodiles, conduct research and continue the successful *Be Crocwise* program.

From 2016 to 2019, the department conducted a comprehensive monitoring program of the estuarine crocodile population throughout its range in Queensland. During 2020-21, the department compiled and analysed data collected for this program and compared these to historic data to assess how the population had changed in size, distribution, density, and size class structure over time—using results collected from as far back as 1979. This work was then subject to expert peer review.

Results from the program showed that there is no evidence of a southward expansion of the species range. In addition, it showed that, although crocodile numbers have increased slightly along Queensland's east coast from Cooktown to Ayr, the average size of the animals has decreased over time in waterways along that section of coastline. This is believed to be because 'problem' crocodiles assessed as posing a threat to public safety are removed from the wild under the Queensland Crocodile Management Program, and these tend to be larger than average.

In mid-2021, key conclusions from analysis of scientific data from the monitoring program were released by the department in the *Queensland Estuarine Crocodile Monitoring Program 2016-2019 Key Findings Report* which is available on the department's website at

https://environment.des.qld.gov.au/data/assets/pdf_file/0020/244613/qld-estuarine-croc-monitoring-program-2016-19-report.pdf.

The department has also used the research to enhance its crocodile management program and its *Be Crocwise* community safety program. It has also informed future scientific research – including genomic research using crocodile DNA and detailed population modelling, to determine how the crocodile population would respond to different management regimes. I am pleased to advise that this important work is well underway.

HEALTH AND ENVIRONMENT COMMITTEE

Estimates Pre-Hearing Question on Notice

No. 4

Asked on Wednesday, 13 July 2022

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR THE ENVIRONMENT AND THE GREAT BARRIER REEF AND MINISTER FOR SCIENCE AND YOUTH AFFAIRS (HON M SCANLON)—

QUESTION:

With reference to page 3 of the SDS, can the Minister advise the committee on its partnership EcoBiz program with CCIQ, and how it is helping businesses keep utility costs down while also helping the environment?

ANSWER:

I thank the Committee for the question.

ecoBiz is a Queensland Government funded program delivered by the Chamber of Commerce and Industry Queensland. The program provides free personal coaching, site surveys, training, and tools to small and medium sized businesses to help them improve resource efficiency, environmental sustainability, reduce operating costs, and assess and manage climate risks to business. In 2021-22, the Queensland Government invested \$1.5 million in this program and has committed a further \$1.5 million in 2022-23.

ecoBiz Star Partners are saving an average of 31 per cent off their energy bills, 21 per cent on their water bills and 16 per cent on their waste bills. In addition, ecoBiz Star Partner businesses that are environmental authority holders are potentially eligible for a 10 per cent reduction on their annual environmentally relevant activity fee, administered by the Queensland Government, when at least a 10 per cent reduction is attained in either energy, water, or waste.

In 2021-22, the ecoBiz program undertook 326 energy and water efficiency coaching sessions, as well as 206 waste assessments, 18 industry group cluster workshops, and three Leaders Forum events.

A Circular Economy Pilot program was completed with three small and medium sized businesses implementing circular economy initiatives with successful outcomes:

- 1,300 tonnes of green waste and excavated materials was converted into soil enhancers and products – enough to remediate around 250 hectares of land;
- 95 per cent of onsite manufacturing waste was diverted from landfill; and
- partnerships were developed along a textile supply chain to trial processes to collect, sort, and reprocess post-consumer textile waste into new products.

HEALTH AND ENVIRONMENT COMMITTEE

Estimates Pre-Hearing Question on Notice

No. 5

Asked on Wednesday, 13 July 2022

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR THE ENVIRONMENT AND THE GREAT BARRIER REEF AND MINISTER FOR SCIENCE AND YOUTH AFFAIRS (HON M SCANLON)—

QUESTION:

With reference to page 3 of the SDS, can the Minister advise the committee on the Palaszczuk Government's roadmap to phase out single-use plastics and how it will be bolstered by the \$1.1 billion Recycling and Jobs Fund?

ANSWER:

I thank the Committee for the question.

The Palaszczuk Government is committed to reducing plastic waste and the environmental and economic impacts of plastic pollution. Initiatives to-date that are helping contribute to these objectives include the lightweight single-use plastic shopping bag ban, which started on 1 July 2018; and the highly successful container refund scheme, which started on 1 November 2018.

The ban on single-use plastic straws, stirrers, plates, unenclosed bowls and cutlery, and expanded polystyrene takeaway food containers and cups commenced on 1 September 2021.

Following a public survey and consultation with businesses on additional items that may be included under a further ban, I was pleased to make several important announcements on 1 July 2022.

Starting from 1 September 2023, there will be a ban on cotton buds with plastic stems, plastic microbeads in rinseable personal care and cleaning products, and expanded polystyrene loose packaging (packing 'peanuts').

I also recently announced that we will introduce a reusability standard for heavyweight plastic shopping bags and released a five-year roadmap for proposed future action on single-use plastic items. The five-year roadmap is designed to provide industry and consumers with a transparent trajectory for future Government action. It also provides a basis for ongoing engagement with Queensland industries to ensure concerns are incorporated into policy design and timing. The roadmap also provides time for the market to identify solutions for alternative products and address supply chain challenges.

As an action under the roadmap, the Government will lead the development of reusability standards, starting with shopping bags, that will include design, testing, recyclability and recycled-content requirements. Providing these requirements will help grow on-shore demand for recycled soft plastic products supporting industry investment decisions into new soft plastic recycling capacity, which could be eligible for support through the Recycling and Jobs Fund.

I also announced that we would launch an Innovation Challenge this year to identify suitable alternatives for coffee cups. Funding through the Recycling and Jobs Fund will assist with trial and/or commercialisation sites to test alternative products. The Fund will also support opportunities that leverage private sector investment decisions to establish on-shore manufacturing and reprocessing facilities.

More broadly, the Recycling and Jobs Fund will support the implementation of regional waste management plans, infrastructure and non-infrastructure actions, behaviour change campaigns and initiatives, industry development, circular economy initiatives, and research and development projects.

HEALTH AND ENVIRONMENT COMMITTEE

Estimates Pre-Hearing Question on Notice

No. 6

Asked on Wednesday, 13 July 2022

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR THE ENVIRONMENT AND THE GREAT BARRIER REEF AND MINISTER FOR SCIENCE AND YOUTH AFFAIRS (HON M SCANLON)—

QUESTION:

With reference to page 6 of the SDS, could the Minister advise on the circumstances that had led to missing the department's target for planned burning?

ANSWER:

I thank the Committee for the question.

The Queensland Government has demonstrated a strong commitment to managing fire in our national parks and State forests, reducing the impact of damaging bushfire and ensuring strong collaboration with all partners in fire management.

The Queensland Parks and Wildlife Service (QPWS) within the Department of Environment and Science manages just over 13 million hectares across Queensland.

QPWS takes its fire management responsibilities very seriously. Priority is given to protecting human life in all prescribed burns and in all bushfire responses.

Rangers work year-round to implement prescribed burns and undertake other hazard mitigation activities, with prescribed burning being the primary tool used for managing bushfire risk on Queensland's parks and forests.

The conditions for planned burning have been very challenging as Queensland experienced continued mild and wet conditions from the start of 2022, through to the end of June 2022, with significant rainfall and flooding affecting most of the State.

The Bureau of Meteorology seasonal outlook reports that Autumn rainfall in Queensland was 21.9 per cent above average, with large areas of the State having totals in the wettest 10 per cent of records since 1900.

Despite these factors, QPWS Rangers have conducted a comparable number of planned burns to preceding years; with 435 planned burns in 2021/22, compared to 454 in 2020/21 and 397 in 2019/20.

In previous years, the drier conditions supported the more effective spread of prescribed fire resulting in this number of prescribed burns meeting the bushfire hazard mitigation targets.

Over the next month, QPWS Rangers are continuing to undertake planned burns across Queensland as different areas of the State dry out. QPWS is also working with partner agencies, First Nations peoples, and park and forest neighbours to ensure preparedness for the 2022 bushfire season.

HEALTH AND ENVIRONMENT COMMITTEE

Estimates Pre-Hearing Question on Notice

No. 7

Asked on Wednesday, 13 July 2022

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR THE ENVIRONMENT AND THE GREAT BARRIER REEF AND MINISTER FOR SCIENCE AND YOUTH AFFAIRS (HON M SCANLON)—

QUESTION:

With reference to page 6 of the SDS, can the Minister advise on how the government is assisting councils to manage flying foxes, including through utilising relevant research?

ANSWER:

I thank the Committee for the question.

In 2016, the then Department of Environment and Heritage Protection engaged the Commonwealth Scientific and Industrial Research Organisation (CSIRO) to undertake a comprehensive scientific study into little red flying-foxes, as limited information about the species was available to inform effective management and conservation approaches. The objective was to gain an improved understanding of little red flying-fox biology and movement dynamics which could in turn inform practices undertaken by land managers to address community-wildlife conflict issues in the vicinity of urban flying-fox roosts.

In November 2020, CSIRO delivered a comprehensive 550-page scientific research report. This was a culmination of eight different research projects into little red flying-fox movement and behaviour. That research indicates significant complexity in the underlying ecology and behaviour of the species.

Key components of the research have been shared with the relevant councils for their use.

The Department of Environment and Science has been developing additional guidance material from the CSIRO research to further inform both land managers and the public. This material will be completed later in 2022 and subsequently released on the department's website and promoted through stakeholder networks.

Since 2011, the department has also been a significant contributor to the National Flying-Fox Monitoring Program, a CSIRO-led monitoring program.

Finally, the department is assisting local governments across Queensland to manage flying-foxes by providing \$2 million in funding over 2020-2024 under the Local Government Flying-Fox Roost Management Grants Program.

This Program has already allocated over \$1.12 million to help local governments mitigate the negative impacts of urban flying-fox roosts (such as noise, odour, and mess) and support local communities to co-exist with flying-foxes.

HEALTH AND ENVIRONMENT COMMITTEE

Estimates Pre-Hearing Question on Notice

No. 8

Asked on Wednesday, 13 July 2022

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR THE ENVIRONMENT AND THE GREAT BARRIER REEF AND MINISTER FOR SCIENCE AND YOUTH AFFAIRS (HON M SCANLON)—

QUESTION:

With reference to page 6 of the SDS, can the Minister advise on the reasons behind the variation between 2021-22 estimated and actual in the percentage of Queensland's land that is protected?

ANSWER:

I thank the Committee for the question.

Since 2015, the protected area estate has grown by 1.2 million hectares.

Through tenure realignment processes, there are occasions where the total number of hectares within the protected area estate are temporarily reduced while legislative tenure changes are enacted.

This was the case at the end of 2021-22 which resulted in a small 0.06 per cent differential between the target and estimated actual protected area percentage.

The adjustments that resulted in this difference were the result of legislative requirements and boundary rectifications including:

- 106,066 hectares of the protected area estate were temporarily reverted to reserves under the *Land Act 1994* as a necessary step in converting the Jardine River and Heathlands Resources Reserves to National Park (Cape York Peninsula Aboriginal Land). The majority of these hectares are expected to revert back to protected area in 2022-23; and
- 2,448 hectares “loss” in nature refuges when the 220,905-hectare Rutland Plains Nature Refuge was remapped using modern survey methods following the conversion of the nature refuge conservation agreement from a termed agreement to a perpetual agreement.

In the 2022-23 budget, the Queensland Government has allocated \$262.5 million over four years to support land acquisition and capital works across the protected area estate. This funding will ensure the Government continues to grow the protected area estate as evidenced by acquisitions in 2021-22 of over 167,000 hectares.

HEALTH AND ENVIRONMENT COMMITTEE

Estimates Pre-Hearing Question on Notice

No. 9

Asked on Wednesday, 13 July 2022

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR THE ENVIRONMENT AND THE GREAT BARRIER REEF AND MINISTER FOR SCIENCE AND YOUTH AFFAIRS (HON M SCANLON)—

QUESTION:

With reference to page 3 of the SDS, can the Minister advise on how the government is delivering on its commitment that there would be no impact on households from the waste levy?

ANSWER:

I thank the Committee for the question.

The Palaszczuk Government has ensured that the levy has no impact on households by providing an annual payment rebate to local governments. The rebate offsets the levy liability councils incur when they dispose of household waste to landfill.

In 2021 local government was consulted to determine a pathway that both protects households while also increasing recycling rates and reducing the amount of household waste going into landfill.

This pathway includes a commitment to continue the advance payments to councils at 105 per cent in 2022-23 before those payments begin to taper as council and industry gear up to help Queenslanders divert more rubbish away from landfill.

In June 2022 councils received \$672.4 million in upfront advanced annual payments for the next four financial years from the Queensland Government.

While the primary purpose of the annual payment rebate is to offset the costs of the levy liability on households, this advanced rebate will also enable councils to bring forward investment to ensure the delivery of behaviour change opportunities and services are put in place earlier, to help reduce the amount of household waste disposed to landfill.

In addition to the support through advanced annual payments, the Palaszczuk Government is providing a \$1.1 billion Recycling and Jobs Fund to deliver the infrastructure we need to transition to a zero-waste economy.

HEALTH AND ENVIRONMENT COMMITTEE

Estimates Pre-Hearing Question on Notice

No. 10

Asked on Wednesday, 13 July 2022

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR THE ENVIRONMENT AND THE GREAT BARRIER REEF AND MINISTER FOR SCIENCE AND YOUTH AFFAIRS (HON M SCANLON)—

QUESTION:

With reference to page 10 of the SDS, could the Minister outline how the government is investing in the next generation of leaders?

ANSWER:

I thank the Committee for the question.

The Palaszczuk Government is committed to investing in the next generation of leaders. For the Department of Environment and Science, examples include the continued support and delivery of two flagship youth leadership programs – the Queensland Indigenous Youth Leadership Program and the YMCA Queensland Youth Parliament. Other programs have been designed to inspire young people to consider Science, Technology, Engineering and Mathematics (STEM) subjects at school, university or TAFE and then in their career choices.

In June this year, the department delivered the 18th annual Queensland Indigenous Youth Leadership Program. Since 2004, the Program has provided more than 670 First Nations young Queenslanders the opportunity to develop skills as emerging leaders to bring positive change to their local communities.

The Program receives wide-ranging support from community leaders, Elders, and Members of Parliament. It is driven by young people, for young people, with past participants returning as facilitators and mentors each year. The confidence and skills young people gain through this Program are invaluable. Many participants go on to develop initiatives within their community and on to careers and volunteering in social and community development, education, health, the environment, enterprise, and arts and culture. They will also join the alumni network of emerging leaders to connect with Government, achieving great things for themselves, their communities, and our State into the future.

For example, a past participant of the Program from Cairns has gone on to co-found, and currently chairs, the Deadly Inspiring Youth Doing Good Aboriginal & Torres Strait Islander Corporation. She is also actively involved in a range of Indigenous advisory and community groups and dedicates her spare time to volunteering and undertaking projects in her local community. She credits the Program for helping her to understand her strengths and develop connections with a network of like-minded First Nations young people. She is passionate about the Program, returning as a lead facilitator to coach and guide First Nations young people to reach their potential and become leaders in their communities.

The 27th annual YMCA Queensland Youth Parliament kicked off again in April this year and delivers a bi-partisan leadership program that creates a unique opportunity for young Queenslanders across the State to become Youth Members of their electorates. The Youth Members are able to have their say about their community's issues and concerns and learn about parliamentary processes.

This year, 93 young people are representing Queensland electorates and are developing Bills for debate during their annual sitting week which will be held from 25 September to 1 October 2022.

Programs such as the Queensland Women in STEM Prize and the Young Tall Poppy Science awards are also designed to inspire young people to consider STEM subjects at school, university or TAFE and then in their career choices.

These programs are examples of how the Palaszczuk Government is investing in the next generation of leaders and supporting young people by providing opportunities to develop leadership skills.

HEALTH AND ENVIRONMENT COMMITTEE

Estimates Pre-Hearing Question on Notice

No. 11

Asked on Wednesday, 13 July 2022

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR THE ENVIRONMENT AND THE GREAT BARRIER REEF AND MINISTER FOR SCIENCE AND YOUTH AFFAIRS (HON M SCANLON)—

QUESTION:

Can the Minister detail how much funding has been spent on managing protected areas per hectare, broken down by category of protected area (eg national park, nature refuge) for the past 5 years?

ANSWER:

I thank the Committee for the question.

Queensland has more than 300 national parks and over 700 other protected areas, State forests and land that are managed by the Queensland Parks and Wildlife Service (QPWS) in partnership with First Nations peoples.

QPWS has a planning framework that provides a values-based planning approach to park and forest management, consistent with global best practice.

On-ground, QPWS rangers work in management units that in many instances, are responsible for several national parks, State forests and reserves. For this reason, it is not possible to identify funding expended by category of protected area, nor does the Department of Environment and Science measure expenditure on management of the protected area system on a per hectare basis. This is because there are significant variations in the cost of managing protected areas across Queensland's different bioregions, and from year to year due to seasonal and weather impacts. For example, on a per hectare basis the cost of weed and pest management activities in Queensland's Channel Country during a drought is likely to be significantly different from the cost of weed and pest management activities in the Wet Tropics during a season with average or above average rainfall.

HEALTH AND ENVIRONMENT COMMITTEE

Estimates Pre-Hearing Question on Notice

No. 12

Asked on Wednesday, 13 July 2022

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR THE ENVIRONMENT AND THE GREAT BARRIER REEF AND MINISTER FOR SCIENCE AND YOUTH AFFAIRS (HON M SCANLON)—

QUESTION:

Can the Minister detail what monitoring is undertaken of private protected area sites, and how much landholders receive (ie how much funding per hectare of land protected) from the State Government for these areas?

ANSWER:

I thank the Committee for the question.

Queensland's Private Protected Area Program is the largest in Australia by land area. It is comprised of 553 nature refuges and one special wildlife reserve covering over 4.47 million hectares of conservation-significant land.

Given the scale and geographic distribution of the network, the Private Protected Area Program applies a range of strategies to monitor the condition of private protected areas. These include provisions within a conservation agreement that require landholders to proactively report on threatening processes; site visits conducted by Program officers; and through contractual arrangements with external suppliers.

In 2021-22, over \$1.6 million has been acquitted to support management of private protected areas as part of the Department of Environment and Science's expanded NatureAssist toolkit. This includes \$922,790 to nature refuge landholders for on-ground management activities; \$175,000 for conservation projects on newly established nature refuges; \$382,000 in progress payments as part of a two-year pilot contract with Ecosure Pty Ltd to deliver a suite of products and services to assist in building nature refuge landholder management capacity; and \$115,000 to support management of Pullen Pullen Special Wildlife Reserve.

In 2022-23, the Private Protected Area Program has a budget allocation of \$2.325 million to continue the delivery of an expanded NatureAssist toolkit for private protected area landholders. This allocation will fund grant programs for landholders that assist them to actively protect, manage and enhance the natural and cultural values of their private protected areas. Grant assistance is determined by criteria that ensure activities reflect the management requirements of the particular private protected area and value for money, rather than a rigid formula determined by the number of hectares protected.

HEALTH AND ENVIRONMENT COMMITTEE

Estimates Pre-Hearing Question on Notice

No. 13

Asked on Wednesday, 13 July 2022

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR THE ENVIRONMENT AND THE GREAT BARRIER REEF AND MINISTER FOR SCIENCE AND YOUTH AFFAIRS (HON M SCANLON)—

QUESTION:

Can the Minister provide a breakdown of the \$1.1 billion ‘Recycling and Jobs Fund’, including:

- a. the total money spent to date
- b the amount allocated to date and when the spend is scheduled and
- c. a breakdown of all projects which will be supported by the fund.

ANSWER:

I thank the Committee for the question.

The Palaszczuk Government’s 10-year \$1.1 billion Recycling and Jobs Fund is the largest investment in recycling in Queensland’s history.

The Fund was established at the commencement of the 2022-23 Financial Year accordingly, detailed arrangements for the Fund are being finalised.

It will drive Queensland’s transition to a zero-waste society by supporting initiatives aimed at avoiding waste generation; increasing recycling rates; building new resource recovery infrastructure; and creating more jobs in more industries right across Queensland.

The Recycling and Jobs Fund will co-invest alongside councils, industry and the Commonwealth Government to transform Queensland’s approach to waste management and resource recovery.

Following the model of South East Queensland, regional waste plans are under development and will detail priority projects that are required to support higher recovery and recycling rates.

The Queensland Government over the next four years has allocated \$417.5 million across a range of initiatives, to support our transition to a zero-waste economy.

Further decisions will be made over time to address emerging trends and opportunities and to take advantage of emerging technologies and approaches.

The Recycling and Jobs Fund is part of a broader \$2.1 billion waste package over 10 years. \$672.4 million of this package was paid to councils in June 2022 to reduce the impact of the waste levy on households for the next four financial years. This provides the ability for councils to improve their forward budget planning and make decisions concerning the introduction of new services and infrastructure and ultimately reduce household waste going to landfill.

HEALTH AND ENVIRONMENT COMMITTEE

Estimates Pre-Hearing Question on Notice

No. 14

Asked on Wednesday, 13 July 2022

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR THE ENVIRONMENT AND THE GREAT BARRIER REEF AND MINISTER FOR SCIENCE AND YOUTH AFFAIRS (HON M SCANLON)—

QUESTION:

Can the Minister provide further details of the ‘Saving Queensland’s Koalas’ and the ‘Saving Queensland’s Threatened Species’ funds including a breakdown of funding allocated to projects, and any specific targets for the funding?

ANSWER:

I thank the Committee for the question.

Queensland is recognised internationally for its enormous global biodiversity, being home to thousands of species of national and global significance. The Palaszczuk Government allocated almost \$40 million of new funding in the 2022-23 Queensland State Budget to help protect Queensland’s native animals, including koalas at risk across the south-east.

South East Queensland has the highest concentration of koalas in our State, but they now face a number of threats. That’s why the *South East Queensland Koala Conservation Strategy 2020-2025* includes the strongest koala protections Queensland has ever seen, increasing both area and level of protection for our local koalas.

The Government has increased funding of \$24.6 million to the ‘Saving Queensland’s Koalas’ program over four years and an initial \$1 million per annum ongoing to extend and accelerate implementation of the Strategy. Including \$3 million over two years which has been allocated to increase capacity of the South East Queensland Wildlife Hospital Network to rescue, rehabilitate and release sick, injured and orphaned koalas.

Funding allocated over forward years (2022 to 2026) will underpin critical actions outlined in the Strategy to help stop the decline of our koala population.

Key actions under the Strategy and ‘Saving Queensland’s Koalas’ program include:

- koala habitat restoration
- targeted investment to reduce koala mortality in koala priority threat areas
- grants for on-ground koala conservation programs
- implementation of a First Nations Koala Action Plan
- improved koala habitat mapping
- community education programs

Individual projects will be identified and contracted through procurement and grant processes, with clear process and criteria that maximise conservation outcomes and value for money.

The Palaszczuk Government is also providing increased funding of \$14.7 million to the 'Saving Queensland's Threatened Species' program over four years and \$1 million per annum ongoing. This funding will enhance Queensland's protection and recovery of threatened species by implementing the *Threatened Species Program*, focusing on the protection and recovery of species most at risk of extinction by on-ground conservation action.

Funding allocated over forward years (2022 to 2026) will support key initiatives under the 'Saving Queensland's Threatened Species' program including:

- delivery of landscape and seascape wide approaches to protect and recover threatened species
- prioritise species at most risk of extinction and implementing on-ground action plans with key communities, non-government organisations, Land and Sea Ranger groups and researchers
- maintain Queensland's threatened species list as accurate, science-based and compliant with the other jurisdictions
- enhanced threatened species assessment

Individual projects will be identified and contracted through procurement and grant processes, with clear process and criteria that maximise conservation outcomes and value for money.

HEALTH AND ENVIRONMENT COMMITTEE

Estimates Pre-Hearing Question on Notice

No. 15

Asked on Wednesday, 13 July 2022

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR THE ENVIRONMENT AND THE GREAT BARRIER REEF AND MINISTER FOR SCIENCE AND YOUTH AFFAIRS (HON M SCANLON)—

QUESTION:

Are there any properties the Department has acquired for the protected areas estate which have not yet been gazetted, and if so, can the Minister detail the size of those properties and when she expects them to be gazetted?

ANSWER:

I thank the Committee for the question.

The Department of Environment and Science currently has 27 holdings covering 281,312 hectares being prepared for dedication which includes recent large acquisitions of Bramwell and Richardson stations (131,900 hectares) and The Lakes (35,300 hectares). Many of these properties are scheduled for dedication in the 2022–2023 financial year.

Prior to a property being gazetted as protected area all existing third party interests are required to be authorised, resolved or transitioned from the property. The department systematically works through all such interests. Timeframes are contingent on negotiation of complex tenure issues and discussions to resolve third party interests.

Examples of third-party interests include:

- allowance for business transition of previous landholder;
- preparing replacement authorities for existing power line easements that run through the acquired properties; or
- negotiation of the early exit of mining exploration permits.

In other circumstances, such as on Cape York Peninsula, the department is working in close partnership with First Nations peoples to negotiate a tenure outcome. In these cases, acquired lands will be granted as Aboriginal freehold and simultaneously a portion of the area will be dedicated as National Park – Cape York Peninsula Aboriginal Land. This includes Bramwell and Richardson Stations, which were acquired in February 2022.

HEALTH AND ENVIRONMENT COMMITTEE

Estimates Pre-Hearing Question on Notice

No. 16

Asked on Wednesday, 13 July 2022

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR THE ENVIRONMENT AND THE GREAT BARRIER REEF AND MINISTER FOR SCIENCE AND YOUTH AFFAIRS (HON M SCANLON)—

QUESTION:

Has the Minister had confirmation of the Federal Government's support of the Yellow Crazy Ants funding? Will the Minister commit to the State Government delivering the funding required even if the Federal Government do not match it?

ANSWER:

I thank the Committee for the question.

The Queensland Government remains committed to the ongoing work to continue the eradication of yellow crazy ants in the Wet Tropics World Heritage Area. In the 2022-23 State budget, the Government allocated \$12 million over four years (\$18 million over six years) for control of yellow crazy ants in the Wet Tropics World Heritage Area and adjacent areas.

During the recent Federal election, the incoming Australian Government committed \$224.5 million nationally over the forward estimates to establish a Saving Native Species program. This commitment included funding targeted at koala conservation, addressing the invasive yellow crazy ants and additional Landcare rangers.

We have been working constructively with the new Federal Government to progress our shared commitment to addressing yellow crazy ants in the Wet Tropics World Heritage Area.

HEALTH AND ENVIRONMENT COMMITTEE

Estimates Pre-Hearing Question on Notice

No. 17

Asked on Wednesday, 13 July 2022

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR THE ENVIRONMENT AND THE GREAT BARRIER REEF AND MINISTER FOR SCIENCE AND YOUTH AFFAIRS (HON M SCANLON)—

QUESTION:

Can the Minister provide details of the ‘Accelerating Climate Action’ funding including what emissions analysis, modelling and projections the Department currently does and what this funding will enable them to extend?

ANSWER:

I thank the Committee for the question.

To date, the Queensland Government has relied heavily on emissions projections provided by the Commonwealth. However, these projections are based on high-level assumptions about Queensland’s future growth and contain limited sub-sectoral detail.

The new funding will support the building of an ongoing in-house capability for greenhouse gas emissions modelling and analytics. This will allow Queensland to create our own projections of future emissions, based on more intimate knowledge of State investment decisions, emissions reduction and other related sectoral policies, and our economy. It will ensure that all sectors are modelled with consistent underlying assumptions, and account for important cross-sectoral interactions, such as the linkage between electrification of transport and decarbonisation of the electricity grid. As an ongoing capability, projections will be able to be updated annually to consider changes in Australia’s and the global economy, technology costs, and Government and industry investment and action on climate change.

This emissions modelling capability will inform Queensland Government policy and investment decisions. It will allow more fine-grained quantification of the emissions, abatement and economic impacts of different options to strengthen decision-making. It will also support better and more timely tracking of progress towards Queensland’s emissions reduction targets. The sophistication of this capability will be built over time.

Regarding climate science, the Department of Environment and Science provides the Queensland Future Climate Dashboard, which includes downscaled climate projections to support the Queensland Government, communities and industry take climate action by providing the best available scientific information on the impacts of a changing climate. The new funding for climate science capability will enable a new suite of downscaled climate projections using the latest generation of global climate models - CMIP6.

The new funding also includes \$14 million over two years, out of a total investment of \$32.6 million over four years by the department, to accelerate climate action across the State to pilot climate action and emission reduction projects at the local scale, involving community organisations, local councils and industry.

HEALTH AND ENVIRONMENT COMMITTEE

Estimates Pre-Hearing Question on Notice

No. 18

Asked on Wednesday, 13 July 2022

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR THE ENVIRONMENT AND THE GREAT BARRIER REEF AND MINISTER FOR SCIENCE AND YOUTH AFFAIRS (HON M SCANLON)—

QUESTION:

In the 2022-23 Capital Statement ‘Sustainable power supply initiatives’ is listed. Can the Minister provide an itemised list of projects this will be expended on?

ANSWER:

I thank the Committee for the question.

In 2022-23, the Department of Environment and Science will invest a further \$800,000 on sustainable power initiatives in the State’s national parks.

Major projects to be completed in 2022-23 include solar power and battery storage systems at Heathlands Resources Reserve in Cape York and Blackdown Tableland National Park. Detailed planning and design work will also be undertaken on the next phase of energy conservation initiatives for K’gari (Fraser Island) Great Sandy National Park.

Since 2019, the department has invested over \$5 million to install 10 major solar systems with battery storage at the Mon Repos Turtle Centre and in national parks including Rinyirru (Lakefield) National Park (Cape York Peninsula Aboriginal Land) (CYPAL), Diamantina National Park, Boodjamulla (Lawn Hill) National Park, K’gari (Fraser Island) Great Sandy National Park and Daintree National Park (CYPAL).

These investments in contemporary renewable energy solutions have resulted in major reductions in diesel fuel consumption and help deliver on the agency commitment to be net zero by 2030 or sooner. Renewable energy power supply on our park estate has increased ten-fold in the last two years.

HEALTH AND ENVIRONMENT COMMITTEE

Estimates Pre-Hearing Question on Notice

No. 19

Asked on Wednesday, 13 July 2022

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR THE ENVIRONMENT AND THE GREAT BARRIER REEF AND MINISTER FOR SCIENCE AND YOUTH AFFAIRS (HON M SCANLON)—

QUESTION:

Could the Minister provide a breakdown of Department of Science staff, with the staffing identified per division or project?

ANSWER:

I thank the Committee for the question.

There are 377 Fulltime Equivalent (FTE) positions allocated to the Science division of the Department of Environment and Science as part of the 2022-23 FTE budget.

HEALTH AND ENVIRONMENT COMMITTEE

Estimates Pre-Hearing Question on Notice

No. 20

Asked on Wednesday, 13 July 2022

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR THE ENVIRONMENT AND THE GREAT BARRIER REEF AND MINISTER FOR SCIENCE AND YOUTH AFFAIRS (HON M SCANLON)—

QUESTION:

Can the Minister confirm whether the department has partnered with any overseas or local non-government or not-for-profit organisations to purchase land for national parks?

ANSWER:

I thank the Committee for the question.

In October 2020, the Palaszczuk Government released *Queensland's Protected Area Strategy 2020-2030*, a 10-year plan for supporting the growth, management and sustainability of national parks and other protected areas.

One objective of the Strategy is to secure innovative funding streams to promote, manage and grow the State's protected area system. A key action to achieve this outcome is to develop connections and partnerships with non-government philanthropic and not-for-profit organisations.

Over the past two years, the Department of Environment and Science has successfully partnered with both international and national philanthropic organisations, such as The Wyss Foundation, and not-for-profit organisations, such as Greenfleet Australia. These partnerships have resulted in significant co-funding contributions for future national park land expansion.

As the emerging natural capital market evolves, the department will continue to work with non-government philanthropic and not-for-profit organisations to leverage further co-investment support. This will assist the department to secure more high conservation value properties for dedication as national parks for the enjoyment of Queenslanders and visitors.

Documents tabled at the public hearing – 29 July 2022

1	Document titled 'Enforceable Undertaking, Environmental Protection Act 1994 (Qld), New Acland Coal Pty Ltd' - tabled by Mr Michael Berkman MP, Member for Maiwar
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Enforceable Undertaking

Environmental Protection Act 1994 (Qld)

New Acland Coal Pty Ltd

The commitments in this undertaking are offered to the
Department by the above person or entity.

Health and Environment Committee: Inquiry into

1

Location: Legislative council chamber
Tabled Doc No: 1
Tabled by: Michael Berkman MP
Committee/Inquiry Secretary: Amanda Ham
Date: 29.7.22

ENFORCEABLE UNDERTAKING

Environmental Protection Act 1994

Section 507

1. The commitments in this Undertaking are offered to the Chief Executive of the Department of Environment and Science (the Department) by New Acland Coal Pty Ltd Level 16, 175 Eagle Street, Brisbane, Queensland 4000.

2. DEFINITIONS

In addition to the terms defined elsewhere in this undertaking, the following definitions are used

Act means the *Environmental Protection Act 1994*.

Stage 2 EA means the environmental authority EPML00335713 issued on 20 May 2022.

Department is the Chief Executive of the Department of Environment and Science.

EA means the environmental authority for mining activities on ML50216 and ML50170 as amended from time to time.

Landowner means Acland Pastoral Co. Pty Ltd ACN 009 888 395.

NAC means New Acland Coal Pty Ltd ACN 081 022 380.

Preservation Covenant Land means those parts of Lot 65 on RP25514 Lot 40 on Crown Plan AG262 and Lot 63 on Crown Plan AG262 identified on **Figure B**, Annexure C.

Mine means the New Acland Coal Mine located in the Darling Downs.

ML means Mining Leases as defined under the *Mineral Resources Act 1989* (Qld).

Preservation Covenant means an instrument of covenant registered under Division 4A of the *Land Title Act 1994* (Qld) for purposes of preserving a native plant or natural or physical feature of the lot that is of cultural or scientific significance.

Proceedings means a legal or other action or proceeding.

Rehabilitation means the process of reshaping and revegetating land to restore it to a stable landform, including associated backfilling of voids, movement of topsoil, erosion stabilisation and associated maintenance and monitoring activities.

Undertaking means this enforceable undertaking made pursuant to Chapter 10, Part 5 of the Act.

3. BACKGROUND

- 3.1 New Acland Coal Pty Ltd (NAC) currently operates the Mine, which is a 5.2 million tonnes (saleable coal) per annum open cut mine on ML 50170 and ML 50216 under the Stage 2 EA.
- 3.2 The Mine is located in southern Queensland, approximately 14 km north northwest of Oakey and 35 km northwest of Toowoomba.

4. ALLEGED CONTRAVENTION

- 4.1 It is alleged by the Department that NAC carried out unauthorised disturbance of land for the purposes of mining in the area identified as West Pit and in part of South Pit which extends south of the area known as Bottle Tree Hill (the south west portion of South Pit located on ML 50216) (**the Areas**) in contravention of the Act.

5. **CIRCUMSTANCES OF THE ALLEGED CONTRAVENTION**

5.1 The Department alleges that:

- (a) NAC carried out disturbance of land for mining activities in the Areas; and
- (b) those mining activities, while identified in the Plans of Operations for the Mine submitted to the Department from January 2016 were not permitted under the Stage 2 EA.

6. **STATEMENT OF COMMITMENT**

6.1 NAC has ceased disturbing land for mining activities in the Areas under the Stage 2 EA and will not undertake any further disturbance in these Areas, except for the purposes of Rehabilitation, or unless otherwise authorised under the environmental authority for the Mine.

6.2 For the purposes of section 507 of the Act, NAC undertakes that the actions set out in this Undertaking will be implemented to prevent the alleged contravention from reoccurring. NAC will commit the funding required to undertake the actions required by the Undertaking in the required timeframes. NAC will commit to measures set out in this Undertaking and reviewing staff skills and training in order to prevent the alleged contravention from reoccurring.

7. **OBJECTIVES**

7.1 The Undertaking is a binding agreement and the objectives of the Undertaking are to:

- (a) ensure mining activities at the Mine are carried out in accordance with the EA;
- (b) minimise the risks to the receiving environment and the community from mining activities carried out in the Areas; and
- (c) deliver benefits to the environment and local community.

8. **UNDERTAKING**

Rehabilitation for Native Vegetation and Fauna Habitat

8.1 NAC must lodge an application for an amendment of the EA with the Department no later than 12 weeks from the date the Undertaking takes effect to vary the rehabilitation criteria for the mining lease (ML50216). The purpose of the amendment is to provide for an elevated standard of rehabilitation post mining, to enable the establishment of a vegetated habitat that will be suitable for koala and other fauna and connect to existing habitat areas.

8.2 The application for amendment of the EA must apply to vary the Schedule E - Land (relating to final land use and rehabilitation) for ML50216 to provide for rehabilitation of the area identified in **Figure A**, Annexure A:

- (a) for a post mine land use (PMLU) of native vegetation and fauna habitat, as shown on **Figure A** in Annexure A;
- (b) for PMLU to achieve the Rehabilitation Acceptance criteria contained in **Table A**, Annexure B; and
- (c) to commence progressively when land becomes available for rehabilitation

Delivering benefits to the environment and community

8.3 NAC undertakes to the Department to enhance the protection of the environment through long term protection of the area known as Bottle Tree Hill identified on **Figure B**, Annexure C by

way of a Preservation Covenant on terms consistent with the Conservation Zone Management Plan dated January 2014 as relates to Bottle Tree Hill.

- 8.4 NAC must:
- (a) within 6 weeks of the date from which this Undertaking takes effect, have provided the State of Queensland, represented by the Department of Environment and Science with a copy of proposed terms of a Preservation Covenant aimed at directly preserving a native animal or plant pursuant to section 97A(3)(b)(i) the *Land Title Act 1994* (Qld);
 - (b) within 3 months of the date from which this Undertaking takes effect, obtain a survey plan of the Preservation Covenant Land of the areas the subject of the Preservation Covenant;
 - (c) within 12 months of the date from which this Undertaking takes effect:
 - (i) procure the Landowner to execute a Preservation Covenant over the Preservation Covenant Land in favour of the State of Queensland represented by the Department of Environment and Science; and
 - (ii) use best endeavours to obtain registration of the Preservation Covenant under the *Land Title Act 1994* (Qld) in relation to the Preservation Covenant Land.

Improvements in environmental performance

- 8.5 Within 4 weeks of the date on which this Undertaking takes effect, NAC must revise its Permit to Disturb system to ensure that parts of the mining leases which are not to be disturbed by mining activities (because, for example, they are located within an exclusion area under the EA) are clearly identified and provide a copy of that Permit to Disturb to the Department.

Reporting under the Undertaking

- 8.6 NAC acknowledges that it bears the responsibility for demonstrating compliance with this Undertaking, and evidence to demonstrate compliance with each respective Undertaking action outlined in paragraphs 8.1, 8.3, 8.4 and 8.5 will be provided to the Department within ten (10) business days after the completion date.
- 8.7 NAC undertakes to provide a report to the Department every three (3) months from the date this undertaking takes effect, regarding the status of each undertaking set out in paragraphs 8.1, 8.3, 8.4 and 8.5 above. Within one (1) month of completion of all actions under this undertaking, a final report describing how the terms of the Undertaking were achieved is to be provided to the Department.
- 8.8 The evidence provided to demonstrate compliance with this Undertaking will be retained by NAC until advised by the Department that this Undertaking has been completely discharged.
- 8.9 NAC acknowledges that any failure to meet the due date in this Undertaking will result in the matter being escalated and may lead to enforcement action.
- 8.10 NAC acknowledges that the Department may undertake other compliance monitoring activities to verify the evidence and compliance with a commitment of this Undertaking, and NAC agrees to cooperate with the Department in any investigation or compliance activity in respect of the Undertaking such as site access and provision of documents upon reasonable notice.

9. **WHY THE UNDERTAKING IS A MORE APPROPRIATE RESPONSE THAN A COURT PROCEEDING**

- 9.1 The alleged contravention has ceased and this Undertaking is a commitment by NAC to take active steps to address the Department's concerns in respect of the alleged contravention as well as delivering benefits to the environment and community.
- 9.2 There have been no convictions or findings of guilt under the Act in respect of NAC's mining activities.
- 9.3 NAC has cooperated with the Department in respect of its investigation and have been open and transparent with the Department in its dealings.
- 9.4 This is an improved overall outcome than a court imposed sanction such as a fine and better achieves the objects of the Act.
- 9.5 This undertaking is a more efficient means of resolving the matter as it will save the parties time and resources associated with court proceedings.

10. **ABILITY TO COMPLY WITH THE UNDERTAKING AND MEET THE PROJECTED COSTS**

- 10.1 NAC has the financial ability to comply with the Undertaking.
- 10.2 In the event of insolvency or external administration of NAC it will notify the Department of the specific circumstances and its capacity to comply with the outstanding terms of the Undertaking. In the event that ML50216 is transferred before this Undertaking has been discharged, NAC will advise any transferee of the existence of this Undertaking and provide a copy of this correspondence to the Department.

11. **ACKNOWLEDGEMENTS**

- 11.1 NAC acknowledges that the Department:
- (a) may issue a media release on execution of this Undertaking referring to its terms and to the concerns of the Department which led to its execution;
 - (b) may refer publicly to this Undertaking (including in newspapers or media releases); and
 - (c) will publish this Undertaking on its website.
- 11.2 NAC acknowledges that the Department's acceptance of this Undertaking does not affect the Department's power to investigate a contravention, issue warnings, issue penalty infringement notices, issue statutory notices and/or bring proceedings against NAC and/or take any other enforcement action in relation to any other and/or subsequent contravention or alleged contravention of the Act that is not the subject of this Undertaking. This is regardless of whether or not the subsequent contravention or alleged contravention involves section 426 of the Act.
- 11.3 NAC acknowledges that this Undertaking does not affect the rights or remedies available to any other person or entity nor does it affect any statutory obligations under the Act.
- 11.4 As provided under section 508(2) of the Act, NAC acknowledges that the Department's acceptance of this Undertaking means that the Department will not commence proceedings against NAC in relation to the alleged contraventions the subject of this Undertaking, if NAC is fully complying, or has fully complied with this Undertaking.
- 11.5 NAC acknowledges that if it withdraws the Undertaking before it has been fulfilled, proceedings may be brought against it for the alleged contraventions the subject of this Undertaking.

- 11.6 NAC acknowledges that failure to comply with any of the terms of this Undertaking may result in the Department seeking other actions against NAC in accordance with the Act.
- 11.7 NAC acknowledges that this Undertaking takes effect when the Department gives NAC notice of the decision to accept the Undertaking.
- 11.8 NAC acknowledges that this Undertaking may only be withdrawn, varied, amended or suspended in accordance with the process in the Act.
- 11.9 NAC acknowledges that any public communication regarding any of the actions contained in this Undertaking must clearly link the actions to the Undertaking.

12. **CONTACT DETAILS**

- 12.1 Any written notification to the Department pursuant to this undertaking is to be provided to:

Name: Pollution Hotline
Email: pollutionhotline@des.qld.gov.au
Address: GPO Box 2454, Brisbane, Queensland, Australia, 4001
Telephone: 1300 130 372

- 12.2 Any written notification to NAC pursuant to this undertaking it to be provided to:


Name: Company Secretary - New Hope Group
Email: cosec@newhopegroup.com.au
Address: Level 16, 175 Eagle Street Brisbane QLD 4000
Telephone: (07) 3418 0500

13. **EXECUTION**

This undertaking is executed by:

Executed on behalf of New Acland Coal Pty Ltd:

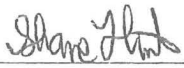
- by a New Acland Coal Pty Ltd delegate, who certifies his/her authority to sign;
- in the presence of a witness



Delegate, Robert Bishop, Director, New
Acland Coal Pty Ltd

15/06/2022

Date



Witness

SHANE FLINT

Full name [print]

Accepted by the Administering
Authority pursuant to section 507 of
the *Environmental Protection Act*
1994



Delegate, Anthony Baker, Director (Compliance)
Department of Environment and Science

Date:

23/06/2022

Annexure A - Area for PMLU of Native Vegetation and Fauna Habitat

Figure A



Annexure B

Table A Rehabilitation Criteria

Post Mine Land Use	Rehabilitation Goal	Rehabilitation Objectives	Indicators	Completion Criteria
Native vegetation and fauna habitat	Safe	Site safe for humans and animals	Stable surface	Monitoring / observation demonstrates safe site
	Non-polluting	Minimise erosion	Runoff control measures (contour banks etc) effective in managing erosion	No structural erosion present
	Stable	Rehabilitation is geotechnically stable in the long term	Groundcover to be established and persistent	Slope <20% >50% established and persistent groundcover
	Self-sustaining	Able to sustain an agreed final land use	Vegetation to comprise a mixture of known koala food tree species	Tree species diversity ≥3 from the following species <ul style="list-style-type: none"> • Poplar Gum (E. populnea) • Mountain coolibah (E. orgadophila) • Blue Gum (E. tereticornis) • Grey Box (E. microcarpa) • Fuzzy Box (E. conica) • Gum Top Box (E. moluccana) • Narrow - leaved Grey Box (E. pilligaensis)

Post Mine Land Use	Rehabilitation Goal	Rehabilitation Objectives	Indicators	Completion Criteria
				<ul style="list-style-type: none"> Chinchilla white gum (E. argophloia) <p>Canopy cover of greater than 10%</p> <p>Declared weed <5%</p>

Annexure C - Preservation Covenant Area of Bottle Tree Hill

Figure B



Notice

Environmental Protection Act 1994

Decision to accept an Enforceable Undertaking

This notice is issued by the administering authority pursuant to sections 507 of the Environmental Protection Act 1994 to advise of a decision made on an enforceable undertaking.

New Acland Coal Pty Ltd (ABN 081 022 380)
Level 16, 175 Eagle Street
BRISBANE Qld 4000

Our reference: EPML00335713 / MAN-E-100271643

23 June 2022

Take notice: that under the provisions of the *Environmental Protection Act 1994*, this decision notice advises of the administering authority's decision to accept the application for an Enforceable Undertaking made by New Acland Coal Pty Ltd (New Acland Coal) on 16 June 2022. The administering authority is the Chief Executive of the Department of Environment and Science (the department).

This decision notice relates to New Acland Coal's mining activities at the New Acland Coal Mine situated on mining leases (ML) ML 50170 and ML 50216. The application for the Enforceable Undertaking specifically relates to disturbance caused by mining activities conducted by New Acland Coal in the area identified as West Pit and in part of South Pit, both situated on ML 50216.

A. Application details

On 16 June 2022, the department received an application for an Enforceable Undertaking from New Acland Coal. The application includes a Statutory Declaration signed by an authorised representative of New Acland Coal and was made in the approved form.

The objectives, as stated in the application for the Enforceable Undertaking are, to paraphrase:

1. ensure mining activities are carried out in accordance with the EA;
2. minimise the risks to the receiving environment and the community from mining activities; and
3. deliver benefits to the environment and local community.

B. Material considered by the department in making the decision

In making the decision, the department had before it:

- a. *Environmental Protection Act 1994*;
- b. Application Form - Enforceable Undertaking dated 16 June 2022;
- c. Signed Statutory Declaration received on 16 June 2022;
- d. The Enforceable Undertaking, as attached to the application form;
- e. Draft Form 31 - Covenant;
- f. Draft Form 18A - Landowner Consent to Survey Plan;
- g. Draft consent letter to be provided on behalf of Acland Pastoral Company;
- h. correspondence between the department and New Acland Coal relating to disturbance from mining activities on ML50216.
- i. The department's guideline for Enforceable Undertakings under the *Environmental Protection Act 1994* (ESR/2016/2272).
- j. Department of Environment and Science Enforcement Guidelines (ESR/2021/5549).

C. Application of legislation to the decision

Section 507 of the *Environmental Protection Act 1994* provides that:

- a. the administering authority may accept a written undertaking (Enforceable Undertaking) made by a person in relation to a contravention or alleged contravention by the person of the *Environmental Protection Act 1994*, other than an indictable offence; and
- b. the administering authority must give the person written notice of the administering authority's decision to accept or reject the Enforceable Undertaking, and the reasons for the decision.

D. Decision

The administering authority has decided to accept New Acland Coal's application for an Enforceable Undertaking. The approved Enforceable Undertaking is attached to this decision notice.

E. Reasons for the decision

1. The alleged contravention is not an indictable offence.
2. New Acland Coal agrees, for the purposes of section 507 of the *Environmental Protection Act 1994*, to implement steps to prevent the alleged contravention from reoccurring.
3. New Acland Coal has declared that it has no convictions or findings of guilt under the *Environmental Protection Act 1994* or other corresponding law in Queensland, or elsewhere in any Australian or international jurisdiction.
4. The application for the Enforceable Undertaking appropriately addresses the alleged contravention by:
 - a. noting the cessation of mining activities, other than for rehabilitation on ML 50216;

Notice

Decision to accept an Enforceable Undertaking

- b. requiring New Acland Coal to achieve an agreed post mining land use for the activities on part of ML 50216 that is safe, stable, non-polluting and self-sustaining;
 - c. undertaking to fund the remediation of the disturbance (estimated to cost \$2,000,000); and
 - d. reviewing New Acland Coal's permission to disturb protocols and investing in staff training.
5. The Enforceable Undertaking enhances the protection of the environment by:
- a. protecting the area known as Bottle Tree Hill, in perpetuity, by a Preservation Covenant aimed at directly preserving a native animal or plant pursuant to the *Land Title Act 1994* (Qld); and
 - b. providing connection between existing known koala populations and habitat within the Conservation Zone and the remediated area proposed on ML 50216, which equates to a combined commitment of approximately 140 hectares of land being provided to improve local environmental outcomes.


F. Additional information

Obligations under the *Environmental Protection Act 1994*

In addition to the requirements of the enforceable undertaking and the conditions imposed, you must also meet your obligations under the *Environmental Protection Act 1994*, and the regulations made under the *Environmental Protection Act 1994*. For example:

- you must comply with the following provisions of the Act:
 - general environmental duty (section 319); and
 - duty to notify of environmental harm (sections 320 - 320G);
- you must also ensure that you do not commit offences in relation to the *Environmental Protection Act 1994*, including but not limited to, the following:
 - causing serious or material environmental harm (sections 437 - 439);
 - causing environmental nuisance (section 440);
 - depositing prescribed water contaminants in waters and related matters (section 440ZG); and
 - placing contaminant where environmental harm or nuisance may be caused (section 443).

Should you have any queries in relation to this notice, please contact Anthony Baker, Director, of the Department, on telephone number 0407 425 951.



Signature

23 June 2022

Date

Anthony Baker
Delegate of the Chief Executive
Department of Environment and Science
Environmental Protection Act 1994

Enquiries:
Ph: 0407 425 951
Email: CWES_Gladstone@des.qld.gov.au

Answers to questions taken on notice at the public hearing – 29 July 2022

1	2 August 2022 - Hon Yvette D'Ath MP, Minister for Health and Ambulance Services – Answers to questions taken on notice at the public hearing for the consideration of the 2022-2023 portfolio budget estimates held on 29 July 2022
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**HEALTH AND ENVIRONMENT COMMITTEE
2022 ESTIMATES**

QUESTION ON NOTICE

No. 1

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

What are the number of ambulance lost hours across Metro North up to the end of June this year?

ANSWER:

Metro North Hospital and Health Service had the most patients arriving by ambulance of all 16 hospital and health services. I am advised that the Ambulance Lost hours for the four major hospitals in the Metro North Hospital and Health Service for 2021-22 is 23,698 hours.

These four hospitals are:

- Caboolture Hospital
- Redcliffe Hospital
- Royal Brisbane and Women's Hospital
- The Prince Charles Hospital.

**HEALTH AND ENVIRONMENT COMMITTEE
2022 ESTIMATES**

QUESTION ON NOTICE

No. 2

THE HEALTH AND ENVIRONMENT COMMITTEE ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION:

How many surgical deaths prior to 2020 were part of the current investigation at Caboolture Hospital?

ANSWER:

There was one death included in the Caboolture Surgical Services Review that occurred prior to 2020.

Supplementary material provided following the public hearing

1	3 August 2022 – Hon Yvette D'Ath MP, Minister for Health and Ambulance Services – Additional information regarding answers provided on behalf of the Minister at the public hearing for the consideration of the 2022-23 portfolio budget estimates held on 29 July 2022
2	5 August 2022 – Dr Lynne Coulson Barr OAM, Health Ombudsman – Additional information regarding answers provided on behalf of the Health Ombudsman at the public hearing for the consideration of the 2022-23 portfolio budget estimates held on 29 July 2022



Hon Yvette D'Ath MP
Minister for Health and Ambulance Services
Leader of the House

1 William Street Brisbane Qld 4000
GPO Box 48 Brisbane
Queensland 4001 Australia
Telephone

3 August 2022

Mr Aaron Harper MP
Chair
Health and Environment Committee
Parliament House
George Street
BRISBANE QLD 4000

Email: hec@parliament.qld.gov.au

Dear Mr Harper *Aaron*

I write in relation to the Estimates hearing of the health and ambulance services portfolio by the Health and Environment Committee on Friday, 29 July 2022.

After a review of Hansard, I would like to provide additional information regarding answers provided on my behalf to the committee.

Page 32 of Estimates—Health and Ambulance Services (Proof)

In relation to the response provided by Ms Carroll, Health Service Chief Executive, Wide Bay Hospital and Health Service, regarding the number of staff who have faced disciplinary action as a result of the clinical review and health service investigation:

'In total, the one incident that involved an S4 medication disciplinary action was undertaken with that nurse. In the other matter we have terminated one nurse. That occurred in April. There are *three* other nurses involved in that case that have disciplinary action of a lesser nature.'

The correct number of nurses receiving disciplinary action of a lesser nature in the second matter should be **two**, not three.

Page 42 of the Estimates-Health and Ambulance Services (Proof)


In relation to the number of significant incident reviews conducted in the previous financial year, the Commissioner, Queensland Ambulance Service stated:

'The number is 371 in the period that you asked for.'

I am advised by Commissioner Emery that 371 significant incident reviews were conducted in the 2020-21 financial year. The number of clinical incident reviews conducted in the 2021-22 financial year is in fact 93. Of these 93 reviews, I can confirm that nine incidents were referred to the Coroner, two of which are now closed. We have not received any other information from the Coroner regarding the remaining seven incidents.

I hope this information clarifies the matters for the committee. Should you require any further information in relation to this matter, I have arranged for Ms Amy Goodwin, A/Director, System Governance Support Unit, Office of the Director-General, Department of Health on telephone [REDACTED] to be available to assist you.

Yours sincerely



YVETTE D'ATH MP
Minister for Health and Ambulance Services
Leader of the House

OHO reference: 201902049-RA2

4 August 2022

PRIVATE AND CONFIDENTIAL

Mr Aaron Harper MP
Chair
Health and Environment Committee
Parliament House
George Street
BRISBANE QLD 4000

Email sent to: hec@parliament.qld.gov.au

Dear Mr Harper

Update on Dr Braun matter and associated matters raised at Estimates Hearing 29 July 2022

I am writing following the recent Estimates Committee hearing on 29 July 2022 to clarify some comments and to provide further updates in respect of the investigation concerning Dr William Braun. For your reference, I enclose previous correspondence dated 12 March 2021 from the former Health Ombudsman which provides a useful summary of the matter at that time.

Estimates Hearing

The Honourable Ros Bates, Member for Mudgeeraba, during an Estimates Hearing on 29 July 2022, raised the following issues in relation to the Dr Braun matter and subsequent Supreme Court and Court of Appeal proceedings:

- 1. Question: I have a question about the Dr William Braun case. An extension for the investigation was never submitted by the OHO. That oversight effectively quashed the case against him. I appreciate that you or who you are standing in for have only been in the role since the beginning of this year, but the question has to be asked: how was this ever allowed to happen?**

The discretionary decision to extend the due date for completing the conduct investigation (reference 201902049-RA2) was not completed before the expiration of the one-year due date as provided for in section 85 of the Act. As indicated on the day of Estimates by Executive Director Scott McLean, this occurred due to human error. At the time, the decision as to whether to extend the due date of an investigation relied on manual processes.

Since this issue was identified, the Office of the Health Ombudsman (the office) has improved internal business processes, enhanced oversight and reporting mechanisms and is pursuing automated options within the office's case management system to minimise further human error.

An internal audit conducted indicates the new processes are effective in ensuring compliance with the section 85 requirements and further quarterly internal audits are planned to ensure ongoing compliance. I wish to provide assurance to the Committee that these compliance and risk mitigation activities are treated as a high priority for the office and are overseen by the office's Risk and Audit Committee. It should be noted, however, that while the above business improvement processes and oversight mechanisms minimise the risks significantly, they do not completely remedy them given the continued reliance on some manual processes.

The circumstances of this matter illustrates the risks of the Act being silent on the consequences of procedural errors. Advice is therefore being sought as to whether to seek legislative amendment to the relevant provisions of the Act which, when compared to other regulatory jurisdictions, could be considered onerous.

2. Question: There was a ruling after the Dr William Braun case that could well jeopardise other investigations currently with the OHO. How many of these other investigations may be at risk because of this ruling?

For background, in [Braun v Health Ombudsman \[2021\] QSC 209](#), the Supreme Court found against the Health Ombudsman in relation to decisions made by delegates of the Health Ombudsman in **one** of three investigations which were the subject of the court proceedings initiated by Dr William Braun. The Health Ombudsman was unsuccessful in the proceedings before the Court of Appeal and published as [Health Ombudsman v Braun \[2022\] QCA 117](#).

The final consequential orders in respect of this one investigation remains a matter before the Supreme Court. [REDACTED]

[REDACTED] Given the matter remains ongoing it would be incorrect to assume that this matter or others have been or will be adversely impacted or that the health and safety of the public has been put at risk.

In answer to the Question on Notice, the office referred to the results of an internal audit that was conducted in August 2021 of all current investigations to identify any investigations which were not validly extended by the due date. At the time, 22 investigations were identified as not having been extended in time and action was taken to ensure that evidence obtained after the due date was separated and distinguished from the remaining evidence in any final investigation reports for these matters. In answer to the Question on Notice, the office also stated that 13 of the above 22 investigations were still current. Upon further review, I can advise that 7 of those matters remain with investigations and 4 matters have been referred to the Director of Proceedings, and the remaining 2 matters have been finalised with investigations.

3. Notification of patients affected by this court outcome

When decisions are made in respect to investigations, the Health Ombudsman must give notice to the complainant and relevant health service provider stating the decision and reasons for the decision under the provisions of section 278 of the Act. I can advise that not all patients wished to be complainants in relation to the matters involving Dr Braun and, as per confidentiality requirements of the Act, those patients who were not complainants will not be informed of the outcome. [REDACTED]
[REDACTED]

Future steps

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Should the Parliamentary Committee wish to seek more detailed information concerning this matter under section 180 of the Act, I would be happy to provide either a detailed written response or an in-person, private briefing (or both).

Should you require any further information, please contact me on [REDACTED] or by email [REDACTED]

Yours sincerely

[REDACTED]

Dr Lynne Coulson Barr OAM
Health Ombudsman